

FY16 Program Report Card: Case Management and Recovery Support Programs

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

Contribution to the Result: Case Management and Recovery Support Programs are used to engage and maintain parents/caregivers in appropriate substance use treatment services and support them in developing or increasing recovery supports. Parents/caregivers whose children remain at home access Recovery Case Management (RCM). Parents who have had a child removed through an Order of Temporary Custody (OTC) access Recovery Specialist Voluntary Program (RSVP).

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Estimated SFY 16	\$1,436,859*	\$307,902		\$1,744,761

*\$626,222 of the state funding is provided by DMHAS

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

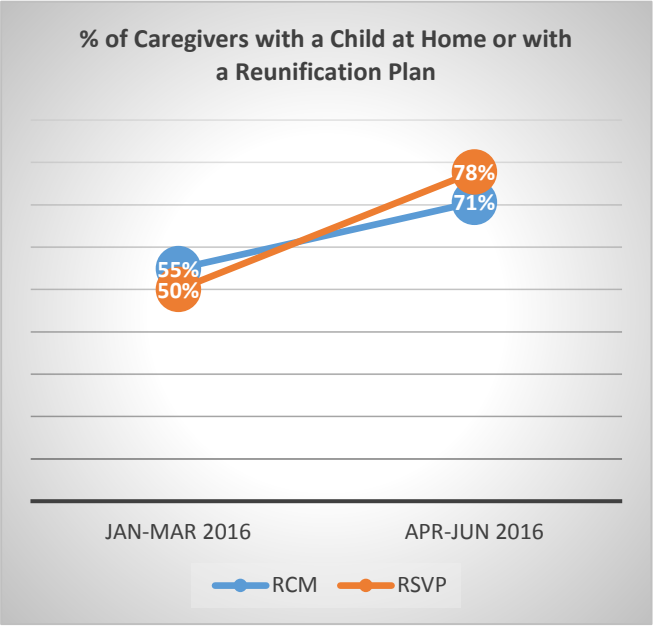
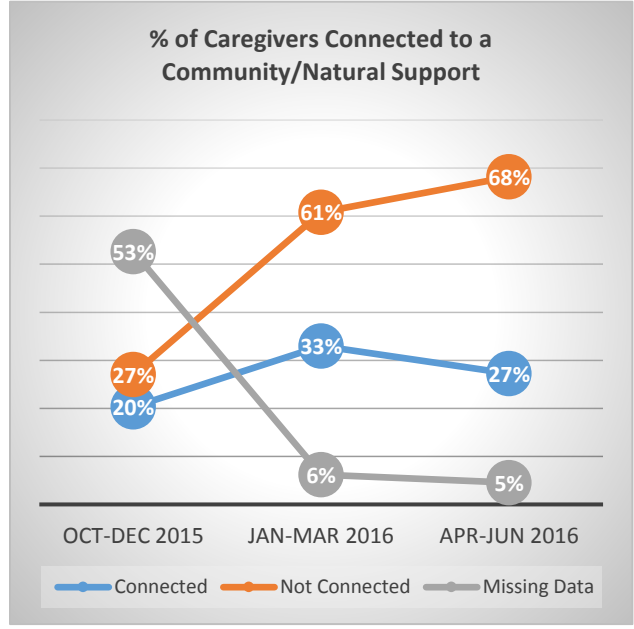
How Much Did We Do?	How Much Did We Do?	How Well Did We Do It?																																																		
<p># of Admissions</p> <table border="1"> <caption># of Admissions</caption> <thead> <tr> <th>Fiscal Year</th> <th>RCM</th> <th>RSVP</th> </tr> </thead> <tbody> <tr> <td>FY 2013</td> <td>153</td> <td>125</td> </tr> <tr> <td>FY 2014</td> <td>194</td> <td>177</td> </tr> <tr> <td>FY 2015</td> <td>183</td> <td>184</td> </tr> <tr> <td>FY 2016</td> <td>204</td> <td>251</td> </tr> </tbody> </table>	Fiscal Year	RCM	RSVP	FY 2013	153	125	FY 2014	194	177	FY 2015	183	184	FY 2016	204	251	<p>% of Admissions By Race/Ethnicity</p> <table border="1"> <caption>% of Admissions by Race/Ethnicity</caption> <thead> <tr> <th>Fiscal Year</th> <th>Caucasian</th> <th>Black/African American</th> <th>Hispanic</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>FY 2013</td> <td>58%</td> <td>18%</td> <td>22%</td> <td>2%</td> </tr> <tr> <td>FY 2014</td> <td>61%</td> <td>16%</td> <td>19%</td> <td>4%</td> </tr> <tr> <td>FY 2015</td> <td>62%</td> <td>18%</td> <td>18%</td> <td>2%</td> </tr> <tr> <td>FY 2016</td> <td>62%</td> <td>13%</td> <td>20%</td> <td>4%</td> </tr> </tbody> </table>	Fiscal Year	Caucasian	Black/African American	Hispanic	Other	FY 2013	58%	18%	22%	2%	FY 2014	61%	16%	19%	4%	FY 2015	62%	18%	18%	2%	FY 2016	62%	13%	20%	4%	<p>% of Caregivers who Received 6-9 Months of Service</p> <table border="1"> <caption>% of Caregivers who Received 6-9 Months of Service</caption> <thead> <tr> <th>Fiscal Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>FY 2013</td> <td>17%</td> </tr> <tr> <td>FY 2014</td> <td>18%</td> </tr> <tr> <td>FY 2015</td> <td>21%</td> </tr> <tr> <td>FY 2016</td> <td>16%</td> </tr> </tbody> </table>	Fiscal Year	Percentage	FY 2013	17%	FY 2014	18%	FY 2015	21%	FY 2016	16%
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<p>Story Behind the Baseline: The number of caregivers admitted into the program has increased 64% between FY 2013 and FY 2016. (33% increase in RCM and 100% increase in RSVP cases). The program has expanded to additional sites due to federal funding received. On June 30, 2016, the program was at 84% utilization. Reasons for fluctuation in capacity include:</p> <ul style="list-style-type: none"> • Staff vacancies • Number of referrals (RCM) and Orders of Temporary Custody (RSVP cases) <p>Trend: ▲ Yes</p>	<p>Story Behind the Baseline: About two thirds of caregivers admitted to the programs were Caucasian across fiscal years. There was a 7% increase in admissions for Caucasian caregivers, a 9% decrease in Hispanic caregivers, and a 28% decrease in African American caregivers admitted between FY 2013 and FY 2016. DCF Region 3 has the most capacity, and their racial/ethnic composition is different than the other regions. Caregivers without race/ethnicity identified are not included. Trend: ▼ No</p>	<p>Story Behind the Baseline: Case Management and Recovery Support Programs averages 180-270 days (6 to 9 months) of service. Discharge reasons have been established and will be collected and analyzed beginning with discharges in FY 2017. Currently all discharges, regardless of reason, cannot be separated and are included in the analysis. Length of Service will be re-assessed after further data analysis and model discussions. Trend: ◀▶ Flat/ No Trend</p>																																																		

Trend Going in Right Direction? ▲ Yes; ▼ No; ◀▶ Flat/ No Trend

Completed: 8/2/16

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How Well Did We Do It? % of Caregivers with a Child at Home or with a Reunification Plan	Is Anyone Better Off? % of Caregivers Connected to a Community/Natural Support	Proposed Actions To Turn the Curve: To increase referrals:																									
 <table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Data for How Well Did We Do It?</caption> <thead> <tr> <th>Period</th> <th>RCM (%)</th> <th>RSVP (%)</th> </tr> </thead> <tbody> <tr> <td>JAN-MAR 2016</td> <td>55%</td> <td>50%</td> </tr> <tr> <td>APR-JUN 2016</td> <td>71%</td> <td>78%</td> </tr> </tbody> </table>	Period	RCM (%)	RSVP (%)	JAN-MAR 2016	55%	50%	APR-JUN 2016	71%	78%	 <table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Data for Is Anyone Better Off?</caption> <thead> <tr> <th>Period</th> <th>Connected (%)</th> <th>Not Connected (%)</th> <th>Missing Data (%)</th> </tr> </thead> <tbody> <tr> <td>OCT-DEC 2015</td> <td>20%</td> <td>27%</td> <td>53%</td> </tr> <tr> <td>JAN-MAR 2016</td> <td>33%</td> <td>61%</td> <td>6%</td> </tr> <tr> <td>APR-JUN 2016</td> <td>27%</td> <td>68%</td> <td>5%</td> </tr> </tbody> </table>	Period	Connected (%)	Not Connected (%)	Missing Data (%)	OCT-DEC 2015	20%	27%	53%	JAN-MAR 2016	33%	61%	6%	APR-JUN 2016	27%	68%	5%	To increase engagement and retention: <ul style="list-style-type: none"> The provider will continue to work closely with the caregiver's identified formal and informal supports. DCF, the provider, and the substance abuse treatment provider will identify and present cases at the local Substance Abuse Management Service System (SAMSS) to resolve barriers. 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 caregivers' strengths and needs in order to decrease use and improve parenting and child well-being.
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<p>Story Behind the Baseline: Caregivers with at least one child at home or who have a Reunification Plan in Juvenile Court is a new data element that began to be collected with cases that discharged in January 2016. One of the goals of the Case Management and Recovery Support Programs is for children to remain home while receiving RCM and for children to have permanency, preferably reunification, when receiving RSVP.</p> <p>In cases where a child is removed while the caregiver is involved in RCM, the caregiver may be referred to RSVP.</p>	<p>Story Behind the Baseline: Connection to a community or natural support is a new data element that began to be collected starting in October 2015. A connection to a long-lasting, stable natural or community support is one of the areas the Case Management and Recovery Support Programs focus on in order to help the caregiver sustain recovery.</p> <p>At this time, all discharges, regardless of reason, cannot be separated and are included in the analysis. Therefore, caregivers that did not receive the service are captured in this data.</p>	<p>Data Development Agenda:</p> <ul style="list-style-type: none"> Data elements included in the provider data system are being modified. These changes will be necessary as new performance measures are established. 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. 																									
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