

Panelists:

Sharon Boles

Nancy K. Young

Please note: The following is a direct transcription and has not been edited.

Nancy Young: The legislation says specifically the goal is to improve the safety, permanency, and well-being of children affected by methamphetamine and other substance abuse and they had a lot of discretion about what kinds of programs they were going to put in place to actually meet that goal of improving safety, permanency, and well-being of children. And we think that's one of the exciting things about the program is understanding what these grantees did to address the substance of these issues. And there were some requirements in the legislation for the Department of Health and Human Services to first develop a set of performance indicators and this broad consultation with the field as I was reviewing this I was remembering like 300 people coming to a grantee meeting for broad consensus like how do you get consensus among 300 people on performance measures, that was challenging. But it happened that they were to create partnerships with child welfare and substance abuse treatment providers and that an annual, that the grants were to provide these partnerships and that there being annual report to congress on the services provided and activities conducted. The performance indicators established and the progress that's been made in addressing the needs of families. So, as the contractor organization to Children's Bureau, these have sort of been our guidelines and marching orders about what we do in the support contract.

In addition to that, there were funds that were allocated to the National Center on Substance Abuse and Child Welfare to provide the programmatic Technical Assistance and the program content TA, four with a annual meeting to bring grantees together for a specific content-related content, I don't know, I am trying to find another word for content, at that particular meeting to improve their skills and expertise in addressing these issues. So it so happens that our organization is also the contractor to SAMHSA for the National Center on Substance Abuse and Child Welfare. So one of the monographs that were provided today as a handout is a piece that came out from the national center on identifying data systems and there is a wealth of other information on the national center website if you haven't been there recently to look at the publications and the information that's available to you. So we've had this task then of developing the Technical Assistance programs and providing the development and providing the collection of the performance measures.

The 53 grants are spread across 29 states and six tribes. They were clustered originally by Children's Bureau as sort of an organizing schema. You see the code on the left hand side of the slides. These were names and the way in which the grantees were originally clustered for, really for administrative purposes. They sort of hang together that way, but for example there are 10 programs that are in the drug court cluster, but there are actually 20 grantees that have either developed a family drug court or expanded a family drug

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court or they're closely affiliated with a drug court. So they don't exactly match with some of their program strategies and we will get into that in a little bit about what we did with that to try and understand what it is that they are actually doing.

First in, the first year we wanted to also understand what the collaborative practice looked like. So the lead agencies are based in, I mentioned that 29 states and six tribes. There is a variety of kinds of agencies that applied and were awarded grants, so Child Welfare Agencies, but also Substance Abuse Treatment Agencies, Courts, State Administrative Offices of the Courts and Local Family Service Agencies. So there is a variety of agencies that were the grantees and one of the requirements was that they had their Public Child Welfare Agency as one of the partners. So all of the partnerships had to have at least two agencies and Public Child Welfare had to be one of those two agencies. But we found over, even just initially what they had envisioned in terms of their partnerships was much broader than that and overtime the grants were either three or five-year grants. And those that are going into their fifth year at the end of September have really expanded their partnerships and the issues have changed that they have expanded partnerships to address that. So, for example, when we look just at the partnerships that are about sort of like core of what we usually think about or needed in partnerships to address substance abuse and child welfare, obviously the Child Welfare Agency, the Substance Abuse Treatment Agency, the Court for all of the court-involved families and the tribes, you see that 85% of them had a Substance Abuse Treatment Agency as one of the key partners. And then you can see the percentages as you go down. So you can get a sense of this mix of the kinds of partnerships and the breadth of what's going on in these 53 sites by thinking about, we know how much effort it takes to partner with one agency, when you have partnerships with multiple agencies in order to provide comprehensive services, it gets even more complex. That's probably, I often say it's not additive, it's exponential each time you add a different partnership.

So when you look at the numbers of grantees that had these service systems and agencies as their partners, the ones that really changed over the period of time from the first time we asked about this to about three years into the program that even if they didn't previously have a Substance Abuse Treatment Agency, they had a local provider and we saw a very big change in causes, the court appointed special advocates joining in as partners overtime and while others only a quarter of them that claim of the overall grantees that claim causes as a partner, there were hardly any in the very beginning. So it's sort of nice to see that they brought that aspect in for children overtime. And I mentioned the exponential factor, over 70% of the grantees have 10 or more partners in their collaborative and so you can immediately start to think about what does that mean for the comprehensiveness of the services that they are providing when they have all of the different partners that are being brought together.

So another sort of cluster, if you will, in terms of criminal justice, mental health and health and you see that most of the grantees, 60% of them have a specific partnership with a Mental Health Agency and they just changed again as they more recognized the needs of families and were able to get stability within their collaborative and to reach out to additional partners that there were changes with maternal and child health and the

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children's health providers and not unusual the kinds of partnerships that they brought on overtime as you get, as they began to better address the needs that were, that they were being presented with.

Housing, we hear all the time in any site that we work with, that's one of the very key factors and if families are able to reunify and stay in stable environments is the housing factor. So again, while these are less than half of the overall grantees reported these partnerships, the peer partners and faith-based partnerships really evolved overtime. And again they were hardly mentioned in the beginning in their proposals and things that they brought in to their partnership overtime.

Employment and education, sort of the same thing, that although there is a small percentage that have those partnerships, it was something that evolved over the course of the grant program. So confronted with, you have 53 sites and you have 53 different mixes of partnerships and the kinds of programs that they were putting together, it was very interesting to try and think about what would their performance measures look like that could measure something across all of these different kinds of initiatives and to make that sort of hang together if you will.

So, at the end of that first meeting where the grantees were brought together for input in the performance measures, one of the things that was key from guidance from several different agencies within the federal government and in our sense also that making sure that the performance measures were things that were as much as possible already collected in the information systems that are out there. So you see under the child and youth indicators these look very much like some of the measures that you've heard in the state agencies for their child and family service reviews and if you look at the adult performance measures they look very much like some of the things that you hear in NOM's or the National Outcome Measures under the Substance Abuse and Mental Health Services Administration. Some of the things that are not in current information systems have been, you know, of course some of the more challenging things to get data related to. So there is a smaller number of grantees that are collecting data on, for example, improved parenting. All of the family relationships indicators are collected not by the kind of the standard data systems, but by specific instruments that the grantees proposed and we are collecting more along the lines of an evaluation or a research study than administrative data that we were trying to get through the child welfare system and the treatment system.

And there are some measures that we have developed over the years at children and family futures related to collaborative practice and this regional partnership service capacity about the capacities of children, which is one of the well-being indicators: parents have an enhanced capacity to care for their children, but the basic capacity of the systems in the partnership growth as well as the numbers of families that could be served and to look at the, did they actually improve or change their capacity. So getting to the consensus on these performance indicators was very interesting and then we embarked on understanding which grantee should be collecting which performance measure, because if you have a performance measure, for example, on, what's the good one, on, the children

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remain at home, but your program is geared to all out-of-home kids, kids that are already been removed, then holding you accountable for that performance measure sort of wouldn't make any sense. And the mix of program strategies in across the 53 grantees meant that we needed to go out to the grantees and say, "Based on what you are actually doing, what are the performance measures that you should be accountable for, what fits with your logic model so that your program logic model says these are the performance measures that were going to be collecting and reporting on?" So that next process was to understand across the grantees, how many of them, if you were selected that performance measure. So, in fact, almost 70% of the grantees are collecting children remain at home, so we find that the grantees are serving mostly a mixed population of both in-home and out-of-home cases. There are very few that are just one or the other that most of them are serving both.

Obviously recurrence of maltreatment is something that almost everybody is collecting and then some of the things about length of time in foster care reentries and you can see the percentages of how many we're actually selecting. And again it was based on a logic model that they developed through consultation with the staff that were assigned to work with each of the grantees so that they were really being very clear about, they have a program strategy that's going to affect that outcome that they weren't going to measure that performance indicator if they didn't have something that they were trying to do for that.

Participant: And I remember that they had to do a certain number on each categories and they've had at least one in certain indicators and one in *[overlapping conversation]* *[00:13:56]*

Nancy Young: No, and Sharon you might recall better, you know, if there are, there aren't any, I mean, if, if they came back and said, "No, we are not," often times if it was the staff members opinion that that was something that should be, they would take it back to their federal project officer and they would negotiate that if they're... So there aren't grantees that are not collecting or, or collecting very few.

Sharon Boles: Yeah. I can't remember what the minimum is, but everybody is collecting at least one child youth indicator, one adult parenting...

Nancy Young: So similarly on the adult performance indicators there are some of the grantees that are doing specific child-focused kinds of intervention. So if they are in their partnership and their proposal didn't say we are connecting them, parents to substance abuse treatment, then they wouldn't necessarily have an intervention that was going to improve that access so we said, "You shouldn't be measuring that because you are going to drag down everybody else essentially if you don't have a program strategy that's supposed to effect that." So you can see, again, in the adult indicators which ones of those are most frequently being collected by their grantees. And then again these are the family and relationships are typically are all collected by various instruments that they proposed in their grants and it was something like 20 some odd instruments, even more than that I think that when we collected all the different proposed instrumentation in their

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grantee application and then came down to the nine most frequently used instruments. So they include the NCFAS, the Child Behavior Checklist, the Beck Depression Instrument or Inventory...

Sharon Boles: The Addiction Severity Index, Parenting Stress Index.

Nancy Young: Yeah, Addiction Severity Index, I am just doing this so it's loud enough. Yeah, CBCL...

Participant: ASQ.

Nancy Young: And, yes, ASQ. So those nine instruments are the ones that we sort of standardized the family and the child relationships and the well-being sort of measures around those nine instruments.

So we mentioned already the partnership indicators, their ability to serve families and the collaboration with regional partnerships and the way in which they selected. Yes, this is something that we are going to spend part of our time on improving that partnership. We have a variety of data sources. I've mentioned that we were trying to use administrative data to the widest extent possible. So they are, the grantees use the AFCARS reports and their local enhanced data. We operationally defined the performance measures to be consistent with the federal definitions of these measures so that there is not a separate definition that's going on at the local level; it's the same way that it's being operationally defined at the federal level. Similarly with the treatment episode data set and again if you are interested in the monograph, it goes through each of these different datasets and for both child welfare and for treatment, the courts and the tribes about the existing datasets that are federally required for Substance Abuse Treatment and for Child Welfare Services and explains these acronyms. And then we use the CFF created instruments of the Collaborative Values Inventory and the Collaborative Capacity Instrument on the partnership capacity measures.

So logic model looks like and often we have this sort of come in a little bit out of time, so it's not quite so confusing. But while we created this at the sort of macro level, if you will, across all of the 53 grantees, each of the grantees went through the, sort of the process of saying this is the way that families come into our system. So that far left hand side some are entering directly through a family court and they are participating in a family drug court, some are entering through a community-based agency or through an alcohol and drug treatment provider or through the child welfare system. But they all have sort of a different entrance into the RPG program and then the number of services so the things that were focused on adults, on children and on in community providers. So this is some of the early stuff that I think is exciting because for 15 years or however long we've said, you know, what would you sort of do with money if you could address the substance abuse issue and this is the first time in a large dataset we actually know what these programs are doing. So each of these program strategies were operationally defined and we did a program strategy confirmation if you will. So if you said you were doing case management, there was a confirmation that you did with the staff that was assigned

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to your grant to say, “Yes, we are doing intensive case management and this is the operational definition of it and this is what we are actually doing.”

So all of the services, if you will, have been operationally defined and collected data both at the beginning of the grant program and then this last summer to say what, how has your service mix changed, are these the services that you still have in place. And then these will look very familiar by now that child and adult and partnership outcomes are the performance measures that were established.

Now, obviously we are looking at the system changes that are going on and the ways in which collaboration is actually happening. So again the staff that are assigned to each of the grantees, they have a various numbers, but by those clusters, the administrative clustering of the grantees has remained and we have what we refer to as Performance Management Liaisons who are either staff or consultants to our organization who are assigned to each of the grantees. And it’s been, I think, one of the most important parts of the whole program was to have staff who really got to know each of the grants. They went out on site in the first year and visited each of the grantees. They have very frequent contact with them. When they file their twice-a-year report on what they are doing to meet their goals, the PML’s, because you have to have an acronym, Performance Management Liaisons, read those reports they summarize for their cluster, what are their challenges, what are their lessons that we are getting, not just the performance measures but a lot of qualitative data about what’s actually going on in the sites.

So we are going to talk about these different pieces about the partnership and the collaborative partners about the program strategies and what they are actually implementing and the preliminary data on the performance indicators for some of those measures that we’re talking about. And then some of the summary impressions, what do we think we know at this point, based on all of this data collection and the review of the Semi-Annual Progress Reports that have created their own acronym called SAPRs now. So if you walk around our agency as SAPR is a Semi-Annual Progress Report.

So go ahead, somebody ask a question. Are we going to add something Sharon? Could have sworn I heard a little voice.

Participant: Right ma’am it’s the statement.

Nancy Young: Oh, oh SAPR? Yeah, I resisted that one for a long time, but you know it’s like why are you still saying the whole word when everybody else is saying SAPR now, alright.

Participant: That’s why we have all these federal acronyms.

Nancy: That’s right.

Participant: For the same reason...

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Nancy: That's right.

Participant: ...*[overlapping conversation]* [00:22:34]

Easy name. And finally we never named that.

Nancy Young: That's right, if you had to speak it in complete sentences, that's right. All right, so what do we find out, and again I think this is some of the exciting stuff that 90% of them, of the grantees are doing some sort of child welfare screening and assessment, screening and assessment of substance use disorders, providing substance abuse treatment, parenting education or a family strengthening program and specialized outreach engagement and retention. So for a long time, you know, those that have been working on these issues have said it's not enough to just make a referral to treatment that you have to have specialized outreach, you have to have services that are reengaging parents in care and in fact that's what the grantees said too, that they had to have dedicated staff to make that link between the Child Welfare Agency and the Treatment Agency and to make that a warm handoff that's actually happening. So, we think that's sort of important to know that they also have some mechanism for, at the line level having joint case staffings and that's, I think that says something that 90% of them said we have to be able to have a way in which we are talking, you know, to our counterparts across the systems that that cross systems clinical training is necessary at both, at the case levels, so clinical kinds of issues, family issues as well as the programs and policy issues that cross over between the systems. That there are, in fact, regular ongoing structured meetings that they come together to solve some of those barriers and that there is a common way in which they have figured out that cross systems information sharing. So they've worked through their local confidentiality issues and the local attorneys that had to kind of sign off and this is how you are going to exchange information as well as their institutional review boards in order to be collecting data. So that's important.

So a significant number 78% to 89% and I won't run through each of that. You can read those about the kinds of services so when they said Intensive Wraparound or In-Home Services, again we operationally define that and if any of you are interested in those definitions, we would be happy to share those with you, so you could sort of see that, the different levels of these kinds of things like Intensive Wraparound or what does Family-Centered Substance Abuse Treatment really mean when you operationally define it and ask a site to what extent are you really providing Family-Centered Substance Abuse Treatment. The same numbers in terms of providing mental health and/or psychiatric care being very focused on not just the child's trauma, but the significant role that trauma plays for parents and women in Substance Abuse Treatment in particular. And to a lesser extent that there is prevention services focused on the children, family therapy, early intervention and developmental services. Again, you might say, "Well, why would less, you know, just over a half would be doing developmental services?" Remember that a significant number of them are Substance Abuse Treatment Agencies. So their program may, was probably about providing Substance Abuse Treatment and Standard Child Welfare Services would be being provided and they will be doing the same kinds of services that they will be getting in the child welfare agency. Just over half of co-located child welfare and substance abuse treatment staff doing, again, the specialized services

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for fathers which was a really nice thing to see. There has been a significant amount of Technical Assistance that's been provided to the grantees about engaging fathers.

And then less than half have established a family treatment court, but I mentioned that there are 20. So it's one of the largest, until recently we would have said the largest Federal Family Drug Court program. OJJDP has now about 22 current grantees for Family Drug Court, so they too have separate funding for Family Drug Courts, but although this was a Family Drug Court initiative, in fact 20 of the grantees were significantly affiliated and using the services of a family drug court.

All right, so interesting when we asked at the, about midpoint when we were getting ready to develop that second report to congress. What have you actually done in terms of the services like where have you expanded your current services or developed a new service or maintained what was already there? So in the clinical and community supports you see that about half of the grantees expanded existing services in the child and youth services, oh, I was going the wrong way, sorry. Against very similar numbers, about half of them were expanded on the existing services and not too terribly different numbers, it's just over half that created and built on their existing Substance Abuse Services with about 27% of them creating a new service for Substance Abuse Treatment. But this is the one that I think is interesting that the funding and the service time, the programmatic time was in building relationships and providing the structures that needed to be put in place to work collaboratively. So that was all new. 61% of the grantees had this effort going on to provide that systems collaboration and improvement. So often in scarce budget times that's sort of the first thing that goes away are the dollars to be able to work across systems and yet this pool of grantees when given the opportunity to work differently with these, this set of families set, a significant amount of their programs needed to be about developing that systems collaboration. And clearly we've seen overtime from the Sem, the SAPRs again that that effort has evolved and you saw the new partnerships that were being brought in that after things sort of settled down after a year or so, then they could start to say, "You know, well, we need that housing partner, we've got to have that mental health partner, we have to have children's health at the table in a different way, " but a significant effort in those early days of building that partnership.

So then we also ask them, "Where did you spend your money of all of your grant dollars?" And this really reflects also what they said in their effort, in the number of programs, the effort that they were putting together. You see very similar kinds of numbers across there and then when you look at what did they spend their money on. Again this was not the most recent data, I mean, in that, this is some time ago, about three years in that we said, reconfirmed this in terms of where your budget has been spent.

So we think this is interesting information and then sort of justifies that need for supporting collaborative practice because it doesn't just happen because you say, "Go, work with that partner." It does take dedicated staff to get to know, right Mary Lou? It takes time to know across agencies, who the people are, how to build those relationships at the line level as well as at the administrative level.

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So what are we going to do with all this information next? So you saw those clusters and very early on when we started reading the grant applications, we said, you know, if those clusters aren't really going to work for being able to do performance measures and look at differences. For example, is one cluster doing something different that affects the performance measures differently and thus the whole effort to do this program strategy conformation that we call it about what exactly is it that you are doing. So rather than using those administrative clusters we are actually looking at how the program strategy is clustered together, are there specific program models that we can tease out of these program strategies to sort of establish what are the various models that these grantees have put in place to look at the various programs and the different kinds of services that, in fact, clustered together. So these potential models were in the data analysis phase of that based on the reconfirmation that we just did this summer about: are you in fact still providing this service and at what level. But the idea is that we can take the various grantees that may say all together that they have this set of service package that they are doing in intensive level of case management that they have some specialized screening and assessment in place. They have got specialized outreach and engagement and services in place that they are in providing a service array of substance abuse treatment at different levels that they have after care in place, that they have co-located child welfare and substance abuse treatment staff and that they have cross systems collaboration in effect.

So in other words this idea that's in theory at this point about what these models look like is that by taking these program strategies we can say, "Here is the cluster of what this looks like if you are providing substance abuse services to this set of families and at what point do these clusters make, have an effect with the performance measures." So the intent is that we developed multiple packages, if you will, that preliminarily look like a comprehensive service array for families that in fact we know that grantees just from sort of looking at the preliminary with the data often are putting this kind of service package together and it doesn't look unlike what anybody who has been involved with doing substance abuse and child welfare for a while would not be familiar with that. You need housing, you need mental health, you have to have parenting and family strengthening. But this is sort of the comprehensive package of services that families who has substance abuse disorders need when they come to Child Welfare Services. So that's sort of comprehensive service array for families. Then there is a Family Drug Court model which basically has all of those services plus they have the increased traditional oversight of a family Drug Court. Another model is one that is substance abuse treatment focused; that again they are looking at the systems collaboration, but it includes the Substance Abuse Treatment and Drug Court and After Care. But they notice that they didn't have all those other child serving kinds of comprehensive services that we saw in that Model 1

So Model 4 then is a child focus service and I have to say Terry Garske [*Phonetic*] [00:34:51] did a lot of this early work, so we appreciate that very much with coming up with the ideas around, from the service packages. What can we say about how these service elements clustered together and that the child package looks somewhat different than the Substance Abuse Treatment package. So the idea again is that we are doing a factor analysis, if you will, about which of these service packages hang together

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statistically in order to say if you can come up with this service package, then we can put those grantees together that instead of just saying, you know, you XYZ grantee, an ABC fit together because you should have you know common performance measures, but in fact their services actually looked like a model of this is the comprehensiveness, this is what was actually put in place to them be able to look at the performance measures.

And with that I will turn things over to Dr. Boles who is going to talk about where we are at with the data and what the performance measures outcomes look like at this point.

Sharon Boles: Before we transition over any questions on Nancy's piece, on the program strategies, the...

Participant: Did all your grantees manage to fit in one of these packages?

Nancy Young: We are still determining that. We are developing the typologies right now. So we will see how they play out and so that's something we should actually know in the next couple of weeks. We are expecting to find out what the exact typologies are and who fits into what models. We, just so if you are interested we contracted with two researchers at USC, one's a statistician to run all of that to kind of make sure that it , it hangs.

Sharon Boles: So as Nancy said I am going to go over some of the preliminary performance indicator results. Nancy showed you earlier that there is 23 performance indicators over four domains and I am only going to talk about selected indicators, just mainly the ones where there is quantitative data. We are still working on the, what we call the clinical indicators that are five, that really involved the primary data collection with the instruments. So I will give you some numbers. This is from the most recent data. So grantees provide data to Children's Bureau twice a year and they have a, of the 53 grantees about two thirds have a controller comparison group. So you will see that on the left side it's the control comparison, for these purposes we have combined the groups, but in the analysis we do look at separate, do separate analysis based on research design if they are experimental and with the control group if they requires the experimental or if they do not have a controller comparison.

So for right now as of the most recent data that was submitted by the grantees, there is over 19,000 RPG children in the dataset, over 13,000 adults and 11,000 families. In terms of controller comparison almost 9,000 children, almost 7,000 adults and 5,400 families, so quite large. And what I am going to present now is information on the performance indicators of the RPG children and adults relative to their comparison groups and then also if there's federal measures such as AFCARS or TEDS or norms where there is federal data. I will show you where their performance indicators follow.

Just to emphasize this is not a cross site evaluation as Nancy said that these are 53 very distinct programs and what we are doing is we are providing the analysis and aggregate and I just want to emphasize that the results I am going to present are preliminary and we are finding some changes with each upload just as the numbers increase and we have also

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found that there may be some changes in the families served due to contextual and other factors. We know that particularly budget is affecting how some of the programs are implementing and working. Also that we, to the extent possible where we can do a match up, we are providing federal data such as from AFCARS or TEDS or norms, but to know that those data also have limitations for example in the child, in the substance abuse treatment dataset you can't pull out child welfare families and vice versa and then child welfare data set you can't pull out the subset of substance abusing families. So there may be slight differences in the results based on populations. And also...

Participant: I think there is a question.

Participant: Second question...

Sharon Boles: Yes.

Participant: How did you select for a comparison group?

Sharon Boles: It wasn't us selecting it, it was the grantees that proposed them when they wrote their applications. So there are variety of controller comparison groups: there is matched, there is historical, so as Nancy mentioned the performance management, the agents, they worked with the grantees to find the best matching comparison to their treatment group.

As of June, this is some information on the children. You will see that there are differences between the RPG children and the comparison controller children on age and the age breakdowns. Almost 60% of the RPG children were from zero to five, but you will see where the differences fall that they are more likely to be between one and 12 years of age whereas in comparison in controller children are more likely to be either under one or over 13 and that's why it's important when we do the analysis that we are controlling for factors such as age and some of the demographics so that we control for differences like this. And we are also looking to see if the differences are coming out mainly in the quasi-experimental groups or the experimental and we are finding they are mostly the quasi-experimental where the differences are. The experimental are matched pretty well, but you will see that we are dealing with some differences on age of the children. We are also dealing with some differences in terms of race ethnicity. The RPG children are more likely to be African American, American Indian, Asian or Hispanic, and the comparison children are more likely to be Caucasian. Again we are controlling for that statistically when we do the analysis, but there are some differences at baseline.

Even though I presented data from June 2011, this recent summer, the performance indicators results I am going to present are from last summer. They are the data that are currently under review by Children's Bureau. So they are the data for the most recent Children's Bureau report. So I am going to present on selected indicators and not all of the 23. And then this beginning chart shows you where the RPG children are fell relative to the control comparison group and also the AFCARS data. So if the, if there was a equivalent AFCARS variable such as substantial maltreatment, reoccurrence

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maltreatment, reentry in foster care represented that data and we limited to the 29 states for which the RPG's are operating. So we narrowed it down as best we could so we could try to get a match in terms of geographic area.

So I will go through six of the nine child indicators and the first is children who remain at home. And this looks at, really looks at if it was a child, if they were at home at the start of the program, where they ultimately removed and did they stay at home through the length of the program and what we found was that RPG to children were more likely to stay at home and not be removed than the controller comparison children. So only a 6.5% were removed versus a 11.3% and there is no federal comparison for this indicator.

In terms of occurrence of maltreatment within six months, we found that only 1.7% of the RPG children had a substantiated or indicated allegation of mental treatment following enrollment into the RPG program. You know, in comparison the only 1.9% of the controller comparison also had a substantial allegation, so no differences on this indicator in terms of occurrence or reoccurrence of maltreatment within six months. However, both were substantially lower than the 29-state comparison, the 50th percentile. Where we did see differences, however, if we looked at mental treatment following entry into the program, RPG children were statistically less likely to have an occurrence or reoccurrence of maltreatment. So within the federal definition, no differences at this point, but if you looked at their whole time within the RPG program, they were significantly less likely to have another substantiated or indicated allegation of maltreatment.

Length of stay in foster care, this is also another one where there is a federal comparison and you will see that the RPG children were significantly, spend significantly less time, well sorry, significantly reunified faster than the controller comparison children. So they reunified an average of 8.8, medium 8.8 months versus 9.8 months and it's, although it's slightly higher than the federal 29-state comparisons it's, so but substantially better than the controller comparison group.

In terms of discharge to adoption, the, you will see that it says there is a statistical difference and what we present below are medians. When you look at the mean number of months, that's where the differences really show up that the RPG children are, spent significantly less time to adoption than the controller comparison children and both were substantially less than the federal measure.

In terms of reentries into foster care, only 3.4% of the children reentered foster care within 12 months, that's half of what the control or comparison children. They're rate was, and a quarter of the 29-state comparison. So RPG children were, did substantially better in terms of reentries into foster care.

Participant: Well your N is starting to get really *[indiscernible]* [00:46:13]

Sharon Boles: Yeah, that's one of the problems...

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Participant: It's about 2,000 kids overall that you are talking about, 1,500 here...

Sharon Boles: Right.

Participant: And...

Sharon Boles: And only 73 in 50...

Participant: *[overlapping conversation] [00:46:28]*

Sharon Boles:...and that's particularly what we found with the measures related to adoption and guardianship, those particularly were really small N's so even though we started out with thousands of children, when we get down to some of the, the permanency and we are hoping that as case, the cases close that those numbers will go up. But you are right that we are talking small numbers, so yes 73 and 50 out of...

Nancy Young: Do you happen to remember what happens with this one and July, I mean June 2011?

Sharon Boles: I believe that my, I just ran the most recent data and the RPG children were still had fewer reentries. The numbers went up, but...

Nancy Young: Not a lot?

Sharon Boles: Not a lot. But you are right because it has to have, yes.

Nancy Young: There has to be a long enough period of time, got to be 12 months after they have finished, so the number goes right down.

Sharon Boles: Yeah. So, but that is something that we found in one of the things when I get to one of the clinical measures is the numbers right now are not there yet for us to do the analysis. In terms of timeliness reunification it looks at what percent reunified within, less than 12 months. Over 70% of the RPG children reunified in less than 12 months that's relative to only 64% of the controller comparison children, and you can see it's substantially better than the 29-state comparison at 50 percentile which was at 67%. The numbers are the, for the reunification and you could see they were almost at a 1000 for RPG children, but again relative to the total sample it's still smaller. As I mentioned the numbers relative to adaption were, we are dealing with pretty small sample sizes, only 69 of the RPG children had gone through adaption at that point. So in terms of timeliness of adaption in less than 24 months 72% were adapted in less than 24 months relative to 56% of the controller comparison children and both of those are substantially better than the 29-state comparison at only a third. But one of the things to note about this and this is where the small sample size, well, really hurts us because you look at the difference between 72% and 56%, you would think it would be statistically significant, but it's not because of the small N's. So this one I believe when we did the most recent data set, it did actually come out statistically significant.

Participant: This is probably *[several inaudible words]* [00:49:19]

Sharon Boles: Yeah. This is the one we really struggled with because the ends aren't, are not there at this point. In terms of one of the clinical measures for child well-being and I am not presenting any of the outcomes on this because you will see one of the things that we're working on is obtaining particularly discharge information. So Nancy mentioned that we have a subset of the grantees that are collecting what we call clinical indicator and indicator clinical instruments and for child well-being, we're using the agents in stages, two versions: the agents in stages questioning on agents in stages, social emotional, the child behavior checklist and what we call the NCFAS, the North Carolina Family Assessment Scales. But you can see there are only nine and seven grantees out of the 53 respectively are collecting this information even though of the nine we have over 400 baselines. We hope that as time goes on, the sample sizes will be there for us to do analysis and also to match the baselines and the discharges so we can do matched comparisons.

One of the issues that we are also facing is that we really don't have this on controller comparison groups. So we are really trying to figure out what we are, how we can analyze this and really represent it fully in terms of child well-being because this is an important measure that Children's Bureau was really interested in. So it's one of the things that Terry and her colleagues are working on.

Participant: Well one of the issues with this is that, you know, when Nancy talked about the models and testing those over the grantees, you know, we are only talking about nine grantees. It's hard to do the modeling because you can't guarantee that those nine grantees will fall into a particular model so it's not as generalized as it was, is we will question.

Sharon Boles: But we do hope that we will be able to add these variables into the mix of the modeling in terms of the program strategies and how they impact the performance measures. So this is a work-in-progress with the clinical measures that were, we have one of Terry's colleagues really drilling down on this to make sure that we can get adequate sample sizes and we get the best interpretation of this data.

Participant: I think that the ages and stages of questionnaires and SCs are, it's more of, it's a screen and not necessarily tells you the child's well-being. It just identifies whether the child has surpassed age appropriate development and the well-being is that, if there a concern or a monitoring if something happens with that result?

Sharon Boles: In the grantees one of the things that we did, and Terry can add to this as well, one of the things we did initially when we went through this with grantees is talking of the instruments are using it for evaluation purposes or using it for screening purposes and through the conformation of grantees, and again Terry might have something to add, there were some that were definitely using it for just for screening and then some were looking at more for outcomes. So there was a variety in terms of how it's being used.

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Participant: And I believe that the way that Nancy I remember the child welfare planning on using it is the categories of four percentage or in, you know, on track or monitoring or need screening and whether that changes overtime the longer they are in or continues in the program, whether it's a co-board or an individual level change, but that's what I initially said you may or may not see change through that mean score.

Nancy Young: Correct. I think that, I mean I've struggled with sort of the screening tools myself is that you know the outcome, the intended outcome is actually, it maybe early identification and not so much early intervention. You might be bumping that out to other partners that cancel what families are doing that or as a part of your intervention you are working with the parents to understand more about developmental milestones and that may change their interaction with the child. So it's defining whether you are purposely intending to change how parents interact with child's, with their developmental domains or whether it's the screener to understand that the child has more complexities.

Sharon Boles: And that's one of the things that Terry's colleague did inside down actually with each of the grantees and said how are you planning on using this tool and is it, again is it a screener or is it something that is intended as an intervention. So we have that information, that's something we are still working through and struggling with, because you are right there is, in terms of child well-being you know what are the best measures to capture that so...

Participant: And just want one more thing to add onto that, with that kind of a measure, if you can follow an individual trajectory of a child so that got screened, have they been referred, have they ever seen services, so it's that multistep piece that kind of put together and whether or not grantees have all those pieces to be able to say this family has gotten, you know, if they need the assessment how they got and how they got the services and then are they back on track, you know that's a pretty complex thing to be able to do.

Sharon Boles: And we did collect that data, but you would be probably surprised to hear that it's a little gunky.

Participant: I am surprised.

Sharon Boles: That's why it's not being presented as outcomes yet, we are working out the gunk.

Nancy Young: So did they need to be, did they get screened, did they need an assessment, did they get the assessment, did they need services, did they get the service and all of those steps through it for, I don't remember how many different services there are for both the children and the parents, so we have those data, but they are not the easiest to interpret what's going on.

Sharon Boles: Yeah one of the, there is two indicators that we really didn't discuss and we are not presenting here are the children connected to supportive services and adult

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connected to supportive services. So as Nancy alluded to, we are measuring our where is, where the children and adults assessed for their services, where they not assessed, where they or should they have been assessed and then if they were assessed, did they received the service. So we do have that and we are looking at that. It's a little gunky as well. We are working with grantees to improve that data because we actually provided data reports back to all the grantees based on their indicator. So if they had all 23, we gave them in some cases, one grantee had a 60-page report because if they had multiple data plans and multiple comparison groups or treatment groups, we analyze the data by all those groups and give it back to them. The biggest feedback I heard from grantees was about the supportive services. What do you mean we screened 80, but only 20...

Nancy Young: Have services.

Sharon Boles: ... received services? That set off the bigger firestorm in, under, um... some people's chairs among all the data that we presented back to them was about the supported services and led to the most discussions between the collaboratives, about why are people not getting assessed or if they are getting assessed, why they are not receiving services. Particularly in areas where they are supposed to, we supposed to be intent like services to children, developmental services, that, those conversations and those were the most calls I got back where this can't be right. Well, and have any conversation with, well, this is what your data, the data you presented. So is it, being coded incorrectly, in some cases there was misinterpretation of the coding or was it correct and yet they weren't providing services. So, but that isn't presented here, but that is actually some of the valuable data that we have that, that we'll also be looking at as well. You had a question.

Participant: This is not about service provision, but the thought that was going through my mind and looking at all these graphs, first look I thought shouldn't that comparative state data match the control and you mentioned that the grantees chose their own controls. So will that be a more locally specific controlled in the state data and some, would you expect some variation of what were some of the reasons why that various state data maybe different?

Sharon Boles: Yeah, I think you brought up a good point. So the grantees could pick their comparison groups. In some it was, for example, some of the Family Drug Courts or some of the programs, people that would have been eligible for the program in the 12 months prior to its implementation. Some did a historical, you know, in a couple of years prior some matched, some did a geographic, anybody in the county. So it really did vary and we tried to get a conformation on their comparison and control groups so we could classify that and we actually do have classifications. We, just like we do with the program strategy, we got really specific in terms of the level of their comparison groups so that we can, so we can ultimately do analysis. But you are right, the comparative state data doesn't let you drill down and it's for everybody that came through the child welfare system. So that's why we said, initially there could be differences because it doesn't let you pull out. For example the child welfare for AFCARS, the substance abusing, the children affected by substance abusing parents, vice versa in the TED or norms data

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system, it doesn't let you pull out the parents that are in the child welfare system. So this maybe a more hard to serve population than or presented in the national data. The nice thing though or the thing that's really promising is that if it's a harder list of population, it's doing better, they are doing better than the state comparisons. So that's promising on our end.

Participant: If I could just follow up, I was thinking on the same lines without the data that we are working with right now. If we were to go to our state AFCARS data, would that be a reliable source to care with our AFCARS?

Nancy Young: In Connecticut I think, do you remember what Connecticut's percentage substance abuse in their AFCARS data is, I don't think it's, I don't think it's real low. I think it, well we are doing a side note here. So there are voluntary variables in AFCARS about drug or alcohol use by the parent as a factor in the case. So it varies very much from state to state on how good those data are or how you would look at that and say "Does that even match with what I think it is." So for example Oregon is 62%, California has 4.8% and there is a lot of variability in-between that. So if you looked at that, you could pull out those data and you could compare to adjust those cases that merited a social worker, a case worker saying, filling out those boxes in your form essentially. So you might have a population that you are comparing to that might be a little bit more severe because the drug and alcohol was obvious enough at intake that they recorded it. But as I recall Connecticut has a maybe about a third or so.

Participant: I have it on my computer.

Nancy Young: Yeah. We could check it for you and you could know what percentage Connecticut it has.

Sharon Boles: And vice versa with the treatment episode dataset. Some of the states have added variables, you know, California has a referral from Child Welfare, Family Drug Court. So there are some states where you can pull out, do subanalysis on the child welfare involved families. So that would probably be the...

Nancy Young: Better than doing the statewide.

Sharon Boles: Right, right, So it is promising that even though that the 29-state comparison that we are showing is everybody that came through that the RPG's are doing substantially better. Just now I will show you a few of the adult highlights. We're going to talk about access to treatments, retention in treatments and then the criminal behavior. I am not going to go through all seven of the adult indicators, but I will just show you some of them.

First is, just to give you a sense of, as Nancy said, these are methamphetamine and other substance used grants. You will see though looking at primary substance at treatment admission, a third of the RPG and about 28% of the control comparison report of methamphetamine as their primary drug problem. We are seeing that particularly in the

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last year or two, prescription drug use has increased substantially and we know that in the northeast and other parts of the country that methamphetamine is not the primary substance of abuse. So these grants are open to all substances and you will see that RPG adults are more likely to report alcohol, methamphetamine or other substances such as benzodiazepines, hallucinogens as their primary drug problem whereas the control comparison more likely to report cocaine and crack.

In terms of access to treatment and there is, I do not believe there is, but this one just looks at time from program entry to substance abuse treatment entry and also time from child welfare entry into treatment entry and you will see that the RPG, parents are getting into treatment substantially faster than the controller comparison parents. In terms of retention and treatment, this is one where the RPG families didn't look as well. The controller comparison adults had substantially higher treatment completion rates and substantially higher transferred to another program for additional treatment and which is considered a positive treatment outcome which has, so combines the controller comparison is almost 75% where it's about 55% for the RPG.

Participant: Are they the same kinds of treatment programs? Because I would look at this and saying, you know, "Yeah, it could all be an, similar kinds of treatment programs that's fine, but if you got your controlled score in, you know, your short treatment programs, yeah they completed it but..."

Nancy Young: And the 20 that are in Family Drug Courts tends to stay longer in Family Drug Court. So they, and you know something that I have come to realize, you know, more recently is that you know they didn't complete, they are administratively dropped out but they moved on, they got a job, they didn't complete the program, but it was for a positive reason. So it...

Participant: Yeah.

Nancy Young: It's all, it's all kind of in there.

Participant: Somebody who completes a 28-day program...

Nancy Young: Right.

Participant: ...versus somebody who doesn't complete the six months program...

Nancy Young: Exactly, exactly, yeah.

Participant: ...may have *[overlapping conversation]* [01:05:21]...

Nancy Young: Exactly, yeah.

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Sharon Boles: And that's where some of the future, the additional analysis are looking at is especially we do have modality and we do have all the TEDs, many of the TEDs elements where we can look at differences and also look at differences with subgroups.

Participant: What timeframe are you using for retention and treatment?

Sharon Boles: This is, we looked at their, so their new substance abuse treatment episodes they are presenting the data.

Criminal behavior, this is kind of an interesting one. There is, we had about 90% of the RPG participants who had no arrest in the 30 days prior to treatment admission. So it's, there was a statistical difference between RPG and controller comparison, so few of the RPG's had an arrest in the 30 days prior. Again, and I think there is differences if we looked at Family Drug Court that might be different. At discharge there was no differences. So there are some adult measures where we are still trying to figure out how to interpret the value of them. So this one, there was and it's not presented here that the decrease in arrest, there was a substantial decrease in arrest from intake to discharge if they had any arrest at all between intake and discharge.

So again we are working on analyzing the newest data. We get data every six months and as I said it's a cumulative uploads. We expect by the end of the program, I think have at least 25,000 children in the dataset and probably close to 20,000 adults. So it's a vast dataset and one of the things that's unique and is that these, the data are linked. So we're able to follow the adults progress in treatment and the children's progress with the Child Welfare System and all the information is linked by a case id so that when the grantees upload it, we are able to follow the family. And all the data that's uploaded is just like there is, Nancy mentioned that there is a program strategy conformation, there is a data dictionary for this, for all the performance measures that specify how data should be coded and entered, again really building on the federal definition. So trying to minimize new data collection to the extent as possible, so all the data that's uploaded is uploaded in a standardized way, in a standardized format so that when we get it to analyze it's very clean and it's, everything is coded in exactly the same way if they are collecting the same performance measure. And so I am going to turn it back over to Nancy who is going to summarize what we found and where we are heading next.

Nancy Young: So as we already started to say or you've heard us say already the key lessons about what it takes to actually collaborate. You know, it's not just go and have a set of meetings that it actually takes a lot of effort, that it's essential to make sure that all of the complex needs of the families are even identified and that those partners are able to come to the table. When we mean that it's developmental, it's just like when we showed that new partners came in as they began to recognize that families needed other kinds of services. And that, you know, we often say if you build it, it doesn't mean they will come, that it takes really outreach that those services about going and getting the families and figuring out why they didn't come back and what that means to actually engage them is a lot of services and a lot of effort and it takes that at multiple levels.

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A whole set around what it means to be comprehensive for family services, again, that first model that we you know proposed as sort of is this the service package that families need, but it's a lot of partnering and it's a lot of services to figure out what each of the family members may need as well as the children and even though we sometimes think gee, of course it's a child welfare intervention, of course they are going to have child focused interventions when you get into the, sort of the specifics of a child of a substance abuser who may have neural developmental effects, may have mental health effects, may have sort of the other kinds of things that happen in child welfare with attachment disorders and other kinds of issues from their own trauma and sort of marry that up with the child of a substance abuser that there are specific needs that take a real focused effort to meet those kinds of service needs for the child.

The roles and responsibilities, we've had a variety of Technical Assistance calls about just helping jurisdictions understand roles and responsibilities and that's available if any of you are kind of grappling with any of that. We have examples from other places where they have tried to kind of layout whose job is it and what's the responsibility for that job and is it enough of a job to make the referral versus a warm handoff and if you have a warm handoff, what's the information that's coming back from that warm handoff. So those roles and responsibilities become critical at each of the levels of the system, so not just the case level but at the administrative level and how administrators are talking to each other and whose job it is to get that report and share it with the other partner as well as at the top management level and sort of the overview of what's happening with all of these different pieces. So we've tried to layout for the grantees, the way that you can provide that structure so that that becomes, we hope, a bit more institutionalized that they have that structure of the case level, the management level for problem solving and their overview level so that they are building this collaborative to stay in place and that they can continue to problem solve when their barriers come up.

The communication, I mean I think you can't say enough about that, because those meetings are just not enough that it's the case planning at the case level, again it's identifying what those barriers are and again it's time that all of that communication is staff time and as much as we can help the grantees to make that as efficient as they can so that it becomes routine that it's not a phone call to Sally every time you've got a court report due that that's automatic, that those reports are going in and that it's made as efficient as possible. It's still time that is about sharing the information with the partner so that you are on the same page with the family and that becomes challenging and the grantees have struggled with our sort of pushing them with structuring that communication and pushing them towards having sustainability plans. The majority of them are going into their fifth year and looking at what does that mean that's going to be sustained at the end of the five years if you put all this effort into working together.

It's been nice to know that of the three year grantees, there were nine three year grantees, and we asked them specifically what's going to stick, what's still going to be there and they all had lessons and as one in Colorado said basically everything that we have been doing is going to stick because we have seen such improvement with what's going on that we have been able to make the cell and to make the case that we have to continue

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this kind of partnership. That staff change a lot. Program directors change the staff that you thought were all onboard and this is a, I think the presenter in the morning plenary said that one of her tribal elders said we already knew that this is one of those. You already knew the staff change and that the ongoing staff training and development becomes critical because, just because somebody had the change in their value base about what it meant to work collaboratively, it doesn't mean that the new person coming in also has that sort of understanding. That understanding of the other systems efforts that basic of collaborative practice, if you will, of the information exchange needs to continue for the length of the time that you are trying to put this together that the existing system to really make this an integrated approach or a joint approach and understanding which one of those are doing means that it provide, and it needs to have that ongoing attention to that.

We have seen over the last two years in particular that the larger economic impact in the sites has, is having a profound effect on what's happening with the programs particularly as they grapple with healthcare reform, on the treatment provider side and trying to understand what this is mean for the way that they do business now and the sort of unknowns about what does that mean in the Child Welfare System. For example, the residential providers and anybody that is familiar with the treatment conversations that are going on right now that as the insurance industry becomes the payer for Substance Abuse and Mental Health Services meeting medical necessity to be in residential treatment is a key factor because often families that are in the Child Welfare System will not meet medical necessity of needing residential treatment and yet the number of particularly infants and young children that are placed with their mother in residential treatment to keep them from being separated is something that all of the grantees and in fact all of the country is really grappling with, what does that mean for providing a residential treatment when the insurance industry has certain standards of what does residential medical necessity mean for residential treatment. So those larger economic and fiscal environments are profound. Another one that is reported to us frequently and just the stress of the layoffs and potential layoffs and treatment providers sort of going away as well as public sector social workers that are facing, if not actually layoffs, it's sort of the budget crisis of what's happening each year. So we can't, I think underscore that enough in terms of we are getting sort of, you know, good results in terms of what the child welfare outcomes and, look like and yet they are doing that in the midst of, sort of lot of anxiety that's out there that I think we have to acknowledge.

We do know that there is differential outcomes based on not just the variation in the grant program, but sometimes things that we can sort of pull out of those Semi-Annual Progress Reports and the site visits that are going on about what really does it take to get this program to be functional and efficient and when it's not happening in some of the sites. Again, I've already mentioned the state and local economic situations and what that means on programming and the service array and there has been discussion already earlier today about what does that mean in terms of kids who don't come into care and what kinds of services they are actually getting in the community when substance abuse services are one of those things that are really changing very quickly.

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Well, you get the picture with 81% of the grantees reporting that budget cuts and staff layoffs have affected their partnerships. So it's not just a couple of grantees that this is playing out with, but the vast majority.

We also know that there are some grantees that are serving a lot of families and some that are serving low numbers and the early effort about building the collaborative relationship means that in some of these grantees that where that was more difficult. For example, we know that some of the grantees that had established collaborations going into this, they already had something in place and maybe they were augmenting what was already in place that they could get off and running much faster. I think if we were, we are not, but if we were asked in the next, in an, if there were a next round, we would want to see a year of planning for anybody that hasn't established a partnership already because it, before they are expected to start serving families and maybe it doesn't take a whole year, but it certainly seems that way that if you've got the established collaborative relationships you can get up and running a lot faster than, I've never really met the person that provides my substance abuse treatment, but we are going to work together, but we don't have any protocols, we don't have roles and responsibilities, we don't know how it's going to get paid for, all of those things that are both the clinical issues and the administrative issues take time to work out and the training of staff. So in expecting some of the grantees to meet numbers right away of who they were serving was probably not fair to them because they just weren't ready, so recognizing that. Also recognizing, you know, the question that was raised about the comparison to the state median, you know, what does it mean when we are comparing, you know, what theoretically, I mean some at least would say this is a harder to serve population. We often know particularly among young children who are children of Substance Abuse and Child Welfare System, they have a tendency to stay longer. They also often come back in. So if this is a theoretically harder to serve population, what does that mean for the length of time that it takes for the intervention and what do we do in some of those things about the comparisons when we don't really have a, the state data on that comparison, but does it mean in terms of really knowing, are they harder to serve and is that part of the reason why it takes a lot longer for them to be in care.

21, the cost analysis was not part of what was in the grant announcement and again if we were being asked and we would, we have already said it ought to be required that you have to have a cost component because it's very hard for us to tell right now. We can tell you numbers of who was served by grantees and we have some ideas from the PML's reports about what they actually see on site, but when you actually are asked and what did that cost and what were the cost offsets, they are not collecting the cost data for us to be able to do that. Although a fair number have embarked and we have provided a significant amount of Technical Assistance about how you could the cost studies and often on very simplified kinds of models so that there are some cost data that will be available.

Interesting that of all of the, I mentioned that the National Center on Substance Abuse and Child Welfare is providing the programmatic Technical Assistance and 41% of all of the TA requests that have come in to the national center have been about how do we do

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sustainability, and we have provided and they are on our website if you are interested a fair number of webinars on sustainability, we have worksheets that we have given back to grantees to help them work through, what sustainability mean in their community. So even though they are the 41% of all the TA requests, less than half of the grantees, even though in year-one we started presenting information on sustainability, making sure that they had a way to think through what was going to happen after year-five.

So the real test of program sustainability about, you've taken this information from this opportunity to use sort of money from the outside kind of plunking into your system, have you really been able to redirect any of that local dollars. So we have some grantees that are the three-year grantees that can say to us, "Yes, were able to make the case that from this federal part of money that came in to our community that we did so much better with this set of families that we were able to make the case to redirect funds at our local level into other services to better meet the needs of this set of families." But part of what we talk about in terms of the sustainability planning is this issue of scale and making sure that they have their local data about how many families came into the system, how many families potentially needed this service and how many of those did they serve and unless you really have a focal point on that scale issue, how big is this grant program supposed to be in relationship to the need and how do you be strategic about how you actually go to scale. So we've done a lot of Technical Assistance around these issues of scale and scope and sustainability and again if you are interested in those materials, we would be happy to share those with you.

So I've all of the sort of lessons it takes time and again I don't know that this was anything that we didn't know already, but we know it specifically and is a lot of detail about these 53 sites. In some jurisdictions that have been around working on Substance Abuse and Child Welfare, Connecticut, for example, has a 20-year history. Have you solved it? It takes time. It takes time in some other places that we can point to that have had, you know, 10-year partnerships at the state level or at a local level that these issues of deciding that you are going to do something different and making a project out of it and then really getting into what does that mean in terms of getting the lessons and changing the rules. It takes a long time to make that happen and I think many of the five year grantees are sort of grappling with, now that we have built this infrastructure or how do we make sure that we are able to go forward. As we know and we mentioned the staff turnover, the partnership turnover, the recognition that sometimes they, the grantee proposed serving a number of clients that they didn't recognize how much longer it was going to take for this set of families and that the dosage has to be more intense than just a kind of sprinkling of, a little bit of outpatient and they are going to be fine that that continuum of services, of intensive services through ongoing and aftercare and recovery supports in the community or what is needed.

We have some, developed some ideas in some ways and methods, if you will, of looking at that drop off. So from those parents that were identified, those families that were identified who got from one set to the next set to the next set of that process of screening to assessment, to the referral, to treatment, to got the treatment, the completion to treatment and helping sites I think has been one of the real exciting things for them to

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really understand if you can do those numbers of the drop off. It helps you reprogram where do you need to put your intervention. So if your drop off has is between the assessment and treatment entry, then there is something going on in that process that you need to change. So it's been very helpful to the sites to be able to kind of work through that with their Performance Management Liaison to understand how many were supposed to get there and how many did. We've got some, if you are coming back in two weeks for the national conference we will have data from the first day we hope that's done the data analysis on the drop off analysis between the systems and understanding who the families are that drop off. We are not there yet, I know the families are, but we are, we saw that two weeks and we might have it pull together by then.

And the key, I mean I think we knew going in just from work that we were doing in Technical Assistance we mean children and family features was doing prior to this on the key issue of housing and employment. The housing comes up in every single one of the grants as a key factor that either prevents families from reunification or keeps them from being able to keep a child at home or keeps them from being able to keep a child from returning. The housing issues for this set of families are complex, housing anyway is complex, but when you throw in a set of families who may have a criminal conviction and they are precluded from being in some of the housing programs, it makes it even more difficult for them to parent their children So some of those other pieces that impinge on the ability of the grantees to be successful.

I think we've hit, at least my watch is at 5:15. Some of those emerging issues is I mentioned the in-home and out of come cases we are trying to understand what programs look like differently and what kinds of things they have to put in place for the in-home cases. We are really helping I think to have grantees understand and to work across the lifespan and what that means for trauma that the vast majority of the parents who come into the system have significant trauma in their life. Their children have experienced trauma and what does that mean when you are trying to be trauma-informed organizations across the lifespan of families. And then obviously the emerging issues in home visiting and what that means for this particular set of families.

With that I will close. Any questions, comments?

Participant: Hence we are, are any of your sites doing data sharing among themselves?

Nancy Young: What do you mean by data sharing?

Participant: They are actually putting all their data together.

Nancy Young: It varies to what extent when you say they are putting it together. Often it is an evaluator who the data is coming in to the evaluator from child welfare, the data is coming in from substance abuse treatment is actually the program director who usually is collecting that and then it goes to an evaluator who has a dataset that's able to link that. So it's typically not, in some jurisdictions, in Kentucky in particular, their in-house

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evaluator is actually doing that in-house child welfare evaluator. So it varies from place-to-place on how they've structured the data connection and how they manage that dataset.

Participant: Are you willing to share in the work that's been done cost analysis?

Nancy Young: I don't know that we are, I mean we are certainly willing to share how we are providing TA. I don't think that we have anything that's really, well there, you know Kentucky is the furthest along on keeping track of cost and being able to do cost staff set. So there will be a great group of folks for you guys to connect with and their researcher, there, in-house researcher Ruth Huebner. We would be happy to make that connection for you because they've been really terrific at being focused on cost from the beginning and so their state child welfare director has presented their regional partnership data and their cost offset data already. But there are some that are further along than others with some of that, but the, I would think that Pam probably has given you a lot of that information already on the cost offsets and sustainability planning.

Participant: I don't know if she has but we'll check.

Nancy: Okay.

Participant: Sometimes she gets *[indiscernible]* [01:31:49].

Nancy: Oh, yeah, hmm...mm...okay. All right, well, thank you very much for coming this afternoon. We look forward to sharing with you additional data hopefully and the longer...