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Family Connection Discretionary Grants  
2012-Funded Comprehensive Residential  
Family Treatment Projects  
Final Cross-site Evaluation Report  
Executive Summary

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The following document contains the cross-site evaluation report of the 2012-Funded Comprehensive Residential Family Treatment Projects. This work was completed under Contract #: HHP233201500039I, Order #: HHSP23337001T. Questions on this document by James Bell Associates should be directed to Matthew R. McGuire, Contracting Officer's Representative, Children's Bureau, at [matthew.mcguire@acf.hhs.gov](mailto:matthew.mcguire@acf.hhs.gov) or (202) 205-7270.

# Family Connection Discretionary Grants 2012-Funded Comprehensive Residential Family Treatment Projects

## Final Cross-site Evaluation Report

### Executive Summary

In September 2012, five grantees were awarded grants in the cluster area focused on implementing Comprehensive Residential Family Treatment (RFT) Projects. Funds were authorized by the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351). These 3-year grants supported RFT projects that expanded the availability of effective and comprehensive residential treatment services for families involved with, or potentially served by, the child welfare system.

Grantees conducted site-specific evaluations to improve processes and services and to demonstrate linkages between project activities and improved outcomes. They also participated in a national cross-site evaluation, led by James Bell Associates (JBA), that documented the progress and outcomes of the individual projects and the five grantees (i.e., cluster). The cross-site evaluation addressed process and outcome questions at the parent, child, family, and organizational/systems levels. Quantitative and qualitative data sources included grantee summaries and profiles, a Web-based electronic survey, and grantee evaluation reports of aggregated process and outcome evaluation results. Quantitative outcome results provided in semi-annual evaluation reports were synthesized by categories of safety, permanency, and well-being, with implications classified as positive, negative, or inconclusive. This cross-site evaluation report describes grantee activities and outcomes from September 30, 2012, through September 30, 2015.

### Residential Family Treatment Projects

Five organizations were funded in 2012 to implement the RFT projects. These organizations included Amethyst, Inc. (Columbus, OH); Meta House, Inc. (Milwaukee, WI); Queen of Peace Center (St. Louis, MO); Renewal House, Inc. (Nashville, TN); and the Susan B. Anthony Center, Inc. (Pembroke Pines, FL). All grantees were private, nonprofit agencies. Services offered by these organizations enabled parents and their children to live in a safe environment for not less than 6 months while providing substance abuse treatment, early intervention, family counseling, medical and mental health care, nursery and preschool, and other services designed to provide comprehensive family supports.

### Process Evaluation Findings

Process evaluation findings include descriptions of the target populations served, eligibility and referral processes, service models implemented, and key services provided by the grantees.

**Target Population.** Projects served chemically dependent women with co-occurring mental health challenges who either lost or were at risk of losing their children. Pregnant and postpartum women who exhibited a variety of high-risk factors (such as involvement in multiple systems, limited education and work experience, unstable housing, and histories of health problems and trauma) tended to be the focus. Most were in their late twenties to early thirties and Caucasian or African American. Drugs of choice were marijuana/cannabis, opiates, cocaine or crack, heroin, and alcohol. Depression, anxiety, and

posttraumatic stress disorder were the most common mental health diagnoses with clients often exhibiting more than one diagnosis.

Children up to age 18 could live with their mothers in residence although most grantees restricted the age of children to 13 years or younger. Most women had fewer than two children with them in residence. Children served by the projects were mostly Caucasian or African American with a higher percentage of multiracial children than of adult women. Children's gender tended to split evenly between male and female, and ages ranged from 2 to 4 years. Other family members of women and children in residence—which included parents, grandparents, siblings, children not in residence, and women's partners (e.g., husband/wife, male or female partners, etc.)—were also served. Two grantees focused on services for fathers.

**Number Served.** Throughout the funding period, 779 adults (mothers), 681 children in residence, and 720 other family members were served. The numbers served varied across projects due to differences in facility size and the length of time mothers and children stayed in residential treatment (per grantee service models and the mother's treatment plan).

- The total number of adults served ranged from 93 to 257 unduplicated mothers.
- The total number of children in residence served ranged from 77 to 254.
- The total number of other family members served, including additional children in other guardianship arrangements, ranged from 54 to 272.

**Eligibility and Referral.** Mothers were referred through multiple sources, typically public child welfare, courts/justice system, health and human service organizations, and self-referral. For referred clients, a variety of eligibility requirements was employed with associated screening processes to determine the appropriateness of residential family treatment for the woman and her child(ren), as well as her willingness to participate in services.

**Service Models and Key Services.** Comprehensive family treatment services were provided in a drug-, alcohol-, and often tobacco-free environment to promote safety, permanency, and well-being of children who were affected by parental substance abuse. Guided by case management plans, gender-specific treatment incorporated chemical dependence counseling, mental health services, and skill building and training in parenting, life skills, vocation, and employment. Child and family services were offered in individual and group settings. Clients began with intensive treatment and supervision and moved toward outpatient/day services and housing in the community (per case management plans).

Within the larger categories of chemical dependence counseling, mental health services, and skill building and training, specific services were diverse with no more than two grantees offering any one service. Fourteen evidence-based, promising, or best practices in adult, child, and family programming were implemented. Practices at each service level were as follows:

- **Adult-level.** Acceptance and Commitment Therapy, Art Therapy, Dialectical Behavior Therapy, Eye Movement Desensitization and Reprocessing, Motivational Interviewing, Peer-based Recovery Support Services, Seeking Safety, Stages of Change, and substance abuse education based on the Center for Substance Abuse Treatment's recommendations for women
- **Child-level.** Al's Pals: Kids Making Healthy Choices, Art Therapy, Child-Centered Play Therapy, and Filial Therapy
- **Family-level.** Celebrating Families! and Family Team Meetings/Single Coordinated Care Plan meetings.

Length of residential stay ranged from 3 to 18 months, although one grantee supported women for up to 24 months. The average number of days in residential treatment ranged from 85 days to 630 days. Of the three grantees that reported on client treatment progression, 19 percent of women in one project transitioned to day or outpatient treatment. In another project, 60 percent of women who left residential treatment continued to day treatment, and almost two-thirds (65 percent) of discharged women were considered to have successfully completed treatment. More than half of the families in one project moved from one treatment stage lasting from 6 to 12 months to a second stage lasting 9 to 20 months.

## Outcome Evaluation Findings

All grantees assessed safety, permanency, well-being, and organizational and system-level outcomes as part of their local evaluations, and three reported preliminary data on project costs.

Quasi-experimental designs with comparison groups consisting of women and children with similar characteristics to those in RFT were implemented by all projects. Comparison groups included women who had participated in an earlier RFT project, women and children receiving “services as usual” from public child welfare agencies, and those receiving services from a comparable health agency. Two grantees experienced difficulties obtaining comparison participants; one explored other comparison group options, and one declined to develop an alternative group.

**Safety.** Four grantees reported positive results for parent sobriety, risk and protective factors for child abuse and neglect, and family functioning. Inconclusive results were found for one grantee’s assessment of home safety. Two grantees reported avoiding child removal due to safety concerns during treatment and in the 12 months following admission to residential treatment.

**Permanency.** Four projects reported findings for permanency outcomes. Increased involvement of mothers with their children was demonstrated by retaining placement of children, reunifying with one or more children, or being granted increased visitation. Efforts to assess increased involvement of fathers were hampered by low enrollment in services designed for fathers and the unavailability of evaluation data. While below its outcome goal, one grantee reported three-fourths of mothers were employed and/or in school at completion. Two grantees reported rates of reunification and whether reunified children re-entered foster care. These rates varied, with one grantee reporting that one-fifth of children reunified with families; and the other reporting that one-fifth of children entered, re-entered, or remained in the child welfare system after their mother’s graduation from residential family treatment. Public child welfare data were not available to two grantees that planned to assess length of stay in foster care, reunification, and other permanency arrangements using these information systems as key data sources. However, one grantee was able to provide positive results on child welfare case closure at discharge.

**Well-being.** An extensive collection of measures was used to assess adult and child-level well-being. Positive outcomes for women were found in substance use and sobriety and trauma-related symptoms. Mixed results were found on maternal mental health measures, and negative or inconclusive results were found for increased social connections and supports. Positive results were reported for sense of family empowerment and parental resilience, and for parental competence and capacity to provide for the needs of child(ren).

Child-level outcome goals were measured by all five grantees. Positive outcomes were found related to birth weight; attachment; family well-being; and grantee ability to assess, identify, and connect child(ren) to appropriate support services. Mixed or inconclusive results were found for general well-being; physical, cognitive, and social-emotional development; and trauma-related symptoms.

**Organizational and Systems Impact.** Organizational and system-level results were provided for 17 out of 24 outcome goals across the five projects in the areas of service provision, policies and procedures, and impact on child welfare practice. Grantees were successful in integrating new evidence-based practices into their existing service array and training staff members at the grantee organization and project partner agencies. Collaborative practices were implemented that included procedural guides, joint referral processes and training, consultations, outreach and engagement with other family members, availability of transitional housing, and assessments as a way to develop and solidify relationships with public child welfare and other community partners. Improved collaboration and coordination among grantees and project partners were critical for project implementation. Frequent communication, trust in one another's knowledge, and shared commitment to serving families contributed to reinforcing existing relationships and forming new relationships.

**Project Costs.** Cost study findings were reported by all grantees. Different approaches (i.e., cost-allocation, cost-effectiveness, and cost-benefit) were used, with four implementing more than one approach. At a minimum, all five projects conducted cost-allocation analyses. Cost data were collected within different timeframes (ranging from 1 month to 18 months) to determine project expenditures and estimate annual projects. Data sources also varied, including staff time tracking spreadsheets, program budgets, and audit reports produced by internal fiscal staff and external contractors. Study approaches yielded total project/operating costs, direct and indirect services costs, and costs per family and individuals. Cost-benefit analyses showed cost savings associated with providing residential family treatment services as a strategy to prevent children from entering or re-entering the child welfare system, and preventing parents from entering the criminal justice system.

## Summary

Findings from the cross-site evaluation of the 2012 Comprehensive Residential Family Treatment Projects indicate that grantees achieved the objectives of the 3-year grant, expanding the base of services available to chemically dependent women and children at high risk for involvement in the child welfare system. Partnerships established with child welfare agencies, community organizations, and local service providers enabled grantees to respond to the complex needs of adults and children impacted by multiple risk factors. As previously noted, services are in short supply due to their costs, complexity, and potential resistance of families that do not want to leave their current residence. However, these services are often the most effective resources for parents with co-occurring substance use and mental health disorders. Most importantly, comprehensive child and family services implemented by the grantees provided safe and supportive environments to mothers and children, all of which contributed to improved safety, well-being, and permanency. Recommendations and lessons learned from the 2012 grantees address future projects, the Children's Bureau, and the larger child welfare community.