Expanding and Enhancing Services to Children and Their Families Affected by Substance Use Disorders in Family Drug Courts: Outcomes and Lessons Learned from the Children Affected by Methamphetamine Grant

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Office on Child Abuse and Neglect

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 the above stated federal agencies.
Parental substance use affects the whole family

- Developmental impact
- Psycho-social impact
- Impact on parenting
- Generational impact
FDC Movement

1994

2002

2004

2007

2014

2015

National Strategic Plan
Institutionalization, Infusion, Sustainability

Systems Change Initiatives

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

Grant Funding – OJJDP, SAMHSA, CB

Six Common Ingredients Identified (7th added – 2015)

First Family Drug Courts Emerge – Leadership of Judges Parnham & McGee
FDC Model

Judicial Oversight

Drug Court Hearings

Therapeutic Jurisprudence

Intensive Case Management & Recovery Support

Comprehensive Services

Enhanced Family-Based Services
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
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
Family Recovery

Needs

PARENTS
- Parenting skills and competencies
- Family connections and resources
- Parental mental health; co-occurring
- Medication management
- Parental substance use
- Domestic violence

FAMILY
- Basic necessities
- Employment
- Housing
- Child care
- Transportation
- Family counseling

CHILD
- Well-being/behavior
- Developmental/health
- School readiness
- Trauma
- Mental health
- Adolescent substance use
- At-risk youth prevention
Rethinking Parent Recovery

- Parent recovery must occur in the context of family relationships
- Connect with services that strengthens families and supports parent-child relationships

85% of children in substantiated abuse and neglect cases either stay home or go home
“I wish my parents got drug treatment”

Stay home
Go home
Find home

“the remarkable ability to find their way home, even across huge and disorienting distances”
CAM Grant Overview

- Four-year grant award (2010-2014) to 12 Grantee sites
- $1.4 million grant spread over four years
- Provide services directly to children and supportive services to parents and families participating in Family Drug Court (FDC) program
- National Center on Substance Abuse and Child Welfare provide performance monitoring and programmatic technical assistance
- Each Grantee is assigned a Performance Management Liaison (PML)
Grantee Range & Diversity

Project and evaluation design
Size of geographic region
Target population; #s served
Selected strategies
Evidence-based programs
Outcomes
CAM Program Participants

3,244 Adults  5,131 Children

2,479 Families
Addressing Intense Challenges

- Prenatal exposure
- Parent-child bonding and attachment issues
- Multi-generational trauma
- Co-occurring mental health and substance use disorders
- Child abuse and neglect
CAM Project Components

- Trauma-focused therapy for adults and children
- Parent education and training
- Parent-child therapy
- Engagement and outreach
- Children’s developmental and behavioral support services
<table>
<thead>
<tr>
<th>Program Strategy</th>
<th>#</th>
<th>Examples</th>
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</thead>
<tbody>
<tr>
<td>Parenting Education</td>
<td>12</td>
<td>Nurturing Parenting in Recovery; SafeCare, Strengthening Families, Celebrating Families, Nurturing Families; Promoting First Relationships</td>
</tr>
<tr>
<td>Developmental and Behavioral Interventions</td>
<td>12</td>
<td>Ages and Stages Questionnaire, COACHES</td>
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<tr>
<td>Engagement and Outreach</td>
<td>10</td>
<td>Recovery Support Specialist, Aftercare, Peer Mentor</td>
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<tr>
<td>Therapeutic and Trauma-Focused Parent-Child Interventions</td>
<td>8</td>
<td>Parent-Child Psychotherapy, Parent-Child Interaction Therapy, Theraplay, Trauma-Focused Cognitive Behavioral Therapy</td>
</tr>
</tbody>
</table>
CAM Performance Indicators

**Child/Youth (9)**
- Children remain at home
- Occurrence of child maltreatment
- Average length of stay in FC
- Re-entries to FC placement
- Timeliness of reunification
- Timeliness of permanency
- Prevention of substance-exposed newborns
- Connected to supportive services
- Improved child well-being

**Adults (6)**
- Access to treatment
- Retention in treatment
- Reduced substance use
- Connected to supportive services
- Employment
- Criminal behavior

**Family/Relationship (3)**
- Improved parenting
- Family relationships and functioning
- Risk/protective factors
How Collaborative Policy and Practice Improves

5Rs

Recovery
Remain at home
Reunification
Re-occurrence
Re-entry
Nearly half of treatment episodes resulted in a positive treatment outcome (47.0%).

- Completed Treatment: 41.2% (n=752)
- Transferred to Another Program for Further Treatment: 5.8% (n=106)
- Non-Completion: 35.3% (n=645)
- Other Discharge Reason: 17.6% (n=322)
Median Length of Stay in Treatment by Discharges Status 

(N=1,825)

- **All Discharges (n=1825)**: 5.8 Months (213 days)
- **Completed Treatment (n=752)**: 10.3 Months (309 days)
- **Transferred to Another Program for Further Treatment (n=106)**: 2.1 Months (65 days)
- **Non-Completion (n=645)**: 2.6 Months (80 days)
- **Other Discharge Reason (n=322)**: 3.3 Months (100 days)
Percentage of Parents that Stayed in Treatment Over 90 days

68.1

CAM Participant

29.6

Comparative
Children Remaining in Home While Participating in CAM Services

- 90.8% Remain in Home
- 8.2% Removed from Home

Nearly all children in-home at CAM entry remained in the home

N=1,999
Two-thirds (64.5%) of the children were discharged from foster care in less than 12 months (vs. comparative 54%)
Percentage of CAM Discharged from FC within a Given # of Months

- 24 or more (n=123): 9.3%
- 18-23 M (n=135): 10.2%
- 12-17 M (n=289): 21.9%
- 6-11 M (n=455): 34.4%
- 1-5 M (n=220): 16.6%
- Less than 1 M (n=100): 7.6%

Median length of stay in foster care: 9.7 months (296.0 days)
Re-Entries into Foster Care

- 19-24 M (n=23): 0.3%
- 13-18 M (n=15): 1.3%
- 7-12 M (n=24): 2.1%
- Within 6M (n=26): 2.3%

6.0% re-entered foster care within 24 months
4.4% re-entered foster care within 12 months
13.2%

CAM, Comparative
Preliminary Findings Well-Being

Overall Mean NCFAS Scores for Each Domain*

<table>
<thead>
<tr>
<th>Domain</th>
<th>Intake</th>
<th>Closure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment</td>
<td>3.39</td>
<td>2.6</td>
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<tr>
<td>Parental Capabilities</td>
<td>3.66</td>
<td>2.64</td>
</tr>
<tr>
<td>Family Interactions</td>
<td>3.45</td>
<td>2.61</td>
</tr>
<tr>
<td>Family Safety</td>
<td>3.52</td>
<td>2.43</td>
</tr>
<tr>
<td>Child Well-Being</td>
<td>3.06</td>
<td>2.34</td>
</tr>
<tr>
<td>Social/Community Life</td>
<td>3.43</td>
<td>2.67</td>
</tr>
<tr>
<td>Self-Sufficiency</td>
<td>3.81</td>
<td>2.9</td>
</tr>
<tr>
<td>Family Health</td>
<td></td>
<td>2.95</td>
</tr>
<tr>
<td>Ambivalence</td>
<td>3.2</td>
<td>2.47</td>
</tr>
<tr>
<td>Readiness for Reunion</td>
<td>3.78</td>
<td>2.99</td>
</tr>
</tbody>
</table>

* Significant improvement for all domains

Note: lower scores indicate improvement

* All domains signify significant differences between intake and closure at $p < .05$. 
New Ways of Doing Business

- CAM profoundly changed the ways FDCs function
- Increased focus on children required new collaboration and partnerships
- Increased focus on family functioning parent-child relationships
Lessons Learned

Case Examples
Lesson #1

Meaningfully improving or adding children’s services has a profound impact on the FDC especially its relationships with other family-serving agencies.
Lesson #2

Changing the ways FDCs function in terms of including children’s services requires substantial effort as well as the establishment of trust and mutual investment across agencies.
Lesson #3

Addressing the needs of children requires FDCs to recognize improved child and family functioning as core elements in parents’ recovery.
Lesson #4

Anticipating some of the costs of implementing evidence-based practices can be difficult.
Lesson #5

Adding an engagement and outreach worker position is often key to success even if it was not part of the grantee’s original project design.
Lesson #6

Recognizing that more intense efforts need to be focused on the issues of matching the target population to appropriate services.
Lesson #7

Sustainability planning should start as early as possible. Negotiations with stakeholders early and often and ongoing relationships are key since funding opportunities may arise any time.
Q&A and Discussion
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
Children Affected by Methamphetamine Brief

- Overview Children Affected by Methamphetamine (CAM) grant program (funded by SAMHSA from October 2010 – September 2014)
- Key implementation lessons learned
- Highlights safety, permanency, recovery, and well-being outcomes for the 1,850 families served during the first three years of the grant
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