



# What is DANSR?

Dependency & Neglect System Reform (DANSR) has been a federally funded cross systems collaboration that was created in October 2014 between The Colorado Judicial Branch, Colorado Department of Human Services (Division of Child Welfare and Office of Behavioral Health), Colorado Office of Respondent Parents' Counsel, and the Colorado Office of the Child's Representative.

## What is the purpose of DANSR?

DANSR was established to increase the collective capacity of Colorado's D&N system to support and improve outcomes for families affected by substance use and co-occurring mental health disorders through infusing research based family drug court principles into court, child welfare and treatment systems.

## What is the difference between DANSR & Family Treatment Drug Court (FTDC)?

FTDC is a voluntary specialty problem solving court program designed to serve high risk, high need families. Programs generally include sanctions and incentives and capacity is often limited.

DANSR is not a specialized problem solving court. It is an approach for processing all D&N cases; it is not voluntary, does not require the use of sanctions and incentives, and is applicable regardless of level of risk or need.

**Collaboratives that meet the needs of the whole family achieve better rates of parental participation in substance abuse treatment, longer stays in substance abuse treatment, greater rates of family reunification, shorter lengths of stay in foster care for children, and less recurrence of maltreatment". OJJDP FY 2017 Family Drug Court Statewide System Reform Implementation Application.**

*"The DANSR process has been a great success in regards to helping our children and families. This is a different way in processing the cases in our area. The feedback that we have received is that the parents feel they are more involved and supported in overcoming their addiction"*

**15<sup>th</sup> Judicial District**

*"DANSR works. So much of the time we think we need more money or more staff in order to be effective. Well, DANSR does not give us any of that. What it does give us is a blueprint of best practices that improves the outcomes for families. Hurray!"*

**Diana Buza, Montezuma**



# WHY THE DANSR APPROACH?

**The Problem: Substance use continues to grow as a local and national concern that impacts children and families.**

- According to the Colorado Judicial Case Management System, 60% of dependency and neglect cases (D&N) with children under six and 30% of cases with children six and older allege substance use in the petition.
- A 2015 statewide survey of multi-disciplinary court teams indicated 83% of D&N cases involved parental substance abuse.

**The Solution:**

**DANSR**

**How: The DANSR approach seeks to increase permanency and safety, reduce recidivism, support recovery, and increase judicial responsivity for families in the system impacted by substance use disorder and co-occurring mental health disorders by facilitating:**

- Early access to treatment
- Early, ongoing, increased family engagement
- Increased family and case team communication and information sharing
- Individualized treatment and case processing
- Additional recovery supports
- Increase in services array



# THE DANSR APPROACH

DANSR is guided by 6 principles grounded in FTDC research. **Research shows** that when cases begin in FTDC, parents are more likely to attend and complete substance use treatment. As a result:

- 90% of children stay with their families
- 91% of children are reunited with their families
- 98% of children were not maltreated within the next 6 months (*Children & Family Futures, 2014*)

**Principle 1:** Engage families immediately and universally identify substance use and other needs.

*“Because of DANSR, we are seeing significant changes in the way we approach our substance abuse involved families. Having a Substance Abuse Specialist is increasingly making a difference... Through DANSR, we have made great progress in identifying parents with substance use disorder and ensuring they begin treatment at the right level.”* Judge Meinster & Kelli Sutton, Jefferson

**Principle 2:** Families complete substance use and other assessments and begin treatment as soon as possible once needs are identified.

*“Families now have their mental health assessments within 3 days as opposed to 3 months!! That has been one of the biggest changes. DANSR has helped bring the multi-disciplinary team together and it has become stronger.”* Ann Baldwin, Boulder

**Principle 3:** Enhance communication, collaboration, engagement, and integration of treatment information into the management of the case through the use of multi-disciplinary team staffing.

*“Since local implementation began, stakeholders have been quick to identify the benefits of increased collaboration... it's clear that when the clients feel supported and allow themselves to be engaged, be it by an independent advocate, team member, or the team as a whole, their willingness to participate and internalize seems to improve.”* Huerfano DANSR Team

**Principle 4:** Provide timely judicial support and oversight to meet the individual needs of each family.

*“The families are able to come to court more frequently, articulate the reasons for their success, problem-solve around their challenges, and really feel like the ‘system’ is truly supporting them as they become sober and stable parents.”* Magistrate Mclean, Boulder

**Principle 5:** Enhance data collection and information sharing across the court, child welfare, and treatment.

*“The sharing of information between all involved stakeholders has allowed for decision making that is driven by multiple perspectives. This also improved one-on-one interactions with clients by stakeholders being fully informed of the nuances of each case.”* Huerfano DANSR Team

**Principle 6:** State and local teams coordinate strategy at the systems-level and participate in collaborative training.

*“We have learned the importance of cross-collaboration training and have tried to do those trainings on a regular basis. We have 7 magistrates who hear dependency and neglect cases and through trainings, they have begun to lead the way to change through DANSR. Change is slow but I believe we are seeing real system change in JeffCO!”* Judge Meinster & Kelli Sutton, Jefferson



# LESSONS LEARNED: REINFORCING THE NEED FOR DANSR

**All sites expressed an increase in collaboration and communication among the courts, child welfare, and treatment, which has resulted in a parallel increase in collaboration and communication with families served.**

- The DANSR approach has been demonstrated to work in urban, rural and frontier counties.
- Quality treatment at all levels of care are limited across the state.
- The gap in knowledge and understanding across professional disciplines of how to best respond to substance use disorder; integrate clinicians voice into the court process; and understanding of the nuances of quality treatment, recovery and relapse is inadequate statewide.
- Access to the level of care identified during intake, often requires the patient to fail in a lower level of care. Barriers to matching the patients treatment with their need is commonly referred to as **“Failing up”!**

**“The very first case we had was someone who consented to an assessment but did not engage during our allotted DANSR timeline. She completed an intake several months later but was denied access to treatment by her BHO as we had not tried any lower levels of care before requesting IOP [intensive outpatient]. She never did attend any treatment and died a few weeks later”**

**Scott Wilson, Creative Treatment Options, Inc.**

- Improvements in cross-system data and information sharing is needed to support the effective analysis of data, research and evaluation of the approaches applied to families involved with the juvenile court, child welfare and behavioral health systems.

**DANSR  
Counties:**

**Jefferson, Denver, Huerfano, Clear Creek, Garfield, Pueblo, Fremont, Prowers, Cheyenne, Kiowa, Baca, Arapahoe, Broomfield, Boulder, Montezuma, El Paso, Las Animas & Alamosa**



# SYSTEMS REFORM: PERMANENT SHIFTS IN DOING BUSINESS

## STATE LEVEL SHIFTS IN BUSINESS

**State governance structure:** An oversight committee and core planning team that consist of key stakeholders across the courts, child welfare, and treatment meet regularly to remove system barriers and facilitate change related to the DANSR approach.

**Expediting access to treatment:** A model protective order was developed for use or modification across the state that allows for parents to begin treatment prior to adjudication, hence expediting access to treatment.

**Data sharing and evaluation:** State level partners across systems are working together to better track data related to the courts, child welfare, and treatment.

**Funding guide:** A comprehensive funding guide was created to help court, child welfare and treatment professionals navigate through the different funding opportunities to support access to treatment and program sustainability.

## LOCAL LEVEL SHIFTS IN BUSINESS

**On-site substance abuse specialist:** In Jefferson County a DANSR specialist is present at initial hearings to complete or schedule substance use assessments to determine level of care recommendations and provide early engagement.

•**75% of clients that meet specialist complete substance use/co-occurring assessments**

•**On average it is 32 days between the initial hearing and when actual treatment begins**

**Peer recovery support:** Pilot sites have implemented or are developing plans to implement peer recovery supports for their cases to support family engagement and access to treatment.

**Application of the DANSR approach in all cases:** Fremont County manages all of their D&N cases using the DANSR approach.

**Increased permanency with parents or kin:** Prowers/Kiowa Counties have had 7 of their 15 cases managed with the DANSR approach close.

•**In all 7 cases children achieved permanency with parents or kin and cases closed within 9-13 months of their open date.**



# Parent & Stakeholder Perspectives

Denver Health conducted interviews and focus groups as part of a quality improvement project. The purpose was to gather parent/caregiver and professional feedback on the provision of treatment services and D&N court process. The Project consisted of:

- Twenty interviews with parent/caregiver participants who were involved in the D&N system in the past two years.
- Two focus groups with professionals serving on DANSR court teams.

## Key Findings:

### PARENTS REPORTED

- They were not in a stable state of mind and often in active withdrawal when documents and explanations of the court process were provided
- They felt that there was a disconnect in the goals of each professional involved in their case.
- A need for quicker access to treatment
- Need treatment that is available outside of typical business hours.
- They did not receive support for other concerns, like housing, while in recovery.
- They did not always feel like they were matched to the appropriate level of care from the beginning of a case
- Lack of communication and engagement with the family about the status of their case and their children from caseworkers.
- They do not feel their voices are included when discussing the placement of their children

### PARENTS REPORTED

- They feel the court should provide opportunities that ensure parents are provided an opportunity to engage in placement decisions.
- Services other than substance use treatment were valuable to parents/caregivers.
- They felt like court ordered treatment was too generic

### PROFESSIONALS REPORTED

- Regular communication between the clinician, court team, and client occurs; however, it was also reported that it is difficult to get everyone at the table & that there are disparities in knowledge across professional disciplines.
- The level of treatment should be based on ASAM criteria, not finances, although this does not always happen.
- Lack of resources for inpatient treatment results in placement of parents in lower levels of care. However, professionals also reported outpatient treatment is often favorable to inpatient treatment.
- Lack of time and resources.





# System Wide Governance Structure

Stakeholders at the local and state levels representing the courts, child welfare, and treatment collaborate regularly to carry out the vision & mission of DANSR. No formal meetings focused solely on substance use disorder, co-occurring mental health disorders, and trauma existed prior to the creation of DANSR.

## LOCAL MULTI-DISCIPLINARY TEAMS

Teams at the jurisdiction level that are comprised of multiple and diverse stakeholders across disciplines. Steering Committees must include: Judicial officer, child welfare representatives, substance abuse treatment provider representatives, mental health treatment provider representatives, and attorneys (GAL, RPC, County/City Attorney). And can include community members such as public health professionals and CASA volunteers.

## Colorado Court Improvement Program (CIP)

Supports current DANSR locations and manages expansion as part of the strategic plan. Works collaboratively with stakeholders to build relationships and implement project goals and objectives. Provides technical assistance and helps problem solve during implementation through regular communication and site visits

### Executive Oversight Committee

#### Colorado Judicial Department

Supreme Court Justice

Director of Court Services

Court of Appeals Judge

Chief Judge, District Court

Executive Director, **Office of Child's Representative**

Executive Director, **Office of Respondent Parents' Counsel**

#### Colorado Department of Human Services

Chief Medical Officer

Director, **Division of Child Welfare (DCW)**

Director, Community Behavioral Health, **Office of Behavioral Health (OBH)**

### Core Planning Team

#### Colorado Judicial Department

District Court Judge, Juvenile

Criminal Justice Programs Manager

Family Law Programs Manager

CIP Coordinator & Analyst

Problem Solving Court Coordinator

#### Colorado Department of Human Services

Women's Services Coordinator, **OBH**

Child & Adolescent Mental Health Programs Manager, **OBH**

Ongoing Child Protection Administrator, **DCW**

Judicial and Legislative Administrator, **Office of Children Youth and Families (OCYF)**

Program Associate, **Children and Family Futures (CFF)**

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