

## Program Overview

✓ Collaborative partnership between:

- ✓ DDHS
- ✓ ARTS
- ✓ Arapahoe House
- ✓ TASC
- ✓ CSRA
- ✓ IDEA



## Program Philosophy

- ✓ Cross-system collaboration
- ✓ Family as client
- ✓ Family Therapist as clinical hub
- ✓ Transparency
- ✓ Inclusiveness
- ✓ Non-hierarchical



## Goals of Denver EFFECT





## Program Goal #1

- ✓ Provide comprehensive family-centered services that recognize individual needs and build on family strengths and protective factors to achieve safety, permanency, and well-being for children and their families.



## Program Goal #2

- ✓ Integrate the child welfare, substance abuse treatment, and court systems into a cohesive infrastructure to provide family-centered services for families in which children are at risk of out-of-family placement as a result of substance abuse.



## The Families We Serve



- ✓ One or more parent/caregiver with a substance abuse problem
- ✓ Children placed with family
- ✓ Complexity of co-occurring issues
- ✓ Family volunteers to participate
- ✓ Program capacity- 40 families



## How We Used To Do Things “Treatment As Usual” (TU)

- ✓ Individual identified with substance abuse problem evaluated and referred out for substance abuse treatment
- ✓ Monthly reports sent from substance abuse provider to DDHS



## What Sets Denver EFFECT Apart from TU



- ✓ Family focus and engagement
- ✓ Multi-family Groups
- ✓ Family Therapy
- ✓ Comprehensive Family Assessment (CFA)
- ✓ Family Group Conferences (FGC)
- ✓ Child Care
- ✓ Legal Liaison Services
- ✓ Parenting Classes
- ✓ Clinical Case Management
- ✓ Cross-System partnership and collaboration

## Collaborative Challenges



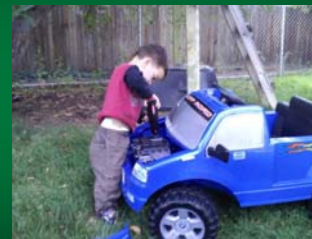
- ✓ Communication
- ✓ Paperwork required
- ✓ CFA confusion
- ✓ Agency cultures
- ✓ Metacommunication
- ✓ Meeting staffing
- ✓ Caseworker (CW) resistance

## Resolution of Collaborative Challenges

- ✓ Transparency
- ✓ Inclusiveness
- ✓ Consensus building
- ✓ Minimal hierarchy
- ✓ Strength-based
- ✓ Cross training
- ✓ Buy-in/Ownership



## Service Provision Challenges



- ✓ Family recruitment
- ✓ PR at DDHS
- ✓ Family engagement
- ✓ Old billing structures
- ✓ Inconsistent reports
- ✓ Discharge conflict
- ✓ Communication glitch
- ✓ Service gaps



## Resolution of Service Provision Challenges



- ✓ Presence at TDMs
- ✓ Dedicated Caseworker Unit
- ✓ Word of Mouth
- ✓ Successful Outcomes
- ✓ Invite CW to meetings
- ✓ Choice empowers families
- ✓ Staff every discharge
- ✓ Billability of services
- ✓ Bilingual partner contract



## Complexity of Issues

- ✓ Most common substances used in past 30 days:
  - Alcohol – 56%
  - Cocaine – 30%
  - Marijuana – 23%
  - Other opiates – 10%
  - Methamphetamine – 9%
- 69% report prior treatment, including detox



## Complexity of Issues

- ✓ 17% on parole or probation; 24% awaiting charges, trial, or sentencing
- ✓ 49% at least moderately troubled by family problems in past 30 days
- ✓ 51% at least moderately troubled by psychological or emotional problems in past 30 days
- ✓ 20% prior inpatient psych treatment; 33% prior outpatient treatment
- ✓ 60% report physical abuse in lifetime; 9% past 30 days
- ✓ 34% report sexual abuse in lifetime



## Outcomes Data (as of 3/31/10)

- ✓ 56 families discharged
  - 30 (54%) completed successfully
  - 2 (4%) withdrew from program successfully
  - 5 (9%) withdrew due to transfer of services
  - 19 (34%) discharged unsuccessfully
    - Some cases go on to successful closure in child welfare
    - Some have positive outcomes for kids in the form of a kinship placement or adoption

Continue to work with family members if interested, resulting in successful kinship placements



## Outcomes Data (as of 3/31/10)

Follow-up ASI conducted with clients at discharge and 3-months post-discharge show significant positive outcomes, including:

- ✓ Decreased % clients report use of alcohol, marijuana, cocaine, or meth in past 30 days
- ✓ Decreased % report being troubled or bothered by substance abuse problems
- ✓ Decrease in perceived need for treatment for substance abuse problems



## Outcomes Data (as of 3/31/10)

Follow-up ASI conducted with clients at discharge and 3-months post-discharge show significant positive outcomes, including:

- ✓ Decrease % report trouble due to family, psychological or emotional problems
- ✓ Reduced number of days clients report experiencing anxiety or depression
- ✓ Decrease in perceived need for treatment for these problems

3-month interviews show these positive outcomes are sustained between discharge and 3-months



## EEFFECT Staff Perspective

- ✓ “It’s just exciting to be a part of it because this is the way treatment should really be. The case load of clients to clinicians is manageable, the cooperation of the different agencies make it more effective and then basically it comes down to the clients getting what they need and it’s not like that in the field and when you really compare this to an outpatient clinic, there is no comparison.”



## Caseworker Perspective

- ✓ “Denver EFFECT seems like a well oiled machine – well identified. Clients get services that they need, and again I like working with Denver EFFECT because I have closed more successful cases with Denver EFFECT than others, and I think this is the key. To tell you the truth, the cases that stay in the program seem to be successful. People have completely turned around. The caseworker has a big part – every component plays a big part.”





## EFFECT Client Perspectives

- ✓ “I like how Denver EFFECT approached you with respect. [My family therapist] was not critical or judgmental. This program is more personalized than other ‘rehab’ programs. The most important thing was to believe I was going to end my battle and this helped me get to that point.”



## Success!

- ✓ Mother entered the program with cocaine-exposed newborn and teen daughter who was on the run, using drugs and warrant for criminal charges. Mom dropped out of treatment early on. Because of this cutting edge family work, we were able to reach far beyond traditional services and extend support to the family through the process of adopting the baby. Direct services were provided to the youth. When the case closed, the youth completed treatment, cleared her criminal record and got a job. Sadly, the mother committed suicide and Denver EFFECT was there to offer support to the adoptive relatives and entire family, from the birth to adoption, from crisis through mourning.



## More Success!



- ✓ A family successfully completed the program and the case was closed. When the mother lapsed with her drug use, the family acted as caseworker and intervened, getting the children to a safe place and re-engaging the mom in her treatment. If they had not been involved in Denver EFFECT's psycho-educational family work, they would not have had the tools to prevent the family's re-entry into the child welfare system.



## Status of Partnership

- ✓ All partners intact
- ✓ Addition of IDEA
- ✓ Capacity increased
- ✓ Spanish-speaking staff
- ✓ Clinical staffing ends
- ✓ Conferences as needed
- ✓ Monthly Procedurals
- ✓ Cross trainings critical
- ✓ FGCs even more essential
- ✓ Family services integrated
- ✓ Cooperative vs. Competitive





## Lessons Learned



- ✓ Collaboration works
- ✓ Transparency
- ✓ Inclusiveness
- ✓ Avoid hierarchies
- ✓ Staff ownership
- ✓ CW Liaison role key
- ✓ Family-as-client
- ✓ Incentivize with dollars
- ✓ Let success speak for itself
- ✓ Expand this model



## Keys to Sustainability

- ✓ Identify Influential Stakeholders
  - Inside and outside systems involved in the program



## Keys to Sustainability

- ✓ Work for Buy-in from Stakeholders
  - If possible, get stakeholders actively involved in the program.



## Keys to Sustainability

- ✓ Work for Buy-in from Stakeholders
  - Must be “digestible” to the system or systems involved
    - Related to mission statement/core values
    - Cannot put too big of a strain on existing administrative protocol or agency culture





## Keys to Sustainability

### ✓ Work for Buy-in from Stakeholders

- Constantly market the program
- As the grant is winding down add complementary duties to program positions that you need to retain



## Keys to Sustainability

### ✓ Create “Room” in the Budget

- If this program is valuable enough to sustain then cost savings in other areas and expected revenue increases must be procured
- This stresses the need to have someone with budgetary authority actively involved in the program, or at least, who is aware of the program and has bought into its value and worth



## Keys to Sustainability

### ✓ Identify and Mitigate System Barriers

- E.g., billing, confidentiality, reporting requirements, etc
- Organizational inertia



## Savio Direct Link

A Joint Service Management Project  
of:

Denver Department of Human  
Services  
And  
Savio





## Treatment Model

- ✓ Intensive, Home-Based Wrap Around Services
- ✓ Strength Based, Cognitive Behavioral Approach
- ✓ Close Collaboration with Substance Abuse Treatment Providers
- ✓ Family Empowerment in Decision Making
- ✓ Risk and Safety Assessment and Management
- ✓ Use of Kinship Networks to Support Parents in Recovery
- ✓ Use of Signs of Safety Model



## Intake Process

- ✓ Initial Assessment by DDHS Supervisor
- ✓ In-Home Assessment by Savio Supervisor within 24 hours of referral
- ✓ Assignment of Savio Counselor and DDHS Social Caseworker
- ✓ Substance Abuse Monitoring Begins Immediately
- ✓ Risk and Safety Assessment Completed at Intake
- ✓ Collaborative Safety Planning



## ✓ Savio Family Counselor

- Close collaboration and teamwork with Treatment Team
- Provide intensive in-home services 6.5 hours per week
- Assist Caseworker with Maintaining documentation mandates
- Key witness in court
- Transition plan for discharge

## ✓ DDHS Social Caseworker

- Close collaboration and teamwork with Treatment Team
- Attend Treatment Support Meetings and Home Visits
- Link to internal Department Resources
- Bridge to City Attorney's Office



## Concurrent Planning

- ✓ Engaging Extended Family from the Beginning
- ✓ Families are the Experts on Themselves
- ✓ Family Group Conferences
- ✓ Empower Families in Decision Making and Problem Solving
- ✓ Up-front Discussion of Time Frames and Concurrent Plan
- ✓ Involvement of Foster Care Providers in Support of Treatment Goals



## Treatment Support Meetings

- ✓ Increases Engagement
- ✓ Highlight Strengths
- ✓ Address any Areas of Concern Immediately
- ✓ Families Treated as Colleagues
- ✓ Treatment Modifications are Considered and Implemented
- ✓ Frequency - 30 Days After Entry and Minimum of Every 30 days thereafter



## Parenting Skills Development

- ✓ Created Specialized Curriculum
- ✓ Created Social Skills Development Group for Children that Mirrors Parent's Group
- ✓ Involve all Adults Wanting to Participate in a Parenting Role
- ✓ Provide Transportation, Child Care and Dinner
- ✓ Specialized Parenting Manual for Each Parent
- ✓ In-Home Instruction to Address Specialized Needs



## First Shared Case: Denver EFFECT/Direct Link

- ✓ Mother with methamphetamine addiction, trauma history, father on parole, domestic violence dynamics
- ✓ Denver EFFECT put into place
- ✓ Home-based service needs identified
- ✓ 2 program staffings merged into one
- ✓ Ongoing communication/collaboration
- ✓ Services split- No duplication



## Case Progress DE/DL

- |                                        |                                                               |
|----------------------------------------|---------------------------------------------------------------|
| ✓ Parenting work coordinated           | ✓ Mom 100% treatment compliant                                |
| ✓ Home-based services added by DL      | ✓ Parents making strides with communication, parenting skills |
| ✓ Family therapy collaboration         | ✓ Mom continuing her education                                |
| ✓ Both agencies coordinate with parole | ✓ Children's behavior vastly improved                         |