INSPIRING OUTCOMES: LESSONS LEARNED FROM FAMILY DRUG COURTS

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Advancing Excellence in Practice & Policy: What Works For Families Affected by Substance Use
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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.
First Family Drug Courts Emerge – Leadership of Judges Parnham & McGee

Six Common Ingredients Identified (7th added – 2015)

Grant Funding – OJJDP, SAMHSA, CB

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

Systems Change Initiatives

Institutionalization, Infusion, Sustainability

Next
What have we learned?
How Collaborative Policy and Practice Improves

5Rs

Recovery
Remain at home
Reunification
Re-occurrence
Re-entry
Who do FDC’s Work For?

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

(e.g., Boles & Young, 2011; Carey et al. 2010a, 2010b; Worcel et al., 2007)
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

Median # of days to admission

- **CAM**: Median of 0.0 days indicating that it was most common for adults to access care the same day they entered CAM services.
- **RPG FDC**: Median of 22.0 days
- **RPG Comparison**: Median of 45.5 days
Treatment Completion Rates

Percentage of retention in SATx through completion or transfer

- CAM: 43.6%
- RPG FDC: 56.6%
- RPG Comparison: 63.7%
Days in Foster Care

Median Length of Stay (days) in Out-of-Home Care

- CAM: 310
- RPG FDC: 356
- RPG Comparison: 422
Reunification Rates within 12 Months

- CAM: 84.9%
- RPG FDC: 73.1%
- RPG Comparison: 54.4%
Remained in Home

Percentage of children who remained at home throughout program participation

- **CAM**: 91.5% (n = 1999)
- **RPG FDC**: 85.1% (n = 1652)
- **RPG Comparison**: 71.1% (n = 695)

* 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

- CAM Children: 2.3%
- RPG Children - FDC: 3.4%
- RPG Children - No FDC: 4.9%
- RPG - 25 State Contextual Subgroup: 5.8%

Total RPG Children = 22,558

n = 4776
Re-entries into Foster Care

Percentage of Children Re-entered into Foster Care Within Twelve Months

- CAM Children: 5.0%
- RPG - Children: 5.1%
- RPG - 25 State Contextual Subgroup: 13.1%
Cost Savings

**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
Key Family Drug Court Ingredients

The Big 7
Important Practices of FDCs

• 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

Sources: 2002 Process Evaluation and Findings from 2015 CAM Evaluation
Important Practices of FDCs

How are they identified and assessed?

How are they supported and served?

How are cases and outcomes monitored?
Key Family Drug Court Ingredients

1 System of identifying families
Parental AOD as Reason for Removal, 2014

National Average: 31.8%

Source: AFCARS Data, 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
Since *timely* engagement and access to assessment and treatment matters: How can identification and screening be moved up as *early as possible?*
A Model for Early Identification, Assessment, and Referral

1. Referral into CWS Hotline
2. CWS Safety and Risk Assessment
3. AOD Screening & Assessment
4. Timely Referral to FDC or appropriate LOC
5. Detention Hearing - Case opened
6. Typical referral to FDC or other LOC
7. Jurisdictional-Dispositional Hearing
8. Status Review Hearing
Key Family Drug Court Ingredients

#2 Timely access to assessment and treatment services
Timely, Structured, Integrated

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.

Experimental Use

- NO USE
- USE/MISUSE
- MILD (2-3)
- MODERATE (4-5)
- SEVERE (6+)

DSM V Criteria (11 total)
The Impact of Recovery Support On Successful Reunification

We know more about...

- Recovery Support Specialists
- Evidence Based Treatment
- Family-Centered Services
- Evidence Based Parenting
- Parenting Time
- Reunification Groups
- Ongoing Support
Increased management of recovery services and compliance with treatment
Rethinking Treatment Readiness

Re-thinking “rock bottom”

Addiction as an elevator

“Raising the bottom”
Rethinking Engagement

If you build it, will they come?

Effective FDCs focus on effective engagement
Titles and Models

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

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

You need to ask:

What does our program and community need?

Experiential Knowledge, Expertise

Experiential Knowledge, Expertise + Specialized Trainings
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: 102 Median in Days
- Intensive Case Management Only: 130 Median in Days
- Intensive Case Management and Peer/Parent Mentors: 151 Median in Days
- Intensive Case Management and Recovery Coaches: 200 Median in Days
Substance Use Disorder Treatment Completion Rate by Parent Support Strategies

- No Parent Support Strategy: 46%
- Intensive Case Management Only: 46%
- Intensive Case Management and Peer/Parent Mentors: 56%
- Intensive Case Management and Recovery Coaches: 63%
Key Family Drug Court Ingredients

4

Improved family-centered services and parent-child relationships
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

In the context of parent’s recovery

Child-focused assessments and services

Family-centered Treatment includes parent-child dyad
Sacramento County Family Drug Court Programming

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

Parent-child parenting intervention
Connections to community 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
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 complete treatment.
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.
Families in DDC or EIFDC were less likely than the larger Sacramento County population to experience reoccurrence of child abuse and/or neglect.
Families in DDC were less likely than the larger Sacramento County population to experience removals of children following reunification.
Key Family Drug Court Ingredients

5

Increased judicial oversight
Two Levels of Information Sharing

Front-line Level (micro)
- Case management
- Reporting
- Tracking

Client

Administrative Level (macro)
- Baselines and Dashboards
- Outcomes
- Sustainability

Program
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)
Systematic response for participants – contingency management
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.
FDC’s goal is safe and stable permanent reunification with a parent in recovery within time frames established by ASFA.

Responses aim to enhance likelihood that family can be reunited before ASFA clock requires an alternative permanent plan for the child.
Collaborative non-adversarial approach grounded in *efficient communication* across service systems and court.
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?
Two Levels of Information Sharing

Front-line Level (micro)
- Case management
- Reporting
- Tracking

Administrative Level (macro)
- Baselines andDashboards
- Outcomes
- Sustainability

Administrative Level (macro)
- Baselines and Dashboards
- Outcomes
- Sustainability
Monitoring Cases

• Case Staffings
• Family Team Meetings
• Judicial Oversight
• More frequent review hearings
• Responses to behavior
Monitoring Outcomes

System Walk-Through
Assess effectiveness of system in achieving its desired results or outcomes

Data and Info Walk-Through
Who collects data, where is it stored, who uses it, who “owns” the data, levels of access
The Collaborative Structure for Leading Change

**Membership**

- **Meets**
  - **Weekly**

**Primary Functions**

- **Oversight/Executive Committee**
  - **Director Level**
  - **Quarterly**
  - Ensure long-term sustainability and final approval of practice and policy changes

- **Steering Committee**
  - **Management Level**
  - **Monthly or Bi-Weekly**
  - Remove barriers to ensure program success and achieve project’s goals

- **FDC Team**
  - **Front-line staff**
  - **Weekly**
  - Staff cases; ensuring client success

Information flow
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
716 successfully completed Tx
- 60% drop off

Payoff

- 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
Q&A Discussion
The Family Drug Court (FDC) Learning Academy offers week-long training events to address 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 week-long training sessions as a team and then discussed implications for their respective programs.

For more information please visit: http://www.cffutures.org/projects/family-drug-court-learning-academy
Join Us!

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**

<table>
<thead>
<tr>
<th>Screening &amp; Assessment</th>
<th>April 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance &amp; Leadership</td>
<td>April 5</td>
</tr>
<tr>
<td>Parent-Child Relationships</td>
<td>July 1</td>
</tr>
<tr>
<td>Data &amp; Info Systems</td>
<td>July 5</td>
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</tbody>
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**Classroom Schedule**

<table>
<thead>
<tr>
<th>Screening &amp; Assessment</th>
<th>April 14, May 12, May 26</th>
</tr>
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<tbody>
<tr>
<td>Governance &amp; Leadership</td>
<td>April 19, May 3, May 17</td>
</tr>
<tr>
<td>Parent-Child Relationships</td>
<td>July 14, July 28, August 18</td>
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<tr>
<td>Data &amp; Info Systems</td>
<td>July 21, August 11, August 25</td>
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- **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
2nd Edition – Research Update – Just Released

FDC Guidelines

To download a copy today visit our website:
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

www.cwla.org
Coming in 2016!

Family Drug Court Online Tutorial

FDC 101 – Will cover basic knowledge of the FDC model and operations
Resources

FDC Discipline Specific Orientation Materials

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:
NCSACW Online Tutorials

- 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/
Need help with your evaluation?
CFF's Research and Evaluation Division has worked with child and family serving organizations in more than 30 Tribes and Tribal organizations and nearly 100 counties across the United States.

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.

Our diverse content expertise includes work with:

- 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
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