Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse (September 30, 2007 - September 30, 2012)

NDACAN Dataset Number 191
USER'S GUIDE

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(September 30, 2007, to September 30, 2012)

Data Collected by

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Preface

The Child and Family Services Improvement Act of 2006 (P.L. 109-288), signed into law on September 28, 2006, was designed to improve the lives of abused and neglected children and their families. It included provisions that specifically addressed children affected by a parent's substance use disorder.

The law authorized and appropriated funding over five years for a competitive grant program: *Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse*. The U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Administration on Children, Youth and Families (ACYF), Children's Bureau administered the program, referred to as the Regional Partnership Grant (RPG) Program. The legislation mandated reports to Congress that addressed three areas:

- The services provided and activities conducted under the RPG Program;
- The progress made in addressing the needs of families with methamphetamine or other substance use disorders who come to the attention of the child welfare system, and in achieving the goals of child safety, permanence, and well-being;
- The set of performance measures established to assess the performance of RPG Program grant recipients.

The four Reports to Congress can be found at https://ncsacw.samhsa.gov/technical/rpg-i.aspx.

The data for *Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse (September 30, 2007 to September 30, 2012),* have been given to the National Data Archive on Child Abuse and Neglect for public distribution by Nancy K. Young, Ken DeCerchio, and Chad Rodi. Funding for the project was provided by the U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (Award Number: HHSP23320072911YC).

Acknowledgement of Source

Authors should acknowledge the National Data Archive on Child Abuse and Neglect and the original collector of the data when they publish manuscripts that use data provided by the Archive. Users of these data are urged to follow some adaptation of the statement below.

> The data used in this publication were made available by the National Data Archive on Child Abuse and Neglect, Cornell University, Ithaca, NY, and have been used with permission. Data from *Targeted Grants to Increase the Well-being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse (September 30, 2007 to September 30, 2012)* were originally collected by Nancy K. Young, Ken DeCerchio, and Chad Rodi. Funding for the project was provided by the U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (Award Number: HHSP23320072911YC). The collector of the original data, the funder, NDACAN, Cornell University and their agents or employees bear no responsibility for the analyses or interpretations presented here.

The bibliographic citation for this data collection is:

Young, N. K., DeCerchio, K., Rodi, C. (2017). *Targeted grants to increase the well-being of, and to improve the permanency outcomes for, children affected by methamphetamine or other substance abuse (September 30, 2007 to September 30, 2012)* [Dataset]. Available from National Data Archive on Child Abuse and Neglect Web site, http://www.ndacan.acf.hhs.gov/.

Publication Submission Requirement

In accordance with the terms of the *Data License* for this dataset, users of these data are required to deposit a copy of any published work or report based wholly or in part on these data with the Archive. A copy of any completed manuscript, thesis abstract, or reprint should be sent to the National Data Archive on Child Abuse and Neglect, Cornell University, Bronfenbrenner Center for Translational Research, Beebe Hall, Ithaca, New York 14853. Such copies will be used to provide funding agencies with essential information about the use of NDACAN resources and to facilitate the exchange of information about research activities among data users and contributors.

ABSTRACT

During the first year of the RPG Program, HHS, with Office of Management and Budget approval, developed a web-based RPG Data Collection and Reporting System to compile the performance measure data across all 53 grantees. Grantees began submitting case-level child and adult data to the RPG Data System in December 2008 and then uploaded their latest cumulative data files in December and June of each program year. Grantees' final data upload was in December 2012. The RPG Data System links data for children and adults together as a family unit and follows clients served over the course of the grant project, making it the most extensive quantitative dataset currently available on outcomes for children, adults, and families affected by substance abuse and child maltreatment. Grantees collected and reported on the performance measures that aligned with their program models, services and activities, goals, and intended outcomes. While grantee programs may have varied in terms of the interventions implemented, grantees reporting on the same performance measures submitted their data with specified data elements drawn from existing substance abuse and child welfare treatment reporting systems. Thus, grantees submitted data using standardized definitions and coding (grantees were provided a Data Dictionary) to ensure consistency across RPG grantees collecting the same performance measures. Each grantee was provided with individualized customized data plans for each of their RPG participant and control/comparison groups (some grantees had multiple treatment and control/comparison groups). Each customized data plan included child and adult demographic information and the distinct data elements required to calculate the selected standardized child and adult performance measures. The creation of individual data plans allowed for case-level data to be submitted in a standardized uniform file format, which further ensured consistent data collection and reporting across RPG grantees. To further strengthen data quality and consistency, two immediate levels of automated quality assurance checks occurred when grantees submitted their data to the RPG Data System. The first level of checks validated the accuracy of individual data elements based on valid coding and date ranges (e.g., a date of 2015 is identified as invalid, as the year has not occurred). The second level of review involved approximately 150 data validation checks that addressed illogical coding (e.g., a male client is coded as pregnant), as well as potential relational inconsistencies or possible errors between data elements (e.g., a substance abuse assessment that occurs after substance abuse treatment entry instead of prior to entry). To complete their data uploads, grantees had to correct definite coding errors and confirm or correct warnings regarding potential data inconsistencies.

The dataset is a compilation of data from multiple administrative data sources, including child maltreatment data from the National Child Abuse and Neglect Data System (NCANDS), foster care data from the Adoption and Foster Care Analysis and Reporting System (AFCARS), and caregiver substance abuse treatment data from the Treatment Episode Data Set (TEDS). Data from the North Carolina Family Assessment Scale (NCFAS) are the only non-administrative data included in this collection.

STUDY OVERVIEW

Study Identification

Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse: Representing the initial grant period of September 30, 2007, to September 30, 2012

Investigator(s):

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Funding Agencies:

U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau.

Award Numbers: HHSP23320072911YC

Purpose of the Study

The purpose of the grant program referred to as Regional Partnership Grants "RPG" was "to provide, through interagency collaboration and integration of programs and services, services and activities that are designed to increase the well-being of, improve permanency outcomes for, and enhance the safety of children who are in an out-of-home placement or are at risk of being placed in an out-of-home placement as a result of a parent's or caretaker's methamphetamine or other substance use (The Child and Family Services Improvement Act of 2006)."

This User's Guide summarizes the information at the level of the data submitted to the coordinating center designated to compile the data collected by the individual sites/grantees and evaluate the performance indicators specified by the RPG program grants. The User's Guide is not intended to represent the data collection activities or methodologies employed at any of the fifty-three participating grantee sites.

Study Design

HHS implemented a mixed-methods performance measurement approach that used multiple quantitative and qualitative data sources to provide a comprehensive descriptive and analytical picture of the 53 grantees' performance.

The majority of the 12 performance measures that comprise the Safety, Permanency, and Recovery outcome domains align with existing standardized performance measures in federal child welfare and substance abuse treatment outcome reporting systems (e.g., AFCARS, NCANDS, TEDS) and thus exist in a state or county's automated child welfare and substance abuse treatment data systems. Each grantee submitted standardized case level client demographic information and the required data elements to calculate these measures in a uniform file format to ensure consistency across grantees. Data quality and consistency was increased further by two immediate levels of automated quality assurance checks that addressed invalid coding (e.g., a date that has not yet occurred) and potential relational inconsistencies or errors (e.g., a substance abuse assessment that took place after substance abuse treatment entry instead of prior to treatment admission). A performance monitoring approach was used to report on key performance measures according to data plans that matched their RPG program design and implementation context. The result is the largest data set about this population of children and their families affected by substance use disorders and involved with child welfare ever gathered in the United States, including information on more than 15,000 families comprised of more than 25,000 children and 17,000 adults.

For each measure, RPG participant group data were aggregated across grantees and analyzed using IBM SPSS software. Data analyses included:

- Basic descriptive statistics (e.g., frequencies, means, median, and ranges) on the performance measures for the RPG participant groups.
- Performance measure findings by selected child and adult demographics (e.g., age, gender, race/ethnicity, program year) for the RPG participant groups.
- National contextual child welfare and substance abuse treatment data (e.g., AFCARS, NCANDS, NOMs, TEDS) for the states in which the RPGs are operating, where appropriate and available. The state contextual subgroup data do not serve as a true real-time comparison group for the RPG Program and do not allow for statistical comparisons to RPG participants. However, as previously stated, they provide additional context for understanding grantees' performance measure results.
- Qualitative analyses developed by the evaluation team were done through a formal review of grantees' Semi-Annual Progress Reports, utilizing a review template developed by the evaluation team. The team also developed a strategy and services confirmation process for identifying and defining the strategies and services grantees are implementing.

Date(s) of Data Collection

The dates of data collection covered by the current version of the dataset are as follows:

October 1, 2007 - December 31, 2012 for 45 grantees.

October 1, 2007 - December 31, 2014 for 8 extension grantees.

Geographic Area

Nationwide, RPG States - RPG lead agencies represented the following 29 states: Alaska, Arizona, California, Colorado, Florida, Georgia, Idaho, Illinois, Iowa, Kansas, Kentucky, Massachusetts, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, New York, North Carolina, Ohio,

Oklahoma, Oregon, Rhode Island, Tennessee, Texas, Vermont, Washington, and Wisconsin.

Unit of Observation

The unit of observation is a case which consists of a family (RPGFamilyID) with adults (AdultID) and children (ChildID).

Sample

Each site employed their own sampling strategy which is outlined in document provided by the Data Contributor and is labeled and referred to as Appendix A: Research Methods by Site. The Appendix A document contains site level data collection information which fluctuates from being robust for some sites, scarce for other sites, or, for a couple of sites, no information is provided.

All administrative data collected were submitted by the sites to Children and Family Futures for collation and analyses.

Data Collection Procedures

During the first year of the RPG Program, HHS, with Office of Management and Budget approval, developed a web-based RPG Data Collection and Reporting System to compile the performance measure data across all 53 grantees. Grantees began submitting case-level child and adult data to the RPG Data System in December 2008 and then uploaded their latest cumulative data files in December and June of each program year. Grantees' final data upload was in December 2012.

The RPG Data System links data for children and adults together as a family unit and follows clients (adults and children) served over the course of the grant project, making it the most extensive quantitative dataset currently available on outcomes for children, adults, and families affected by substance abuse and child maltreatment.

Grantees collected and reported on the performance measures that aligned with their program models, services and activities, goals, and intended outcomes. While grantee programs may have varied in terms of the interventions implemented, grantees reporting on the same performance measures submitted their data with specified data elements drawn from existing substance abuse and child welfare treatment reporting systems. Thus, grantees submitted data using standardized definitions and coding (grantees were provided a Data Dictionary; a modified version is included with this archived dataset) to ensure consistency across RPG grantees collecting the same performance measures. Each grantee was provided with individualized customized data plans for each of their RPG participant and control/comparison groups (some grantees had multiple treatment and control/comparison groups). Each customized data plan included child and adult demographic information and the distinct data elements required to calculate the selected standardized child and adult performance measures. The creation of individual data plans allowed for case-level data to be submitted in a standardized uniform file format, which further ensured consistent data collection and reporting across RPG grantees. To further strengthen data quality and consistency, two immediate levels of automated quality assurance checks occurred when grantees submitted their data to the RPG Data System. The first level of checks validated the accuracy of individual data elements based on valid coding and date ranges (e.g., a date of 2015 is identified as invalid, as the year has not occurred). The second level of review involved approximately 150 data validation checks that addressed illogical coding (e.g., a male client is coded as pregnant), as well as

potential relational inconsistencies or possible errors between data elements (e.g., a substance abuse assessment that occurs after substance abuse treatment entry instead of prior to entry). To complete their data uploads, grantees had to correct definite coding errors and confirm or correct warnings regarding potential data inconsistencies.

Below is a list of the performance indicators evaluated in this grant effort. Please refer to the Data Dictionary for the definition of each performance indicator.

Child/Youth

C1. Children remain at home
C2. Occurrence/s of child maltreatment
C3. Average length of stay in foster care
C4. Re-entries to foster care placement
C5. Timeliness of reunification
C6. Timeliness of permanency
C7. Prevention of substance-exposed newborns *
C8. Children connected to supportive services *
C9. Improved child well-being *

Adult

A1. Access to substance abuse treatment
A2. Retention in substance abuse treatment
A3. Reduced substance use
A4. Parents/caregivers connected to supportive services
A5. Employment
A6. Criminal behavior
A7. Mental health status *

Family/Relationship

F1. Improved parenting
F2. Family relationships and functioning (measured by data from the NCFAS)
F3. Risk/protective factors
F4. Coordinated case management *
F5. Substance abuse education and training for foster care parents and other substitute caregivers *

Regional Partnership/Service Capacity

R1. Collaborative capacity *
R2. Capacity to serve families *

* Specific data elements collected by individual sites were excluded from this dataset because they were not included in other national or federal data submissions; excluded data elements were: C7, C8, C9, A7, F4, F5, R1, and R2. With regards to Family/Relationship performance indicators, data from the NCFAS were included in the dataset since this measure was used by a large proportion of grantees. Any other measures administered by individual sites to evaluate these performance indicators were not

archived in this data collection.

Response Rates

Since this was a compiling of administrative data, no response rates were calculated. Individual Grantees may have reported response rates in progress and final reports submitted to the Federal Government.

Sources of Information

The data were collected from the assessment tool called the North Carolina Family Assessment Scale (see measures section) and from the following administrative data sources: child maltreatment data from the National Child Abuse and Neglect Data System (NCANDS), foster care data from the Adoption and Foster Care Analysis and Reporting System (AFCARS), and caregiver substance abuse treatment data from the Treatment Episode Data Set (TEDS).

Type of Data Collected

Survey and administrative data from child welfare and substance abuse treatment were collected.

Measures

North Carolina Family Assessment Scales (NCFAS, NCFAS-G, NCFAS-R, NCFAS-G+R)

Reed-Ashcraft, K., Kirk, R. S., & Fraser, M. W. (2001). The reliability and validity of the North Carolina Family Assessment Scale. *Research on Social Work Practice, 11*(4), 503-520. Available from: http://www.nfpn.org/assessment-tools

Related Publications & Reports

Users are strongly encouraged to obtain these references before doing analyses. To view a complete list of publications visit our online citations collection called "canDL" by going to http://www.ndacan.acf.hhs.gov/publications/publications.cfm , Once on the page, navigate to the DS# 191 folder to view all publication citations relevant to this dataset.

Boles, S., Young, N., Dennis, K., & DeCerchio, K. (2012). The Regional Partnership Grant (RPG) program: Enhancing collaboration, promising results. *Journal of Public Child Welfare, 6*(4), 482-496. DOI: http://dx.doi.org/10.1080/15548732.2012.705239

Dennis, K., Rodi, M. S., Robinson, G., DeCerchio, K., Young, N. K., Gardner, S. L., Stedt, E., & Corona, M. (2015). Promising results for cross-systems collaborative efforts to meet the needs of families impacted by substance use. *Child Welfare* 94(5) 21-43.

The Child and Family Services Improvement Act of 2006, Pub. L. 109 -288, 120 Stat. 1238, codified as amended at 42 U.S.C. 1305.

U.S. Department of Health and Human Services (2010). *Targeted grants to increase the well-being of, and to improve the permanency outcomes for, and children affected by methamphetamine or other substance abuse: first annual report to congress*. Washington, DC: Administration on

Children, Youth and Families, Children's Bureau. Retrieved from:
http://www.cffutures.org/files/targeted_grants.pdf

U.S. Department of Health and Human Services. (2011). *Targeted grants to increase the well-being of, and to improve the permanency outcomes for, and children affected by methamphetamine or other substance abuse: second annual report to congress*. Washington, DC: Administration on Children, Youth and Families, Children's Bureau. Retrieved from:
http://www.cffutures.org/files/RPG%20Program_Second%20Report%20to%20Congress.pdf

U.S. Department of Health and Human Services. (2012). *Targeted grants to increase the well-being of, and to improve the permanency outcomes for, and children affected by methamphetamine or other substance abuse: third annual report to congress*. Washington, DC: Administration on Children, Youth and Families, Children's Bureau. Retrieved from:
http://www.cffutures.org/files/RPG%20Program_Third%20Report%20to%20Congress.pdf

U.S. Department of Health and Human Services. (2013a). *Targeted grants to increase the well-being of, and to improve the permanency outcomes for, and children affected by methamphetamine or other substance abuse: fourth annual report to congress: Representing the initial grant period of September 30, 2007, to September 30, 2012*. Washington, DC: Administration on Children, Youth and Families, Children's Bureau. Retrieved from:
https://ncsacw.samhsa.gov/files/RPGI_4th_Report_to_Congress_reduced_508.pdf

U.S. Department of Health and Human Services. (2013b). *Targeted grants to increase the well-being of, and to improve the permanency outcomes for, and children affected by methamphetamine or other substance abuse: final synthesis and summary report*. Washington, DC: Administration on Children, Youth and Families, Children's Bureau. Retrieved from:
https://www.ncsacw.samhsa.gov/files/Final_SSR.pdf

Analytic Considerations

Only data collected from the following sources are included in this dataset: child maltreatment administrative data from NCANDS, foster care placement administrative data from AFCARS, Parental substance abuse treatment administrative data from TEDS, and family level data from the NCFAS assessment. It is likely that the Appendix A: Research Methods by Site document, as well as, other published reports, will mention the use of other assessments, however, none of the data from those assessments were archived in this data collection.

The following passage describes the limitations in interpreting the data. Analysts should take care to consider the information before attempting to construct an analysis file or conduct any analyses. The passage is from the project's Final Synthesis and Summary Report (U.S Dept of Health and Human Services, 2013b),

> These data provided an unprecedented opportunity to assess the impact of the RPG programs on child welfare and substance abuse outcomes. Yet several important caveats must be considered in reviewing data that represent 53 partnerships with different program models and diverse target populations:
>
> The RPG Program Performance Measurement is not designed as a cross-site evaluation. The

RPG data represent 53 grantees that have the same overarching project goals (to improve child, adult, and family outcomes), but are not implementing or testing the same set of services, interventions, or program models.

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

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

National child welfare and substance abuse treatment outcomes provide important contextual perspective, but may reflect a broader child and adult population than the RPG families. Families served by the RPG programs likely represented more difficult or complex cases (e.g., significant co-occurring disorders, including trauma and violence). (pg. 16)

Families could be admitted to the RPG program, leave, and then be readmitted. When families returned they were assigned a new caseid, however, the CASEID from the previous admission is identified in the CASEREF variable.

All of the data from one grantee site 90CU0052 were removed from the dataset due to duplicate childids where it was undetermined if the record was for the same child or a different children. This means that statistics derived using the entire sample will not match what is reported in publications due to the data deletion.

Data Users who are only interested in sites that participated in a particular performance indicator can use variables designed to indicate participation. The following indicator variables are available in the data file and reported as 0 and 1 (participated): C1report, C2report, C3report, C4report, C5report, C6report, A1report, A2report, A3report, A4report, A5report, A6report, and NCFAS.

Confidentiality Protection

Primary and secondary identifiers have been removed, and as a result, there will be instances where variables that appear in the data dictionary are not available in the data file.

The following recoding process was employed for all date variables in the three data files:

1. First, all three data files (Adult-Level SATX, Child-Level MALTX, and NCFAS) were merged together.
2. Second, a variable called "AnchorDate" was created and populated with dates based on the availability of the following date variables, in order: File_O, CWfile_O, Txadmit_1, Txadmit_2, SAASSESS_1, Chbdate, Adob, Txadmit_3, rptdt_1, admindate_1.
3. Next, the "AnchorDate" variable was recoded so that days 1-15 round to the 8th of the month and

days 16-31 round to the 23rd. As a result, the dates in the newly created "AnchorDate_D" variable fall on either Day 8 or 23 of the month.

4. Lastly, all other dates, within each record, were shifted by the same number of days that the AnchorDate variable was moved during the re-code process. Conducting the recode in this manner preserves the timing between events (CPS report dates, removal dates, etc.) while protecting participant confidentiality. This recode strategy was first developed for use on the NCANDS Child File dataset.

Recoded date variables contain the original variable name but have an "_D" added to the end of the name. In order to look up additional information about the variable in the Data Dictionary, data users will need to use the original variable name by omitting the _D.

Extent of Collection

This collection consists of the User's Guide, one Data Dictionary which was developed by Children and Family Futures and used to guide Grantee's with data collection and submission procedures, RPG-1 Final Report, Appendix A: Research Methods by Site, a print protected copy of the NCFAS measure, and one data file native to SPSS & Stata along with program files and ASCII data for SAS.

Extent of Processing

NDACAN produced the User's Guide, SPSS, and Stata native data files as well as the SAS program files with ASCII data.

NDACAN created the variable called RPGFamilyID which uses elements of the RPGID and CASEID to create a unique id for each family, as many CASEID's repeat across sites.

NDACAN derived "CHILDID_D" to replace "childid" to resolve duplicate child id's within sites. The variable CHILDID_D contains the alphanumeric value from the original CHILDID variable, however, the second record of a within site duplicate has an "_2" appended to it. This recode primarily impacted site 90CU0038.

NDACAN derived "ADULTID_D" to replace "adultid" to resolve duplicate adult id's within sites. The variable ADULTID_D contains the alphanumeric value from the original ADULTID variable, however, the second record of a within site duplicate has an "_2" appended to it so that all ADULTID values are unique within a site. This recode primarily impacted site 90CU0038.

NDACAN deleted the data from site 90CU0052 due to duplicate childids that could not be resolved. See the Analytic Considerations section for more information.

The SITEID variable was removed from the data file in an effort to reduce disclosure risk.

DATA FILE INFORMATION

File Specifications

There is only one data file and it is called "DS191." The data file contains the adult substance abuse treatment data, child level maltreatment data, and data from the NCFAS assessment. There are 45,754 family records in the data file.

Data File Notes

One site had to be removed from the dataset due to duplicate childid's. This will mean that your results may not match statistics that appear in published reports. The counts for the following performance measures were impacted by the deletion: C1, C2, A5, A6

There are 3,358 records (7.3% of all records), in the data file, which have an RPGFamilyid but are either missing the adultid_d or the childid_d or sometimes both (16 records). It is up to the data user to decide how to deal with those records. One possible explanation is that the records belong to sites participating in the performance indicators whose data were not included in this collection.

Technical support for this dataset is provided by NDACAN.

Please send your inquiries to NDACANSUPPORT@cornell.edu