

Regional Partnership Grants National Cross-Site Evaluation (RPG-4)

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PREFACE

The data for *Regional Partnership Grants National Cross-Site Evaluation (RPG-4)* have been given to the National Data Archive on Child Abuse and Neglect (NDACAN) for public distribution by Sarah Avellar and Angela D'Angelo. Funding for the project was provided by U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (Award Number(s): HHSP233201500035I/HHSP23337026T; HHSP233201500035I/75P00119F37046).

ACKNOWLEDGEMENT OF SOURCE

Authors should acknowledge the National Data Archive on Child Abuse and Neglect (NDACAN) and the original collector(s) of the data when publishing 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 *Regional Partnership Grants National Cross-Site Evaluation (RPG-4)* were originally collected by Sarah Avellar and Angela D'Angelo. Funding for the project was provided by U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (Award Number(s): HHSP233201500035I/HHSP23337026T; HHSP233201500035I/75P00119F37046). The collector(s) of the original data, the funder(s), NDACAN, Cornell University and their agents or employees bear no responsibility for the analyses or interpretations presented here.

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PUBLICATION SUBMISSION REQUIREMENT

In accordance with the terms of the *Data License* for this dataset, users of these data are required to notify the National Data Archive on Child Abuse and Neglect of any published work or report based wholly or in part on these data. A copy of any completed manuscript, thesis abstract, or reprint should be emailed to NDACANsupport@cornell.edu. Such copies will be used to provide our funding agency 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

To address the far-reaching consequences of adult substance use disorders on families and children, Congress authorized competitive grants to support partnerships among child welfare, substance abuse treatment, and related organizations. Children's Bureau (CB) within the Administration for Children and Families, Administration on Children, Youth, and Families at the U.S. Department of Health and Human Services established the Regional Partnership Grant (RPG) program to implement programs to meet the needs of this target population.

CB funded Mathematica, along with its subcontractor Walter R. MacDonald & Associates (WRMA), to conduct a cross-site evaluation of the grantees' RPG projects.

Mathematica/WRMA designed a cross-site evaluation to address the following research questions:

1. Which partners were involved in each RPG project and how did they work together?
2. How much progress did RPG4 projects make toward interagency collaboration and service coordination?
3. How did the child welfare and substance use treatment agencies work together to achieve the goals of RPG?
4. What referral sources did RPG projects use? Did referral sources change over time?
5. What are the characteristics of families who enrolled in RPG?
6. To what extent did RPG projects reach their target populations?
7. What core services were provided and to whom?
8. Were core services that families received different from the services proposed in grantee applications? If so, what led to the changes in planned services?
9. How engaged were participants with the services provided?
10. Which agencies (grantees and their partners) provided services?
11. What proportion of families exited RPG?
12. What plans and activities did RPG projects undertake to maintain the implementation infrastructure and processes during and after the grant period?
13. What plans and activities did RPG projects undertake to maintain the organizational infrastructure and processes after the grant period?
14. To what extent were RPG projects prepared to sustain services after the grant period?

15. What plans and activities did RPG projects undertake to develop funding strategies and secure resources needed after the grant period?
16. How did the federal, state, and local context affect RPG projects and their efforts to sustain RPG services?
17. What were the well-being, permanency, safety, recovery, and family functioning outcomes for children and adults who enrolled in RPG projects?
18. What were the impacts of RPG projects on children and adults who enrolled in RPG?

The cross site evaluation uses several data sources to answer these research questions: (1) a partner study, (2) enrollment and services data, (3) outcomes data, and (4) site visits. The included design report executive summary provides more details on this evaluation.

STUDY OVERVIEW

Study Identification

Regional Partnership Grants National Cross-Site Evaluation (RPG-4)

Principal Investigator(s):

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HHSP233201500035I/HHSP23337026T; HHSP233201500035I/75P00119F37046

Purpose of the Study

To address the far-reaching consequences of adult substance use disorders on families and children, Congress authorized competitive grants to support partnerships among child welfare, substance abuse treatment, and related organizations. Children's Bureau, within the Administration for Children and Families, Administration on Children, Youth, and Families at the U.S. Department of Health and Human Services, established the RPG program, and awarded 17 grantees to implement EBPs to meet the needs of this target population.

Children's Bureau funded Mathematica Policy Research, along with its subcontractor Walter R. McDonald & Associates (WRMA), to conduct a five-year cross-site evaluation of the grantees' RPG projects. Mathematica and WRMA designed a cross-site evaluation to address the following research questions:

1. Which partners were involved in each RPG project and how did they work together?

2. How much progress did RPG4 projects make toward interagency collaboration and service coordination?
3. How did the child welfare and substance use treatment agencies work together to achieve the goals of RPG?
4. What referral sources did RPG projects use? Did referral sources change over time?
5. What are the characteristics of families who enrolled in RPG?
6. To what extent did RPG projects reach their target populations?
7. What core services were provided and to whom?
8. Were core services that families received different from the services proposed in grantee applications? If so, what led to the changes in planned services?
9. How engaged were participants with the services provided?
10. Which agencies (grantees and their partners) provided services?
11. What proportion of families exited RPG?
12. What plans and activities did RPG projects undertake to maintain the implementation infrastructure and processes during and after the grant period?
13. What plans and activities did RPG projects undertake to maintain the organizational infrastructure and processes after the grant period?
14. To what extent were RPG projects prepared to sustain services after the grant period?
15. What plans and activities did RPG projects undertake to develop funding strategies and secure resources needed after the grant period?
16. How did the federal, state, and local context affect RPG projects and their efforts to sustain RPG services?
17. What were the well-being, permanency, safety, recovery, and family functioning outcomes for children and adults who enrolled in RPG projects?
18. What were the impacts of RPG projects on children and adults who enrolled in RPG?

Study Design

The cross site evaluation has four main components used to answer these research questions: (1) enrollment; (2) services; (3) partnerships; and (4) outcomes.

The enrollment and services components examine the implementation of the 17 RPG4 projects, focusing on factors shown in the research literature to be associated with quality implementation

(research questions 4 through 11). These components include data collected from the web-based RPG Evaluation Data System (EDS). Grantee staff use this system to record individual-level data, including demographic information about RPG case members at enrollment, enrollment and exit dates for each case that enrolls in the RPG project, and information on each service delivery contact for any service funded by the grant or considered fundamental to the project's success.

The partnership study provides a description of partnerships formed among each of the 17 RPG4 grantees (research questions 1 through 3). Each grantee developed a roster of partner organizations and a web-based partner survey was administered to each organization. The individual within the organization who was most knowledgeable about RPG served as the respondent. The survey collects data about each grantee's partnership and asks questions about organizational characteristics, how partners communicate and collaborate, goals of the partnership, and the types and roles within the partnership. The survey contains "network data" prompts that allow respondents to describe how each of the organizations in the partnership interacted with each other.

The outcomes study describes the characteristics of, and changes over time, in children, adults, and families who participate in the RPG programs (research questions 12 and 13). The study reports participant outcomes in five domains of interest to Congress and Children's Bureau: child well-being; permanency; safety; adult recovery; and family functioning/stability. To assess change over time, standardized assessments were given at program entry and program exit. In addition, for each participant, grantees collected administrative data from state and local agencies for the lifetime of the members of the case.

Date(s) of Data Collection

03/01/2019 - 03/11/2022

Geographic Area

United States of America

Unit of Observation

Case records (multiple per grantee); individual records (multiple per case); service logs (multiple per case); service providers (multiple per log)

Sample

The RPG cross-site evaluation comprises four components that utilize data collected and submitted from all grantees: (1) enrollment; (2) services; (3) partnerships; and (4) outcomes. Each study draws its sample from 17 grantees. However, the data sources differ across studies.

The enrollment and services components collect demographic data on all individuals enrolling in RPG, as well as information on the services they receive. Specifically, the enrollment data

includes background demographics on all children and adults in a case. The services data includes detailed implementation data on services provided to cases enrolled in the project. Specifically, separate service log entries provide detailed information on each contact with a case, such as the length of the interaction, the focus of the interaction, who attended the service, and their engagement.

The partnership study includes data from the partner survey, which was administered to all 17 grantees and their primary partner organizations. That is, the organizations who participate in the RPG project and play a crucial role in planning and coordinating services for families across service-delivery systems. The purpose of the partner survey is to collect information on the characteristics and relationships among the partner organizations.

The outcomes study includes information on the changes that occur in children, adults, and families enrolled in RPG. The broad RPG target population is families with a child in, or at-risk of, out of home placement due to an adult with a substance-use problem. Each grantee defined a more specific, local target population for enrollment into RPG. The outcomes examined are drawn from five domains of interest to Congress and Children's Bureau: child well-being; permanency; safety; adult recovery; and family functioning/stability. Standardized instruments were administered by grantees to operationalize outcomes in several domains – specifically family functioning, child well-being, and two outcomes in the recovery domain. These data were obtained at program entry and program exit. Administrative data from child welfare agencies and state-funded substance abuse treatment agencies were used to operationalize data from other domains – specifically safety, permanency, and one aspect of adult recovery. These data were obtained for the lifetime of the children in the case (safety and permanency) and lifetime of the adults in the case (recovery).

Data Collection Procedures

For the enrollment and services components, grantees enter data into the web-based reporting system, the RPG Evaluation Data System (EDS).

The partnership study uses partner surveys, which were administered to grantees and partner organizations via Conconfirm, a web-based questionnaire software.

The outcome study includes administrative data (covering the adult recovery, child safety, and child permanency outcome domains), as well as standardized instrument data (covering the family functioning, child well-being, and adult recovery domains). Grantees and their local evaluators obtained administrative data from state child welfare agencies and state funded substance abuse treatment providers. Grantees and their local evaluators collected standardized instrument from adults (who also reported about children in their care), at program entry and program exit. Grantees then uploaded all outcome data (standardized instrument and administrative data) to RPG EDS.

Response Rates

The ESL enrollment data required demographic information about case members at enrollment—therefore, there is a response rate of 100 percent for this set of information, as it is the full population for cases and individuals in the cross-site evaluation. However, there may have been non-response for the services data—grantees may not have entered complete data. Unfortunately, the cross-site evaluation cannot determine the extent of non-response for the services data.

The partner survey had a response rate of 75 percent.

The outcome study had standardized instrument response rates that ranged from 17 percent to 38 percent across outcomes, where respondents are considered as individuals with valid data at both baseline and follow-up assessments, relative to the population of individuals who were eligible to respond at both time points. The administrative data response rates were 100 percent among eligible sample members.

Sources of Information

There are four components to the cross-site evaluation: (1) enrollment; (2) services; (3) partnerships; and (4) outcomes. We describe the data associated with each component separately.

Enrollment

Grantees collect enrollment data on all cases that are offered services. Demographics are collected for all individuals within a case. Grantees submit these data to the cross-site evaluation through the web-based RPG Evaluation Data System (EDS).

Services

Grantees collect data on the services provided to members of the case. Grantees submit these data to the cross-site evaluation through the web-based RPG Evaluation Data System (EDS).

Partnerships

Study staff administered the partnership survey to grantees and their primary partners, including those who provide services to Regional Partnership Grant (RPG) families, refer families to the RPG project, and play other key roles. The lead staff member for RPG, within each partner organization, completed the partner survey online. Study staff collected data from the online survey software, Conformat.

Outcomes

The outcomes study includes two types of data; administrative records and standardized instruments. Grantees collect administrative records directly from child welfare agencies and state-funded substance abuse treatment agencies. Grantees administer assessments using a set of

standardized instruments to adults (who also answered questions about children) enrolled in RPG. Grantees then submit both types of data to the cross-site evaluation by uploading the information to RPG-EDS.

Type of Data Collected

Survey; Administrative; Enrollment and services data; standardized instruments.

Measures

Achenbach Child Behavior Checklist/1 1/2-5 (CBCL 1 1/2-5)

Achenbach, T. M. & Rescorla, L. (2000). *Manual for the ASEBA preschool forms & profiles: Child Behavior Checklist for Ages 1 1/2 - 5*. University of Vermont, Dept. of Psychiatry. Retrieved from: <https://store.aseba.org/>

Addiction Severity Index (ASI)-Self-Report Form

The Addiction Severity Index (ASI), Self-Report Form (McLellan et al. 1992) is a tool widely used in the addiction field and comprises 36 self-report items that assess problems in six areas: (1) medical status, (2) employment/support status, (3) drug/alcohol use, (4) legal status, (5) family/social relationships, and (6) psychiatric status. Most questions ask the parent in a yes/no or open-ended format to report on his or her activities in the past 30 days. Examples of questions on the ASI include “How many days have you experienced employment problems in the past 30?” and “How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30?” Administration time for the ASI Self Report is 10 to 15 minutes, and a paraprofessional can administer the report. Items are comparable to the full ASI, but the self-report version eliminates questions on family history and interviewer ratings. Internal consistency reliability for the full ASI is generally acceptable across studies, ranging from a low of 0.44 (Luo et al. 2010) to 0.89 (Leonhard et al. 2000). The psychiatric status, medical status, and drug/alcohol use subscales generally have higher reliability than the other subscales (Makela 2004). Makela (2004) also notes that many of the lower reliabilities come from studies of the homeless or patients with mental health issues, or from studies in Europe using translated versions of the ASI. The authors report that concurrent and discriminative validities were demonstrated with respect to a number of other measures for both composite scores and severity ratings. They also note that the ASI demonstrates good specificity and sensitivity (McLellan et al. 1980). The norming sample was made up of adults and represented a range of socioeconomic and marital statuses, living situations, and ethnicities; the participants abused a range of substances (McLellan et al. 1980). The ASI is widely used in clinical settings and by the Drug Evaluation Network System (DENS), a project that aims to gather clinical information on patients presenting for substance abuse treatment and the treatment programs they attend (Carise et al. 1999). DENS has collected more than 38,000 ASIs from about 100 treatment programs in 20 U.S. states. The ASI was also used in RPG1.

McLellan, A. T., Kushner, H., Metzger, D., Peters, R., Smith, I., Grissom, G., Pettinati, H., & Argeriou, M. (1992). The fifth edition of the addiction severity index. *Journal of Substance Abuse Treatment*, 9(3), 199-213. doi: [https://doi.org/10.1016/0740-5472\(92\)90062-S](https://doi.org/10.1016/0740-5472(92)90062-S)

Carise, D., McLellan, A. T., Gifford, L. S., & Kleber, H. D. (1999). Developing a national addiction treatment information system: an introduction to the drug evaluation network system. *Journal of Substance Abuse Treatment*, 17(1-2), 67-77. doi: [https://doi.org/10.1016/S0740-5472\(98\)00047-6](https://doi.org/10.1016/S0740-5472(98)00047-6)

Leonhard, C., Mulvey, K., Gastfriend, D. R., & Shwartz, M. (2000). The Addiction Severity Index: A field study of internal consistency and validity. *Journal of Substance Abuse Treatment*, 18(2), 129-135. doi: [https://doi.org/10.1016/S0740-5472\(99\)00025-2](https://doi.org/10.1016/S0740-5472(99)00025-2)

Luo, W., Wu, Z., & Wei, X. (2010). Reliability and validity of the Chinese version of the addiction severity index. *Journal of Acquired Immune Deficiency Syndromes*, 53, S121-S125. doi: <https://doi.org/10.1097/QAI.0b013e3181c7dfca>

Mäkelä, K. (2004). Studies of the reliability and validity of the addiction severity index. *Addiction*, 99(4), 398-410. doi: <https://doi.org/10.1111/j.1360-0443.2003.00665.x>

McLellan, A. T., Luborsky, L., Woody, G. E., & O'Brien, C. P. (1980). An improved diagnostic evaluation instrument for substance abuse patients: The Addiction Severity Index. *Journal of Nervous and Mental Disease*, 168(1), 26-33. doi: <http://dx98oi.org/10.1097/00005053-198001000-00006>

Adult-Adolescent Parenting Inventory (AAPI-2)

Bavolek, S. J., & Keene, R. G. (1999). *Adult-Adolescent Parenting Inventory – AAPI-2: Administration and developmental handbook*. Family Development Resources, Inc. Retrieved from: <https://www.assessingparenting.com/assessment/aapi>

Conners, N., Whiteside-Mansell, L., Deere, D., Ledet, T., & Edwards, M. (2006). Measuring the potential for child maltreatment: the reliability and validity of the Adult Adolescent Parenting Inventory-2. *Child Abuse and Neglect*, 30(1), 39-53. doi: <https://doi.org/10.1016/j.chiabu.2005.08.011>

Achenbach Child Behavior Checklist ages 6-18

The Child Behavior Checklist–Preschool and Child Behavior Checklist–School–Age are part of the Achenbach System of Empirically Based Assessment (ASEBA) and use information collected from parents to assess the behavior and emotional and social functioning of children. The school-age forms assess children ages 6 to 17 years. Primary caregivers rate children on each item, indicating whether it is not true, somewhat or sometimes true, or very or often true, now or in the past six months. The internalizing group includes subscales that assess whether the child is emotionally reactive, anxious/depressive, withdrawn, or has somatic complaints. The externalizing group includes subscales that assess whether the child has attention problems or

exhibits aggressive behavior. The school-age form provides information on 20 competencies covering children's activities, social relations, and school performance through 113 items that describe specific behavioral and emotional problems. The items are also organized into six DSM-oriented scales based on factor analyses of parents' ratings of 4,994 clinically referred children; the scales were normed on 1,753 children ages 6 to 18. The school-age normative sample represented the 48 contiguous states for socioeconomic status, ethnicity, region, and urban-suburban-rural residence. Both versions of the CBCL are widely used and have received an assessment rating of "A-Reliability and Validity Demonstrated" from the California Evidence-Based Clearinghouse for Child Welfare.

Achenbach, T. M., & Rescorla, L. A. (2001). *Manual for the ASEBA school-age forms & profiles: Child Behavior Checklist for Ages 6-18*. University of Vermont. Retrieved from: <https://store.aseba.org/>

Infant-Toddler Sensory Profile (ITSP)

The ITSP provides a standard method for measuring a child's sensory processing abilities and profiling the effect of sensory processing on functional performance in a child's daily life. The profile is designed for children from birth to 36 months. Each item in this primary caregiver-report questionnaire describes children's responses to various sensory experiences. Together, the 58 items assess six types of processing: (1) general, (2) auditory, (3) visual, (4) tactile, (5) vestibular, and (6) oral sensory. Certain patterns of performance are indicative of difficulties with sensory processing and performance. Internal consistency has a wide range, with alpha coefficients from 0.17 to 0.83. Test-retest reliability ranged from 0.74 to 0.86. Validity is acceptable as measured against the Infant-Toddler Symptom Checklist (ITSC; DeGangi et al. 1995). The ITSP was normed on a sample of 589 children of primary Caucasian descent, with approximately 100 children in each six-month age span. This assessment is used widely with diverse populations and is appropriate for children enrolled in RPG projects, because children who have experienced trauma can display sensory deficits.

Dunn, W. (2002). *The infant/toddler sensory profile manual*. Pearson Education, Inc. Retrieved from: <https://www.pearsonclinical.com/therapy/products/100000389/infanttoddler-sensory-profile.html>

Dunn, W. & Daniels, D.B. (2002). Initial development of the infant/toddler sensory profile. *Journal of Early Intervention*, 25(1), 27-41. doi: <https://doi.org/10.1177/105381510202500104>

DeGangi, G. A., Poisson, S., Sickel, R. Z., & Santman Wiener, A. (1995). *Infant-Toddler Symptom Checklist: a screening tool for parents*. San Antonio, TX: Psychological Corp.

Trauma Symptom Checklist (TSC-40)

The Trauma Symptom Checklist-40 measures aspects of post-traumatic stress and other symptom clusters in adults who have experienced childhood or adult traumatic experiences. The TSC-40 is a self-administered questionnaire for parents/caregivers, and their scores form six

subscales: (1) anxiety, (2) depression, (3) dissociation, (4) Sexual Abuse Trauma Index (SATI), (5) sexual problems, (6) sleep disturbance. The questionnaire also tabulates a total score. Parents/caregivers are asked to rate each item based on how frequently it has occurred over the past two months, using a four-point Likert scale ranging from 0 (never) to 3 (often). The adults are asked “How often have you experienced each of the following in the last two months?” and then are asked to identify the frequency with which symptoms such as “headaches,” “sadness,” or “anxiety attacks” have been occurring. The TSC-40 is a 40-item inventory that requires approximately 10 to 15 minutes to complete. The subscale alphas range from 0.66 to 0.77, with reliabilities for the full scale averaging between 0.89 and 0.91 (Elliott and Briere 1992). The TSC-40 displays predictive, criterion-related, and convergent validity (Zlotnick et al. 1996; Gold et al. 1994). Elliott and Briere (1992) have studied the TSC-40 in a large sample of professional women (N=2,963). The authors found that the measure discriminates between women who have and have not been abused as children, which held across all subscales and the total scale. Similarly, Gold et al. (1994) administered the TSC-40 to 669 female college students, divided into groups with no sexual assault or abuse (N=438), and those who had experienced sexual abuse or trauma as a child, adult, or both. They found that the measure discriminated between all groups and showed significant differences except on the sleep disturbance subscale.

Briere, J., & Runtz, M. (1989). The Trauma Symptom Checklist (TSC-33): Early data on a new scale. *Journal of Interpersonal Violence, 4*, 151-163. doi: <https://doi.org/10.1177/088626089004002002>

Elliott, D., & Briere, J. (1992). Sexual abuse trauma among professional women: validating the trauma symptom checklist-40 (TSC-40). *Child Abuse and Neglect, 16*, 391-398. doi: [https://doi.org/10.1016/0145-2134\(92\)90048-V](https://doi.org/10.1016/0145-2134(92)90048-V)

Center for Epidemiologic Studies-Depression Scale (CES-D)- 12-Item Short Form

The Center for Epidemiologic Studies–Depression Scale, 12-Item Short Form is a screening tool to assess the presence and severity of depressive symptoms occurring over the past week. The 12-item short form of this self-administered questionnaire takes fewer than 10 minutes to complete. Respondents are asked to rate how often each of the items (for example, “I was bothered by things that usually don’t bother me”) applied to them in the past week, on a four-point Likert scale (from rarely or none of the time to most or all of the time). Alpha coefficients are high for the original CES-D (0.83 to 0.92); concurrent validity by clinical and self-report criteria and substantial evidence of construct validity have been demonstrated (Radloff 1977). The questionnaire is available in Spanish.

Radloff, L. S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*(3), 385-401. doi: <http://dx98oi.org/10.1177/014662167700100306>

Enrollment and Services Data

Grantees collected the enrollment and services data related to the enrollment of cases and implementation of RPG services. The information collected includes (1) demographic data for

each RPG case at enrollment, including enrollment date for the RPG case, as well as demographic information, (2) information about case closure, (3) data related to service delivery, including topics covered and the engagement of clients in programming, and (4) birth outcomes on babies born to women during their time enrolled in RPG services.

Avellar, S., D'Angelo, A., Weigensberg, E., Henke, J., & Xue, Y. (2022). *RPG-4 enrollment and services data* [Instrument]. Washington, DC: Mathematica.

Safety Data

Safety data, information about the maltreatment of children, is one type of administrative data requested from grantees. Grantees requested information on maltreatment of children (instances of abuse, neglect, and other maltreatment) directly from state child welfare agencies. Grantees provided child welfare agencies a list of children that they had enrolled in RPG, and asked the organization to provide maltreatment information on this subset of children. This data returned to grantees contained information on the dates of maltreatment investigations, the type of maltreatment, and whether it was substantiated or not.

Avellar, S., D'Angelo, A., Weigensberg, E., Henke, J., & Xue, Y. (2022). *RPG-4 safety data* [Instrument]. Washington, DC: Mathematica.

Permanency Data

Administrative data requested from grantees. Grantees requested information on permanency of children directly from state child welfare agencies. Grantees provided child welfare agencies a list of children that they had enrolled in RPG, and asked the organization to provide permanency information on this subset of children. This data returned to grantees contained information on dates of removal, dates of placement into different settings, and whether removals ultimately ended in permanency.

Avellar, S., D'Angelo, A., Weigensberg, E., Henke, J., & Xue, Y. (2022). *RPG-4 permanency data* [Instrument]. Washington, DC: Mathematica.

Recovery Data

Recovery data, information about whether an adult had participated in a state-funded substance use disorder treatment program, is one type of administrative data requested from grantees. Grantees requested information on recovery of adults enrolled in RPG from state substance abuse departments. Grantees provided state substance abuse departments a list of adults that they had enrolled in RPG, and asked the organization to provide recovery information on this subset of adults. This data returned to grantees contained information on dates of substance use treatment enrollment and program completion (if applicable).

Avellar, S., D'Angelo, A., Weigensberg, E., Henke, J., & Xue, Y. (2022). *RPG-4 recovery data* [Instrument]. Washington, DC: Mathematica.

Partner Survey

The purpose of the Partner Survey is to collect partner-level data on the characteristics of the partner organization, how partners communicate and collaborate, goals of the partnership, and the types of organizations and roles within the partnership. The partner survey is administered to grantees and their primary partners, including those who provide services to RPG families, refer families to the RPG projects, and play other key roles on the RPG projects. The survey includes questions about organizational characteristics, and also contains "network data" prompts that allow respondents to describe how each of the organizations in the partnership interact with each other. Specifically the survey contains the following sections and corresponding information: A. Your Organization- description; activities conducted; programs provided; funding; resources B. Partner goals- partner goals; relationships/communication systems; status of collaboration among RPG partner organizations; organizational levels of collaboration; RPG programming C. Partnership Outputs- questions regarding clients receiving RPG programming; RPG services specific to the organization.

Avellar, S., D'Angelo, A., Weigensberg, E., Henke, J., & Xue, Y. (2022). *RPG-4 partner survey* [Instrument]. Washington, DC: Mathematica.

Related Publications and Final Reports

Users are strongly encouraged to review published works, based upon these data, before doing analyses. To view a complete list of publications for this dataset, please visit our online citations collection called "canDL" at: <https://www.ndacan.acf.hhs.gov/candl/candl.cfm>

Analytic Considerations

Missing data is coded as such on a variable by variable basis within the value labels field. Some missing data are coded as system missing. In variables that are designated as being "string" or "character", system missing data may appear as blank values.

The following user-defined missing value codes were used throughout the dataset:

-8888 = Logical Skip

-9999 = Item Non-Response

98 = Don't know

Blank data points contained within string variables should be treated as missing.

Confidentiality Protection

There are no names or addresses included in this upload. All individuals have been associated with a unique identifier that masks any personally identifiable information. While there are dates in this data set, dates of birth have been masked to always represent the 15th day of the month.

Extent of Collection

Table 1. List of documents included in dataset, in addition to the User's Guide

Document file name	Brief description	Data File(s) to which the document is relevant
ES_DataDocumentation	Describes the layout of the enrollment and services data files, along with descriptions of how key variables were constructed and how some analyses were conducted as part of the cross-site evaluation (i.e. replication instructions).	Rpg_case_level, Rpg_person_level, Rpg_provider_level, Rpg_session_level
Rpg_case_level_codebook	Contains the variable name, variable label, and value label(s) information for the data file.	Rpg_case_level
Rpg_person_level_codebook	Contains the variable name, variable label, and value label(s) information for the data file.	Rpg_person_level
Rpg_provider_level_codebook	Contains the variable name, variable label, and value label(s) information for the data file.	Rpg_provider_level
Rpg_session_level_codebook	Contains the variable name, variable label, and value label(s) information for the data file.	Rpg_session_level
EDS_DataDictionary_AdministrativeIndicators_RPG4	The purpose of this document is to briefly describe the variables for the administrative data elements as part of the RPG National Cross-Site Evaluation. This serves as a data dictionary for the accompanying administrative data elements.	outcomes_permanency_file, outcomes_recovery_file, outcomes_safety_file
EDS_DataDictionary_StandardizedInstruments_RPG4	The purpose of this document is to briefly describe the variables for the standardized instrument data elements as part of the RPG National Cross-Site Evaluation.	outcomes_aapi2_file, outcomes_asi_file, outcomes_cbcl_file, outcomes_cesd_file, outcomes_itsp_file, outcomes_tsc_40_file
Outcomes RPG4 Nonresponse weights	The purpose of this document is to detail how non-response weights were calculated.	outcomes_aapi2_file, outcomes_asi_file, outcomes_cbcl_file, outcomes_cesd_file, outcomes_itsp_file, outcomes_tsc_40_file
Outcomes Replication Instructions_RPG4	The purpose of this document is to outline the data preparation and analysis steps used by the cross-site	outcomes_permanency_file, outcomes_recovery_file, outcomes_safety_file,

	evaluation team to produce the cross-site results shown in the Eighth Report to Congress.	outcomes_aapi2_file, outcomes_asi_file, outcomes_cbcl_file, outcomes_cesd_file, outcomes_itsp_file, outcomes_tsc_40_file
outcomes_aapi2_codebook	Contains the variable name, variable label, and value label(s) information for the data file.	outcomes_aapi2_file
outcomes_asi_codebook	Contains the variable name, variable label, and value label(s) information for the data file.	outcomes_asi_file
outcomes_cbcl_codebook	Contains the variable name, variable label, and value label(s) information for the data file.	outcomes_cbcl_file
outcomes_cesd_codebook	Contains the variable name, variable label, and value label(s) information for the data file.	outcomes_cesd_file
outcomes_itsp_codebook	Contains the variable name, variable label, and value label(s) information for the data file.	outcomes_itsp_file
outcomes_permanency_codebook	Contains the variable name, variable label, and value label(s) information for the data file.	outcomes_permanency_file
outcomes_recovery_codebook	Contains the variable name, variable label, and value label(s) information for the data file.	outcomes_recovery_file
outcomes_safety_codebook	Contains the variable name, variable label, and value label(s) information for the data file.	outcomes_safety_file
outcomes_tsc_40_codebook	Contains the variable name, variable label, and value label(s) information for the data file.	outcomes_tsc_40_file
Partner Survey_DataDictionary_SNA Variables	Describes the Social Network Variables, which provided information about how a respondent organization is connected to other organizations in the partnership.	partner_survey_file
partner_survey_codebook	Contains the variable name, variable label, and value label(s) information for the data file.	partner_survey_file

Extent of Processing

NDACAN produced the User's Guide, 508 compliant versions of the Codebooks, the SPSS, Stata, and SAS native and program import files, and text data files.

DATA FILE INFORMATION

File Specifications

There are 14 data files pertaining to each of the data collection efforts, surveys, and assessments administered during the course of the study.

Data File Notes

One grantee did not submit reliable services data. These data are not included in the archive. Another grantee did not submit reliable engagement information within the services data. These data values are set to missing.

ACRONYMS AND ABBREVIATIONS

Commonly used abbreviations in the study documentation and data files:

AAPI-2: Adult-Adolescent Parenting Inventory 2
ASI: Addiction Severity Index
CBCL: Child Behavior Checklist
CES-D: Center for Epidemiologic Studies-Depression Scale
CWR: Child Well-being Reporter
EDS: Evaluation Data System
ES: Enrollment and Services
FC: Focal child
FFA: Family Functioning Adult
ITSP: Infant –Toddler Sensory Profile
RDA: Recovery Domain Adult
RPG: Regional Partnership Grants
SUB: Substantiated
TSC-40: Trauma Symptom Checklist
UNSUB: Unsubstantiated
WRMA: Walter R. MacDonald & Associates

Technical support for this dataset is provided by NDACAN.

Please send your inquiries to NDACANsupport@cornell.edu

**Visit the User Support page of the NDACAN website for help documents and videos
(<https://www.ndacan.acf.hhs.gov/user-support/user-support.cfm>).**