

# Making It Work Without a Family Drug Court:

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*Connecticut's Approach to Parental Substance Abuse in  
the Child Welfare System*

# Presenters

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**Christine Lau, MSW**

CT Department of Children and Families

**Janet Storey, MSW**

CT Department of Mental Health and Addiction Services

**Bernadette Conway, JD**

CT Judicial Branch

**Samuel Moy, PhD**

Advanced Behavioral Health

**Jane Ungemack, DrPH**

University of Connecticut Health Center

**Kathryn Parr, PhD**

University of Connecticut School of Social Work

# Introduction and Background

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*Christine Lau*



# Recovery Specialist Voluntary Program

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- Voluntary program offered to a parent/ caregiver whose child or children is removed by an Order of Temporary Custody (OTC) and parental substance abuse is a significant factor in the removal
- Both a policy and a practice model
- A joint initiative of the Connecticut state agencies responsible for child welfare, adult substance abuse treatment, and the judicial system

# System Partners

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- Department of Children & Families (DCF)
  - Child protection
  - Children's mental health and substance abuse treatment
- Department of Mental Health & Addiction Services (DMHAS)
  - Adult mental health and substance abuse treatment
  - Supported housing, employment, etc.

# System Partners

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- Judicial Branch - Court Operations, Superior Court for Juvenile Matters
  - Child Protection
  - Delinquency
- Advanced Behavioral Health (ABH)
  - Administrative services organization providing:
    - Utilization management
    - Provider network administration
    - Research and dissemination of best practices
    - Health information technology

# Other Key Partners

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- Office of the Chief Public Defender, Juvenile Delinquency and Child Protection Unit
- Office of the Attorney General
- University of Connecticut Health Center (UConn Health)

# Background to RSVP

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- 1 in 3 Order of Temporary Custody (OTC) cases in Connecticut are identified by child welfare workers as having substance use problems
- Parental substance abuse is associated with longer out-of-home placements for children
- 1 in 3 parents/caregivers referred by DCF for evaluation and treatment for a substance use problem enter treatment
- Connecticut does not have family drug courts
  - Due to lack of financial resources and political will

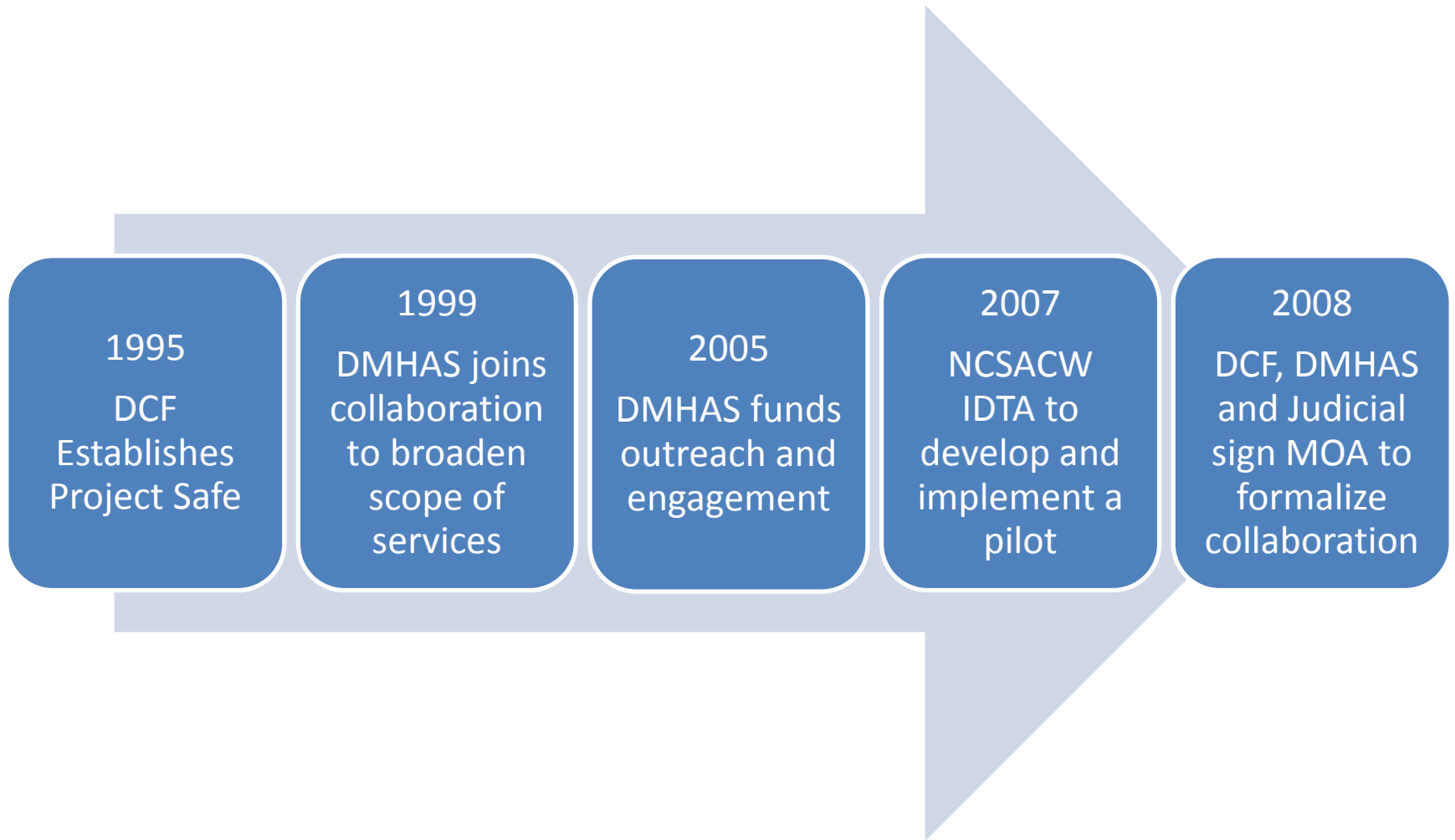


# Barriers for Substance Abusing Families in the Child Welfare System



- Parents have difficulty navigating the three major systems:
  - Child Welfare
  - Substance Abuse Treatment
  - Court
- Lack of communication between systems
- Insufficient knowledge and understanding of addiction and recovery in the child welfare and court systems
- Different perspectives and goals among stakeholders, especially in the court community
- Limited ability and/or willingness to share information due to confidentiality and privacy laws and concerns
- Competing timeframes: time to treatment vs. ASFA timelines

# History of Collaboration



# Top to Bottom Commitment

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- Collaboration began organically from working with substance abusing parents
- Supported by key operational leaders at the policy/central office and field office levels
- Blossomed with leadership commitment in word and action
  - State Agency Commissioners
  - Senior State agency management
  - Judicial administration
- Celebrating family recovery sustains

# Cross Systems Policy & Practice Model

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- Collaborative policy setting and operations management
- Endorsement by judges and attorneys
- Priority access to state-funded treatment
- Recovery case management services
- Program evaluation

# Goals of RSVP Collaboration

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- Increase system capacity to better serve families impacted by substance use disorders:
  - Implement a recovery-oriented integrated system of care for families
  - Improve access to evaluation and treatment services and collateral recovery supports
  - Facilitate collaborative problem resolution for concerns and issues raised by the parties involved
  - Bridge multi-system policies, procedures and practices
  - Improve communication and information exchange among state agencies, practitioners, communities, consumers and families
  - Engage and educate the court community including judges, agency and parent/child attorneys and court staff

# Collaboration Framework

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*Janet Storey*



# Foundations of Our Collaboration

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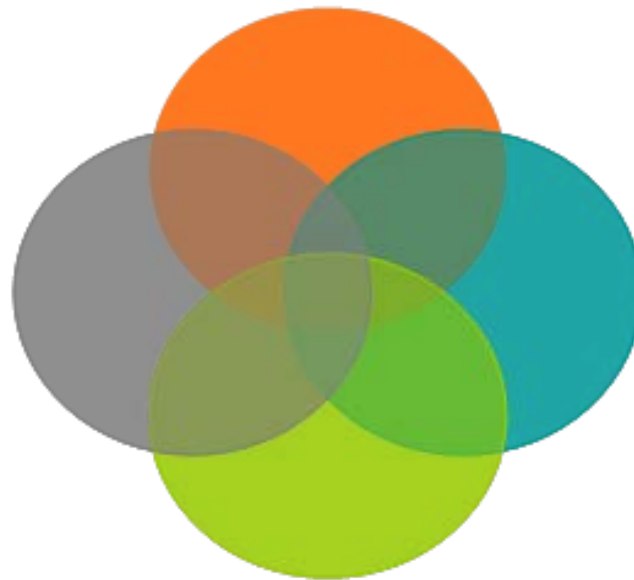
- Agreed we had a shared problem
- Focused conversations on mutual outcomes
- Left turf issues at the door
- Brought humanity, humor and celebration to the table
- Gradually built trust and support of a unified goal

# Connecticut's Collaboration Approach

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Policy and Practice

Data Sharing  
and  
Evaluation



Staff  
Development

Braided Resources



# RSVP: Policy and Practice

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- Memorandum of Agreement
  - Formalized commitment
  - Defined roles
- Collaborative decision-making bodies for oversight and implementation
  - Policies articulate mutual solutions
  - Practices are “good fit” for all partners
- Data Sharing Agreement
  - Data linkage across systems



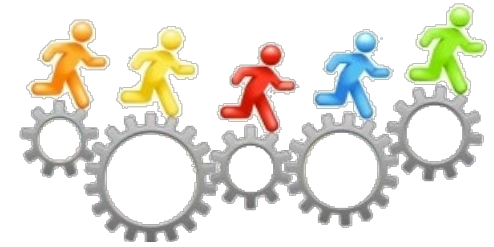
# Braided Resources

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- Began with a pilot project (low investment, low risk) that tested and strengthened collaboration
- Funded through redirected resources
- Developed joint contracts that specify who pays for what and under what circumstances
- Created braided funding so each partner could keep track of how its own dollars are spent
- Joint funding of evaluation

# Staff Development

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- Cross-systems training to understand:
  - Mission, policies, practices of each agency
  - Constraints and timelines under which each agency operates
  - Shared values and interests
- Content for workforce development:
  - Designed by a cross-systems training workgroup
  - State of the art knowledge in each system
  - Effect positive changes to agency cultures
  - Develop common language

# Staff Development

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- **Jointly** developed and delivered multidisciplinary training to promote cross-agency understanding of:
  - Addiction and recovery
  - Impact of substance abuse/dependency on parenting
  - Child development and well-being
  - Evidence-based interventions
  - Culturally and gender-appropriate service delivery
  - Child welfare and Judicial processes

# Data Sharing

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- A data-driven process for strategic planning, program development and outcomes monitoring
- Data sharing agreement for formative, process and outcome evaluation
- Identification of agency-relevant data
- Assessment of data quality and accessibility
- Ongoing review and dissemination of data
- Applications of data:
  - Identify client needs
  - Inform training
  - Service coordination
  - Monitor impact
  - Build support for the program

# RSVP Program

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*Sam Moy*



# RSVP Goals – English Translation

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- Help parents navigate the DCF, Court and Provider systems
- Establish a common understanding of substance abuse treatment and recovery
- Help the systems talk to each other
- Do it fast

# RSVP Eligibility Criteria

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- Parental substance abuse is a reason for removal of his/her child(ren)
- Parent resides within a court area served by RSVP
- Potential for reunification
- Parent will not be incarcerated for more than 30 days



# RSVP Program Model

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- RSVP introduced to the parent at the first Court Hearing on the OTC by the CSO
- Parent must sign “Agreement to Participate in RSVP” and Release of Information
- Agreement to participate and program expectations become “Standing Court Order”
- Recovery Specialist assigned to parent at the Court
- 9-month intervention

# Recovery Specialists

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- ABH staff
  - Not an employee of DCF or the Court
  - Independent advocate and resource for parent
- Provide priority access to evaluation and treatment
- Assist parents in engaging in substance abuse treatment and support groups
- Conduct random drug screens
- Support parents in increasing their recovery capital through recovery coaching

# Recovery Specialists

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- Identify and address parent's other service needs
  - Transportation
  - Childcare
  - Housing
  - Basic needs
  - Vocational/employment
  - Entitlements
  - Other needed services
- Provide regular documentation to DCF, Court, and attorneys at monthly Case Status Conferences

# Substance Abuse Managed Service System (SAMSS)

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- Client presented and followed at SAMSS meetings for coordination of services
- Facilitated by DCF with active participation from DMHAS, RSVP, treatment providers and other local service representatives
- Case overview presented by DCF Social Worker
- Review evaluation findings and recommendations
- Develop a plan of action through collaborative problem solving and resource identification

# Substance Abuse Managed Service System (SAMSS)

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- Community networking
- Close collaboration and communication among providers, DCF and clients provide a therapeutic “container” for engagement and treatment to take place
- Discussions highlight system issues that create barriers to treatment
- Having decision makers participate assists in addressing systems issues in a timely way

# Judicial Perspective

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*Judge Bernadette Conway*



# Juvenile Court in Connecticut

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- One tier statewide superior court; criminal, civil, family, juvenile disciplines
- Two-sided juvenile court: delinquency and child protection
- Court appointed attorneys in child protection cases
- DCF, the statewide child protection agency, under the Executive Branch

# Effective Planning

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- Not a Judicial Branch-driven initiative
- Committed, seasoned Judicial Branch staff partnered with DCF, DMHAS, ABH, and UConn to establish the RSVP prototype
- Well thought out pilot program pitched to Judicial leadership
- Recognition that parental substance abuse is a frequent factor in OTC cases
- KEY: Pilot program NO COST to Judiciary



# Benefits of RSVP Pilot Program

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- Length of pilot program dependent on success
- Court input as to chosen sites—looked at need
- Adjustments to process and protocols were possible
- Judicially issued Standing Court Orders (no legislative involvement)
- Potentially positive impact on outcomes with no impact on timelines
- Cross-training for Judicial staff

# Getting Judicial Buy-in

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- Pre-launch work critical: Educational but not confrontational; “In God we trust, everyone else bring data”
- Both sides of the counsel table initially critical/skeptical
- Need support of the presiding judge
- Flexibility and compromise while keeping model fidelity

# Case Status Conferences

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- Parent progress reviewed at Case Status Conferences in Court conducted by the Court Services Officer (CSO) at regular intervals after the OTC hearing
- Participants: Parents, attorneys for parent, child, and state, and Recovery Specialist
- Recovery Specialist reports objective information on parent's compliance with program requirements and random drug test results
- CSO able to reinforce importance of program compliance

# Information Sharing & Confidentiality

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- Parent's Agreement to Participate
  - Permits substance abuse treatment information to be made available to DCF and the Court
  - Recovery Specialist reports objective information on compliance with program requirements and random drug test results
  - Prohibits Recovery Specialist from testifying about parent communications in a court proceeding

# Eight Years Later. . .

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- RSVP went from three courts to eight courts
- Stopped calling RSVP a pilot in 2014
- Generally supported by the attorneys and judges
- Use of Court Improvement Project (CIP) funds
- RSVP graduation celebrations

# RSVP Evaluation

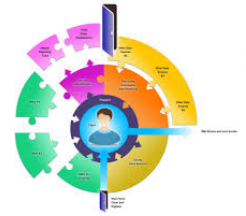
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*Jane Ungemack*

**UCONN**  
**HEALTH**

# Cross-System Data

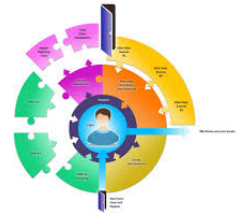
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- DCF
  - Child-centered
  - Numbers and characteristics of cases
  - Family reunification, child permanency and re-entry
  - Family strengths/needs and safety assessments
- DMHAS
  - Adult client-centered
  - Number and characteristics of substance abuse treatment clients

# Cross-System Data

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- Judicial
  - Child-centered
  - Time to disposition and disposition status
- ABH
  - Number and characteristics of clients served by RSVP
  - Timeliness of treatment entry
  - Monthly functional assessments
  - Program participation and discharge status



# RSVP Clients' Demographic Profile: 2009-2015 (n=681)

<b>Gender</b>	Female	76%
<b>Age</b>	17-29 years old	20%
	30-39 years old	48%
	40 or older	22%
<b>Race/Ethnicity</b>	Caucasian/White	56%
	African American/Black	19%
	Hispanic	21%
	Other	3%
<b>Marital Status</b>	Married	14%
	Co-habituating	8%
	Never Married	67%
	Divorced/Separated/Widowed	12%

# RSVP Clients' Socioeconomic Profile: 2009-2015 (n=681)

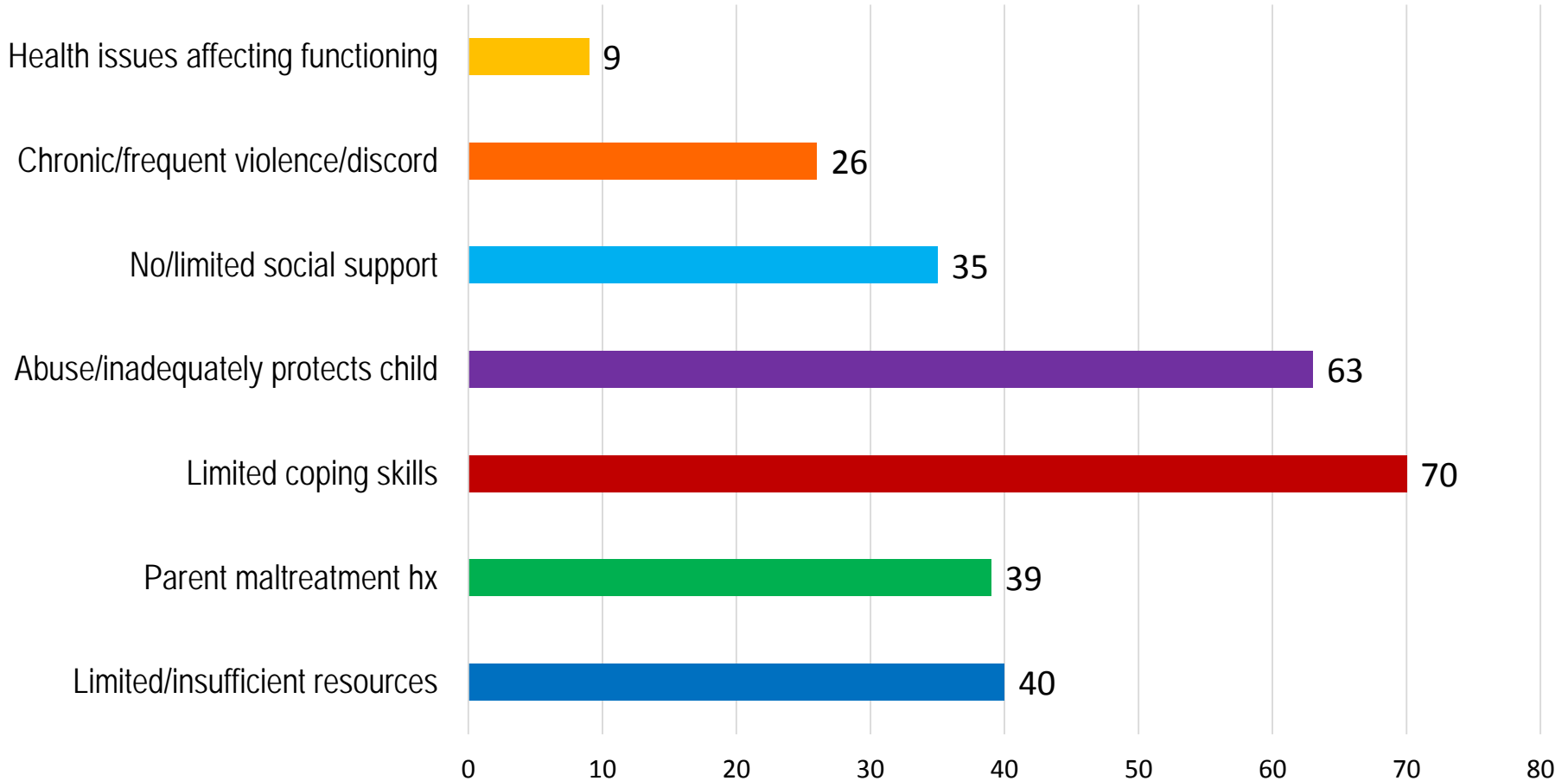
<b>Employment</b>	Currently Employed	19%
<b>Monthly Income</b>	None	45%
	\$1 - 600	30%
<b>Entitlements</b>	General Assistance/Medicaid	70%
<b>Housing</b>	Homeless/Shelter/Transitional	8%
	Living with family or friends	30%
	Section 8	14%
	At risk of eviction	15%
<b>Other</b>	Has a driver's license	42%
	Automobile available for use	31%

# Co-occurring Problems among RSVP Clients: 2009 - 2015 (n=681)

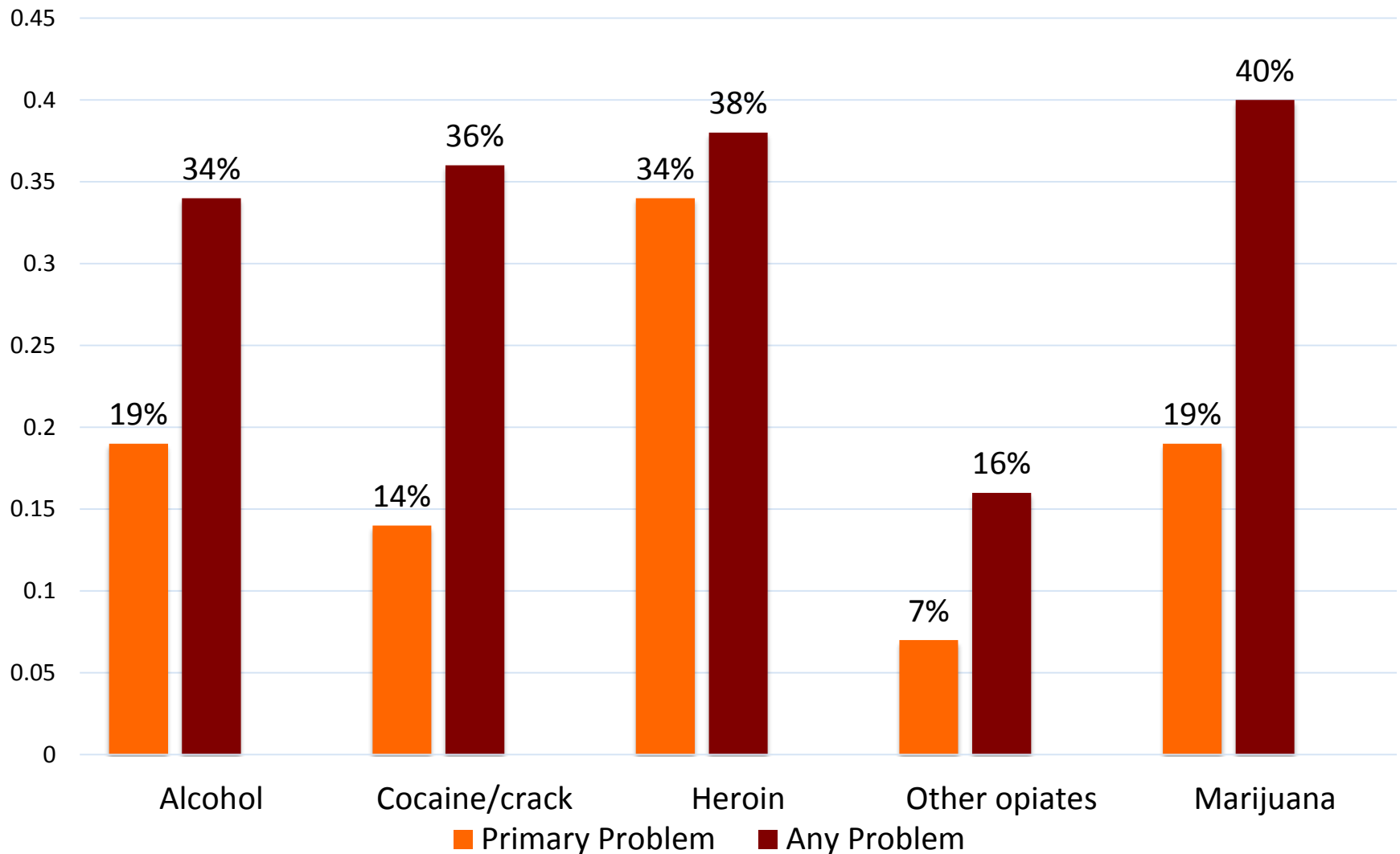
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<b>Ever arrested</b>	<b>64%</b>
<b>Current criminal justice involvement</b>	<b>44%</b>
<b>History of domestic violence</b>	<b>36%</b>
<b>History of trauma</b>	<b>36%</b>
<b>Personal history of mental health problems</b>	<b>54%</b>
<b>Currently receiving mental health services</b>	<b>32%</b>

# Assessment of Family Needs: RSVP Clients, 2009-2015 (n=638)



# Problem Substances among RSVP Clients in Treatment: 2009 – 2015



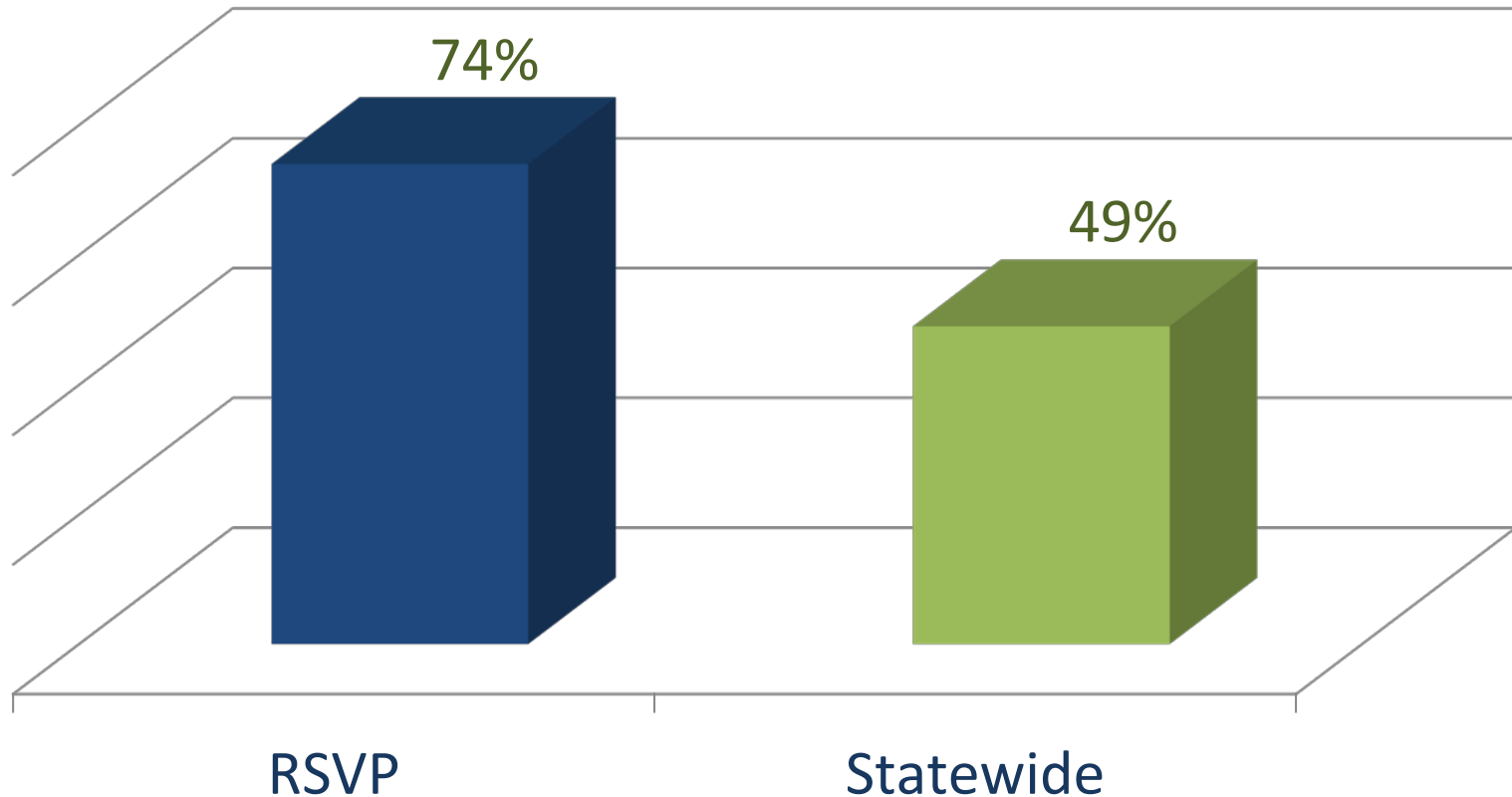
# Substance Abuse Treatment Outcomes for RSVP Clients

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- 84% of RSVP clients enrolled in substance abuse treatment
- Level of care:
  - 5% Detoxification only
  - 18% Methadone maintenance
  - 30% Outpatient
  - 28% Intensive outpatient/partial hospitalization
  - 19% Residential
- Median length of stay was 88 days
- 76% of RSVP clients had a successful discharge from their RSVP-related treatment admission compared to 43% of substance abuse clients statewide

# Percent of Child Exits Reaching Permanent Placement within 12 Months: RSVP vs. Statewide\*

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\* 76% of RSVP children were reunified with their parent/caregiver

# Approach for the Economic Analysis of RSVP

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*Kathryn Parr*





# Why Economic Evaluation?

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- Allows for systematic comparison of two or more alternatives
- In an environment of scarce resources, 'cost savings' and not just effectiveness may be desired
- Brings objectivity to policy analysis
- Systematic process associated with economic evaluation can increase transparency and accountability of multiple systems

# Economic Evaluation Types

Type	Comparison	Outcome Measures
Cost Minimization	Cost of program	None
Cost-Effectiveness Analysis (CEA)	Marginal changes in costs and outcomes of programs	Program outcomes in natural units, e.g. cost per permanent placement
Cost Benefit Analysis (CBA)	Total or marginal changes in costs compared to monetary benefits of program	Program outcomes valued in monetary units e.g. cost-benefit ratio or rate of return
Cost Utility Analysis (CUA)	Marginal changes in costs and well-being	Program outcomes valued in standardized well-being measures like Quality-Adjusted Life Years (QALYs) derived from survey instruments

# Costs to Whom?

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## Social

- Client costs such as time costs or out of pocket costs
- Use of other services such as private health insurance

## Government

- Child welfare costs
- Other agency costs such as Medicaid

## Provider

- Considers cost of program

# “Real World” Alternatives to RCT...

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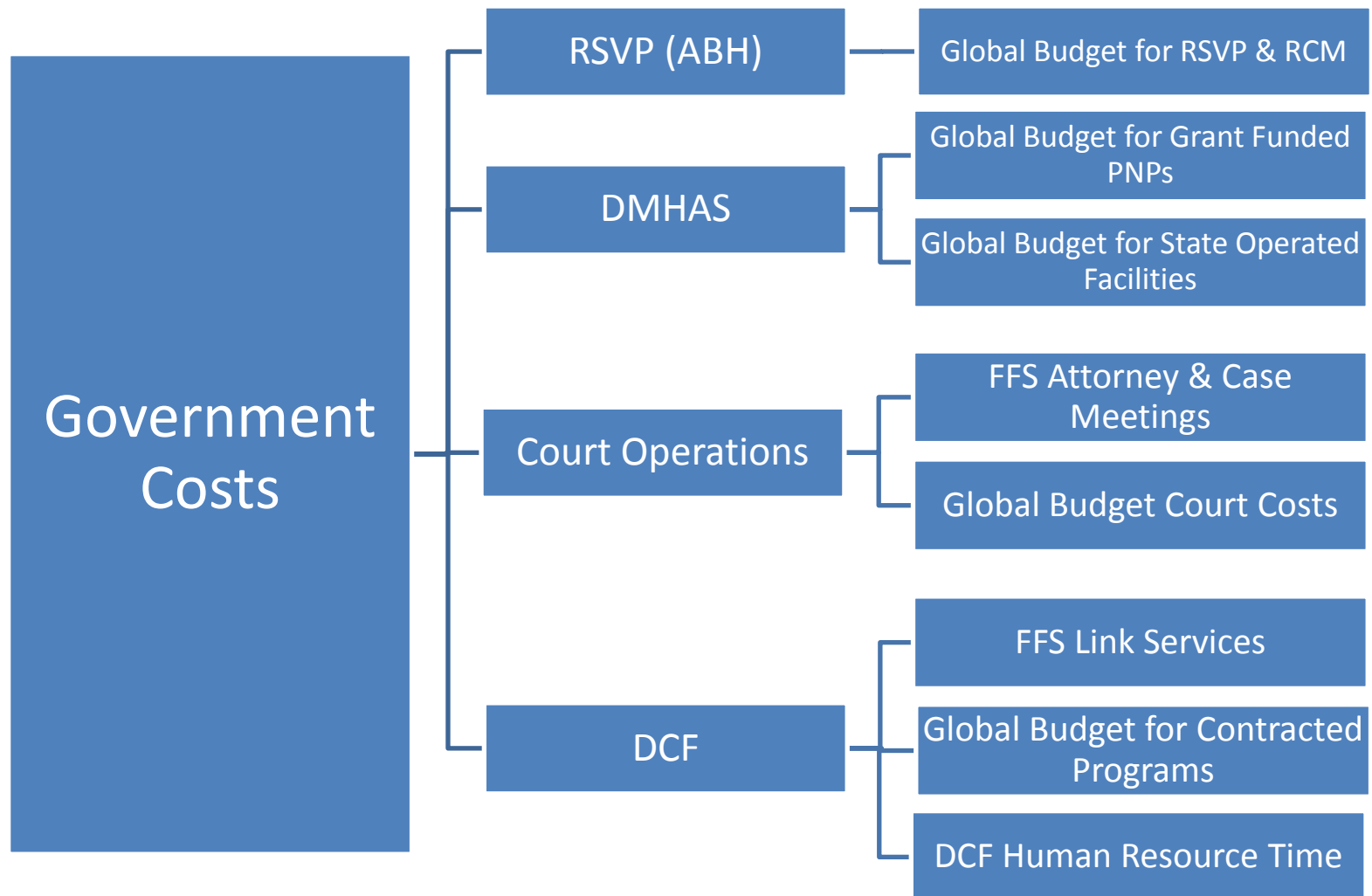
- Observational studies using existing databases including:
  - Registries, administrative service data, claims data, etc.
- Cost-effective way to compare options
- Retrospective analysis can result in timely outcomes
- Provides information on real world settings
- Opportunities to assess what works for different types of individuals

# RSVP Method

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- Cost-Benefit Analysis from Government Perspective
- Retrospective analysis of administrative data over 5 years (SFY10 – SFY2015)
- Contemporaneous treatment group (RSVP) vs. business-as-usual control (SA-involved OTCs)
- Linked interagency data set using personal identifiers
- Adjust using Propensity Score Matching (PSM)
- Direct costs with sensitivity analysis from government perspective adjusting for differential timing

# RSVP Cost Map



# Administrative Data Challenges

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- Data sharing
  - Privacy concerns
  - Executing an data sharing agreement
  - Different systems and data structures
- Data Linkage procedures
- Developing retrospective quasi-experimental design
- Missing data

→ Be flexible in your approach!

# Developing Accurate Costs

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- Marginal vs. Average Costs
- Payments vs. Costs
- Approaches to per unit costs range from 'ingredient' approaches to global budgeting
- Consider the impact of capacity
- Different costs at different phases of program implementation
- Consider the impact of time



# Costs

# Benefits

ABH Program  
Costs

State Agency  
Costs

Reduced  
Recidivism

Shorter Time in  
System

Improved Child &  
Parent Welfare



# Thank You

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*Questions?*