APPENDIX E

SEMIANNUAL PROGRESS REPORT

RPG GRANTEE SEMIANNUAL ACF PERFORMANCE PROGRESS REPORT

Appendix B - Program Indicators
ACF-OGM-SF-PPR

SF-PPR-OGM-B

Appendix B of the semiannual ACF performance progress report provides information on the programmatic and evaluation activities conducted by the grantee during the reporting period as well as activities planned for the next reporting period. Information from the report will be used by the Children's Bureau to meet grants management requirements and to inform reports to Congress. Semi-annual progress reports are due within 30 days of the end of each 6-month reporting period.

Grantees are to submit their original Semi-Annual Progress Report electronically to the Grants Management Specialist (GMS) and their Federal Project Officer (FPO) through Grant Solutions.

An electronic courtesy copy of the report is to be submitted to your Cross-site Evaluation Liaison (CSL) and Change Liaison (CL) when you submit the electronic copy through Grant Solutions. **Please submit Word files. Do not submit scanned documents or PDFs.**

<u>Suggested Report Format</u>

Grantee Name and Address:

Grant Number:

Period Covered by Report: through

Principal Investigator or Project Director:

Report Author's Name and Telephone Number:

Name of Federal Project Officer:

Name of Grants Management Specialist:

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B-01. Major Activities and Accomplishments During This Period

1. Have you enrolled your first participant in RPG program services? When? If not, when (month/year) do you plan to do so?

2. In Table 1, list your total enrollment goals for clients for this 6-month reporting period, the actual number of participants enrolled in this 6-month reporting period, the total enrollment goal for RPG services over the course of the grant, and total enrollment to date (including this 6-month and prior reporting periods).

   -Please do <u>not</u> include comparison group members who will not receive RPG services.

   -If you have not officially started enrolling clients in RPG services but are, for example, providing services in a pilot capacity please describe that outside of this table.

Table 1. Enrollment Goals for RPG Services

	Enrollment goal for the 6-month-year reporting period	Actual enrollment during the 6-month reporting period	Total enrollment goal for RPG services	Total enrollment to date (current and prior reporting periods)
Cases*				
Adults				
Children				

* A "case" is a family, household, or group of individuals enrolling in RPG services as a unit.

3. In Table 2, list the number of cases that have exited services, by exit reason (select the primary reason), during this 6-month reporting period. Please **only** include exits in which all parties in the case have exited (e.g., child, parent, and foster parent).

Table 2. Reasons Participants Have Exited Services During This Reporting Period

Primary Reason for Case Exit	Total Cases that Exited During the 6-month Reporting Period	Total cases exited to date (current and prior reporting periods)
Program Completed		
Declined Further Participation		
Moved Out of Service Area		
Unable to Locate		
Excessive Missed Appointments		
Child No Longer in Custody		
Other (please describe)		

4. Please use the table(s) in Attachment B-01a to provide information about each service you plan to implement or are implementing for your RPG program. Complete one table for each service.

5. Please describe whether you engaged in any of the following activities during this reporting period.

    A. If you have an implementation team to support RPG implementation please describe its membership and key activities during this reporting period.?[1] If the implementation team was newly created during this reporting period, please note that.

    B. During the reporting period, did you develop a written implementation plan, other than your grant application, to support implementation of the services you selected?[2] If so, describe the main components of the plan and who is responsible for implementing them. If a plan was already in place before this reporting period and it was fully described in a prior SAPR, please state that and go to the next question.

    C. Please describe the approach to training and/or supervision of frontline staff providing RPG services during this reporting period.

    D. Have there been changes in the timeline of program activities (including activities being implemented by partners) presented in your grant application? If so, please describe the changes and provide a new timeline. If any changes were already fully described and a new timeline was provided in a prior SAPR, please state that and go to the next question.

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[1] An implementation team is a team of individuals focused on supporting the implementation of services. The team may help increase the buy-in and readiness of staff, coordinate the supports staff may need to implement the services (particularly evidence-based programs or practices [EBPs]) with fidelity, assess the fidelity of the implementation of the services, and problem-solve implementation challenges. Collectively the team possesses an in-depth knowledge of the services, knowledge of implementation best practices, and experience using data to improve program quality (Metz, Allison and Leah Bartley. "Active Implementation Frameworks for Program Success: How to Use Implementation Science to Improve Outcomes for Children." *Zero to Three*, March 2012, pp. 11-18).

[2] An implementation plan identifies the specific tasks needed to implement services (EBPs) with fidelity, timelines for task completion, and the person responsible for overseeing the task (Meyers et al. "Practical Implementation Science: Developing and Piloting the Quality Implementation Tool." *American Journal of Community Psychology,* vol. 5, no. 3-4, December 2012, pp. 481-496).

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E. If any programs or services were delivered during this reporting period, did you monitor program/service implementation to determine if the delivery is being carried out as planned? For example, did you collect and analyze quality assurance or fidelity data? For the frequency of monitoring enrollment data? If so, please describe your monitoring process.

F. Plese describe any updates/briefings provided to an RPG steering or oversight committee or other leadership or partner group during this reporting period.

G. During this period, did you engage with systems beyond your partner agencies (such as health care or early care and education) to facilitate planning for your RPG project? If so, with what systems did you engage and why? If these systems will provide services or work with RPG participants, please describe the services and how you will coordinate services with those systems. If engagement with systems beyond partner agencies was already fully described in a prior SAPR, please state that and go to the next question.

H. Have you identified the need to engage additional partners to fully serve children, parents/caregivers, families? If so, please list the partners and briefly describe how they will improve service delivery.

I. Please use Table 3 to provide information about any changes in partners during the reporting period (including any new partners or partners with whom new agreements have been established). Please describe any formal agreements (such as MOUs or data sharing agreements) established with your partners during the period.

Table 3. Regional Partnership Membership and Formal Agreements Established This Reporting Period

Name of Agency (list agency name, not individual person) that was added to your RPG partnership or with whom you established a formal agreement	Is this a new or existing partner?	Primary contribution(s) to the RPG project	Did you establish a formal agreement with this agency?	Type of formal agreement (such as MOU, data sharing agreement)	Description of the purpose/content of the formal agreement

J. Have any partners discontinued their involvement in the RPG project since the last reporting period? If yes, please list each discontinued partner, describe why each one is no longer involved, whether the change will affect referrals, service delivery, or access to services in any way, and, if so, how.

K. Have any new communication systems or protocols been put in place since the last reporting period to support RPG and partner staff in implementing the RPG program? Examples include information and data sharing processes and agreements, joint case plans, joint case staffing or family decision-making, and co-location of staff. If there have been no changes and this was fully described in a prior SAPR, please state that and go to the next question.

L. Describe how leadership (county, regional, and /or state) from substance use disorder treatment, child welfare, and the courts has been involved in your program (support they have provided, engagement in implementation) during this reporting period. What is the process for keeping them informed (such as joint meetings, individual briefings, memos)?

M. Does a process exist for addressing cross-system challenges and barriers efficiently and effectively? If so, please describe. If there have been no changes or additions to this process and this was fully described in a prior SAPR, please state that and go to the next question.

N. Please describe other significant programmatic activities during this reporting period.

6. Have the organizations or programs from which you receive referrals for RPG changed since the last reporting period? If yes, please describe these changes. Has the referral enrollment process changed since the last reporting period? If so, please describe the change? If there have been no changes and this was fully described in a prior SAPR, please state that and go to the next question.

7. Has the list of other community agencies or services to which you refer participants changed since the last reporting period? If so, please describe the changes. How do you track these referrals? Has your process for tracking referrals changed? If so, please describe the changes. If there have been no changes and this was fully described in a prior SAPR, please state that and go to the next question.

8. Have the instruments or forms used to assess the needs of children, adults, or families who participate (or are targeted to participate) in your RPG program changed since the last reporting

period? If so, please describe the changes, including identifying the assessment instruments dropped or added. Has the organization that does the assessments changed since the last reporting period, or the way assessment information or results are used? If so, please describe these changes. If there have been no changes and this was fully described in a prior SAPR, please state that and go to the next question.

9. Please describe the major successes you achieved in implementing or operating your RPG project in this reporting period (challenges are discussed later in the report). How did you achieve them? What innovations have you developed, if any?

10. During this reporting period, have you made changes to the project's target population ?

    A. If so, describe and define the current target population (including eligibility criteria). If "at risk" families are included, please describe how "at risk" is defined. Justify your decision to make this change.

    B. If not, please provide more detail on the target population, including eligibility criteria. If "at risk" families are included, please describe how "at risk" is defined.

11. Please summarize the status of your sustainability plans and any sustainability activities during this reporting period. Include successes, challenges, and your assessment of whether you will be able to sustain all or part of your program after RPG funding ends.

B-02 Challenges

12. Were any of the goals set for this reporting period not met? If so, what are the primary reasons those goals were not met?

13. Please indicate whether your project faced any of the following programmatic challenges or barriers that affected your ability to complete planned activities for this reporting period. For each problem you faced, please describe how you addressed the barrier and your progress in resolving it.

    A. ____Challenges finalizing service plans (please indicate which services)

    B. ____Lower referrals or enrollment than expected

    C. ____Inability to enroll intended target population (please describe how the population you are reaching differs from your intended target population)

D. ____Longer than anticipated program enrollment periods due to the complex needs of families or other reasons

E. ____Staffing challenges, such as finding or retaining qualified grantee or partner agency staff for implementing services

F. ____Challenges implementing services (please indicate which services)

G. ____Inability to access training for clinical or other staff thereby delaying implementation of services/service delivery

H. ____Challenges sharing information needed for recruitment and enrollment

I. ____Challenges sharing information or data with partners or other issues related to engagement with partners

J. ____Challenges coordinating case management or services with partners or other entities

K. ____Challenges collaborating with RPG partners

L. ____Challenges engaging and/or retaining program participants

M. ____Contextual issues that are having a negative effect on referrals or service delivery

N. ____Other challenges (please describe)

B-03. Significant findings and events

14. Describe any significant changes in your state or service area during this 6-month reporting period that have affected or may affect your project (for example, referrals and/or service delivery) or the program outcomes you are measuring in your evaluation.[3] Please include changes with a positive or negative effect.

15. Has your program experienced any significant challenges during this 6-month reporting period as a result of the current fiscal environment? If so, please provide specific examples of how the fiscal environment has adversely impacted your program (such as reductions or changes in child welfare, substance use treatment or other staffing that affects service delivery, decreased referrals to your program, reductions or loss of funding sources, etc.).

16. Has your program gained any new sources of funding during this 6-month reporting period? If yes, please list the new sources of

_____

[3] Significant changes could include things such as the implementation of other child welfare or substance abuse treatment initiatives, policies or programs; events in the community such as a child death or high profile case that might impact caseloads; changes in judicial officers who hear dependency cases (if relevant to your program); changes in agency or community leadership; implementation of other new legislation, policies or procedures that affect your program or target population; changes in child welfare or substance use trends; or other related community developments.

funding and describe how the funds will be used to support your RPG project.

17. Has your program became involved in any other federal initiatives during this 6-month reporting period? If yes, please indicate which federal initiative and if your agency is the lead grantee or if your agency will be a key partner to the activity.

18. Please describe any key lessons learned during the reporting period regarding evaluation implementation.

B-04. Dissemination Activities

19. What dissemination activities were conducted during this reporting period?[4] How are your partners involved in your dissemination activities? Add information about each activity to Table 4.

Table 4. Dissemination Activities

Activity	Target audience	Number of target audience members reached/ materials distributed	Purpose	Results (Was your goal achieved? If so, describe.)	Partners involved?	Additional comments

B-05. Other Activities:

20. Were any project changes that require federal approval (such as a change in budget, project director, or other key staff) made during this 6-month reporting period? If so please describe the change and the reason for the change. Include changes you have discussed with your FPO or GMS.

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[4] Dissemination activities may include kickoff meetings or program launches; earned media such as a story in the local paper or other report in a news outlet that is not a paid advertisement or public service announcement; press release or public service announcement developed by your partnership; items on grantee's or partnership's website or in own publications; informational presentations or meetings with local organizations; other direct outreach to local organizations (e.g., emails, calls, delivery of brochures); policy advocacy, or conference presentations.

21. Have you used (or do you plan to use) information and knowledge gained from the most recent RPG grantee meeting in your partnership, program, or evaluation? If so, please describe how you have used or plan to use the information. Include, for example, how information affected services for your clients, client engagement and retention, your cross-systems collaborative relationships, the measurement of program performance and outcomes, sustainability planning, program management, or other efforts related to overall program results.

22. Please answer the following questions related to evaluation activities:

    A. What main activities for your local evaluation or the cross-site evaluation did the project engage in during this 6-month reporting period?

    B. When did or will (month/day/year) your local outcome evaluation begin enrolling participants?

    C. Using Table 6, list the key evaluation activities you plan to engage in over the next six months (for example seeking IRB approval or an amendment; conducting evaluation recruitment; conducting data collection; developing, updating, or implementing plans for monitoring evaluation enrollment; working with grantee staff to establish procedures for/to implement procedures for using data in an ongoing way; developing and implementing plans for keeping partners engaged in evaluation activities including any partners providing comparison group cases). For each activity listed, provide a description of the activity and the organization(s) responsible.

Table 6. Planned Evaluation Activities for Next Six Months

Evaluation Activity	Description	Organization(s) Responsible for This Activity

    D. Please describe any challenges or barriers related to your local evaluation encountered during this 6-month reporting period. How did they affect your local evaluation? For each please describe how you addressed the barrier and your progress in resolving it.

    E. Have you made any changes to your evaluation design during this 6-month reporting period? If so, which aspect of your

evaluation design did you change? Describe in detail the changes you made to your evaluation design and why these changes were made.

B-06 Activities Planned for the Next Reporting Period

23. Using Table 5, list the key activities you plan to engage in over the next six months. These key activities could include, but are not limited to, developing written implementation plans; hiring, training, or providing professional development to staff; holding partnership meetings or activities; establishing MOUs or other formal agreements with other organizations; establishing procedures for information or data sharing with partner agencies; continuing enrollment; establishing and/or implementing procedures for tracking/maintaining contact with those who receive services; making refinements to program services; reviewing data to monitor enrollment or implementation or to inform improvements in implementation. For each activity listed, please describe the activity and the organization(s) responsible.

Table 5: Planned Activities for the Next Six Months

Activity	Description	Organization(s) Responsible for This Activity

Technical Assistance Needs

24. Please list any evaluation or programmatic technical assistance needs that you have not previously requested from your CSL or CL. Are there any technical assistance needs you have that would benefit from a peer-to-peer connection? If so, what topic area? Have previously identified evaluation and programmatic technical assistance needs been adequately addressed?

Attachment B-01a

RPG Funded Services

Instructions: Please use this attachment (and the table below) to provide information about each service you plan to implement or are implementing using RPG funds. Complete one table for each service, adding tables within this document as necessary. If the services you plan to implement differ from those outlined in your application, please indicate what, if any, changes you are making, and describe why these changes are occurring. Below are definitions for each section of the table. Put in "NA" for any sections that are not applicable.

Content: Briefly describe the topics covered/services offered by the intervention (e.g., child growth and development, effective discipline, anger management, problem solving skills, establishing boundaries) and other services/activities (e.g., screening to identify whether child needs trauma-focused services)

EBP? Is this an evidence-based program or practice? That is, does existing research show that the program or practice is effective? Please answer yes, no, or don't know.

Court-ordered vs. voluntary: Indicate whether participants are court-ordered to participate in the intervention or if they enroll voluntarily

Target population: Briefly describe the population to be served by the intervention (e.g., children ages 0-5 in foster care; mothers of child welfare involved, dependent children enrolled in a residential substance abuse program) or the service/activity (e.g., all or select RPG participants)

Eligibility criteria: Briefly describe the criteria used to determine eligibility to receive the intervention (e.g., adolescents between the age of 13 and 18 of child welfare involved families who score above [cutoff point] on [assessment name])

Mode of delivery: Briefly describe how the intervention is delivered (e.g., home visits, group sessions, one-on-one therapy)

Dosage: Briefly describe how frequently the service will be provided, the length of each interaction, and the length of time the participant will receive the service (e.g., children will attend 45-minute therapy sessions once a week for six weeks, or one-time activity or a service that continues throughout the program)

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Target outcomes: Briefly describe outcomes targeted by the intervention (e.g., decreased parental stress, increased family functioning, decreased externalizing behavior by child)

Planned adaptations: Describe any adaptations/enhancements planned for the intervention (e.g., the curriculum was designed for children birth to five, but will be extended to children up to age 10)

Implementing agency: Indicate which organization will be providing the service

Interaction with developer: Please describe the interaction, if any, you have had with the developers of the services you selected over the reporting period. For example, have you consulted with the program developer, received training or technical assistance on the service, been certified to provide the service, been monitored by the developer, received approval for any adaptations you are making to the model, etc.? If you were providing the service prior to RPG, please describe any interactions with the developer that you may have had as you began implementing the service.

Proportion of RPG participants expected to enroll and use service(s): Please estimate the proportion of enrollees in RPG you expect to enroll in or use this particular service using the categories provided. If the service is not expected to be provided to all RPG participants, explain why (such as provided only to those with specific needs or who complete other program components, or specialized program to address certain situation/condition)

Name of Service or Activity	
Content	
Is this an evidence-based program or practice (EBP)?	____ Yes _____ No _____Don't know
Court-ordered vs. voluntary	
Target population	
Eligibility criteria	
Mode of delivery	
Dosage	
Target outcomes	
Planned adaptations	
Implementing agency	
Interaction with developer	

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Proportion of RPG participants expected to enroll/use service(s)	____ All ____ Most ____Some ____A few If not "all," please describe why.