RPG Regional Partnership Grants

REGIONAL PARTNERSHIP GRANTS

Round 5 Projects Overview Grant Period: 2018–2023

This infographic offers a snapshot of key insights from the ten Regional Partnership Grants (RPG) Round 5 cohort – highlighting locations, findings, partnership types, and services delivered.

In October 2018, Children's Bureau awarded a fifth RPG cohort, consisting of 3-year awards to ten partnerships in eight states. The funds authorized by Title IV-B, Subpart 2: Promoting Safe and Stable Families, Child and Family Services Improvement and Innovation Act (P.L. 112-34) were awarded to regional partnerships that focused on interagency collaboration and integration of programs, activities, and services. RPGs participate in evaluation activities. In 2021, 9[1] of the 10 awardees applied for and received a 2-year extension with additional funds, extending their project period through 2023.

The Round 5 RPG cohort was in year two of service delivery at the onset of the COVID-19 pandemic, resulting in this group of recipients experiencing changes, challenges, and a need for flexibility as they identified effective ways to continue serving families affected by substance use during this time.

The goals of these grants were to build system-level capacity for improving outcomes for children who are in an out-of-home placement or at risk of being placed in out-of-home care as a result of a parent's or caregiver's substance abuse and expand the evidence base of programs and practices in these fields.

(Source: U.S. Department of Health and Human Services. "Regional Partnership Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Substance Abuse. HHS-2018-ACF-ACYF-CU-1382 Application. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau)

SUSTAINABILITY[2]

All sites (100%) sustained some RPG services and ensured service continuity. This included sustainability of core services through state contracts and Medicaid, peer specialists, substance use and mental health services (for the whole family), case management, concrete supports (housing, food, transportation), policies and procedures, trainings, cross-systems communication, substance use screenings, and Plans of Safe Care implementation.

PARTNERSHIPS[3]

RPG projects convened a broad cross-system network of partners, and these partnerships supported children and families through coordinated, trauma-informed, and evidence-based efforts spanning prevention, treatment, education, housing stability, legal oversight, and evaluation across child welfare, family well-being, and health systems. Partnerships included representation from:

- Child Welfare
- Family Support and Enrichment Organizations
- Mental Health and Substance Use Disorder Treatment
- Early Childhood, Education, and Youth Services
- Healthcare and Medical Systems
- Housing and Homelessness Services
- Domestic Violence Services
- Judicial, Legal, and Public Safety
- Research, Evaluation, and Oversight
- Community Based and Advocacy Organizations

1 Centerstone of Illinois, Inc. (Illinois) did not apply for supplemental funding.
2 Source: site final profiles and final progress reports
3 Source: site final profiles and final progress reports

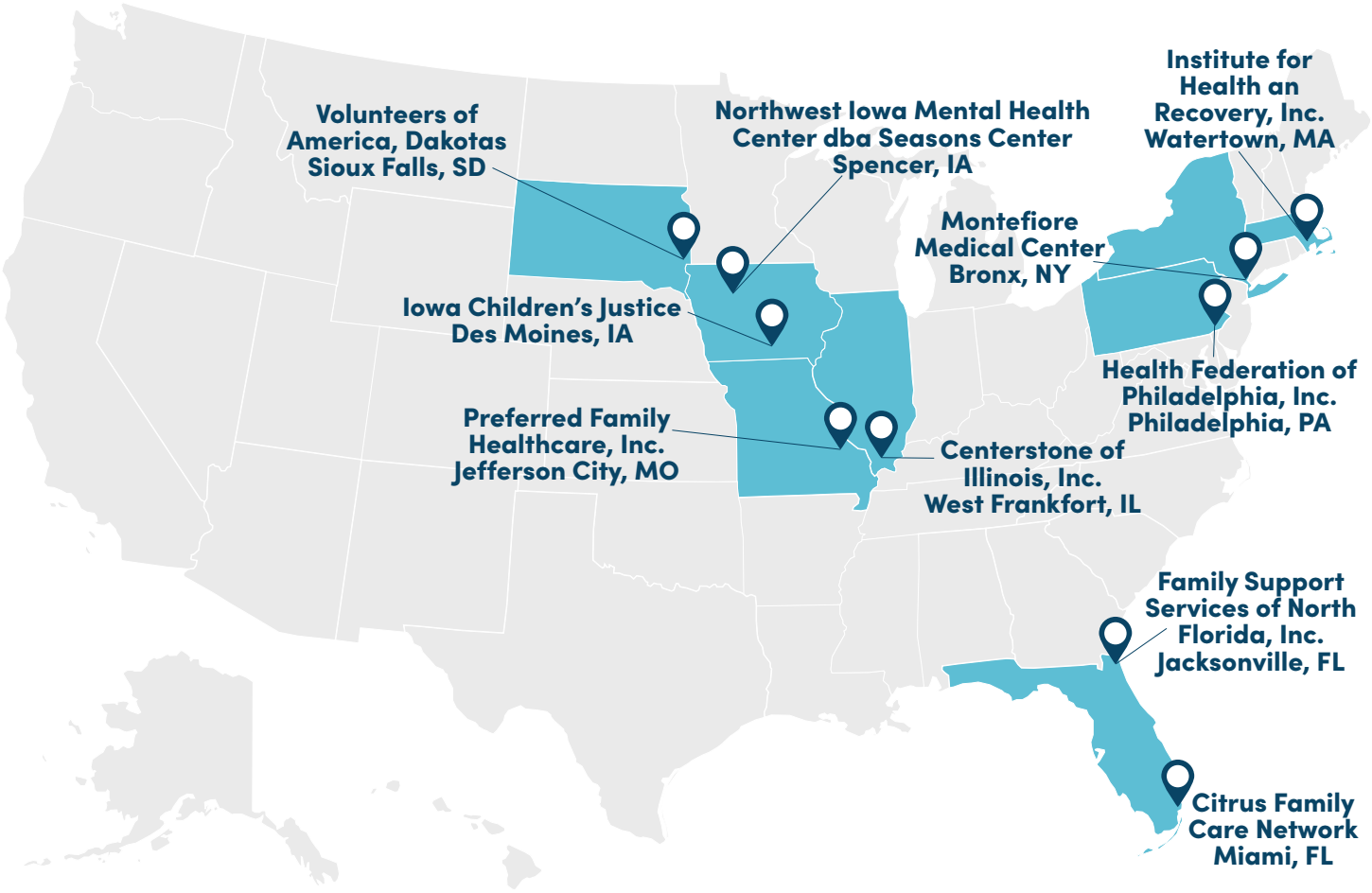
SERVICE REACH AND NUMBERS SERVED[4]

8 STATES
121 COUNTIES

2,263 CASES (families)

2,184 ADULTS

2,871 CHILDREN



4 Source: site final profiles and final progress reports

LESSONS[5]

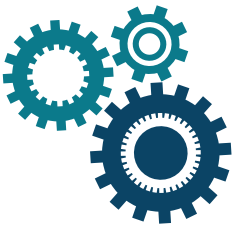
This cohort of RPG recipients shared four key lessons that can inform other regional partnerships and collaborative teams about how to effectively serve families affected by substance use disorders.

FLEXIBLE, FAMILY-CENTERED SERVICE DELIVERY

Programs found success when they adapted services to family needs rather than applying rigid models. Recipients found that flexibility improved engagement, retention, and outcomes.

DATA INFRASTRUCTURE & DEDICATED CAPACITY

Sites repeatedly identified robust data systems and dedicated data staff as essential. Recipients found that investing in high-quality data capacity early in their project strengthened their evaluation efforts, supported accountability across partners, and informed decision-making.



SUSTAINING WORKFORCE STABILITY

Staffing challenges highlighted the need for intentional workforce development strategies. Recipients learned that program success was dependent on their ability to build a resilient workforce capable of sustaining effective and efficient service delivery for children, parents, and family members.

SERVICE INTEGRATION & CONTINUITY OF CARE

Recipients found that embedding services within existing systems improved access and retention. They learned that collaboration that led to integrated, coordinated services to families reduced gaps and improved participant engagement.

5 Source: site final profiles and final progress reports

PROJECT & EVALUATION INFORMATION, & KEY FINDINGS[6]

Recipient Name & Location	Target Population	Key Programming	Local Evaluation Design & Key Findings
Citrus Family Care Network Miami, FL 	Families residing in Miami-Dade County who: 1) had at least one child/ youth (0–17) placed in out-of-home care; 2) had a goal of reunification; and 3) had substance use indicators in their case history.	■ Linkage to substance use disorder, mental health, trauma services and treatment, housing services and basic needs ■ Care coordination ■ Court accompaniment ■ Home visiting services ■ System navigation ■ Joint staffing meetings ■ Emotional and social support	**LOCAL EVALUATION DESIGN:** Randomized-Controlled Trial **KEY FINDINGS** ■ There were statistically significant reductions in trauma symptoms associated with depression and other problems for parents who received Parent Partner support. ■ Interviews suggest that several factors support implementation of the Parent Partner model, including recognizing the benefits and challenges of workers with lived experience, providing supportive supervision that promotes healthy boundaries, recovery, and self-care; promotes systemwide training and networking opportunities for all system professionals to learn more about the benefits of Parent Partner support for families working toward reunification and potential short-term shifts to practice that may result; and recommend Parent Partners for service on community boards to identify the structural and other needs of system-involved families (e.g., housing, food access) and to advocate for broader system transformation efforts.

Recipient Name & Location	Target Population	Key Programming	Local Evaluation Design & Key Findings
Family Support Services of North Florida, Inc. Jacksonville, FL 	Families with a child welfare investigation in Duval County who were referred to the Family Assessment Support Team (FAST) program, where substance use disorder is a factor, and where a child aged 0–5 in the home is deemed unsafe.	■ Home visiting ■ In-home parent educator and health care coordinator ■ Family Team Conferencing ■ Wraparound/Intensive In-Home Services ■ Nurturing Parenting Program (NPP) (including Families in Substance Abuse Treatment & Recovery curriculum under the Nurturing Parenting model) ■ Strengthening Families Program (SFP) ■ Child-Parent Psychotherapy (CPP) ■ Trauma-Informed Cognitive Behavioral Therapy ■ Substance use disorder treatment ■ Motivational Enhancement Therapy (MET) ■ Seeking Safety ■ Center for Applied Sciences Model of Relapse Prevention Therapy ■ Early Head Start and Head Start ■ Ability Housing ■ Birth to Age 3 Case Staffing ■ School Readiness ■ Child Care Financial Assistance ■ Northeastern Local Early Steps	**LOCAL EVALUATION DESIGN:** Randomized-Controlled Trial **KEY FINDINGS** ■ There were statistically significant improvements in parenting attitudes from baseline to discharge for the treatment group, and this difference was significant between the treatment and control group. ■ Peer educators/advocates and health care coordinators were seen as integral to families' engagement and success by system partners.

Recipient Name & Location	Target Population	Key Programming	Local Evaluation Design & Key Findings
Iowa Children's Justice Des Moines, IA 	Families and their children who were in out-of-home care or at risk for being placed out of the home due to parental substance use or abuse, served by the Family Resiliency Center and living in the Iowa Department of Human Services' two eastern service areas.	■ Transdisciplinary Treatment Planning ■ Case management meetings ■ Child-Parent Psychotherapy (CPP) ■ Strengthening Families Program (SFP) ■ Foster parent psychoeducation and support from the family navigator ■ Mental health services ■ Psychiatric care, including medication management ■ Medical/neurological exam ■ 4 Ps Plus© ■ American Society of Addiction Medicine ■ (ASAM) Level of Care Assessment ■ Service linking to early intervention through Iowa's Early Access (age 0–3) ■ Individuals with Disabilities Education Act (IDEA) Special Education (age 3–18) ■ Substance abuse education, prevention, or related support groups ■ Family navigator (to assist family with referrals, services, and follow-up) ■ Theraplay clinical training	**LOCAL EVALUATION DESIGN:** Randomized-Controlled Trial **KEY FINDINGS** ■ The evaluation found limited statistical evidence of improvement in parent trauma symptoms and depression based on follow-up data. While average scores for both trauma and depression showed a trend in the desired direction (decreasing), this does not provide evidence of a causal impact of RPG services.

Recipient Name & Location	Target Population	Key Programming	Local Evaluation Design & Key Findings
Northwest Iowa Mental Health Center dba Seasons Center Spencer, IA 	Families/ caregivers with children, age 0-17, were in or at-risk of out-of-home placement as a result of parental or caregiver substance use or other behavioral health conditions, and resided in the geographic service area.	■ Intensive case coordination/care coordination ■ Service navigation ■ Respite care services and family-friendly educational events ■ Seeking Safety ■ Parenting Wisely – Teen Edition ■ Parents and Children Together (PACT) ■ Parent-Child Interaction Therapy (PCIT) ■ Dialectical Behavioral Therapy (DBT) ■ Eye Movement Desensitization and Reprocessing (EMDR) ■ Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) ■ Walk away, It's private, Share, and Educate (W.I.S.E UP!) (Education Class)	**LOCAL EVALUATION DESIGN:** Quasi-Experimental Design **KEY FINDINGS** ■ There were statistically significant improvements in child well-being measures from baseline to follow-up, including reductions in emotional and behavioral problems, trauma symptoms, and symptoms of executive dysfunction. ■ There were slight yet statistically significant improvements in adult measures of trauma and depressive symptoms from baseline to follow-up.
Centerstone of Illinois, Inc. West Frankfort, IL 	Families with children age 3-17 in or at-risk of out-of-home placement due to parental substance use.	■ Nurturing Parenting Program (NPP) ■ Strengthening Families Program (SFP) ■ Outpatient substance use disorder treatment ■ Mental health services ■ Psychiatric care, including medication management ■ Trauma-informed services ■ Detox and short-term residential care	**LOCAL EVALUATION DESIGN:** Randomized-Controlled Trial **KEY FINDINGS** ■ At discharge, participants in the Flourish program identified a 65-68% decrease in substance use and alcohol use, a 23% reduction in depressive symptoms, a 38% decrease in trauma symptoms, and an 8% increase in family functioning. ■ At one-year follow-up, participants identified a 54-92% improvement in parenting attitudes. And, overall, families had a rate of 62% successful program completion.

Recipient Name & Location	Target Population	Key Programming	Local Evaluation Design & Key Findings
Institute for Health and Recovery, Inc. Watertown, MA 	Families with open Massachusetts Department of Children and Families cases that had children who had been removed from the family with a goal of reunification or had children who were at imminent risk for removal because of parental substance use.	■ Home- and community-based (and remote as needed) treatment ■ Family-based, wraparound/intensive case management services ■ Team approach to treatment utilizing master's level clinician and peer recovery specialist ■ Parenting groups provided at the local peer recovery center ■ Seeking Safety trauma intervention ■ Principles of Child-Parent Psychotherapy ■ Nurturing Program for Families in Substance Abuse Treatment and Recovery ■ Motivational Interviewing (MI) ■ Mothering from the Inside Out (MIO) ■ Attachment, Self-Regulation, and Competency (ARC) ■ Master's level Child-family clinicians ■ Peer recovery specialists	**LOCAL EVALUATION DESIGN:** Quasi-Experimental Design **KEY FINDINGS** ■ There were substantial decreases in maltreatment reports and removals between program entry and exit among focal children enrolled in the Family Recovery Project (FRP). Among focal children enrolled before the COVID-19 pandemic, 62 percent had a maltreatment report in the year before entering FRP, which dropped to 29 percent in the year after exiting FRP. This 33-percentage point decrease was statistically significant. For focal children enrolled during the pandemic, 77 percent had a maltreatment report in the year before enrolling in FRP, which decreased to 20 percent in the year after FRP discharge. The 57-percentage point decrease for this group was also statistically significant. ■ Adults served by FRP indicated very high levels of satisfaction with the program. Twenty-six interview items were given to FRP adults at the time they exited the program. At least 88 percent of adults agreed or strongly agreed with each item. Notably, all said they found the program inspiring and encouraging, and a hopeful environment that promotes positive expectations. Ninety-eight percent said they would refer a friend to FRP.

Recipient Name & Location	Target Population	Key Programming	Local Evaluation Design & Key Findings
Preferred Family Healthcare, Inc. Jefferson City, MO 	Families with children at risk of or in out-of-home care due to substance use by their parents or caretaker, defined as having an active Children's Division child abuse or neglect referral or open case.	■ Parent-Child Assistance, a wraparound in-home comprehensive service program ■ Medication-assisted treatment (MAT) ■ Family counseling, individual placement, and support (supported employment) ■ Nurturing Program for Parents in Substance Use Treatment and Recovery substance use disorder (SUD) treatment for adults (screening, assessment, outpatient treatment) ■ Family-centered SUD treatment ■ Children's treatment services (project staff provided screening, assessment, mental health counseling, and trauma services) ■ Peer recovery mentors ■ Primary and mental health care	**LOCAL EVALUATION DESIGN:** Randomized-Controlled Trial **KEY FINDINGS** ■ There were statistically significant reductions in parent drug use, depression symptoms, and trauma symptoms from program entry to exit. There was also an improvement in child functioning/behavior scores, although this change was not statistically significant. ■ Analysis of client satisfaction, based on responses to exit surveys at discharge, indicated positive ratings by participants of their sense of safety in the program, their belief that the program has empowered them/their families, and their sense of autonomy and respect provided by program staff (all satisfaction ratings > 3 on a scale from 1 to 4).

Recipient Name & Location	Target Population	Key Programming	Local Evaluation Design & Key Findings
Montefiore Medical Center Bronx, NY 	Pregnant and post-partum women referred by Montefiore Obstetrics who were at least 6 weeks pregnant, and up to 12 weeks post-partum, and were identified as at-risk for substance use.	■ Incredible Years (IY) for Babies ■ Motivational Enhancement Therapy (MET) ■ Contingency management ■ Cross-systems information sharing	**LOCAL EVALUATION DESIGN:** Randomized-Controlled Trial **KEY FINDINGS** ■ Participants were very likely to find the Incredible Years and motivational enhancement sessions to be useful in their daily lives and to recommend the program to friends or family members. ■ By the end of the project period, almost all partners reported their familiarity had increased with maternal and child health (83%) and child welfare (83%) services since the start of the project. Meanwhile, more than half of respondents (67%) reported their knowledge of substance use had increased over the project period; this relatively smaller increase may be due to the fact that fewer participants had an active substance use disorder than anticipated.

Recipient Name & Location	Target Population	Key Programming	Local Evaluation Design & Key Findings
Health Federation of Philadelphia, Inc. Philadelphia, PA 	Parents and their children in utero through age five at risk of or in out-of-home placement due to parental substance use in Philadelphia and Bucks counties.	■ Mothering from the Inside Out (MIO) ■ Child-Parent Psychotherapy (CPP) ■ Case management	**LOCAL EVALUATION DESIGN:** Randomized-Controlled Trial **KEY FINDINGS** ■ Significant decline in the proportion of mothers reporting moderate or severe depression, decreasing from 48% to 30% ($p = 0.01$). The project also detected a significant increase in participant scores on the Parent Development Interview, from 2.7 to 3.7, indicating an increase in parental reflective functioning ($p = 0.03$). ■ Participants and site staff described the importance of the program's scheduling flexibility both in timing (e.g., fitting into participants' schedules) and setting (e.g., meeting participants on-site, by Zoom, or in the community) as well as the persistent and consistent follow-up from clinicians even when participants missed sessions or were disengaged.

Recipient Name & Location	Target Population	Key Programming	Local Evaluation Design & Key Findings
Volunteers of America, Dakotas Sioux Falls, SD 	Pregnant, parenting, and post-partum women whose children were removed or were at risk of being removed from their custody due to substance use. Children, ages 0–8 years, were able to reside with their mothers at the New Start program.	■ Nurturing Parenting Program (NPP) (including Families in Substance Abuse Treatment & Recovery and Parents and their Infants, Toddlers and Preschoolers) ■ Incredible Years (Small Group Dinosaur) ■ White Bison—Wellbriety Integrated dual disorder treatment recovery life skills program ■ A Woman's Way through the Twelve Steps Criminal and Addictive Thinking ■ Matrix Model Matrix Model Culturally Adapted for American Indians/Alaska Natives ■ Hazelden's Relapse Prevention Program ■ Hazelden's Personal Recovery Plan ■ Rational Emotive Behavior Therapy ■ Trauma Recovery and Empowerment Model ■ Motivational Interviewing (MI) ■ Mental health counseling ■ Aftercare/continuing care/recovery community support services (follow-up services to mothers, children, and families post-discharge) ■ Medical assessment and monitoring for women being served by program nurse	**LOCAL EVALUATION DESIGN:** Quasi-Experimental Design **KEY FINDINGS** ■ There was a reduction in the percentage of mothers who had maltreatment reports in the year before RPG enrollment and the intervention year, from 43 percent to 18 percent. ■ New Start staff and partners pointed to opportunities for parents to bond with their children and develop parenting skills as major contributors to client success in the program.

*Services that have been reviewed (as of April 2026) on the Title IV-E Prevention Services Clearinghouse have been linked.

CONTACT US

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