



# The Regional Partnership Program Presents: Six-Month District Data Review

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The Regional Partnership program in FY 15 expanded services across the state and the program completed the hiring of RPP screener staff in four new AHS districts as of May 2015. The additional AHS districts that joined Burlington and St. Albans, included Barre, Hartford, Rutland and Springfield. The program expansion to a total of six districts also resulted in a new supervisor being added to the program. The Regional Partnership Program Coordinator was hired in February of 2015.

The Coordinator made it a priority to meet with all preferred providers and DCF directors to collaborate and ensure smooth expansion of the program. Furthermore, the Coordinator met with HUBS in various areas, reached out to residential programs, and Reach Up Substance Abuse Case Managers to educate about the program, familiarize herself with the practice in various areas and programs and to discuss ways to collaborate. The Coordinator was also available for substance use disorder consultations for the various DCF district offices, prior to the screener's being in place. Consultations included continued education and communication around the program and the benefits for caregivers and providers and, ultimately, the children.

During this reporting period all six districts were fully staffed with RPP Screeners with the exception of St. Albans DCF as the Screener was promoted, therefore the position was open for 7 weeks. The new Screener started in October 2015.

Screening staff, in addition to screening and short term case management with assigned clients, provided support and consultation to the continuum of care in the designated county.

Additionally, each screener attended weekly team and unit meetings, along with monthly and weekly supervision with the RPP Coordinator. The screeners have taken part in collaborative community meetings, trainings, and conferences.

## **The RPP Screeners provide the following services:**

1. Screening for substance use/abuse using the UNCOPE; make referrals to assessment as indicated.
2. The screener addresses barriers to treatment engagement and/or services for each caregiver.
3. Make necessary referrals and support linkage to treatment and other services to foster successful treatment engagement. Work in collaboration with the DCF investigator to establish, determine and communicate treatment recommendations.

4. Provide consultation and information necessary to DCF in assessing child safety as it relates to parental substance use, and provide general consultation and education as appropriate to social workers regarding addiction and treatment.
5. Collaborate and assist child safety intervention staff involved in investigations and assessments. Document services provided to families and track timeliness of treatment for eligible families.

These RPP Screeners support participants to engage in treatment services that they may not have been able to successfully access independently for a variety of reasons. A day in the life of the RPP screener varies from each participant and case. They are in regular contact with clients via phone and/or in person. Screeners primarily meet clients in their homes along with the front end Social Worker upon commencement of a case. They conduct screening and make arrangements for assessments and/or treatment referrals upon initial contact. This allows for the client to take advantage of the screeners' ability to help engage and support them in the moment, which in turn, increases the likelihood that clients will attend and follow through with assessments and treatment recommendations. There is a benefit for the screener being a non- DCF staff member which causes more willingness to accept support although they are made aware of how information is shared openly in this collaboration. Additionally, screeners often provide the concrete and emotional support to get client's what they need to be successful.

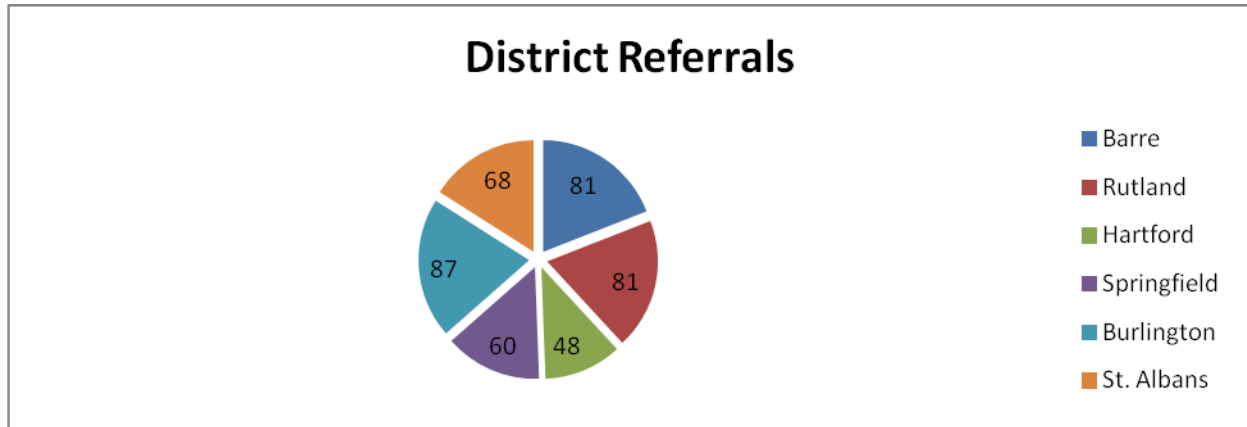
### **Overall Six-Month Six -District Data:**

For this 6 month reporting period, May 1<sup>st</sup> 2015 to October 30<sup>th</sup> 2015, a total of **425** clients were referred to the RPP Screeners located in Burlington, Barre, Hartford, Rutland, Springfield and St. Albans DCF district offices.

### **A Data Breakdown of Each District**

As mentioned above, a total of 425 client referrals were made to the Regional Partnership Program over the span of 6 months between May 1<sup>st</sup> and October 30<sup>th</sup>. Of these referrals, Barre received a total of 71, Burlington, 87, Rutland 81, Hartford 48, Springfield 61 and St. Albans 68 (**Chart 1**).

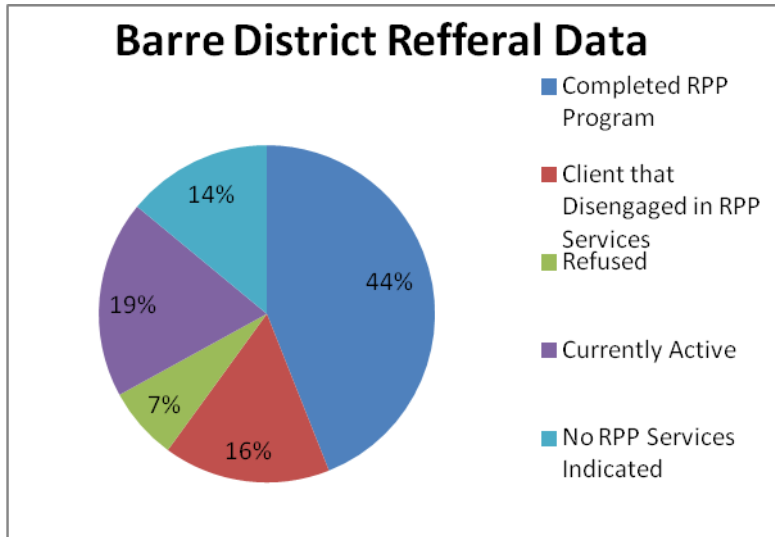
**Chart 1**



**Barre District Data:**

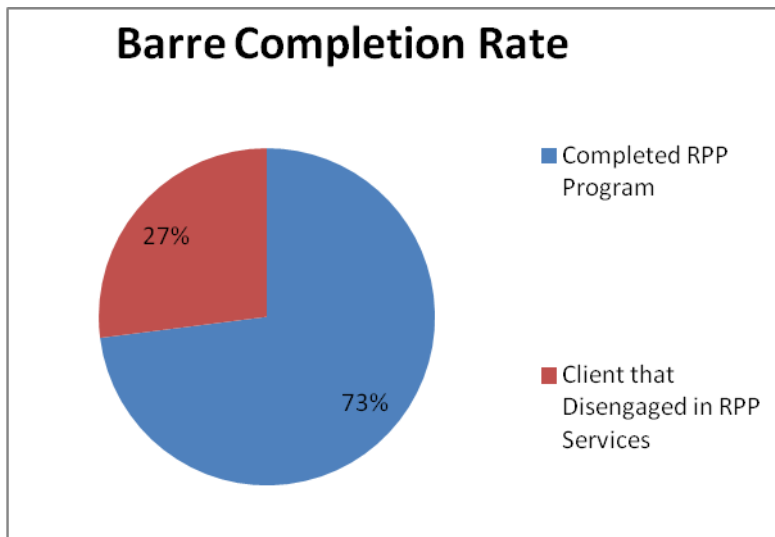
The RPP Screener for Barre, Georgia Hadley started the beginning of May 2015. From May 1<sup>st</sup>, 2015 to October 30<sup>th</sup>, 2015 a total number of 81 participants were assigned to the Screener. Out of 81, 6 participants refused case management services after being screened to be appropriate for services and 11 participants were screened and did not have any indication of substance use therefore did not need case management services. Out of the total participants, 13 participants disengaged with RPP services and did not complete treatment recommendations as indicated by substance abuse providers. Additionally 36 did complete the RPP Program by meeting the treatment recommendations as indicated by substance use disorder treatment providers. Also 15 participants were still active and open, meaning they were still engaged in accessing assessment and treatment with the screener (**Chart 2**).

**Chart 2**



Furthermore, by deducting the participants that refused services, those that did not indicate a need for services, and those that were still currently active with the Screener, it equated to an 73 % completion rate indicating a high success for follow through for those who participated in this service (**Chart 3**).

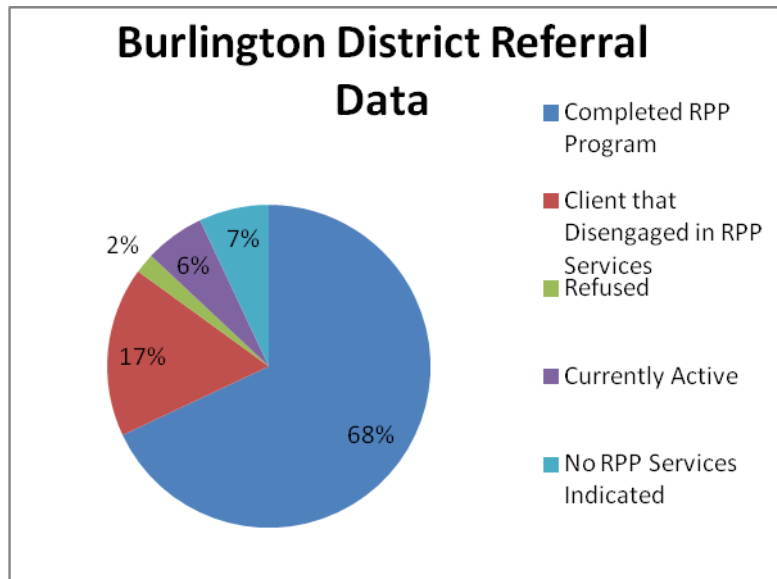
**Chart 3**



**Burlington District Data:**

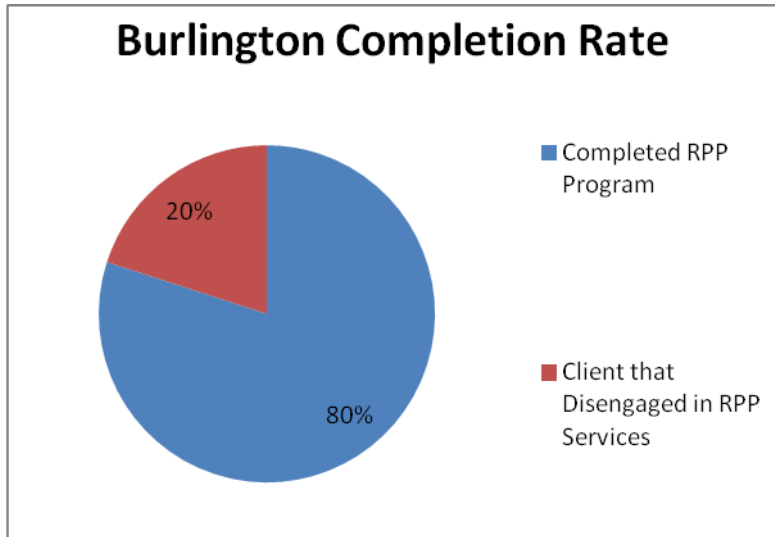
The Burlington screener, Amie Baker, has been in this position since 2008. Amie has been a pioneer within the RPP program. During the reporting period of May 1<sup>st</sup> to October 30<sup>th</sup> a total of 87 participants were assigned out of this total number 2 participants refused RPP services after being screened to be appropriate for services and 7 participants were screened and did not have any indication of substance use therefore did not need case management services. Out of the total participants, 15 participants disengaged with RPP services and did not complete treatment recommendations as indicated by substance abuse providers. Additionally 59 did complete the RPP Program by meeting the treatment recommendations as indicated by substance use disorder treatment providers. Also 4 participants were still active and open, meaning they were still engaged in accessing assessment and treatment with the screener (**Chart 4**).

**Chart 4**



Furthermore, by deducting the participants that refused services, those that did not indicate a need for services, and those that were still currently active with the Screener, it equated to an 80% completion rate indicating a high success for follow through for those who participated in this service (**Chart 5**).

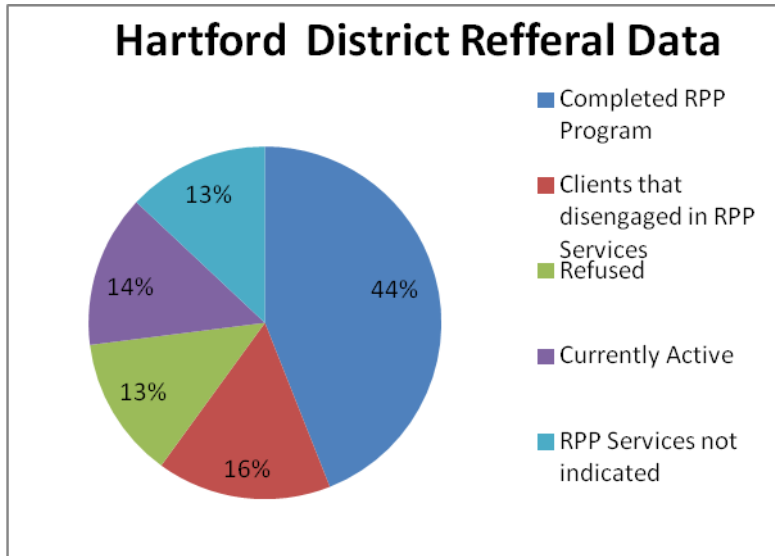
**Chart 5**



**Hartford District Data:**

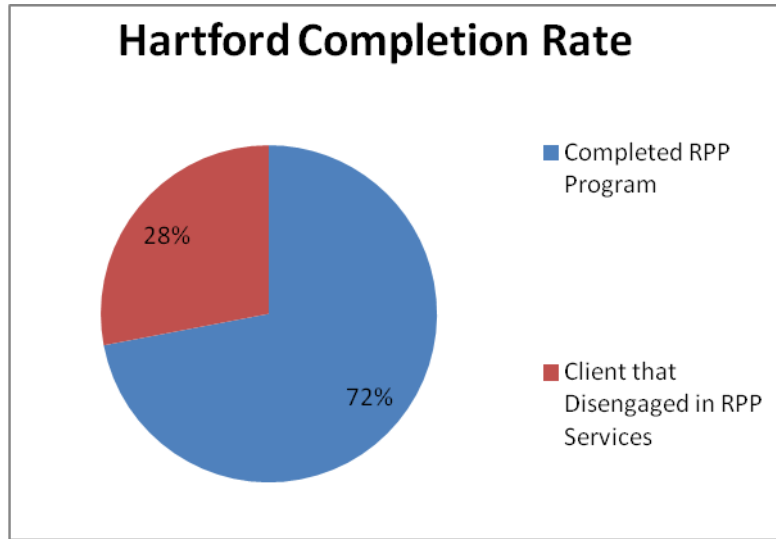
The Hartford screener, Maegan Flowers, began this position mid April 2015. From the time period of May 1<sup>st</sup> to October 30<sup>th</sup> a total of 48 clients were assigned. Of this total number, 6 participants refused RPP services after being screened to be appropriate for services and 6 participants were screened and did not have any indication of substance use therefore did not need RPP services. Out of the total participants, 8 participants disengaged with RPP services and did not complete treatment recommendations as indicated by substance abuse providers. Additionally 21 did complete the RPP Program by meeting the treatment recommendations as indicated by substance use disorder treatment providers. Lastly, 7 participants were still active and open, meaning they were still engaged in accessing assessment and treatment with the screener (**Chart 6**).

Chart 6



Furthermore, by deducting the participants that refused services, those that did not indicate a need for services, and those that were still currently active with the Screener, it equated to an 72 % completion rate indicating a high success for follow through for those who participated in this service (**Chart 7**).

**Chart 7**

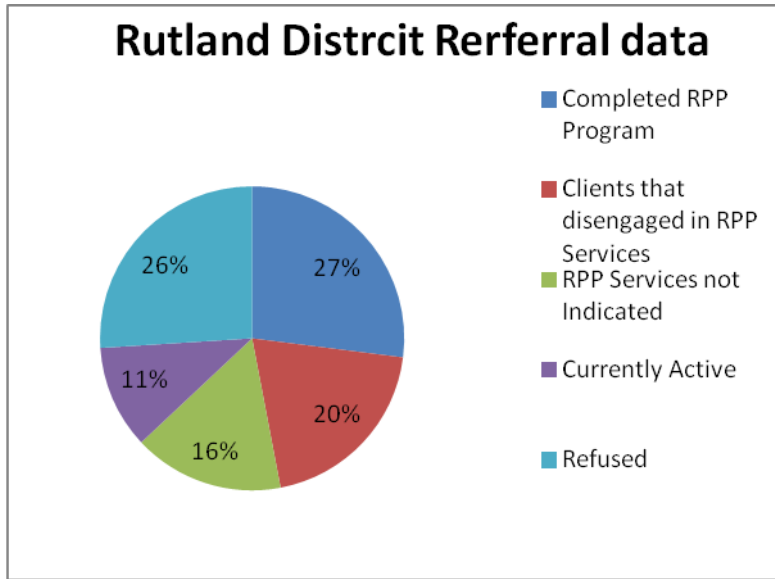


**Rutland District Data:**

The Screener for the Rutland district, Taryn Shah, was hired in mid April 2015. During the reporting period of May 1<sup>st</sup> to October 30<sup>th</sup>, 2015 a total of 81 client referrals were assigned. Of this total number, 21 participants refused RPP services after being screened to be appropriate for services (this also included no shows and clients who discontinued contact with the screeners and the screeners were unable to locate them) and 13 participants were screened and did not have any indication of substance use therefore did not need RPP services. Out of the total participants, 16 participants disengaged with RPP services and did not complete treatment recommendations as indicated by substance abuse providers. Additionally 22 did complete the RPP Program by meeting the treatment recommendations as indicated by substance use disorder treatment providers. Lastly, 9 participants were still active and open, meaning they were still engaged in accessing assessment and treatment with the screener (**Chart 6**).

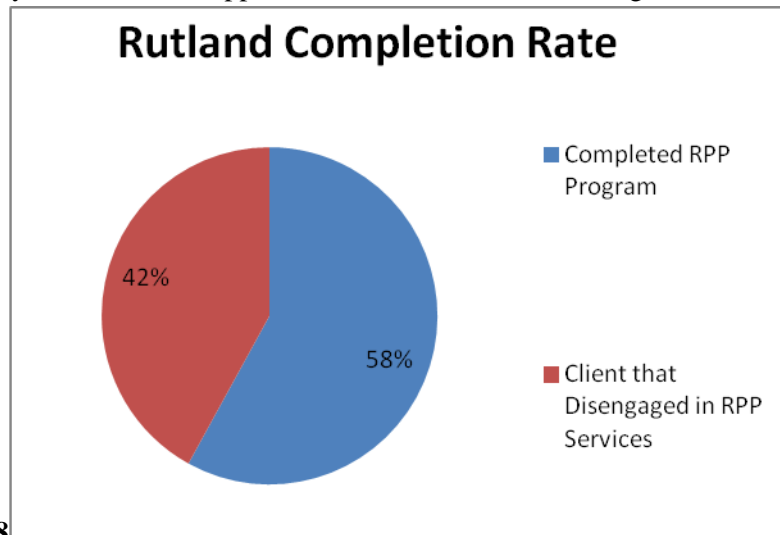


**.Chart 6**



Furthermore, by deducting the participants that refused services, those that did not indicate a need for services, and those that were still currently active with the Screener, it equated to a 58 % completion rate indicating that over half of participants utilizing RPP services follow through with recommendations. Additionally, continued work is being done to improve this number which includes collaboration with preferred providers to weekly set assessment appointments and continued teaming with front end social

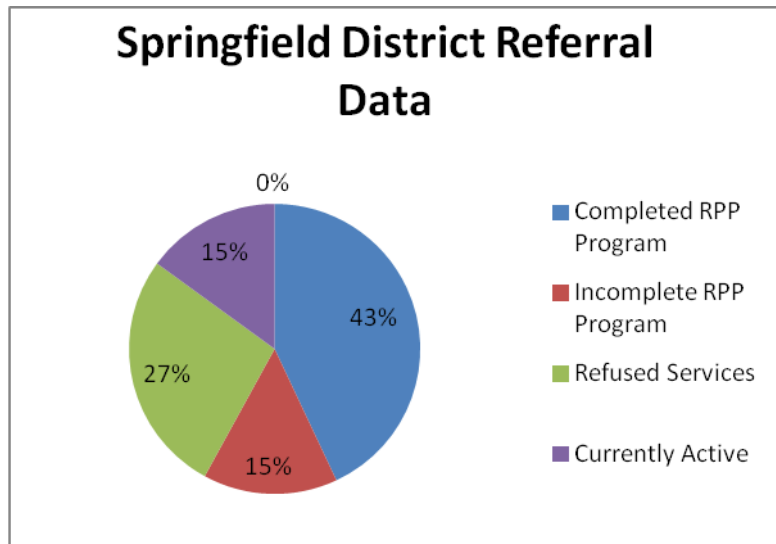
workers (Chart 8). Chart 8



### Springfield District Data:

The Screener for the Springfield District, Alan Brown, started the beginning of May 2015. From May 1<sup>st</sup> to October 30<sup>th</sup> 2015, a total of 60 clients were assigned. Of this total number 16 participants refused RPP services after being screened to be appropriate for and 0 participants were screened and did not have any indication of substance use therefore did not need RPP services. Out of the total participants, 9 participants disengaged with RPP services and did not complete treatment recommendations as indicated by substance abuse providers. Additionally 26 did successfully complete the RPP Program by meeting the treatment recommendations as indicated by substance use disorder treatment providers. Lastly, 9 the participants were still active and open, meaning they were still engaged in accessing assessment and treatment with the screener (**Chart 9**)

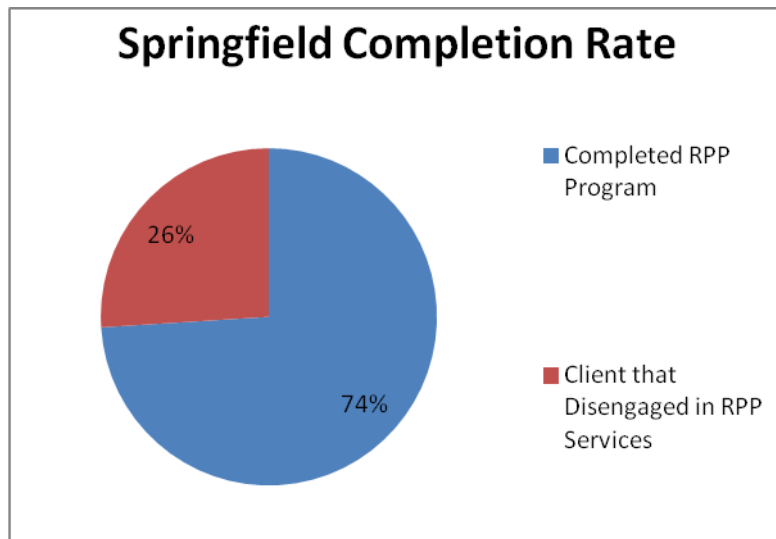
**Chart 9**



Furthermore, by deducting the participants that refused services, those that did not indicate a need for services, and those that were still currently active with the Screener, it equated to an 72 % completion rate

indicating a high success rate of follow through with services recommended by substance abuse professionals (**Chart 10**).

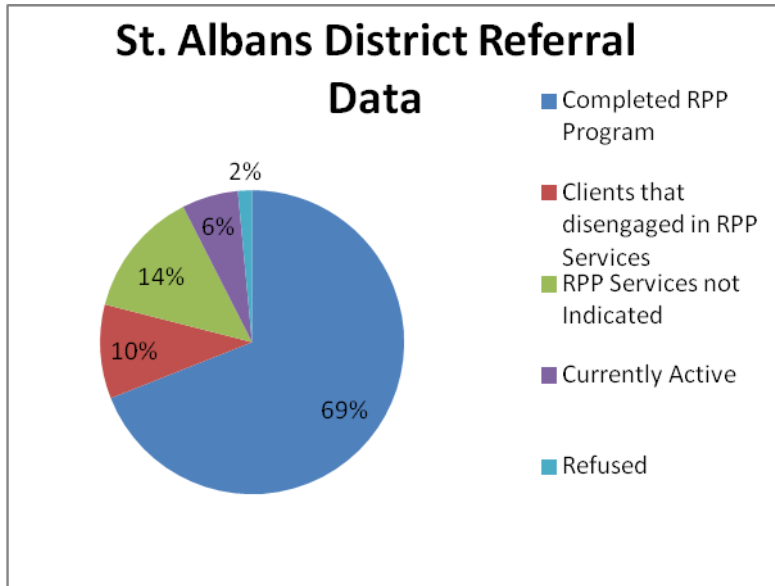
**Chart 10**



**St. Albans District Data:**

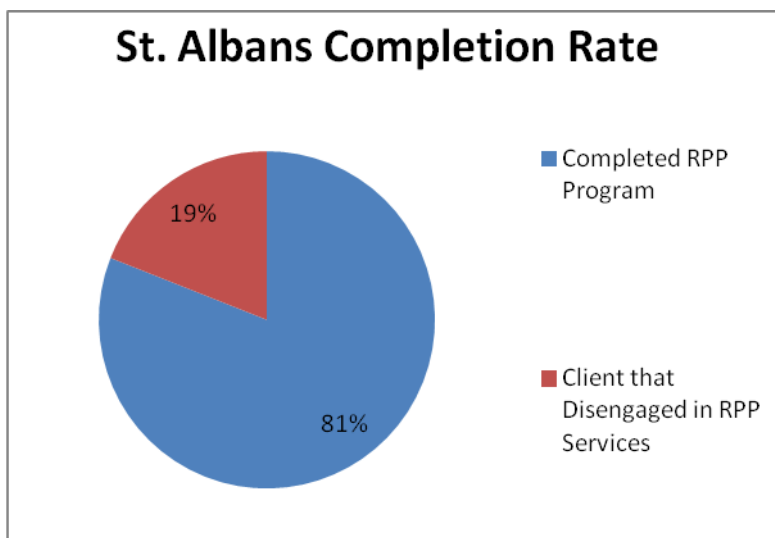
For the reporting period of May 1<sup>st</sup> to October 30<sup>th</sup> 2015, a total of 68 clients were assigned. Of this total number, 1 participant refused RPP services after being screened to be appropriate for services and 9 participants were screened and did not have any indication of substance use therefore did not need RPP services. Out of the total participants, 7 participants disengaged with RPP services and did not complete treatment recommendations as indicated by substance abuse providers. Additionally 47 participants did successfully complete the RPP Program by meeting the treatment recommendations as indicated by substance use disorder treatment providers. Lastly, 4 participants were still active and open, meaning they were still engaged in accessing assessment and treatment with the screener (**Chart 11**). It should be noted that the Screener for the St. Albans District, Hope Love, was promoted in September of 2015 to a clinician role providing comprehensive assessment to ADO. This caused the screener position to be open for 7 weeks but has since been filled by Stefanie Comstock on October 19<sup>th</sup>, 2015.

**Chart 11**



Furthermore, by deducting the participants that refused services, those that did not indicate a need for services, and those that were still currently active with the Screener, it equated to an 81 % completion rate indicating a high success rate of follow through with services recommended by substance abuse professionals **Chart 12**).

**Chart 10**



### Factors Impacting Data Results?

The 6 month referral data previous to this reporting period for ADO and BDO were a total of 198 participants. A drop in total referrals for this current reporting period for these two districts was not unexpected given the vacancy in ADO and the BDO screener assisting with training the new screeners during this time. We anticipate these districts referral numbers to increase in the next reporting period. As with the integration of any new program into an existing system, the learning curve and work to establish new practice has taken time and focus. In particular, the referral process to screeners has been an area needing time and attention to ensure that the intended population is being targeted for these services. We believe that moving into the next 6 month period, the number of appropriate referrals to screeners will increase as each district becomes more comfortable with identifying the population and as the practice of referral to the screeners becomes more rote. Additionally, we believe that with the implementation of Policy 65 and the utilization of UNCOPE at every commencement, referrals to screeners for the target population will also improve.