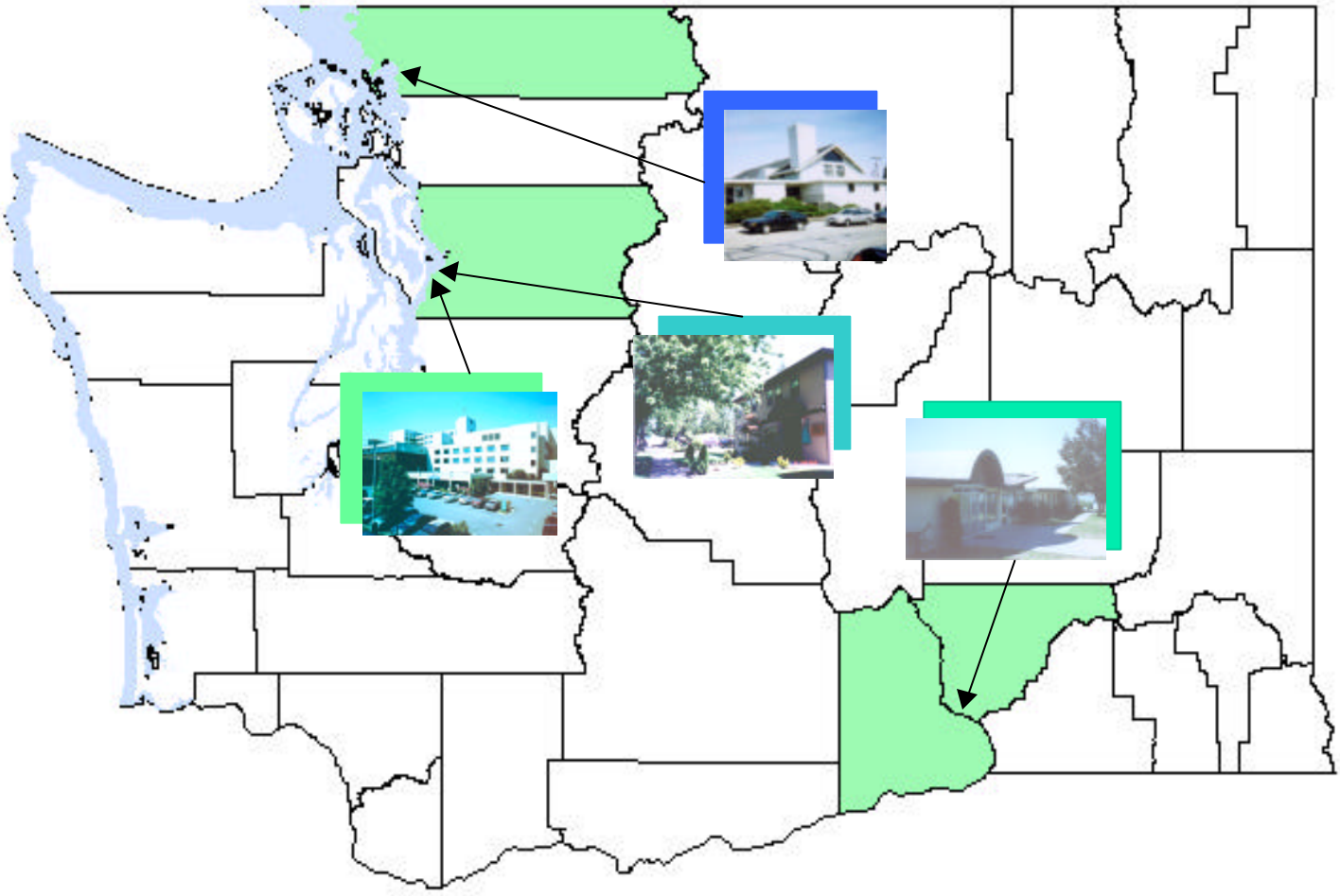
Comprehensive Program Evaluation Project

Program Development and Implementation



Washington State Department of Social and Health Services
Division of Alcohol and Substance Abuse
Medical Assistance Administration
Children's Administration
Research and Data Analysis

Washington State Department of Health

COMPREHENSIVE PROGRAM EVALUATION PROJECT

PROGRAM EVALUATION PRELIMINARY REPORT

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When ordering, please refer to
Report 4.36a

Introduction

The Comprehensive Program Evaluation Project (CPEP) is a pilot program intended to serve substance abusing women and their young children. This project is a collaborative effort between the Department of Social and Health Services – Division of Alcohol and Substance Abuse (DASA), Medical Assistance Administration (MAA), Research and Data Analysis (RDA), Children's Administration (CA) – and the Department of Health (DOH).

The comprehensive program seeks to improve the health and welfare of substance abusing mothers and their children by early identification of pregnant substance abusers, improved access to and coordination of health care services and chemical dependency treatment, and family-oriented early intervention services for mothers and their children. The design of program services was based on the 1999 DSHS-DOH *Report to the Legislature, A Comprehensive Program for Alcohol and Drug Abusing Mothers and Their Young Children (Response to RCW 13.34.803)*.

Pregnant and/or parenting women are offered a variety of services including targeted intensive case management (TICM), chemical dependency (CD) treatment, transitional housing, behavioral health services, and parenting education. These services are offered locally in three Washington communities: Benton-Franklin, Snohomish, and Whatcom counties. Service providers in each of these counties may include case managers and their supervisors, behavioral health specialists, social workers, chemical dependency treatment counselors, supervisors, administrators, child care service managers, child development specialists, nurse specialists, and a county drug court coordinator.

CPEP Community Service Providers

	Pilot Program Sites		
Program Components	**Benton-Franklin**	**Snohomish**	**Whatcom**
Targeted intensive case management (TICM)	Benton-Franklin Health District	Providence Everett Medical Center – CUPPWYC*	Providence Everett Medical Center – CUPPWYC*
Chemical Dependency Treatment	Rivercrest Villa	Evergreen Manor	
Transitional Housing	Rivercrest Villa	Catholic Community Services – Tree of Life	

**Comprehensive Unified Program for Parenting Women and their Young Children*

Since the local pilot programs began enrolling clients in early 2000, 148 women have been served (as of September 30, 2000). TICM providers in Benton-Franklin and Snohomish Counties will serve a minimum of 75-100 or more women per year. Whatcom County (offering

TICM only) will serve a minimum of 40 or more women per year. TICM providers report that they are now close to meeting their minimum enrollment expectations. The residential treatment facilities in Benton-Franklin and Snohomish Counties each have 16 beds and report being at full capacity (as of November 15, 2000). They also report a combined total of 13 women on waiting lists.

General characteristics of the clients served are described below.

- The average age of enrolled women was 27 years old, with ages ranging from 17 to 42 years old. Thirty-seven percent were less than 25 years old.[1]

- Most women (71%) identified themselves as White or Caucasian, while 29% identified themselves in other ethnic or racial groups (Hispanic, 11; African American, 6; American Indian, 6; Asian, 1).[2]

- Twelve percent of women enrolled were currently married. Twenty percent were separated or divorced from a spouse. The remainder were single or never married (57 of 84, or 68%).

- More than half (76 of 142, or 53%) of women were receiving Temporary Aid to Needy Families (TANF) at intake. Most women were Medicaid-eligible, and all clients met the project eligibility requirement for income (at or below 200 percent of the Federal Poverty Level).[3]

- Forty-one percent of 142 participants were pregnant at intake. Most participants (73%) had at least one other child. Participants had a total of 314 children. Thirty-eight percent of these children lived with their mothers, while the others lived with relatives or in foster care.

The life experiences of two CPEP clients are described below, as summarized by pilot project staff:

> *…Client A, currently 31 years old, was raised by an alcoholic mother in an unstable, chaotic environment. Her mother had her first of 7 children at age 14. She was 39 when Client A was born, and drank heavily when she was pregnant…. Client A was 8 years old when she was first sexually molested [and] began using alcohol and marijuana soon after the molestation. At age 14 Client A found her mother dead on the kitchen floor. The autopsy found she had had a massive heart attack, and "she had enough alcohol in her to kill 8 horses."*
>
> *After her mother's death, Client A went to live at a friend's house, and began a lesbian relationship with her girlfriend. She and her girlfriend continued to use drugs…. At about age 23, this relationship [ended]. Client A moved in with a man who became very physically abusive. She was in the hospital 35 times in one year for injuries and broken bones. A relationship with a*

[1] Age data were available for 123 women, or 87% of the research participants.
[2] Race and marital status were available for 84 women, or 60% of the research participants.
[3] Of the 148 total women enrolled, 142 (96%) have agreed to participate in research.

second man was not as abusive, but both drank alcohol and used other drugs. In 1998 she became pregnant by this second man.

Client A first contacted the [TICM] office because of legal reasons. She was required to go to inpatient treatment, or go to jail…. Client A, typically, found many excuses to not go to treatment. She was fearful of treatment, and fearful she would lose her child. Eventually, due to the relationship building between Client A and the case manager, the client agreed to go to treatment. This kept her out of the prison system, and kept her 2 year old child out of the foster care system.

Client A had a difficult time with withdrawal and getting accustomed to the routine for the first several days of treatment. However, she soon settled in and became enthusiastic about her opportunity for recovery…. She was eager to work out childhood issues, as she began understanding how they affected her continued alcohol and other drug use.

Client A has been clean and sober almost three months…. She is getting appropriate medical care, she continues in counseling, and [the CD residential treatment facility] has given her drug/alcohol education [including] the skills to enable her to stay clean and sober. Reports from the treatment center describe her as an excellent mother to her child [and she] has become a role model for her peers.

Client B…is 27 years old [and] has mental health issues undiagnosed and untreated since age 6. She, too, suffered sexual, physical and emotional abuse as a child. She began smoking marijuana about age 24 because it helped with her symptoms: auditory, visual and kinesthetic hallucinations. She had had no individual mental health counseling prior to residential [CD] treatment.

Client B attempted out patient treatment, but was unable to stay clean. She was referred to residential treatment, and to [TICM] by her out patient counselor. Through the [TICM]… [staff] she has been connected with the local mental health agency…

She is in couples counseling …, and as a result of her commitment to staying clean and sober, her significant other has stopped smoking marijuana also. They plan to obtain housing together after she has completed treatment. They will regain custody of her children, establishing a stable clean and sober environment for the family.

Study Methods and Summary

This preliminary program evaluation report describes findings from a brief written survey of 51 community providers serving these women. The final CPEP process evaluation report will be available by March 31, 2001. An outcome evaluation report describing mother- and child-based outcomes will be available by December 31, 2003. The availability of follow-up data for program clients enrolled in year 1 will be fairly limited at this point in time and quite limited for those enrolled after year 1. A minimum of three years follow-up data on program clients will be available in 2006.

As part of the CPEP process evaluation, community service providers were given an opportunity to evaluate this program by completing a brief questionnaire containing five statements or questions. For the first three statements, respondents were asked to identify their level of agreement with each statement (ranging from strongly disagree to strongly agree). For the last two questions, respondents were asked to estimate the number of clients having particular experiences as a result of participating in this program (ranging from none to all). Respondents included 22 TICM staff members, 15 chemical dependency treatment providers, and 14 providers representing various community agencies for a total of 51 respondents.

Preliminary results from the data collection through November 7, 2000, may be summarized as follows:

- More than 80% of community service providers agree or strongly agree that it takes a lot of work to effectively serve clients as a team.
- Most providers (78%) agree or strongly agree that this program provides many services that are not readily available to clients in the community.
- Most providers (82%) agree or strongly agree that working relationships among community service providers have improved since becoming part of the program.
- The majority of providers (84%) feel that at least some, if not most or all, clients who actively participate in the program get important needs met.
- Nearly 80% of providers feel that most or all clients have already benefited from participation in this program.

Responses to each of the five questions are described in the next section (a copy of the instrument is in the Appendix).

Findings

Q1. It takes a lot of work to effectively serve clients as a team.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Number	3	5	2	11	30
Percent	6%	10%	4%	22%	59%

More than 80% of community service providers feel that it takes a lot of work to effectively serve clients as a team.

Teamwork is a unique and essential aspect of this program and requires community providers from different professional disciplines to work together when serving clients. Each team includes representatives from various agencies or program components who are involved in serving a particular client. For example, a team may consist of a Case Manager, Chemical Dependency Treatment Counselor, Behavioral Health Specialist, Child Development Specialist, Transitional Housing Coordinator, Child Protective Services (CPS) worker, and a representative from the local DSHS Community Services Office. These teams meet on a regular basis to monitor client progress by sharing their recent experiences with the client, identifying client needs or issues, and discussing ways to help the client address those needs or issues.

An important general theme identified by the service providers is the challenge of working as a team with people trained in different disciplines.

> *Bringing different disciplines together is a challenge in itself. When you add the client and their issues, it becomes even more difficult. There are different methodologies at play and, in reality, separate "worlds" coming together.*

Several community service providers mentioned the challenge of multidisciplinary team work as they discussed other related factors that contribute to a successful team approach to serving this client population. Those factors include building trust among team members, the time it takes to learn about other systems and how to work well together, and the importance of communication.

> *In the beginning we had to work to build trust between CUPPWYC staff and Evergreen Manor and Tree of Life. It took some time for all of us to learn each other's systems. And it took some time for the systems to develop. None of the three groups had worked with this population in this way…Once we understood all the systems we began to trust each other more. It's also been [a] challenge to work with people from mental health versus Chemical Dependency--each group having different training, perspectives, [and] values. CUPPWYC staff have also had to work on our working relationships within our group.*

> *It takes a dedicated team skilled in communication to effectively serve clients. There is an added challenge when team members come from various disciplines and have their own biases and methods of operating. For our CUPPWYC program, there is the small core group of case managers, coordinator, behavior health, program assistant and child development specialist which*

needs to function as a team providing direct services to clients; then surrounding that [core group] are the community providers making up a larger team. Each needs to function well to best serve clients. In the beginning boundary issues and egos interfered with this process. The main challenge is to build a team, be able to provide on-going support for each member, provide services to clients, staff clients comprehensively and document services. Time seems limited to balance all the above.

Each team member has their own frame of reference and area of expertise. It's sometimes difficult to communicate across disciplines, and it takes a lot of time.

Overall, the community service providers recognize the effort it takes to serve these women using a team approach and believe such an approach benefits the clients.

Finding time for networking meetings is a challenge but well worth it. A comprehensive approach -- [is] very effective.

It takes a lot of work, willingness, organization, good will, diplomacy and commitment. The results are worth the effort….

Q2. This program provides many services that are not readily available to clients in this community.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Number	1	4	6	16	24
Percent	2%	8%	12%	31%	47%

Most community service providers (78%) feel that this program provides many services that are not available to clients in their community outside this program.

In one community, the chemical dependency treatment and transitional housing facilities affiliated with this program are unique in that they allow children to be in residence with their mothers.

> *There are no other in-patient or transitional houses for women with drug/alcohol issues in the community where children can be in residence.*

Targeted intensive case management (TICM) was also mentioned as a service that is not readily available to clients. If such a service is offered in the community, it is offered for less time than would be most beneficial for the client.

> *The intensive case management is absolutely not provided by other agencies and provides a continuity and consistency not previously present for these clients.*
>
> *There was no intensive case management available for such a length of time. This time is necessary to explore client needs and strengths, and change behaviors.*
>
> *The continuity of the 3 years is unique and very valuable. And the collaboration between all the groups is unique. As a result of these things, our clients as individuals aren't as likely to "slip through the cracks." When Evergreen Manor refers a discharged patient to the Tree of Life but she doesn't show up (as has happened with several clients) in the past maybe a few attempts would be made to locate her but not persistently. With the TICM assigned that role, it is more likely she will get back into treatment. Also -- we have received very valuable info from CPS [Child Protective Services] (about history that we might not have known). The continuity allows us to bring a client back in who has relapsed -- she doesn't start from "scratch" but already has relationships with staff established. And staff already know her background so are less likely to be manipulated.*
>
> *Several of my present clients might not have been in such difficult positions if all our services could have been available two years ago.*

A number of community service providers indicated that treating this client population requires access to a number of services – services that are unique to this program and other services that are available in the community.

> *This program links services that are available and offers services that are not readily available otherwise.*

As a CD provider we know that there are many components to successfully treating clients. We are able to work well together.

Our program uniquely serves our population in a holistic manner -- together as a team we offer consistent support. It works!

Q3. Working relationships among community service providers have improved since becoming part of this program.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Number	0	1	8	26	15
Percent	0%	2%	16%	52%	30%

Most community service providers (82%) feel that working relationships among community service providers have improved since becoming part of this program.

> *Yes, I feel I have [a] much better professional relationship with all connected agencies involving CUPPWYC ---courts -- CPS -- DSHS – Mental Health.*

> *Already established relationships have deepened. Our program has helped link services and smooth relationships between client, services and among service providers.*

One component identified as improving working relationships is communication. Service providers meet to discuss client progress and other pertinent program issues on a regular basis. Providers use several modes of communication including individual (one-to-one) contact, small group discussion (e.g., agency staffings), and larger group discussion (community provider meetings).

> *Service providers are increasing communications and collaborating to ensure that clients received adequate services. Clients also become more educated about service providers.*

> *We are slowly working to enhance communication, build relationships with members of our community and coordinating communities.*

> *Communication is a must, to have a system work. Meetings/phone calls occur on [a] regular basis, to ensure clear communication, so clients get the best treatment/care possible.*

With regular meetings and frequent communication, the community providers have learned about the services offered by other agencies. Providers feel this increased understanding about these other services has contributed to the improved working relationships among the providers.

> *As a result of the numerous meetings…relationships with community service providers have improved.*

> *We definitely have learned a lot about different services.*

The providers feel that these improved working relationships will have a direct benefit for the clients participating in this program.

> *Working relationships are developing that are extremely beneficial in helping clients connect to services.*

> *I think the larger team has come together and is striving to work cooperatively to address what is best for each individual client and the way to best serve them….*

Q4. How many clients who actively participate in this program are <u>not</u> getting important needs met?

	None	Few	Some	Many	All
Number	11	13	12	7	0
Percent	26%	30%	28%	16%	0%

Over one-half of the community providers (56%) believe that few, if any, clients who actively participate in the program, are not getting important needs met. The majority of providers (84%) feel that at least some, if not most or all, clients who actively participate in the program get important needs met.

Most who are <u>actively</u> participating are getting needs met. They are motivated.

Clients who <u>actively</u> participate in the program seem to eventually get many of their important needs met. Clients who don't tend to get needs met are often not as active.

Clients who participate, attending treatment, groups, one-on-ones, etc., are helped when deemed right and necessary to that specific client.

This program focuses on meeting certain client needs (such as chemical dependency treatment, case management, and others) and is not designed to meet all client needs. Despite the many needs of this population that are addressed by the various components included in this program, service providers feel that some important needs remain unmet. Program services rely on available community resources; however, the capacity of each system that provides community-based services has limits. One of the needs discussed by the providers is housing:

Housing continues to be a challenge.

A number of transitional housing units are available in two pilot site locations, but the need for that housing exceeds the supply available. Service providers report that almost all of the women entering this program need safe and sober housing. In an effort to meet this important need, service providers have worked with clients to help them access other housing options (such as subsidized housing).

Another unmet need discussed by the service providers is healthcare, especially mental and dental healthcare services. Providers help clients access the available community healthcare services, but some healthcare services are not readily available to clients even if they have an immediate need for them.

It is very difficult at times for clients to access the mental health system.

Still have barriers to mental health needs, i.e.: ongoing counseling, psych[ological] evaluations and medical management. Limited resources [are available] for indirect health needs--classes, dental care, etc. Educational needs are difficult to meet for individual patients.

May be due to client not following through, overloaded community provider. A big issue down the road (and soon for some) is health and dental, and mental health care because few providers accept med[ical assistance] coupons.

A third unmet need identified by one service provider relates to the needs of the client's children.

…[W]omen's classes are prioritized over services that might directly benefit [the] infant…

The perceived competition between the needs of the women and the needs of their children was noted by other respondents and in observations by the evaluation team. Professionals trained in different disciplines or representing different programs may prioritize the needs of these families differently, and for this reason, some of those needs—the mother's needs and the child's needs—may compete for immediate intervention. Chemical dependency professionals offer services that enable women to lead clean and sober lives, and this benefits their children. In the course of chemical dependency treatment, a mother attends parenting classes and her young children are screened for developmental delays. If a service provider suspects that a child may be developmentally delayed, that child is referred to further services as appropriate. Again, the services received depend on the resources available in the community.

Q5. In your opinion, how many clients have already benefited from participation in this program?

	None	Few	Some	Many	All
Number	1	1	8	27	10
Percent	2%	2%	17%	57%	21%

Nearly 80% of service providers believe that many, if not all, clients have already benefited from participation in this program.

I think all have benefited in some way--at the least by being exposed to positive role-modeling.

I know this team... it's unfathomable that any client associated with this program could escape without at least some benefit.

All clients who want to benefit are benefiting. Not all want to. Many who aren't very motivated in the beginning become motivated and then benefit more. Not only our clients, but their SOs [significant others], their children and their families are benefiting. Several SOs have gotten into treatment as a result of a client. A number of children are with their biological mom instead of foster care. Several women have gotten GEDs, several have gotten jobs. Several have gotten glasses who never had them (and needed them), several have gotten dental care and critical medical care they never had. Self-esteem has increased in most all! Several have had a mental health diagnosis recognized and treated. Several have recognized a SO to be abusive and ended the relationship. Several are talking about childhood trauma for the first time in their life. Several are living in an apartment on their own for the first time in their lives -- and learning budgeting/meal management. A lot of them are getting old fines paid, old utility bills paid, community service hours completed, driver's licenses reinstated, and have registered to vote (many for the first time).

Almost all have benefited if by no other way than working with CPS and client to smooth the waters and keep clients on [a] positive track.

Members of the TICM staff believe that the support clients receive from providers may explain why clients receive benefit from this program.

Even with the range of "active" participation, I think clients have benefited because they have been given the message that they are "important" (matter). Their health, child's health, the quality of their lives and that they can be supported in the process of change through the CUPPWYC program. The CUPPWYC program doesn't "give up" on clients; we keep trying which may offer hope to clients who have limited experience with consistency, stability and people who will advocate for them.

Consistently I have been given thanks and positive feedback from those women that attend the parenting classes. We have formed a strong bond that is strengthened with each meeting. They [clients] feel supported and are very open to learning and improving their parenting skills.

I feel that the program has made a difference in our community – working with this population is extremely difficult and the more case managers on the case the better the client can be served.

Service providers identified important benefits received by clients in this program, including sobriety/abstinence and custody of their children.

> *There are quite a few clients who have been given second chances and are still maintaining their sobriety and custody of their children. Without housing some of these would not have gone as far as they have.*
>
> *I have seen many clients who are actively involved in the program benefiting a great deal. Such as moving into their own apartment for the first time and getting the support they need to advocate for the return of their children.*
>
> *I believe the long term abstinence rate for these clients will improve greatly during and after their involvement in CUPPWYC.*

Conclusion

The findings reported here are supported by observations made by the evaluation team and state implementation team.

- The team approach to serving clients takes a lot of work, but is a unique and essential aspect of this program. At the local level, community service providers report the need to build trust among service partners, to learn about other service delivery systems and how to work with people in those systems, and the importance of communication among service providers. At the state level, team members meet regularly to discuss questions or issues that arise regarding the implementation of the model program. Our thoughts and decisions are then communicated to the service providers as a means of reinforcing the vision for the model program.

- One of the major purposes of the program is to provide services that are not otherwise available. Local providers report that this program provides: 1) new services that were not previously available in their respective communities; and 2) links to services that are available in the community, but may have been difficult for clients to access on their own (such as family planning services). The fact that local providers perceive the program as providing such services gives us an early indication that the process is working.

- Participation in a program that requires providers to work together as they serve clients improves the working relationships among those providers. Community service providers report better professional relationships with each other, increased communication among providers, and an increased understanding about other services in their respective communities. They also report that clients benefit from services provided by a team of professionals who can address a variety of needs.

- The majority of service providers feel that few, if any, clients who participate in the program are not getting important needs met. In other words, those clients who actively participate in this program get important needs met. Some clients are difficult to serve and may then be less likely to benefit. For example, a small number of clients have chosen not to participate in the program (for different reasons and for various time periods) and later return when they are ready to participate in the program. It is our intent in this program to serve all enrolled women and not to drop them from caseloads just because they are difficult to serve.

- Community service providers report that most, if not all, clients benefit from participation in this program. Some providers believe that the support they offer to clients may encourage receipt of benefits. Such benefits may include sobriety/abstinence and the custody of their children. Given that program implementation is in the initial stages and it is far too early for systematic, comprehensive outcome data for program evaluation, the reports from the field are very encouraging.

The lessons that the state implementation team is learning from implementing these pilot projects are many. At the state and local levels, staff are learning about the importance of using a team approach to serve clients, as well as the challenges that accompany such an approach. The teams are also learning more about the availability of essential community resources required to meet the needs of these clients. The state team is learning about enhancing program ownership at the community level. This allows the community providers to maintain the program on their own using available community resources. Finally, the state team is learning how to prioritize the resources available to serve these clients and to identify some efficiencies in program operations.

Appendix

Job Title/Position _____

Please evaluate each statement by circling the letter that corresponds to your response. Then, provide a brief explanation for your choice. Feel free to describe an example to illustrate your point.

Use the following scale to answer question #1-3: SD – Strongly Disagree; D – Disagree; N – Neutral; A – Agree; SA – Strongly Agree

1. It takes a lot of work to effectively serve clients as a team. SD D N A SA

Explain:

2. This program provides many services that are not readily available to clients in this community. SD D N A SA

Explain:

3. Working relationships among community service providers have improved since becoming part of this program. SD D N A SA

Explain:

Use the following scale to answer question #4-5: N – None; F – Few; S – Some; M – Many; A – All

4. How many clients, who actively participate in this program, are **not** getting important needs met? N F S M A

Explain:

5. In your opinion, how many clients have already benefited from participation in this program? N F S M A

Explain:

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