Parental substance abuse presents complex challenges for the child welfare system and courts. This article describes the state of Connecticut’s experience with implementing the Recovery Specialist Voluntary Program (RSVP), a recovery support program designed to confront the problem of parental substance abuse within the child welfare system without a family drug court. The state-level collaboration efforts, system changes, factors affecting development and implementation of the RSVP, program participants, and preliminary outcomes are described.

Coordinated, effective family interventions are hampered as parents are served in one system while their children are served through another, and insufficient mechanisms exist to ensure communication, collaboration, and compliance across the systems (McMahon & Luthar, 1998). Common challenges to collaboration between systems include: insufficient knowledge and understanding of addiction; the complexity of the service needs of parents who abuse substances; lack of a coordinated response to address the parents’ needs; different agency missions and cultures; inadequate understanding of the different agency perspectives and practices; limited access to appropriate treatment options; legal barriers to sharing information; different timeframes and criteria for achieving outcomes; lengthy court proceedings; and children at risk of delayed permanency decision-making and future maltreatment (Marsh & Smith, 2012). The key stakeholders within each system, including agency administrators, social workers, treatment providers, and attorneys, have historically made few efforts at collaboration, and often perceive each other as adversaries.

The Recovery Specialist Voluntary Program (RSVP) is a joint initiative of the Connecticut Department of Children and Families (DCF), the Judicial Branch, the Department of Mental Health and Addiction Services (DMHAS), and Advanced Behavioral Health (ABH), a non-profit behavioral health administrative services organization. The article describes how a strong leadership and an inter-operability model has effectuated changes in policy and practice based on a common commitment to children and families, shared data, and evidence-based practice to deliver an outcome-oriented program for parents whose children have been removed by the court.

In a research article by Ungemack, et al. (2013) where they found that 32 percent of removals of children from their parents between 2006 and 2009 in Connecticut showed that parental substance abuse was a factor for the removal.

For a three-year pilot study, 208 participants enrolled between May 2009 and May 2012. Ninety-six percent (N = 200) of RSVP enrollees identified by DCF caseworkers as alcohol- or drug-abusing or -dependent were confirmed as needing substance abuse treatment when evaluated. Eighty-seven percent of those referred to RSVP enrolled in the program, and two-thirds were in treatment within 30 days of RSVP enrollment, most within 14 days. Six in ten had a history of prior substance abuse treatment. At intake into RSVP, 74 percent of clients reported alcohol use, 76 percent marijuana use, 60 percent used cocaine, and 42 percent were heroin users. The primary problem substances for which RSVP clients received treatment were heroin (29%), alcohol (24%), cocaine/crack (15%), marijuana (15%), other opiates (8%), and PCPs (5%).

Seventy-five percent of RSVP clients successfully completed their initial treatment episode, staying an average of 88 days in treatment. This completion rate exceeded the 43 percent rate among clients statewide admitted to treatment during the same time period, and it was comparable to rates reported for Family Treatment Drug Courts (Oliveros & Kaufman, 2011). Treatment completion by parents with substance use disorders is significantly associated with the increased likelihood of reunification with their children, and 90 days is optimal for both individual recovery and child welfare outcomes (Smith, 2003; Grella, Needell, Shi, & Hser, 2009).
During the pilot study conducted May 2009 to May 2012, 167 clients were discharged from the RSVP, with 54 percent successfully discharged; 28 percent discharged due to noncompliance; and 18 percent discontinued due to incarceration, death, or moving. Only participant age and gender predicted program completion. Adults aged 18 to 29 and men were less likely than older adults and women to successfully complete the RSVP. The longer parents participated and complied with program requirements, the more likely they were to reunite with their children. The reunification rate rose from 27 percent for clients who did not fully comply with the RSVP to 76 percent for those compliant for at least 180 days. Judicial data comparing RSVP cases with all Orders of Temporary Custody (OTC) occurring within the same time period showed that 74 percent of children whose parents enrolled in RSVP had a permanent placement within 12 months versus 49 percent of OTC cases statewide.

These findings, based only on participant data and without a comparison group, only suggest the potential benefits of the RSVP. In the pilot study, only RSVP intake and service data were available for individual-level analysis. Department of Children and Families, Department of Mental Health and Addiction Services, and judicial analyses relied on aggregate data. With a data-sharing agreement in place, current analyses are focused on individually-linked data to determine outcomes across systems with a comparison group of OTC cases that did not participate in the RSVP, as well as a cost analysis.

The RSVP has become an exemplary model of a recovery-oriented system of care for parents whose substance abuse problems have resulted in an out-of-home placement for their child. The RSVP initiative demonstrates how inter-operability, collaboration, information-sharing between systems, and use of data to inform program development and performance monitoring is possible outside of a dependency drug court. Through their efforts, the partners representing child welfare, substance abuse treatment, and the judicial branch have tackled system change and implemented a program that serves some of the most challenging families in the child welfare system. The positive processes and outcomes of the RSVP have helped support a paradigm shift in the state’s child welfare system’s view of substance abuse as a risk factor in child neglect cases. This recovery-oriented framework has pushed the protective service agency and courts to focus on child impact rather than adult behaviors. Key stakeholders within all three systems have become advocates for the program, and the RSVP is being disseminated statewide. The next steps will be to refine the RSVP further to incorporate family-centered and trauma-informed services into the program, to finalize an implementation manual, and to conduct a cost analysis of the program.


