Regional Partnership Grant Program: Strengthening Bridges to Improve Outcomes for Families Affected by Substance Use Disorders

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Progress Since ASFA (1997):
Leadership of the Federal Government on Substance Abuse and Child Welfare


Adoption and Safe Families Act (ASFAP)
National Center on Substance Abuse and Child Welfare
Regional Partnership Grants
Children Affected by Methamphetamine Grants

Blending Perspectives and Building Common Ground Congressional Report
Substance Exposed Newborn Grants
Family Drug Court Grants
Fostering Connections Grants

A Program of the Administration on Children, Youth and Families
Children’s Bureau
Office on Child Abuse and Neglect

US DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Administration for Children and Families
www.samhsa.gov
The Regional Partnership Grant (RPG) Program

Cross-systems partnerships designed to improve the safety, permanency and well-being of children affected by parental substance use

RPG Program – Background

- Authorized by the Child and Family Services Improvement Act of 2006
- 53 Regional Partnership Grants awarded in September, 2007: $145 million over 5 years
- Improve the safety, permanency, and well-being of children affected by methamphetamine and other substance abuse
- The grants address a variety of common systemic and practice challenges that are barriers to optimal family outcomes
- Reauthorized in 2011: $110 million over 5 years

Brief Overview of RPGs

- The 53 grantee lead agencies are based in 29 States and include six Tribes
- The lead agencies represent a wide range of governmental and private sector organizations representing child welfare, substance abuse treatment, the courts and other child and family services entities
- The overall membership of the regional partnerships is broad, extending well beyond the two-partner minimum legislative requirement
- State child welfare agency is required partner

Five Broad Program Strategy Areas

(and selected examples of specific grantee activities)

- Systems Collaboration and Improvements
  - Cross-systems training
  - Cross-systems information-sharing and data collection
  - Intensive coordinated case management
  - Family Group Decision Making
- Substance Abuse Treatment Linkages and Services
  - Improved substance abuse screening and assessment
  - Specialized outreach, engagement and retention
  - Family-centered treatment for parents with children
- Services for Children and Youth
  - Early intervention and developmental services
  - Trauma and other therapeutic services
Five Broad Program Strategy Areas
(and selected examples of specific grantee activities)

- Clinical and Community Support Services for Children, Parents and Families
  - Parenting education and family strengthening programs
  - Continuing care and recovery support services
  - Housing, child care, transportation and other ancillary services
  - Mental health and trauma-specific services

- Expanded Capacity to Provide Treatment and Services to Families
  - Implementation of new and/or expansion and enhancement of existing Family Drug Courts (FDCs)
  - Increased number of residential treatment beds for parents
  - Co-located and out-stationed staff

23 RPG Performance Indicators

<table>
<thead>
<tr>
<th>Child/Youth</th>
<th>Adult</th>
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<tbody>
<tr>
<td>C1. Children remain at home</td>
<td>A1. Access to substance abuse treatment</td>
</tr>
<tr>
<td>C2. Occurrence of child maltreatment</td>
<td>A2. Retention in substance abuse treatment</td>
</tr>
<tr>
<td>C3. Average length of stay in foster care</td>
<td>A3. Reduced substance use</td>
</tr>
<tr>
<td>C4. Re-entries to foster care placement</td>
<td>A4. Parents/caregivers connected to supportive services</td>
</tr>
<tr>
<td>C5. Timeliness of reunification</td>
<td>A5. Employment</td>
</tr>
<tr>
<td>C6. Timeliness of permanency</td>
<td>A6. Criminal behavior</td>
</tr>
<tr>
<td>C8. Children connected to supportive services</td>
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<tr>
<td>C9. Improved child well-being</td>
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</table>

Family/Relationship Regional Partnership/Service Capacity

- F1. Improved parenting
- F2. Family relationships and functioning
- F3. Risk/protective factors
- F4. Coordinated case management
- F5. Substance abuse education/training for foster care and other substitute caregivers

RPG Data Sources

- Child Focused Performance Measures
  - Adoption and Foster Care Analysis and Reporting System (AFCARS)
  - National Child Abuse and Neglect Data System (NCANDS)
- Child Measures
- Adult Focused Performance Measures
  - Treatment Episode Data Set (TEDS)
- Adult Measures
- Family Focused Performance Measures
- Partnership/Service Capacity Measures
  - Collaborative Values Inventory (CVI)
  - Collaborative Capacity Instrument (CCI)
Grantees submit cumulative data every six months (June and December of each program year).

### Current RPG Program Sample Sizes (as of December 2011)

<table>
<thead>
<tr>
<th>Participant Group</th>
<th>Control/Comparison Group</th>
</tr>
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<tbody>
<tr>
<td>Children</td>
<td>20,276</td>
</tr>
<tr>
<td>Adults</td>
<td>14,462</td>
</tr>
<tr>
<td>Families</td>
<td>12,238</td>
</tr>
</tbody>
</table>

Performance presented in relation to:
- RPG control/comparison group data
- National data from AFCARS, NOMs and TEDS (where appropriate)

The RPG Program Performance Monitoring is not designed as a cross-site evaluation.
Grantees implemented different methodologies for obtaining control or comparison group data, if applicable to their project.
The results are preliminary.
Contextual and community factors may impact grantees’ outcomes.
National child welfare and substance abuse treatment outcomes provide important contextual perspective, but may reflect a broader population of children and adults than the RPG families.

### Highlights in Brief: Selected Child Outcomes, Second Report to Congress*

RPG children had significantly better outcomes than RPG comparison children in several areas.** RPG children were:

- More likely to remain in the custody of their parent: 93.5% vs. 88.7%
- Less likely to experience child maltreatment recurrence or recurrence within 24 months after RPG program entry: 2.7% vs. 3.7%
- Discharged from foster care more quickly (as measured by median length of stay; all discharges): 9.2 months vs. 11.7 months
- More likely to be reunified within 12 months: 70.1% vs. 63.8%
- Less likely to re-enter foster care within 12 months: 3.4% vs. 6.2%

### RPG Highlights in Brief – Selected Child Outcomes (continued)

RPG performance also surpassed or was on par with the national child welfare median performance* for the 29 States in which the RPGs are operating on:

- Absence of child maltreatment recurrence: 98.3% vs. 94.1%
- Reunification in less than 12 months: 70.1% vs. 67.2%
- Re-entries to foster care within 12 months: 3.4% vs. 13.2%
- Discharge to finalized adoption within 24 months: 72.0% vs. 33.8%

* Comparative State Data is 2009/2010 NCANDS/AFCARS median results for the 29 States in which the RPG programs are operating. The national data are not intended to serve as a comparison group for the RPG Program and do not allow for statistical comparisons to RPG participants.
** All findings statistically significant.

* The Second RPG Report to Congress is awaiting final clearance. Results reflect data on clients served through March 30, 2010.
C9. Child Well-Being: Percentage of children who show an increase in socio-emotional, behavioral, developmental and/or cognitive functioning

NCFAS Overall Child Well-Being:
Change in Ratings from RPG Program Admission to Discharge (N=199)

Note: Findings from the Second Report to Congress (awaiting final clearance); results reflect 6 grantees submitting matched baseline-discharge data as of March 30, 2010.

Trauma and Other Therapeutic Services for Children

- 24 grantees (45.3%) provide trauma services to children
- 25 grantees (47.2%) provide other therapeutic services
- Children’s Research Triangle: Provide TF-CBT and G-TREM (Trauma Recovery and Empowerment for Adolescent Girls); mental health services for children/youth to age 18; infant/early childhood psychiatrist works with the very young children.
- Choctaw Nation: Trauma identified through intake process and treatment objectives developed; Parent-Child Interaction Therapy (PCIT) used.
- SHIELDS: All children have mental health therapist and trauma is incorporated into mental health services; therapeutic nursery for children 3-5.
- University of Rochester: Child-Parent Psychotherapy (CPP) used for children 0-3. CPP also provides trauma-specific services for adults within the context of the child-parent therapy model.

Trauma and Other Therapeutic Services for Children

- Santa Clara: Children screened for safety and trauma; domestic violence related questions have been added to assessments; children’s mental health and development specialist is now funded as in-kind position and is a member of the Family Wellness Court Team
- Oklahoma: New Directions program includes trauma components for children 3-12; mental health services on-site
- Supreme Court of Georgia: Douglas County FDC provides play therapy, community support intervention mental health services, skill building services, psychological evaluation, forensic evaluations for children 0-5.
- Lund: Agreement with Vermont Children’s Aid Society to integrate “Kids-A-Part” (KAPP) program within Lund; KAPP seeks to reduce trauma experienced by a child impacted by parental incarceration.
Highlights in Brief – Selected Adult Outcomes, Second Report to Congress*

RPG adults had significantly better outcomes than RPG comparison adults in several areas.** RPG adults:

- Accessed substance abuse treatment more quickly (median number of days between program entry and treatment entry) 11 days vs. 29 days
- Stayed in substance abuse treatment longer (median time in treatment) 98 days vs. 49 days
- Were more likely to stay in treatment more than 90 days 52.9% vs. 34.2%
- Had similar treatment completion rates 38.0% vs. 39.9%
- Reported greater reduction in substance use (percentages vary by substance)

* The Second RPG Report to Congress is awaiting final clearance. Results reflect data on clients served through March 30, 2010.
** All findings statistically significant, except for treatment completion rates.

Percentage of Children and Adults Connected to Needed Mental Health/Counseling Services*

<table>
<thead>
<tr>
<th>RPG Participant Children (n=2,302)</th>
<th>RPG Comparison Children (n=3,549)</th>
<th>RPG Participant Adults (n=8,993)</th>
<th>RPG Comparison Adults (n=7,742)</th>
</tr>
</thead>
<tbody>
<tr>
<td>73.4%</td>
<td>63.7%</td>
<td>78.1%</td>
<td>60.5%</td>
</tr>
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</table>

*p < .001 between RPG participant and comparison groups

* Among those who were assessed and the service was identified as a need.

Trauma Services for Adults

- 32 grantees (60.4%) provide trauma-specific services to adults
- **Santa Clara:** County mandates Seeking Safety for all women’s substance abuse treatment programs (also used in some men’s programs); Family Wellness Court has partnered with trauma experts Vivian Brown, Stephanie Covington and Chandra Ghosh-Ippen for trauma training, consultation and systemic transformation
- **Lund Family Center:** Assessment tool specifically addresses trauma and how a client’s trauma history affects her mental health and substance abuse. Manualized trauma curriculums (e.g., Seeking Safety, Beyond Trauma) are used in treatment groups

Trauma Services for Adults (continued)

- **Omaha Nation:** Evidence-based Walking in Beauty on the Red Road (WBR) curriculum focuses on intergenerational and historical trauma in Native communities
- **Second Chance Homes:** Seeking Safety is a component of the housing program
- **Travis County:** Substance abuse treatment agency established formal relationship with agency serving victims of sexual and domestic violence – ensures more comprehensive trauma informed substance abuse treatment; weekly Seeking Safety groups for women in residential and IOP

* Assessment Bed component
Mental Health Services for Adults

- 37 grantees (69.8%) provide mental health services to adults
- 23 grantees (43.4%) provide psychiatric services
- Hillsborough: On-site mental health services provided during substance abuse treatment for co-occurring clients; psychiatric services provided as component of inpatient and day treatment. Clients with significant mental health history or symptoms referred to in-house psychiatric clinic for psychiatric evaluations and follow-up

Mental Health Services for Adults (continued)

- Kentucky River: Intensive treatment services program provides training on CODs (using manual developed by Dartmouth Medical School). Psychiatric services provided by MDs and ARNPs; ARNPs provide improved linkages between mental and physical health assessment
- Nevada: Dedicated licensed mental health professional with extensive substance abuse treatment experience provides individual and group therapy to mothers; therapy tailored to ensure that mental health disorders are addressed in tandem with SUDs to maximize positive recovery outcomes and client retention in the program
- Child and Family Tennessee: Co-located staff at two partner hospitals to provide co-occurring screenings to pregnant women

Questions and Discussion

Resources
Bringing Families Together: Models of Hope and Recovery Video


Collaborative Practice Model

http://www.cffutures.org/files/PracticeModel_0.pdf

Substance Abuse Specialists in Child Welfare Agencies and Dependency Courts

Considerations for Program Designers and Evaluators


Online Tutorials

All trainings are available at no cost, issued a Certificate of Completion and eligible for CEUs.

3. Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals

http://www.ncsacw.samhsa.gov/training/default.aspx

Child Welfare Training Toolkit

6 modules, each containing:
- Trainer Script
- PowerPoint Presentation
- Handouts
- Case Vignettes

http://www.ncsacw.samhsa.gov/training/default.aspx

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