

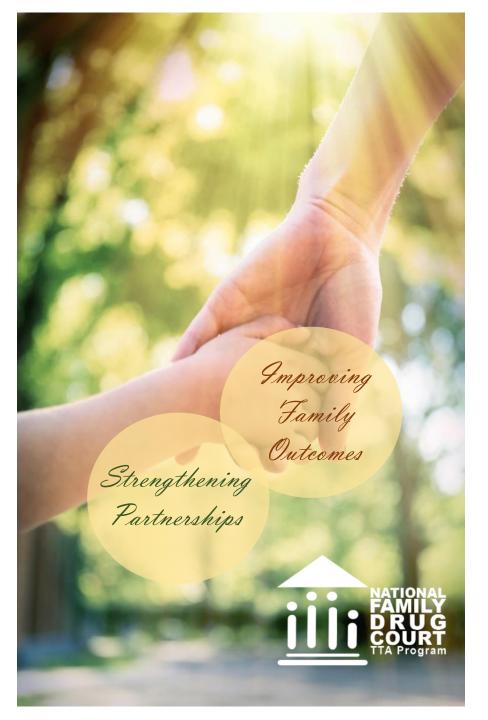
INSPIRING OUTCOMES:
LESSONS LEARNED FROM
FAMILY DRUG COURTS

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National Family Drug Court TTA Program

CWLA 2016 National Conference

Advancing Excellence in Practice & Policy:
What Works For Families Affected by
Substance Use

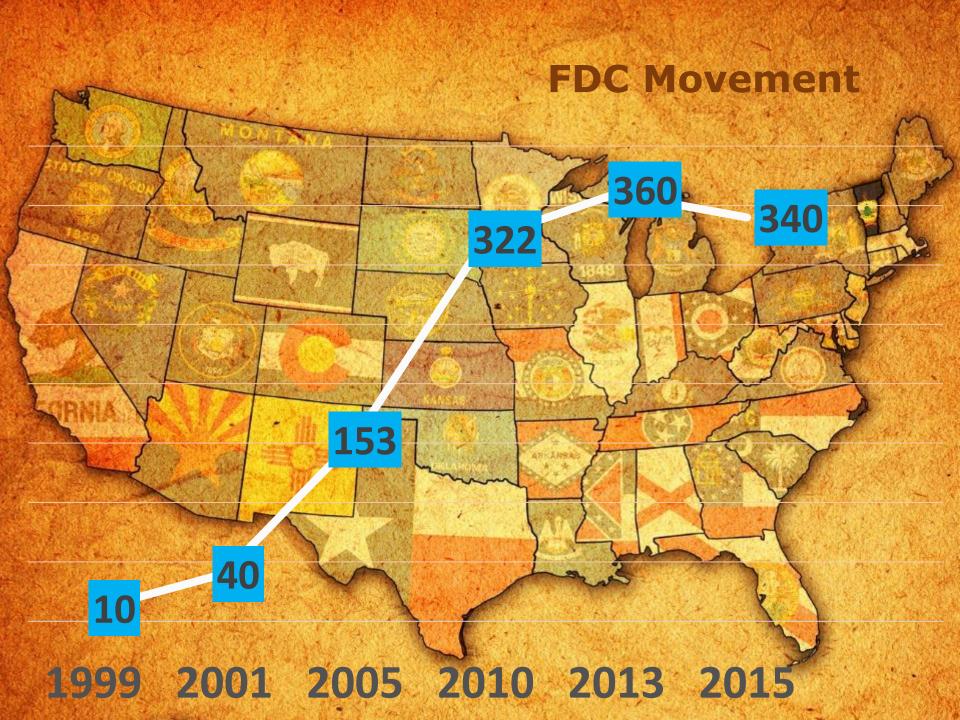


Acknowledgement

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The Office of Juvenile Justice and Delinquency Prevention Office of Justice Programs (2013-DC-BX-K002)

Points of view or opinions expressed in this presentation are those of the presenter(s) and do not necessarily represent the official position or policies of OJJDP or the U.S. Department of Justice.



FDC Movement

Institutionalization,
Infusion, Sustainability

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Systems Change Initiatives

2007

Practice Improvements — Children Services, Trauma, Evidence-Based Programs

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Grant Funding -OJJDP, SAMHSA, CB

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Six Common Ingredients Identified (7th added - 2015)

First Family Drug Courts Emerge — Leadership of Judges Parnham & McGee

1994



How Collaborative Policy and Practice Improves



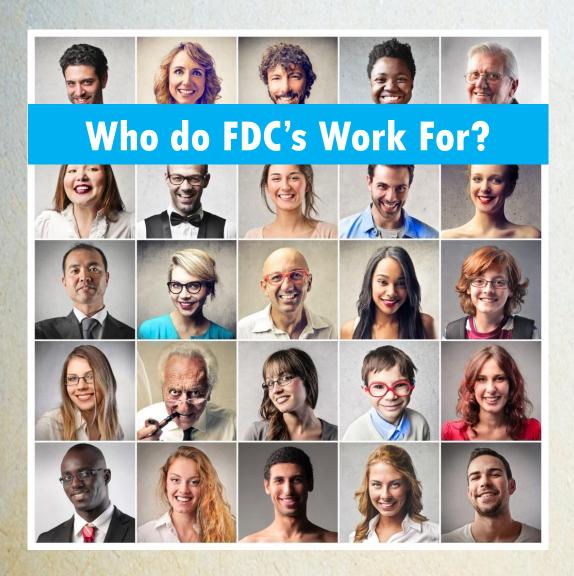
Recovery

Remain at home

Reunification

Re-occurrence

Re-entry



Studies Show Equivalent or Better Outcomes:

- Co-occurring mental health problems
- Unemployed
- Less than a high school education
- Criminal history
- Inadequate housing
- Risk for domestic violence
- Methamphetamine, crack cocaine, or alcohol





National FDC Outcomes

Regional Partnership Grant Program (2007 — 2012)

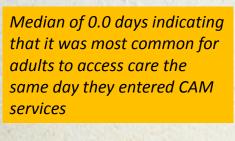
- 53 Grantee Awardees funded by Children's Bureau
- Focused on implementation of wide array of integrated programs and services, including 12 FDCs
- 23 Performance Measures
- Comparison groups associated with grantees that did implement FDCs

Children Affected by Methamphetamine Grant (2010 – 2014)

- 11 FDC Awardees funded by SAMHSA
- Focused on expanded/enhanced services to children and improve parent-child relationships
- 18 Performance Indicators
- Contextual Performance Information included for indicators where state or county-level measures are similar in definition and publicly available.

Access to Treatment





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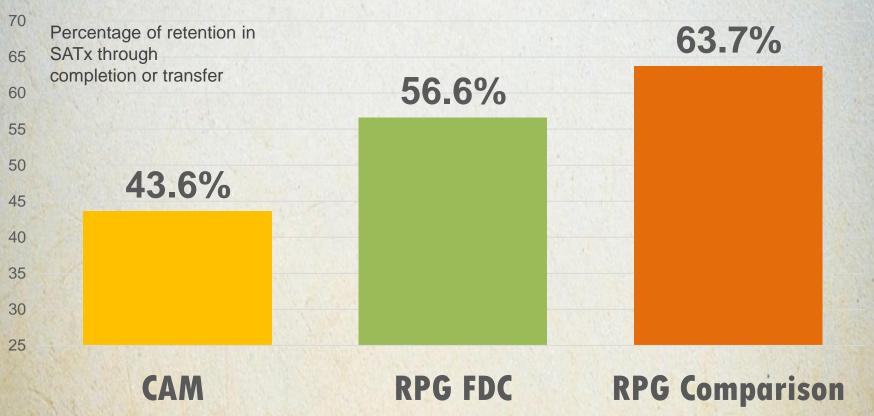
CAM



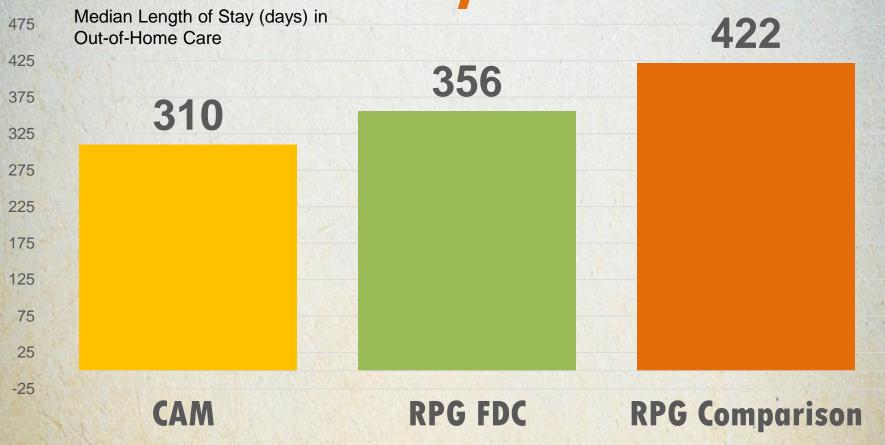
RPG Comparison



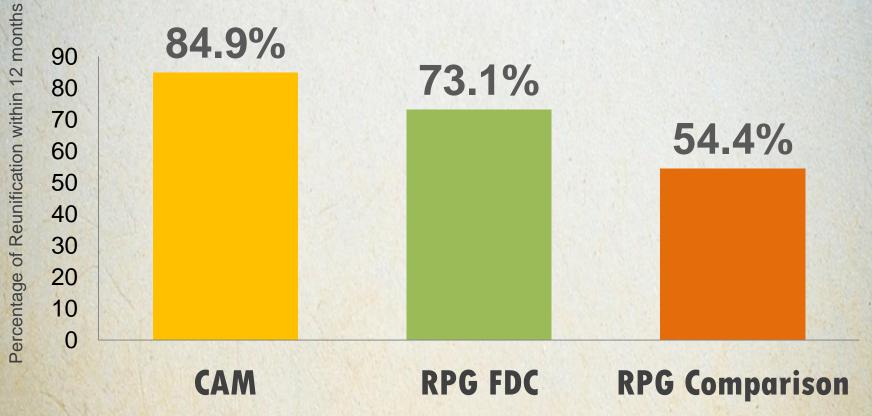
Treatment Completion Rates





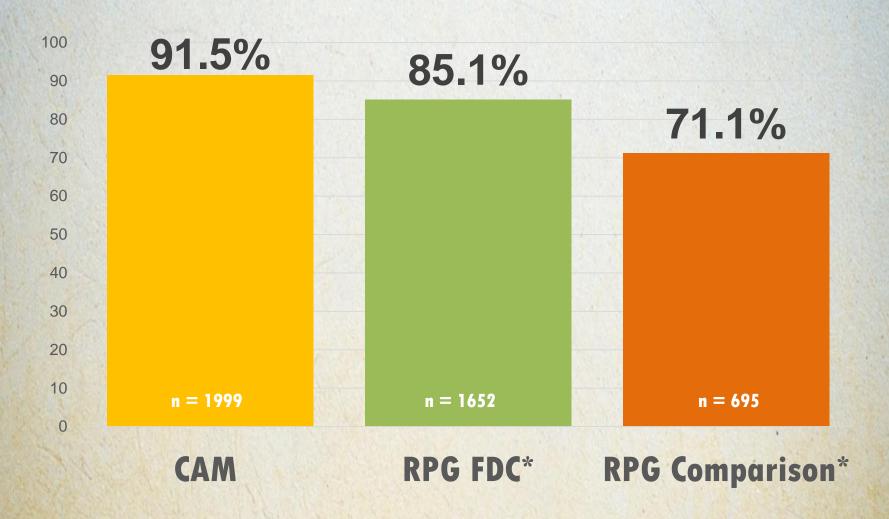


Reunification Rates within 12 Months



Remained in Home

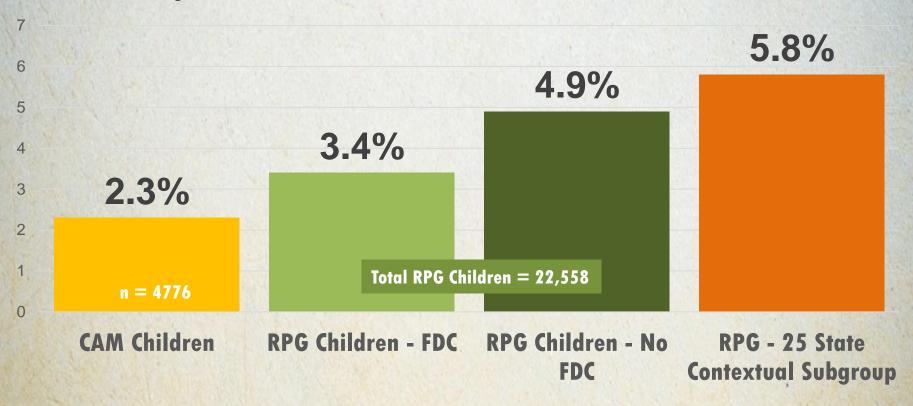
Percentage of children who remained at home throughout program participation



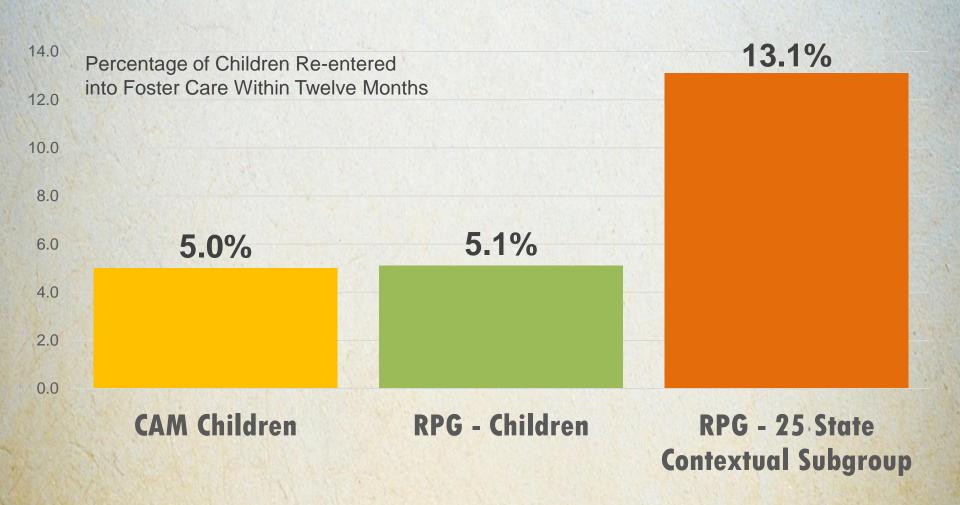
* This analysis is based on 8 RPG Grantees who implemented an FDC and submitted comparison group data

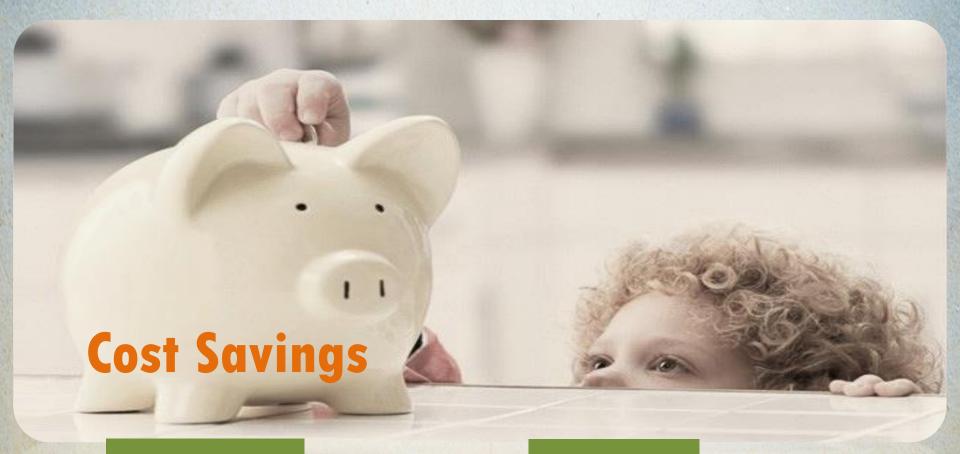
Re-occurrence of Child Maltreatment

Percentage of children who had substantiated/indicated maltreatment within 6 months



Re-entries into Foster Care





Per Family

\$ 5,022 Baltimore, MD

\$ 5,593 Jackson County, OR

\$ 13,104 Marion County, OR

Per Child

\$ 16,340 Kansas

\$ 26,833 Sacramento, CA



Important Practices of FDCs

- 7
- System of identifying families
- Timely access to assessment and treatment services
- Increased management of recovery services and compliance with treatment
- Improved family-centered services and parent-child relationships
- Increased judicial oversight
- Systematic response for participants contingency management
- Collaborative non-adversarial approach grounded in efficient communication across service systems and court

Important Practices of FDCs

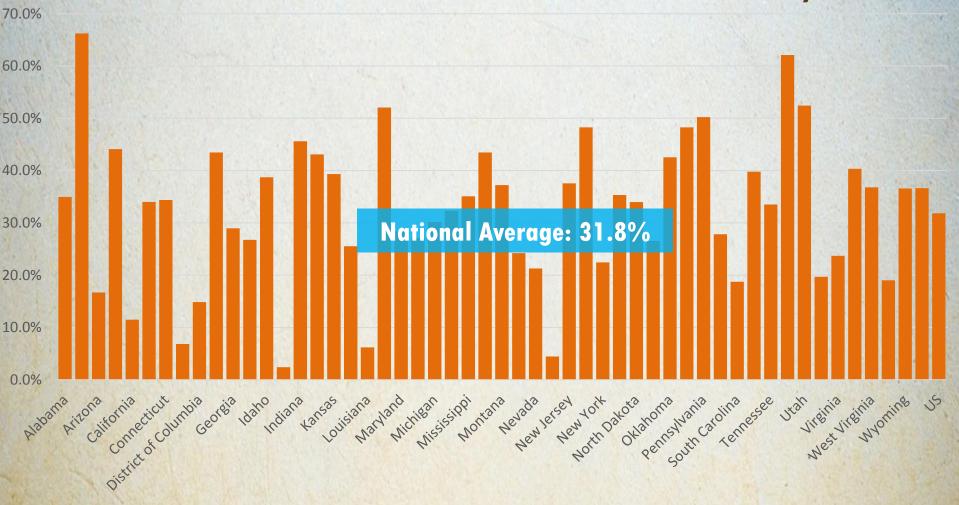
How are they identified and assessed?

How are they supported and served?

How are cases and outcomes monitored?

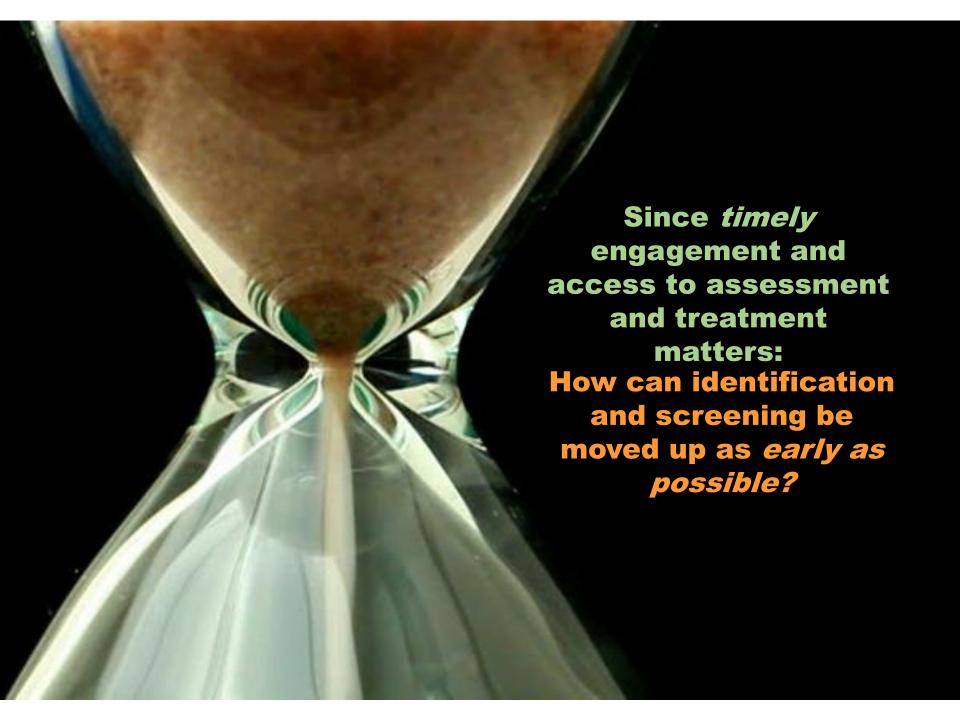


Parental AOD as Reason for Removal, 2014



Challenges & Barriers

- Target population unclear
- Restrictive and/or subjective eligibility criteria
- Screening and identification conducted late
- Lack of utilization of standardized screening protocols
- Referral process with weak hand-offs, lack of tracking



A Model for Referral into CWS Hotline Early Identification, Assessment, and Referral **Timely Referral to FDC** or appropriate **CWS Safety** LOC and Risk Assessment **AOD Screening &** Assessment Jurisdictional-**Detention Hearing** Dispositional Case opened Hearing **Typical referral to FDC** or other **LOC Status Review Hearing**





Effective FDCs develop joint policies and practice protocols that ensure timely, structured, and integrated screening and assessments

Questions to Consider with an Assessment Protocol

- How is the individual referred for assessment?
- On an average how long does it take to go from referral to assessment?
- Who conducts the assessment and what tools are used?
- What additional information from child welfare and other partners would be helpful in understanding the needs of the parent, child and family?
- How is information communicated to the parent? To the child welfare staff?
 To the courts? Are the appropriate consents in place and consistently signed?
- What happens if the parent doesn't show for assessment?
- What are the next steps if treatment is indicated? If treatment is not indicated?
- If the persons/systems/agencies conducting the assessments are not the same as the ones providing treatment, is there a warm hand-off?

Diagnosing Substance Use Disorders

The FDC should ensure that structured clinical assessments are congruent with DSM-V diagnostic criteria

Substance Use Disorders

DSMV

Experimental Use



DSM V Criteria (11 total)







Rethinking Treatment Readiness



Re-thinking "rock bottom"

Addiction as an elevator



"Raising the bottom"



Rethinking Engagement

Hyou build it, will they come?

Effective FDCs focus on effective engagement

- Peer Mentor
- Peer Specialist
- Peer Providers
- Parent Partner

Experiential Knowledge,

Expertise

Titles and Models

- Recovery Support Specialist
- Substance Abuse Specialist
- Recovery Coach
- Recovery Specialist
- Parent Recovery Specialist

Experiential Knowledge, Expertise + Specialized Trainings

YOU NEED TO ASK:

What does our program and community need?

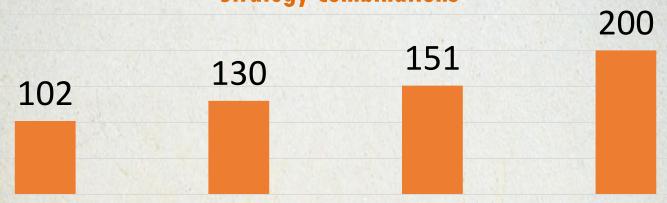


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Median Length of Stay in Most Recent Episode of Substance Use Disorder Treatment after RPG Entry by Grantee Parent Support Strategy Combinations



No Parent Support Strategy Intensive Case Management Only

Intensive Case
Management
and Peer/
Parent Mentors

Intensive Case
Management
and Recovery
Coaches

Median in Days



70%

60%

50%

40%

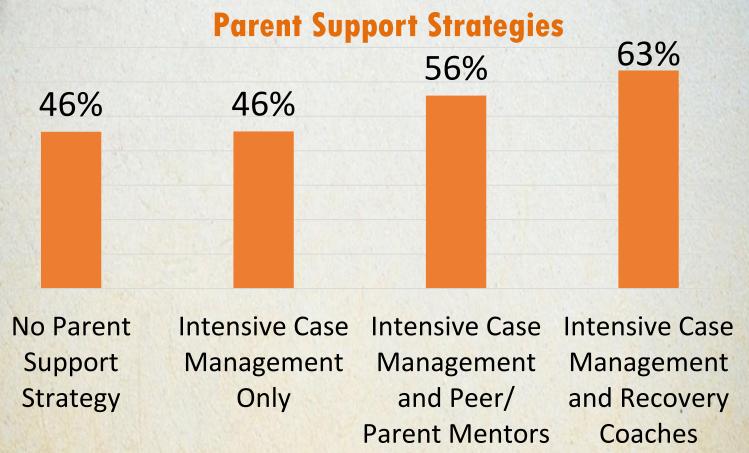
30%

20%

10%

0%

Substance Use Disorder Treatment Completion Rate by







Scope of Services

FDCs should provide the scope of services needed to address the effects of parental substance use on family relationships – family based and family – strengthening approaches towards recovery.

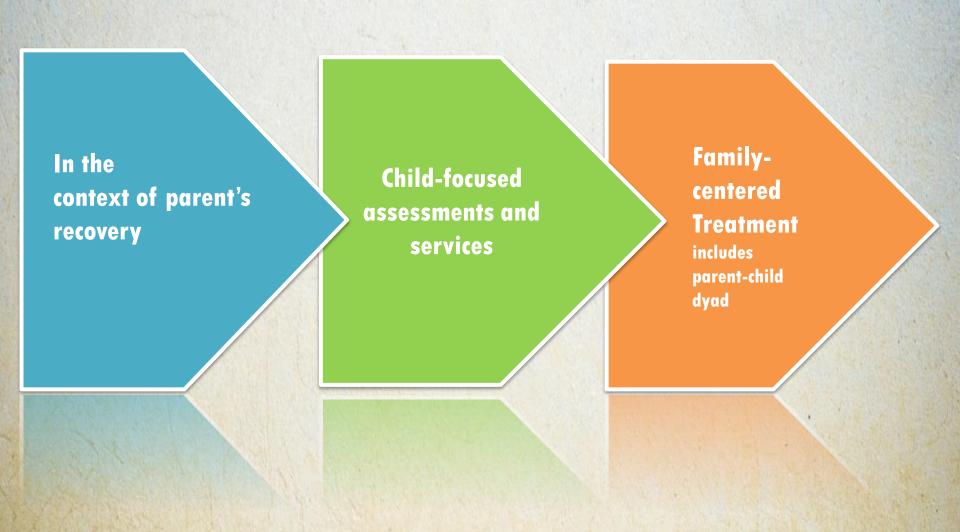
Family is the Focus

Challenges & Barriers

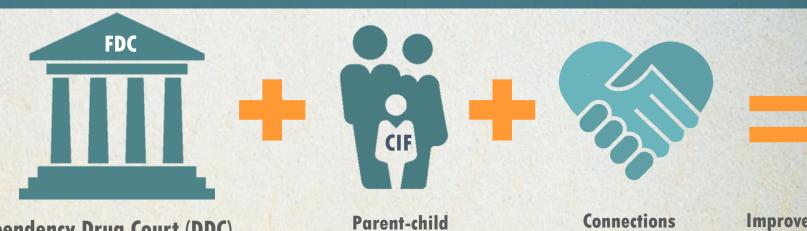
- Services not integrated
- Implementation of evidence-based programming
- Funding of family-based services
- Lack of partnerships
- Information flow and tracking

FDC Practice Improvements

Approaches to child well-being in FDCs need to change



Sacramento County Family Drug Court Programming



- Dependency Drug Court (DDC)
 - Post-File
- Early Intervention Family Drug Court (EIFDC)
 - · Pre-File

to community parenting intervention supports

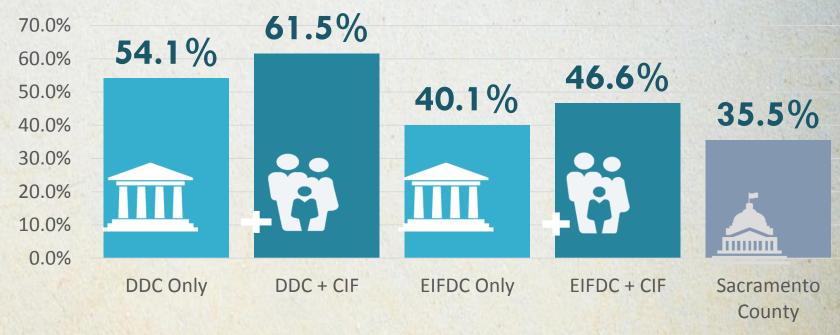
Improved outcomes

DDC has served over 4,200 parents & 6,300 children EIFDC has served over 1,140 parents & 2,042 children CIF has served over 540 parents and 860 children

Recovery

Treatment Completion Rates

Note: All treatment episodes represented here

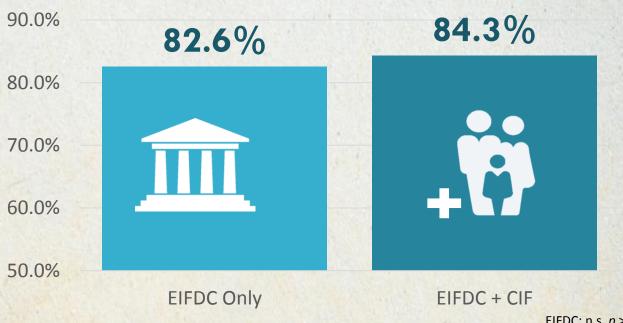


DDC and EIFDC: p < 0.05

Treatment completion rates were higher for parents in DDC and EIFDC than the overall County rate. Parents provided CIF Enhancement were significantly more likely to successfully completed treatment.

Remain at Home

Percent of Children Remaining at Home

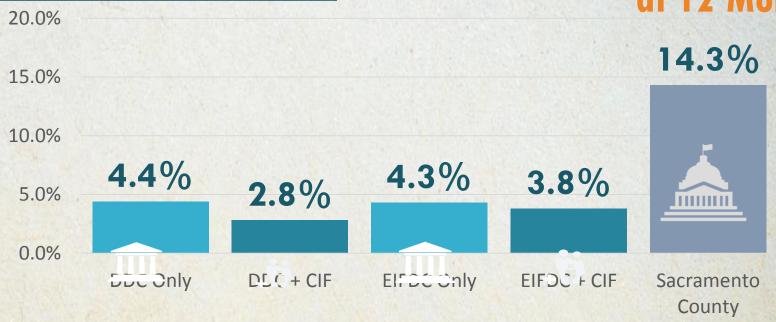


EIFDC: n.s. p > 0.05

Almost all children in EIFDC were able to stay in their parents care. Families provided the CIF Enhancement were on average more likely to have children stay home.



Re-occurrence of Maltreatment at 12 Months

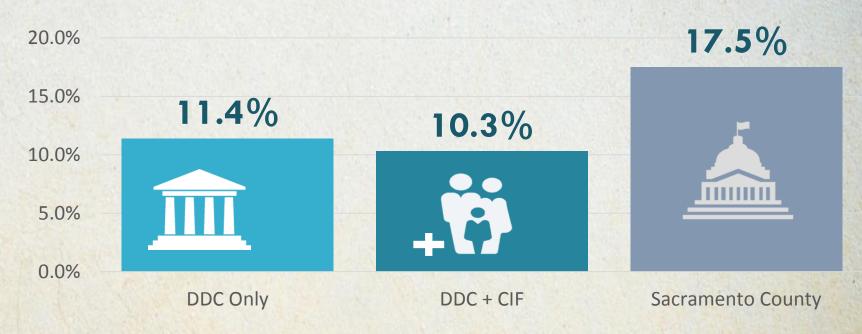


DDC and EIFDC: n.s. p > 0.05

Families in DDC or EIFDC were less likely than the larger Sacrament County population to experience reoccurrence of child abuse and/or neglect.

Re-Entry

Re-Entry into Foster Care 12 Months after Reunification



Families in DDC were less likely than the larger Sacrament County population to experience removals of children following reunification.

DDC: n.s. p > 0.05





Therapeutic Jurisprudence

- Engage directly with parents vs. through attorneys
- Create collaborative and respectful environments
- Convene team members and parents together vs. reinforcing adversarial nature of relationship
- Rely on empathy and support (vs. sanctions and threats) to motivate

Lens, V. Against the Grain: Therapeutic Judging in a Traditional Court. Law & Social Inquiry. American Bar Association. 2015



The Judge Effect

- The judge was the single biggest influence on the outcome, with judicial praise, support and other positive attributes translating into fewer crimes and less use of drugs by participants (Rossman et al, 2011)
- Positive supportive comments by judge were correlated with few failed drug tests, while negative comments led to the opposite (Senjo and Leip, 2001)
- The ritual of appearing before a judge and receiving support and accolades, and "tough love" when warranted and reasonable, helped them stick with court-ordered treatment (Farole and Cissner, 2005, see also Satel 1998)



Three Essential Elements of Responses to Behavior

- 1. Addiction is a brain disorder.
- 2. Length of time in treatment is the key. The longer we keep someone in treatment, the greater probability of a successful outcome.
- 3. Purpose of sanctions and incentives is to keep participants engaged in treatment.





Effective Family Drug Courts

Effective, timely and efficient communication is required to monitor cases, gauge FDC effectiveness, ensure joint accountability, promote child safety and engage and retain parents in recovery



WHO needs to know WHAT, WHEN?

Front-line Level (micro) Case management Reporting **Administrative Level (macro)** Tracking Baselines and Dashboards Outcomes Sustainability Two Levels of Information Sharing





The Collaborative Structure for Leading Change





- What needles are you trying move?
- What outcomes are the most important?
- Is there shared accountability for "moving the needle" in a measurable way, in FDC and larger systems?
- Who are we comparing to?

Defining Your Drop off Points (Example)

6,807 Substantiated cases of neglect and/or abuse due to substance use disorders (2012)

Potential participants assessed for treatment (Tx)

25% drop off = 5,106

Number of participants deemed appropriate

50% = 2,553

Number admitted to Tx= 1,788

30% drop off

- Substantiated cases pulled from Iowa AFCARS data files
- Drop off percentages estimated based on previous drop off reports
- To be used only as an example

716 successfully completed Tx

- 60% drop off

Payoff





Resources



FDC Learning Academy



FAMILY DRUG COURT LEARNING ACADEMY WEBINAR SERIES

The Family Drug Court (FDC) Learning Academy offers webbased training events to assess the needs, implement program improvements, evaluate performance and sustain FDC programs.

Launched in June 2010 by Children and Family Futures (CFF), the Learning Academy consists of six learning "Learning Communities" to address the developmental needs of FDC programs. Webinars are offered to FDC teams and professionals at no cost. Many FDCs have viewed these webbased trainings as a team and then discussed implications for their respective programs.

For a complete listing of the FDC Webinars, please see the back of this flyer.

To view the webinar recordings and download webinar materials, please visit: www.cffutures.ora

Visit the FDC Blog: www.familydrugcourts.blogspot.com

If you have any questions, including how you can use these webinars to train your FDC team, please contact us: fdc@cffutures.org





*This Project is supported by Award 2013-DCRX-K-002 awarded by the Office of Juvenile Justice and Delinquency, Office of



FDC Learning Academy Webinars

Planning Community

June 2010 Mission and Values July 2010 Principles of Collaboration August 2010 Screening and Assessment September 2010 Engagement and Retention October 2010 formation Sharing and Data Systems November 2010 Engaging Defense Attorneys

Early Implementation & Enhanced Community

Engaging Fathers in Family Drug Courts February 2011 March 2011

April 2011 Trauma-Informed Services

May 2011 Engaging the Community & Marketing to Stakeholders June 2011

Responding to Participant Behavior July 2011 Critical Issues in Running a FDC

August 2011 Joint Accountability and Shared Outcomes October 2011 Budget & Sustainability: Conducting a Cost Analysis

November 2011 Moving Toward System-Wide Change

Advanced Practice Community

February 2012 Use of Irail as a Sanction in EDC's Family Drug Court Models - Parallel vs. Integrated

April 2012 What You Need to Know in Becoming a Trauma-Informed Family Drug Court May 2012 Role of Judicial Leadership and Ethical Considerations in FDCs

July 2012 What You Need to Know About Child Well-Being and Serving Children in FDCs Ensuring Effective and Quality Substance Abuse Treatment in FDCs

August 2012 October 2012 Implementing Evidence-Based Parenting in FDCs

Knowledge Sharing March 2013

Responding to Domestic Violence in FDCs

April 2013 Passing the Baton - Why Judicial Succession Matters in FDCs

May 2013 Reaching the Tipping Point - FDCs as a National Child Welfare Reform Strategy

FDC Poor Learning Courts - Highlighting Effective FDC Practices

So Who Are You Really Serving? Challenges of Serving Special Populations in FDCs August 2013 September 2013 Raising the Bar in FDCS - A Look at FDC Guidelines

Leading Change - This Changes Everything

March 2014 Utilizing Recovery Support Specialists as a Key Engagement and Retention Strategy

April 2014 Our Grant is Over - New What? Re-Financing and Re-Directing as Real Sustainability Planning Juno 2014 Closed Doors or Welcome Mat? Opening the Way for Medication-Assisted Treatmen July 2014 How Do You Know They Are Ready? Key Considerations for Assessing Reunification

August 2014 October 2014 Exploring Solutions Together – The Issue of Racial and Ethnic Disproportionality and Disparity Matching Services to Need - Exploring What "High-Risk," "High-Need" Means for FDCs

Leading Change 2015

March 2015 Are You Building Your FDC by Default or Design?

April 2015 So Who Wants to Be an FDC Coordinator?

Leading from the Front-Line: Case Managers in Your FDC and Why You Need Them May 2015 June 2015 Leading Change in Serving Families in FDCs - Prevention & Family Recovery Project August 2015 Leading the Way to Best Practice - Ideas Worth Sharing from FDC Peer Learning Courts

October 2015 Leading Change - State Systems Reform Program

November 2015 Identifying Substance Use as a Risk Factor in CWS Cases and Understanding How to Respond

For more information please visit:

http://www.cffutures. org/projects/familydrug-court-learningacademy



Family Drug Court Learning Academy

2016 Virtual Classroom Series

Watch Pre-Recorded Webinar





Register and Join Live Virtual
Classroom



Convenient & Effective Learning















Virtual Classroom	Webinar Available	Classroom Schedule
Screening & Assessment	April 1	April 14, May 12, May 26
Governance & Leadership	April 5	April 19, May 3, May 17
Parent-Child Relationships	July 1	July 14, July 28, August 18
Data & Info Systems	July 5	July 21, August 11, August 25

- Real-time networking and knowledge sharing
- Coaching & mentoring
- Applied learning through homework or project assignments
- 24/7 access to classroom
- Technical assistance and resources

Register Now! Space Limited



FDC Learning Academy Blog

- Webinar Recordings
- FDC Resources
- FDC Video features
- FDC Podcasts & Interviews
- Virtual Classroom registration

www.familydrugcourts.blogspot.com



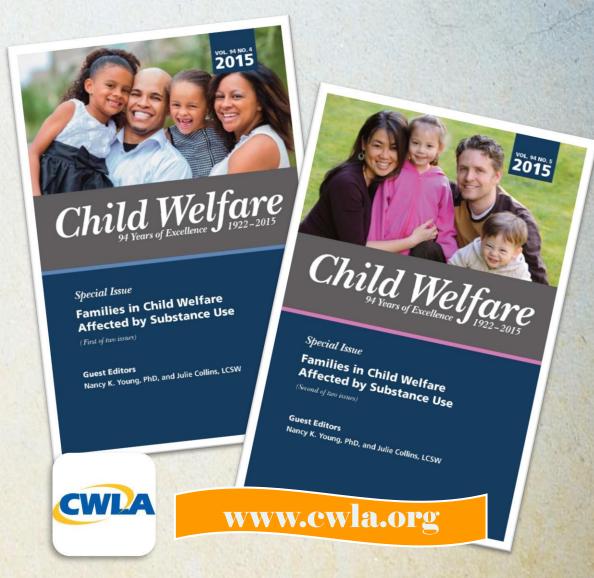
To download a copy today visit our website:

http://www.cffutures.org/files/publications/FDC-Guidelines.pdf

2015 Special Issue

Includes four Family Drug Court specific articles presenting findings on:

- Findings from the Children
 Affected by Methamphetamine
 (CAM) FDC grant program
- FDC program compliance and child welfare outcomes
- Changes in adult, child and family functioning amongst FDC participants
- Issues pertaining to rural FDCs







FAMILY DRUG COURT PEER LEARNING COURT PROGRAM

CONTACT US FOR MORE INFORMATION: fdc@cffutures.org



Child Welfare | AOD Treatment | Judges | Attorneys

Please visit: www.cffutures.org/fdc/

Resource: Screening and Assessment for Family Engagement, Retention, and Recovery (SAFERR)



To download a copy, please visit:

http://www.ncsacw.samhsa.gov/files/SAFERR.pdf

FREE CEUS! Resources **NCSACW Online Tutorials**

- Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers
- Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals
- Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals

Please visit: http://www.ncsacw.samhsa.gov/



Research and Evaluation

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Expertise

CFF's Research and Evaluation staff offer comprehensive methodological expertise in applied research and evaluation including qualitative and quantitative design, data collection, analysis and reporting.

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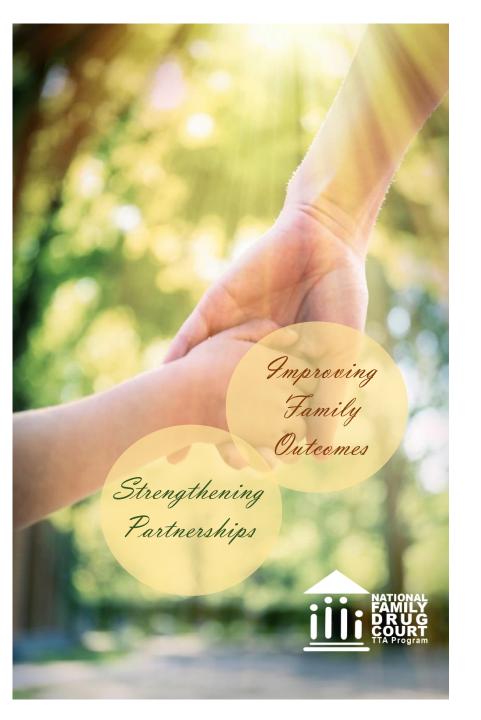
- Family, adult and juvenile drug courts
- Veterans programs and courts
- Child and family welfare
- Public health and substance use treatment programs
- Youth development programs



To learn more about how we can help you design and implement research and evaluation projects that improve the lives of children and families, visit or contact us at:

Email: evaluation@cffutures.org

Toll Free: (866) 493-2758



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