Connecticut's Recovery Specialist Voluntary Program (RSVP)

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Children and Family Future:
Putting the Pieces Together for Children and Families
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RSVP Program

- A voluntary program for parents/caregivers who have had a child(ren) removed by an Order of Temporary Custody (OTC) and need support for recovery from problematic use of alcohol and/or drugs.
- RSVP assists the parent/caregiver in engaging in substance abuse treatment, conducts random alcohol/drug screens, supports parents in increasing their recovery capital, and provides timely documentation to the courts and DCF on the parents' efforts and progress.
- A collaboration between CT's Department of Children and Families (DCF), Department of Mental Health and Addiction Services (DMHAS), and the Judicial Branch
- Administered by Advanced Behavioral Health® (ABH).

RSVP Program Objectives

- Develop an integrated system of care for substance-involved OTC families by changing policies, procedures and practices
- Improve SA parents' access, engagement and retention in substance abuse treatment
- Increase access to case management, support and recovery services
- Promote inter-agency collaboration and data sharing for program development and strategic planning

Barriers Addressed in Developing New Model

- Adapting Drug Court Model to CT
- No additional funding to create new program
- Pressure of ASFA timeframes
- Information sharing and confidentiality

RSVP Program Objectives (cont.)

- Show improvements in rates and timeliness of child permanency decisions
- Reduce repeat cases of child maltreatment and re-entry to DCF due to parental substance abuse
- Reduce costs associated with out of home placements and court proceedings
- Develop a plan for outcomes and performance monitoring

RSVP Eligibility Criteria

- A parent/caregiver whose child(ren) has been removed pursuant to an OTC and for whom substance abuse has been identified as one of the factors in the child(ren)'s removal.
- Parent has an open DCF case and an active child welfare case at Juvenile Court in one of the three pilot areas.

RSVP Enrollment

- Recovery Specialist (RS) available at court to introduce RSVP to parent at the first Court Hearing on the OTC.
- CSO/DCF identifies substance abuse as a factor in the removal of child(ren)
- RS meets with eligible parent and her/his attorney to review program requirements
- If parent agrees to participate, parent and attorney sign ***RSVP Client Agreement*** and it is entered into court record

Program Requirements – Phase I (0 - 90 days)

- Meet with RS 2x/wk if outpatient or 1x/wk if residential
- Submit to random, observed alcohol/drug testing at RSVP office 2x/wk or more (N/A if in residential tx)
- Obtain substance abuse treatment evaluation
- Engage in recommended substance abuse treatment with verified attendance
- Attend 6+ self-help groups per month with verification

Program Requirements – Phase II (91–180 days)

- Meet with RS 1x/wk if outpatient or biweekly if residential
- Submit to random alcohol/drug testing minimum 1x/wk
- Comply with recommended substance abuse treatment with verified attendance
- Attend 6+ self-help groups per month with verification

Program Requirements – Phase III (181+ days)

- Meet with RS at least biweekly, or monthly if in residential treatment
- Submit to random alcohol/drug testing a minimum 2x/month
- Comply with recommended treatment with verification
- Attend 6+ self-help groups per month with verification

Documentation

- RSVP provides a written report to the court and DCF at the initial 2-week case conference and at monthly intervals until discharge
- Written reports include information on parent's RSVP participation, attendance at treatment and self-help groups, and compliance with and results of random drug testing

Additional Components

- Court Case Status Conferences
- RSVP Monthly Updates to DCF and Court
- RSVP Recognition of Parent's Progress
  - Tokens
  - Certificates
  - Celebration of Recovery

Recovery Specialists

Role/Responsibilities:

- Assist parents in engaging in SA treatment.
- Conduct random drug screens.
- Support parents in increasing their recovery capital through recovery coaching.
- Assist parents in connecting to needed community supports.
- Provide regular documentation to DCF, courts, and attorneys.

Recovery Specialists

- Small, local teams with LRS and RS
- Support of statewide Core RSVP Team
- Average RS caseload 15 – 20
- Skills and qualifications
- Core training
- Emphasis on Engagement and Recovery

RSVP Evaluation Approach

- Process evaluation to describe and assess the activities and accomplishments of RSVP
- Evaluation of short-term outcomes
- Data sources:
  - Observation of program administration
  - Review of program documents
  - Secondary analysis of aggregate administrative data from participating agencies
  - Analysis of de-identified participant and service utilization data

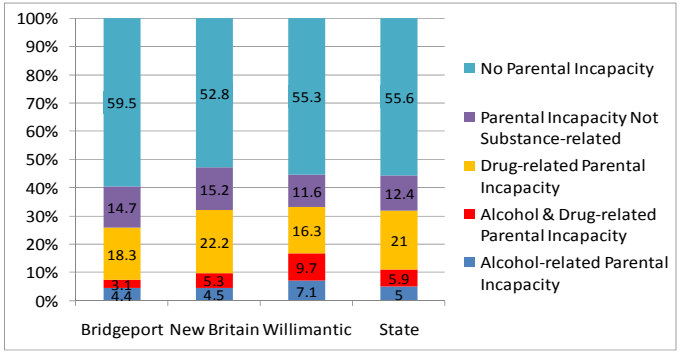
Data for the RSVP Evaluation

- DCF
  - Child-centered
  - Rates, numbers and characteristics of OTC cases statewide
  - Family reunification, child permanency and re-entry to child welfare
  - Family strengths/needs and safety assessments
  - GAIN-Short Screen assessments (substance use, mental health, trauma and criminal justice involvement)
- DMHAS
  - Adult client-centered
  - Number and characteristics of clients receiving substance abuse treatment services (problem substance, level of care, discharge status)

Data for the RSVP Evaluation

- Judicial
  - Child-centered
  - Conditions for re-unification
  - Time to disposition
  - Disposition of cases
- ABH
  - Number and characteristics of clients served by RSVP
  - Timeliness of treatment entry
  - Monthly assessments of level of functioning
  - Program participation/compliance
  - Types of services delivered
  - Discharge status
  - Program satisfaction

Rates of Substance-Related Parental Incapacity in OTC Removal Cases by RSVP Site and Statewide: DCF, 2006-2009 (pre-RSVP)



Other Reasons for Removal for OTC Cases With or Without Parental Incapacity Due to Alcohol/Drug Use: DCF, 2006-2009

Other Removal Reasons as Coded in LINK	Parental Alcohol/Drug Use Identified as a Factor in Removal (pre RSVP)	
	No	Yes
Abandonment-Relinquishment	14%	8%
Child Behavior – Parent Incapacity	14%	6%
Disability	10%	6%
Inadequate Housing	16%	22%
Neglect	68%	73%
Physical Abuse	16%	6%
Sexual Abuse	5%	1%

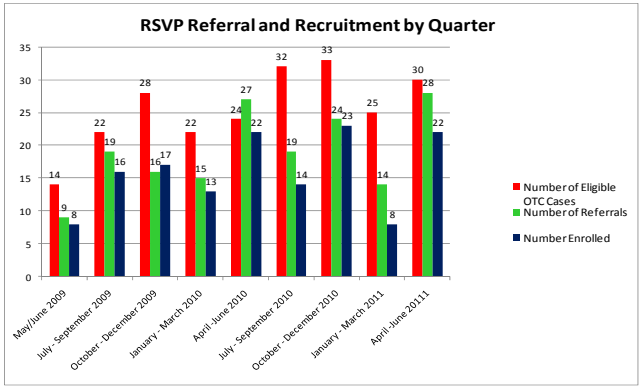
Mean Days in DCF Placement With and Without Parental Alcohol/Drug Use as a Reason for Child Removal: DCF, Connecticut, 2006-2009 (pre-RSVP)

Parental Alcohol/Drug Use Identified as a Reason for Removal	Days in DCF Placement
No	377.16
Yes	424.90
Difference in days	47.74**
**p<.001	

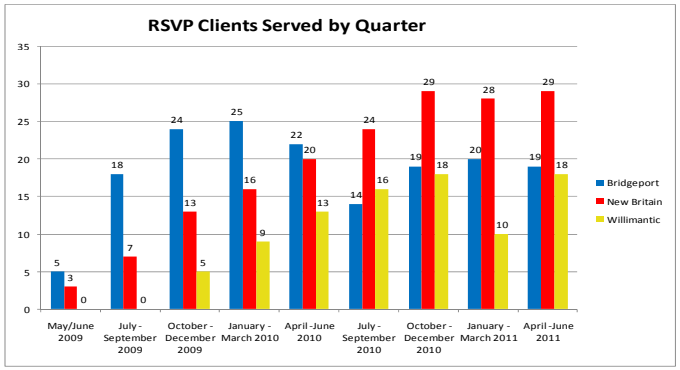
Number of OTC Parents Enrolled in RSVP: May 2009 – May 2011

Pilot Site	Number Enrolled
Bridgeport	53
New Britain	54
Willimantic	35
Total	142

Referrals to and Enrollment in RSVP over Time: May 2009 – June 2011



Number of RSVP Clients Served by Site over Time: May 2009 – June 2011



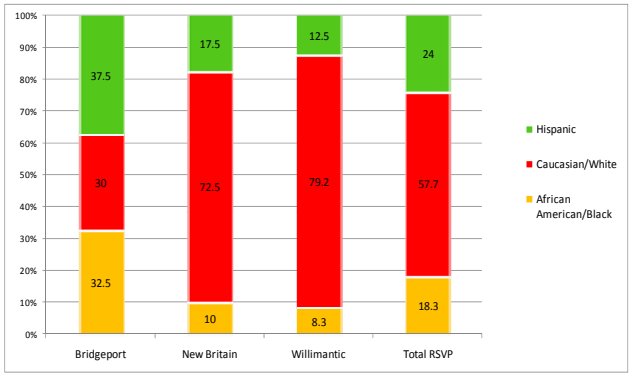
RSVP Client Demographic Profile: May 2009 - May 2011 (n=142)

- Gender
  - Female 82%
- Age
  - 18-29 yrs. 49%
  - 30-39 yrs. 35%
  - 40 or older 16%
- Marital status
  - Married 17%
  - Never married 64%
  - Other 19%
- Income per month
  - None 40%
  - $1-$600 34%
  - $601-1,000 13%
  - More than $1,000 13%

RSVP Clients' Demographic Profile: May 2009 – May 2011 (n=142)

- Housing situation
  - Homeless/shelter/supportive housing 8%
  - Rent 50%
  - Living by self 53%
  - At risk of eviction 19%
- Employed 20%
- Entitlements
  - General assistance/Medicaid 73%
  - None 17%
- Has drivers license 51%
- Has auto available to use 33%

RSVP Clients' Racial/Ethnic Background by Site: May 2009 - May 2011



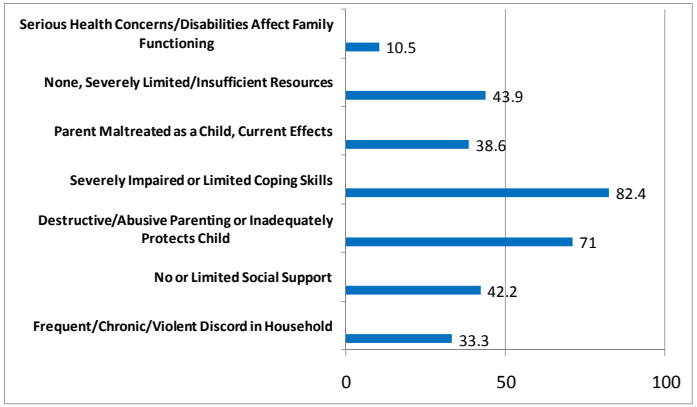
Co-occurring Problems among RSVP Clients: May 2009 – May 2011

- Ever arrested 73%
- Current criminal justice involvement 49%
- History of domestic violence 44%
- History of trauma 25%
- Family history of mental health problems 37%
- Personal history of mental health problems 51%
- Currently receiving MH services 28%

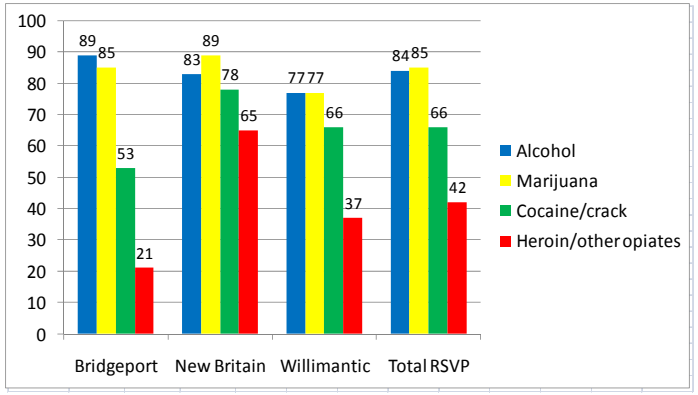
Number and Age of Children of RSVP Clients: May 2009 – May 2011 (n=292)

- Number of children (<18 years)
  - One 41%
  - Two 25%
  - Three or more 34%
- Mean number of children 2.1
- Age of children
  - 0-1 year 30%
  - 2-4 years 24%
  - 5-9 years 23%
  - 10-14 years 18%
  - 15-17 years 6.0%
- Mean age of children 5.4 yrs

Assessment of Family Needs for RSVP Clients: DCF, May 2009 - May 2010 (n=53)



Percent of RSVP Clients Reporting Use of Alcohol and Other Drugs by Site: May 2009 – May 2011



Time to Substance Abuse Treatment: RSVP, FY2011

Number of Days to Treatment	Total RSVP (n=57)
0 – 5 days	46%
6 – 11 days	14%
12 – 16 days	9%
17 – 22 days	9%
23 or more days	23%

Primary Problem Substance for RSVP Clients in Treatment: DMHAS, May 2009 - May 2010

Primary Problem Substance	Total RSVP (n=42)
Alcohol	16.7%
Marijuana	16.7%
Cocaine/crack	28.6%
Heroin/other opiates	28.6%
Other	9.5%

Percent of Staff Time Spent on RSVP Activities: FY2011

Type of Activity	Total RSVP
Client Contact	30.2%
Alcohol/Drug Screening	15.7%
Staff Travel	13.9%
Court Contact	10.4%
Provider Contact	9.4%
DCF Contact	7.5%
Outreach and Engagement	4.4%
Supervision	2.5%
Other (e.g., referrals for services)	5.9%

Change in Level of Functioning at Intake and 90 Days: RSVP Clients, May 2009 – May 2011 (n=70)

Functional Domains	Intake	90 Days
Substance Abuse	2.75	2.21**
Mental Health/Trauma	2.47	2.34
Participation in Treatment	2.43	2.13**
Physical Health	2.01	1.84*
Self Care	1.96	1.76**
Personal Relationships	2.60	2.29**
Legal Status	2.54	2.41
Vocational	2.67	2.43**
Living Environment/Housing	2.51	2.49
Childcare/Parenting	2.60	2.21**

* p<.05 ** p<.01

Discharge Status of RSVP Clients: May 2009 - May 2011

Discharge Reason	Total RSVP (n=90)*
Family reunification	20.0%
Transfer of guardianship	6.7%
Stable in recovery, no further RSVP services needed	5.5%
Moved	13.3%
Incarcerated	7.8%
Deceased	1.1%
Non-compliant for 2 reporting periods	33.3%
Client declined further services	8.9%

*3 clients found not to need treatment

12-Month Exit Outcomes by Site for Children of Clients Enrolled in RSVP between May 2009-May 2010: Judicial

Child Exit Outcomes	Bridgeport (n=47)	New Britain (n=23)	Willimantic (n=12)	Total RSVP (n=82)
Exited Care	45%	26%	50%	40%
Reason:				
Reunification	86%	83%	100.0%	88%
Transfer of guardianship	14%	17%%	0.0%	12%
Mean number of days to exit	143 days	154 days	238 days	162 days

Summary of Findings

- RSVP has been successfully implemented across three sites that offered different challenges in terms of client populations, environmental characteristics, readiness, inter-agency relationships, organizational changes.
- The target population of substance-abusing parents is being appropriately identified and enrolled.
- RSVP clients present with multiple and complex problems that require intensive intervention and coordination across service systems.

Summary of Findings (cont.)

- Participants who remain through Phase 1 show improvements across several key domains, including substance use, treatment engagement, health, self-care, social supports and parenting.
- Participants that are fully compliant with RSVP are more likely to be successfully re-united with their children.
- The program has garnered widespread support to continue the program at the state and local levels.

Lessons Learned

RSVP can help high risk families who have had a child(ren) removed by assisting the parent:

- In engaging and remaining in SA treatment;
- Developing supports for the recovery journey;
- Addressing basic needs,
- Connecting to other needed resources;
- Stabilizing and improving their lives.

For many families, this facilitates a more timely reunification.

Lessons Learned (cont.)

- Importance of collaborative process preparing each site, i.e., engaging client attorneys, DCF workers, etc., and identifying and developing local champions
- Focus on systems and program implementation (e.g., FAQ for different roles/agencies)
- Establish clear expectations that are communicated consistently across agencies
- Provide opportunities for communication between and across local and state level stakeholders to openly discuss, problem solve, and address issues

RSVP Participants' Stories

- RSVP Video

Q & A

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