

## FY15 Program Report Card: Recovery Case Management

**Quality of Life Result:** All Connecticut youth grow up in a stable environment, safe, healthy, and ready to succeed.

**Contribution to the Result:** Recovery Care Management (RCM) is an intensive case management and recovery support program for DCF involved families with substance use problems. RCM facilitates treatment and recovery supports for caregivers and families.

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Estimated SFY 16	\$810,637*	\$307,902		\$1,118,539

\*Budget is combined with RSVP, a similar program for court involved substance using families whose children have been removed.

**Partners:** Caregivers, Family’s Natural Supports, Community Providers, DCF, DMHAS, Judicial Branch

<p><b>How Much Did We Do?</b></p> <div style="text-align: center;"> <p># of Caregivers Admitted to RCM</p> <table border="1" style="margin: 0 auto; border-collapse: collapse;"> <thead> <tr> <th>Fiscal Year</th> <th>Number of Caregivers</th> </tr> </thead> <tbody> <tr> <td>FY 11</td> <td>142</td> </tr> <tr> <td>FY 12</td> <td>235</td> </tr> <tr> <td>FY 13</td> <td>254</td> </tr> <tr> <td>FY 14</td> <td>265</td> </tr> <tr> <td>FY 15</td> <td>275</td> </tr> </tbody> </table> </div> <p><b>Story Behind the Baseline:</b></p> <p>There has been a 94% increase in caregivers receiving RCM between FY11 and FY15. RCM started with 3 sites and has expanded to 8 sites as of FY15. RCM is dependent on how many caregivers are served in RSVP (Recovery Specialists Voluntary Program), a similar program serving substance involved families whose children have been removed, as RSVP caregivers get priority. There is currently a 265 combined capacity.</p> <p><b>Trend: ▲ Yes</b></p>	Fiscal Year	Number of Caregivers	FY 11	142	FY 12	235	FY 13	254	FY 14	265	FY 15	275	<p><b>How Well Did We Do It?</b></p> <div style="text-align: center;"> <p>Number of Days Between Assignment and Attempt to Engage Caregivers</p> <table border="1" style="margin: 0 auto; border-collapse: collapse;"> <thead> <tr> <th>Fiscal Year</th> <th>Number of Days</th> </tr> </thead> <tbody> <tr> <td>FY 11</td> <td>6.13</td> </tr> <tr> <td>FY 12</td> <td>5.21</td> </tr> <tr> <td>FY 13</td> <td>4.42</td> </tr> <tr> <td>FY 14</td> <td>1.33</td> </tr> <tr> <td>FY 15</td> <td>1.68</td> </tr> </tbody> </table> </div> <p><b>Story Behind the Baseline:</b></p> <p>Calculations on the number of days from assignment to attempts to engage caregivers changed in FY 14. Coordination with DCF Social Workers has been streamlined. Current practice involves a joint approach between DCF and the provider to engage the caregiver.</p> <p><b>Trend: ▲ Yes</b></p>	Fiscal Year	Number of Days	FY 11	6.13	FY 12	5.21	FY 13	4.42	FY 14	1.33	FY 15	1.68	<p><b>Is Anyone Better Off?</b></p> <div style="text-align: center;"> <p>% of Caregivers Who Remained in Substance Use and/or Co-Occurring Treatment for 4 Weeks</p> <table border="1" style="margin: 0 auto; border-collapse: collapse;"> <thead> <tr> <th>Fiscal Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>FY 11</td> <td>62.1</td> </tr> <tr> <td>FY 12</td> <td>77.9</td> </tr> <tr> <td>FY 13</td> <td>67.4</td> </tr> <tr> <td>FY 14</td> <td>75.2</td> </tr> <tr> <td>FY 15</td> <td>72.0</td> </tr> </tbody> </table> </div> <p><b>Story Behind the Baseline:</b></p> <p>There has been a 16% increase in the number of caregivers remaining in treatment for 4 weeks between FY11 and FY15 with a peak of 25% increase between FY11 and FY12. All caregivers are discussed in SAMSS (Substance Abuse Managed Service System) meetings regularly. There is close attention to the progress and challenges the caregivers are experiencing. During SAMSS discussions, challenges and obstacles are addressed in collaboration with DCF, DMHAS, Recovery Specialists, and treatment providers.</p> <p><b>Trend: ▲ Yes</b></p>	Fiscal Year	Percentage	FY 11	62.1	FY 12	77.9	FY 13	67.4	FY 14	75.2	FY 15	72.0
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<p><b>Is Anyone Better Off?</b></p> <div style="text-align: center; background-color: #f0f0f0; padding: 5px; margin-bottom: 10px;"> <p><b>% of Caregivers Who Remained in Substance Use and/or Co-Occurring Treatment for 90 Days</b></p> <table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th>Fiscal Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>FY 11</td> <td>57.1</td> </tr> <tr> <td>FY 12</td> <td>63.4</td> </tr> <tr> <td>FY 13</td> <td>53.8</td> </tr> <tr> <td>FY 14</td> <td>54.5</td> </tr> <tr> <td>FY 15</td> <td>58.3</td> </tr> </tbody> </table> </div> <p><b>Story Behind the Baseline:</b></p> <p>The percentage of caregivers remaining in treatment for 90 days has fluctuated slightly. Depending on the substance use or co-occurring disorder, caregivers experience different levels of engagement and success in treatment. Additional areas that may contribute to attrition include: the caregiver's readiness and motivation to engage in treatment, transportation resources, child care needs, access to drugs, locations of the treatment providers, treatment provider staff turnover, and available community resources.</p> <p>Caregiver progress and challenges are discussed in the SAMSS discussions and addressed collaboratively. National estimates show that half of child welfare-involved parents referred to treatment entered treatment programs and only 13% completed treatment (Oliveros and Kaufman, 2011).</p> <p><b>Trend:</b> ◀▶ Flat/ No Trend</p>	Fiscal Year	Percentage	FY 11	57.1	FY 12	63.4	FY 13	53.8	FY 14	54.5	FY 15	58.3	<p><b>Proposed Actions To Turn the Curve:</b></p> <ul style="list-style-type: none"> <li>Monthly meetings will be held with the provider, DCF regional representation, and other agency partners to address utilization, model development and fidelity, and outcomes.</li> <li>The SAFERS federal grant is funding an evaluation to be completed by the University of CT Health Center, who will collect and analyze additional data and measures including repeat maltreatment.</li> <li>The University of CT Health Center's evaluation will also look at the use of screening tools (health, protective factors, parenting stress, and child trauma) to improve identification of strengths and needs that will used in decrease use and improve parenting and child well-being.</li> <li>The writing of the RMC manual was started to solidify the RCM model in CT and is on schedule to be completed.</li> <li>A practice guide will be developed to streamline CT practice.</li> <li>DCF will explore additional funding options to develop and achieve a sustainability plan.</li> </ul>	<p><b>Data Development Agenda:</b></p> <ul style="list-style-type: none"> <li>Data elements included in the provider data system will be added/modified.</li> <li>Definitions of data elements will be refined and documented.</li> <li>Performance measures will be refined and analyzed.</li> <li>The Data Workgroup will analyze different areas of the model for recommendations in service planning, program monitoring, and system level planning.</li> <li>Data will be obtained and analyzed by race/ethnicity.</li> </ul>
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