A young girl with two braids, wearing a light blue sleeveless top, is reaching out with her right hand to hold the left hand of a man. The man has a full beard and is wearing a light-colored t-shirt. They are both looking at each other. The background is a bright, indoor setting with a window and a lamp.

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***

Presenters: Sharon Amatetti, MPH and Russ Bermejo, MSW

2016 CWLA National Conference | August 2, 2016



National Center on  
Substance Abuse and Child Welfare

Bringing Systems Together for  
Family Recovery, Safety, and Stability

*Improving  
Family  
Outcomes*

*Strengthening  
Partnerships*

# Acknowledgement

**This presentation is supported by:**

Substance Abuse and Mental Health Services  
Administration

Center for Substance Abuse Treatment  
and the

Administration on Children, Youth and Families  
Children's Bureau

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.*





**Developmental  
impact**

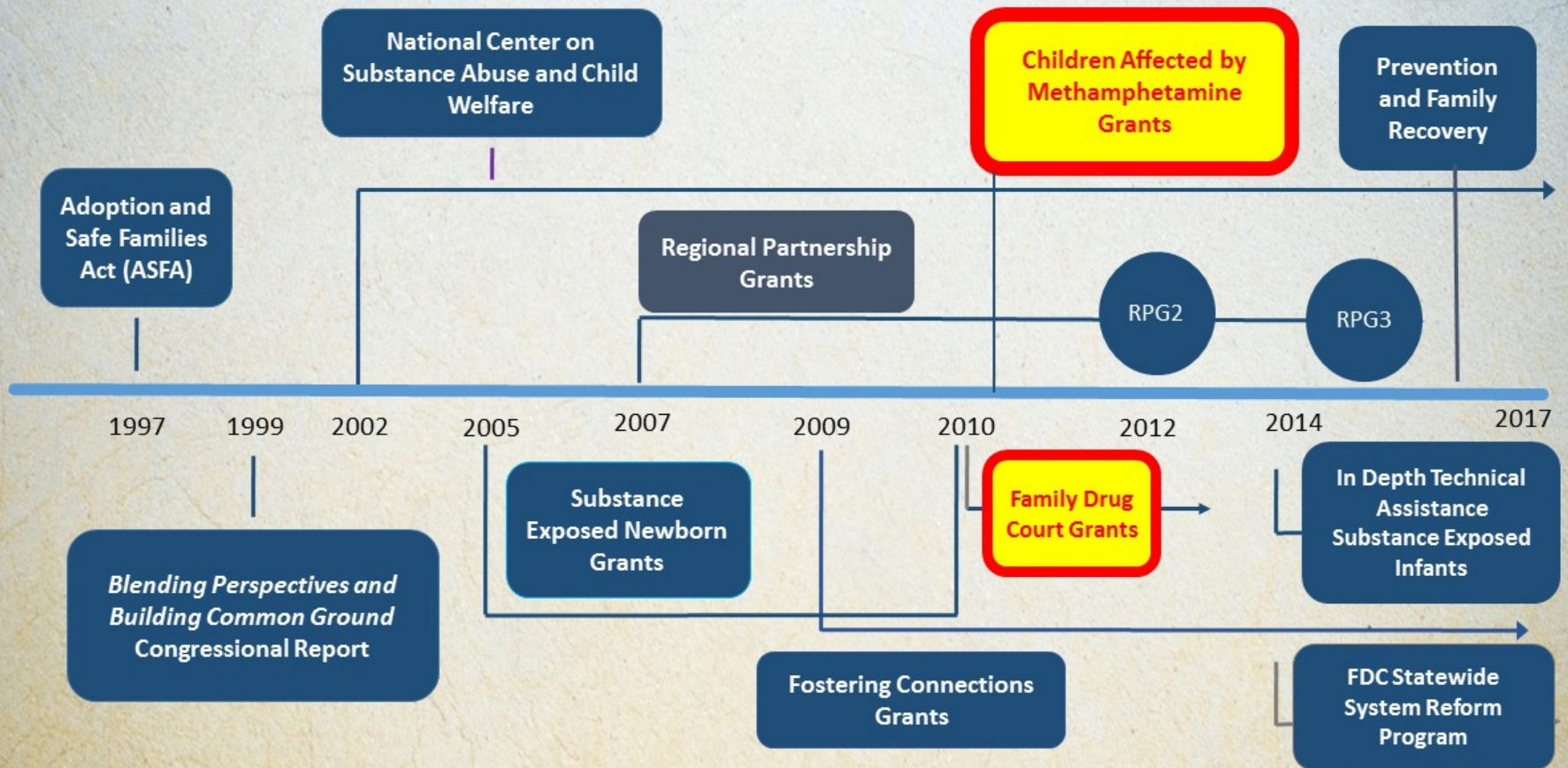
**Parental  
substance  
use affects  
the whole  
family**

**Psycho-  
social impact**

**Generational  
impact**

**Impact on  
parenting**

# Federal Initiatives: Progress Since the Adoption and Safe Families Act (ASFA)





# FDC Movement

1994

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

2002

**Six Common Ingredients Identified (7<sup>th</sup> added – 2015)**

2004

**Grant Funding –OJJDP, SAMHSA, CB**

2007

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

2014

**Systems Change Initiatives**

Next

Next

**Institutionalization, Infusion, Sustainability**

**National Strategic Plan**

# FDC Model

## Judicial Oversight



**Drug Court  
Hearings**



**Therapeutic  
Jurisprudence**



**Intensive Case  
Management &  
Recovery Support**



**Enhanced  
Family-Based  
Services**

## Comprehensive Services



# 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

*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*



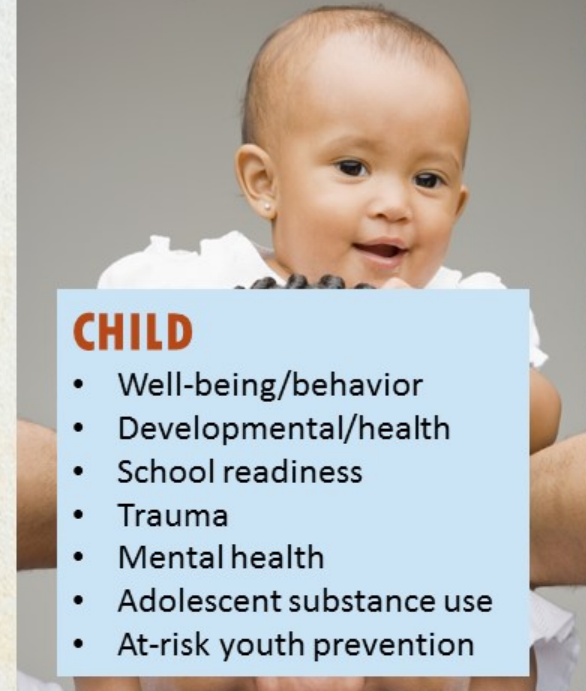
## **PARENTS**

- 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)



# 12 CAM Grantees

Clarke County, WA

Butte, CA

Sacramento, CA

Santa Cruz, CA

San Luis Obispo, CA

Santa Barbara, CA

Riverside, CA

Pima County, AZ

Denver, Colorado

Nebraska (6 FDCs)

Dunklin County, MO

Oklahoma





## Grantee Range & Diversity

Project and evaluation design

Size of geographic region

Target population; #s served

Selected strategies

Evidence-based programs

Outcomes



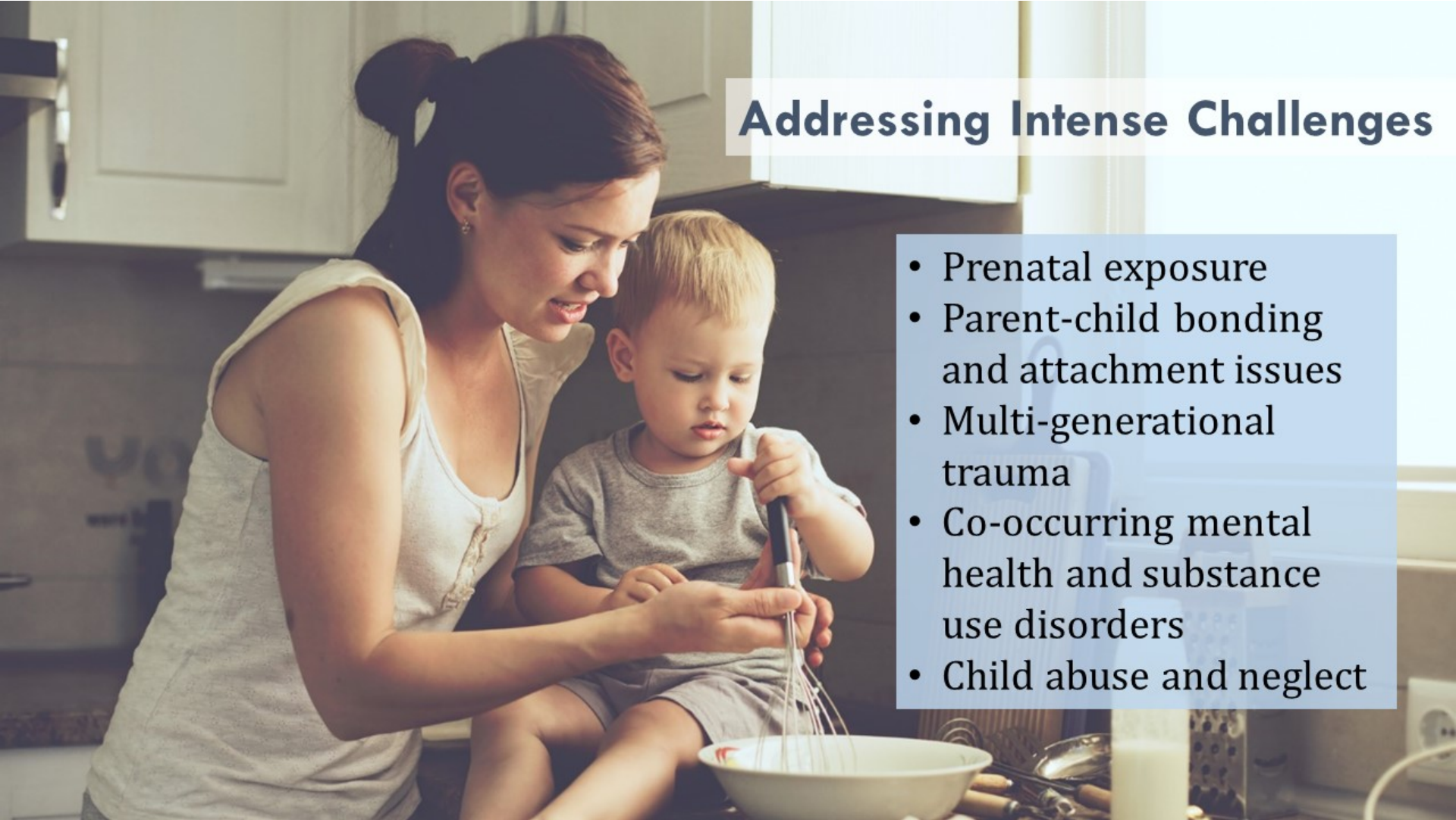
# CAM Program Participants

**3,244 Adults**

**5,131 Children**



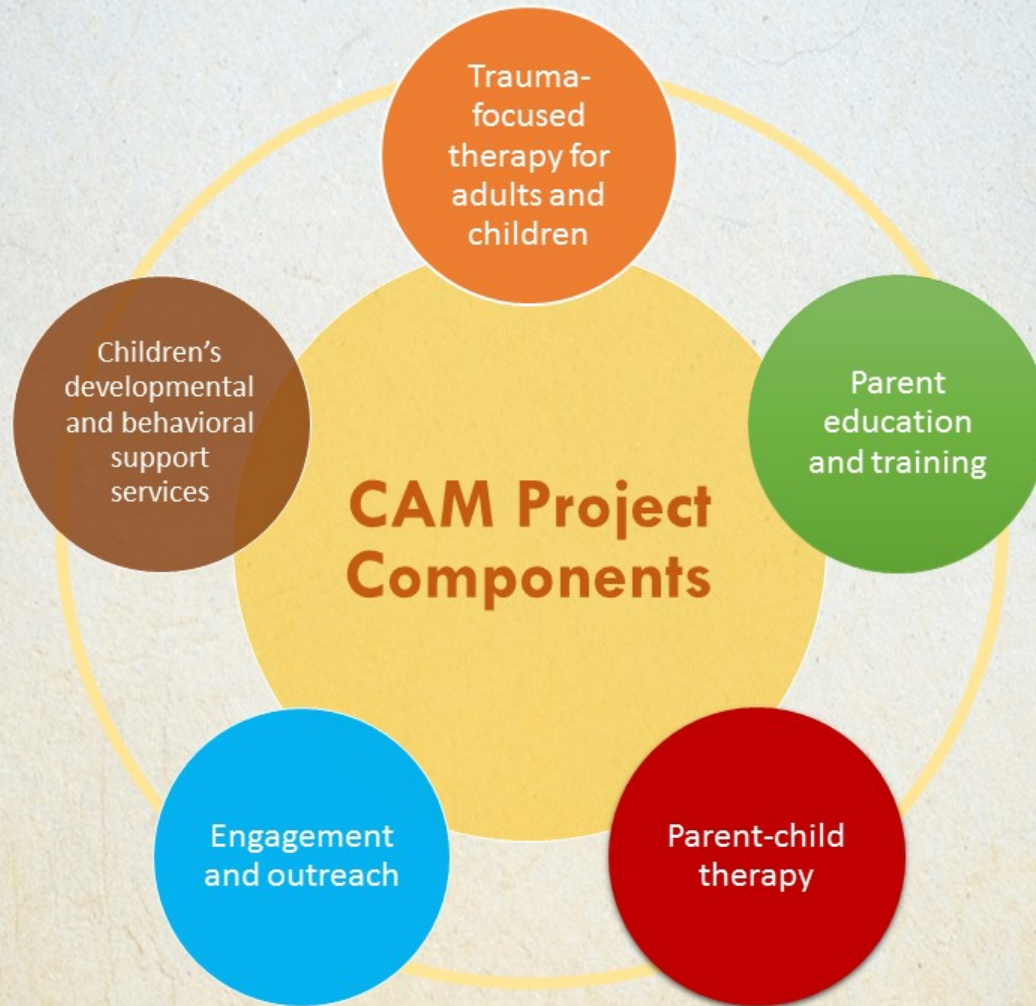
**2,479 Families**



## 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





<b>Program Strategy</b>	<b>#</b>	<b>Examples</b>
Parenting Education	12	Nurturing Parenting in Recovery; SafeCare, Strengthening Families, Celebrating Families, Nurturing Families; Promoting First Relationships
Developmental and Behavioral Interventions	12	Ages and Stages Questionnaire, COACHES
Engagement and Outreach	10	Recovery Support Specialist, Aftercare, Peer Mentor
Therapeutic and Trauma-Focused Parent-Child Interventions	8	Parent-Child Psychotherapy, Parent-Child Interaction Therapy, Theraplay, Trauma-Focused Cognitive Behavioral Therapy



# CAM Performance Indicators

# 18

Safety  
Permanency  
Recovery  
Well-Being

## 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

**R**ecovery

**R**emain at home

**R**eunification

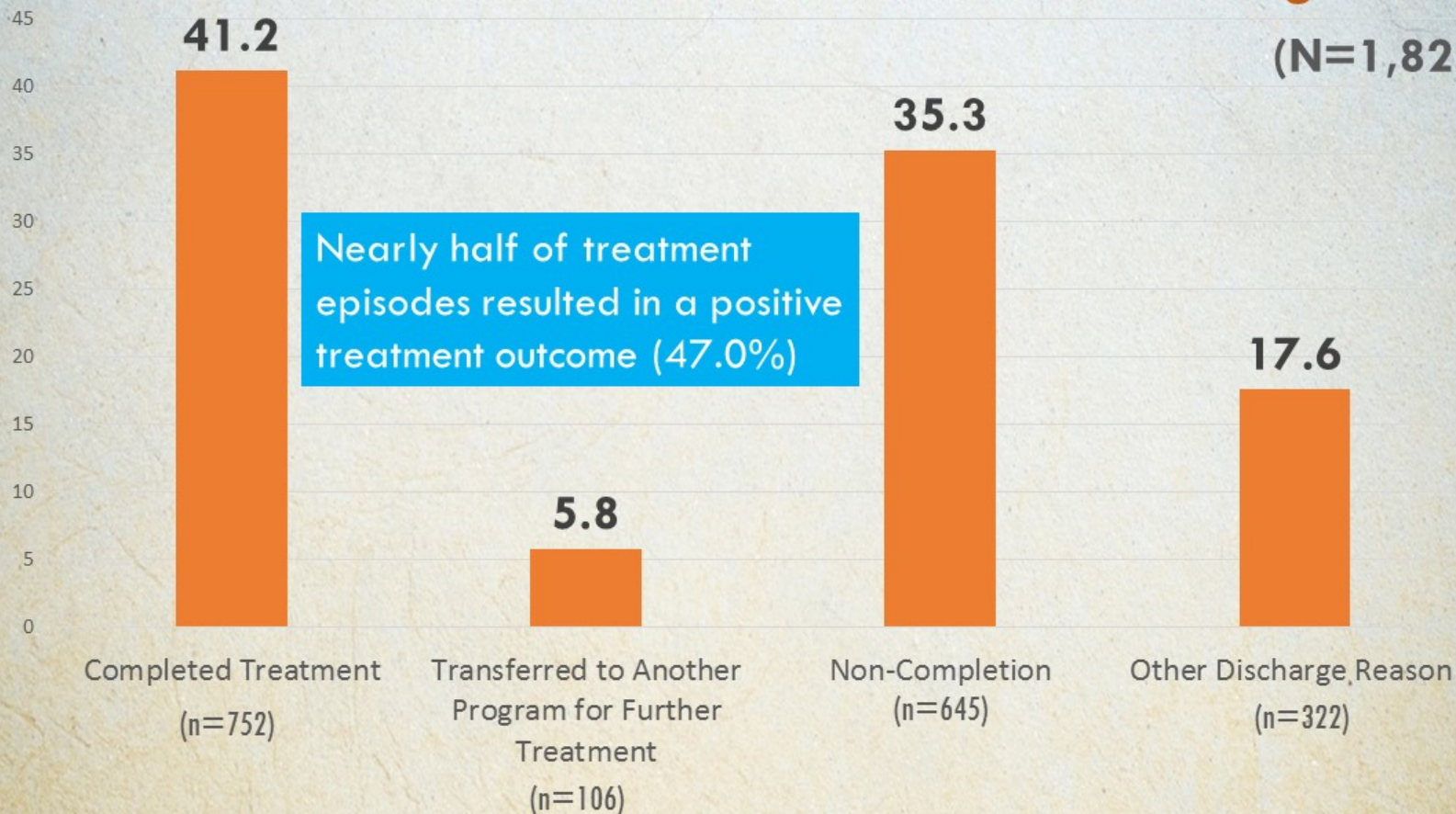
**R**e-occurrence

**R**e-entry



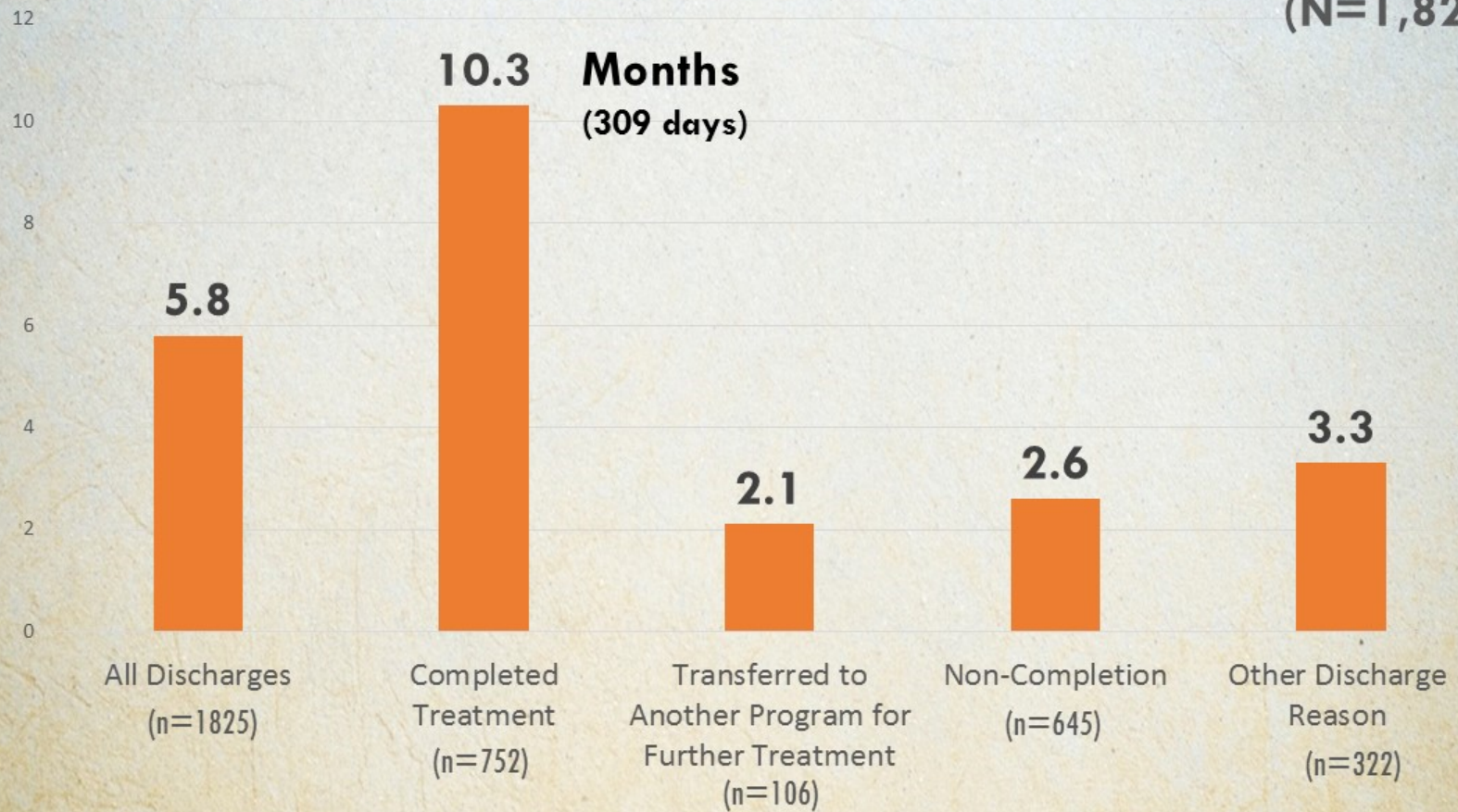
## Substance Abuse Treatment Discharges Status

(N=1,825)



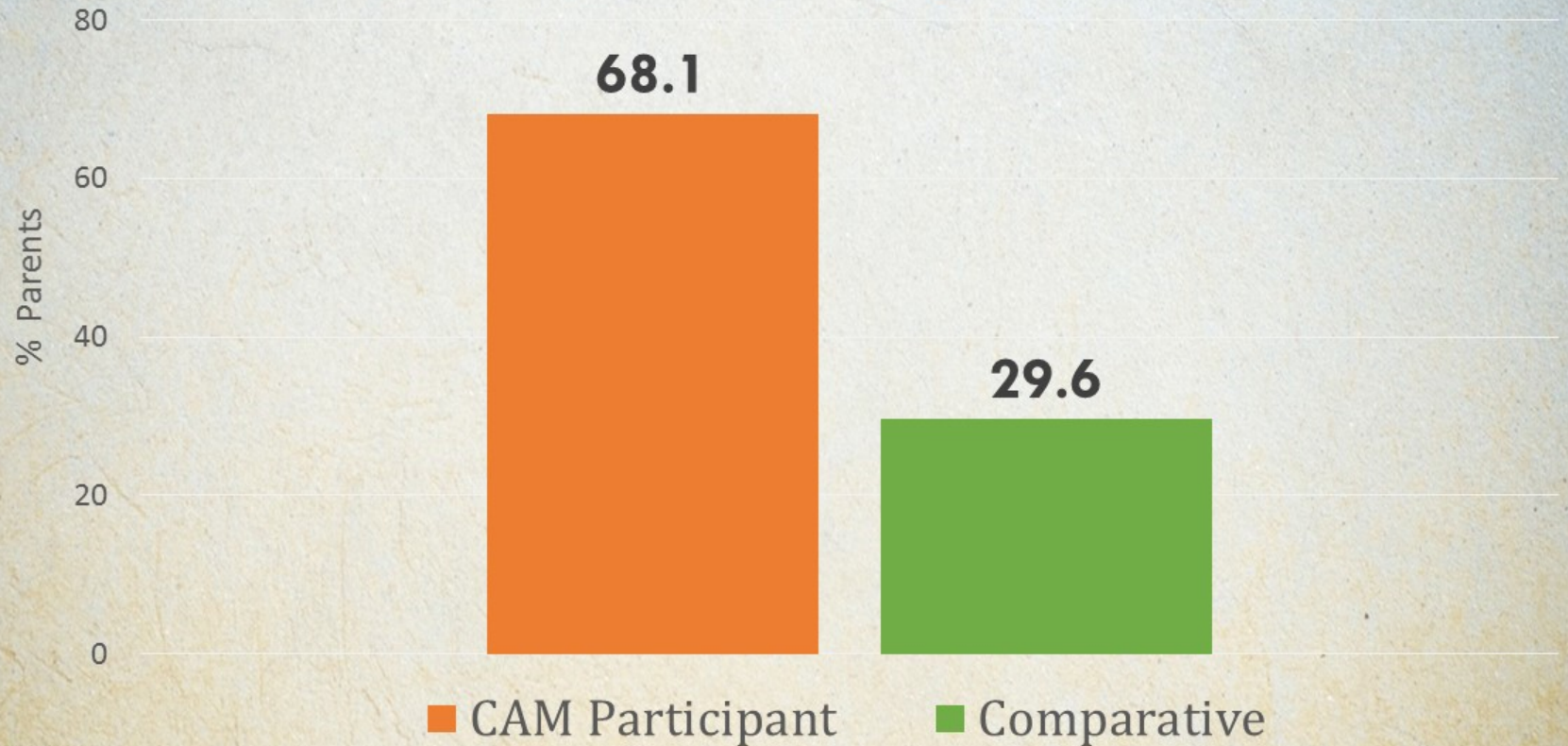
# Median Length of Stay in Treatment by Discharges Status

(N=1,825)

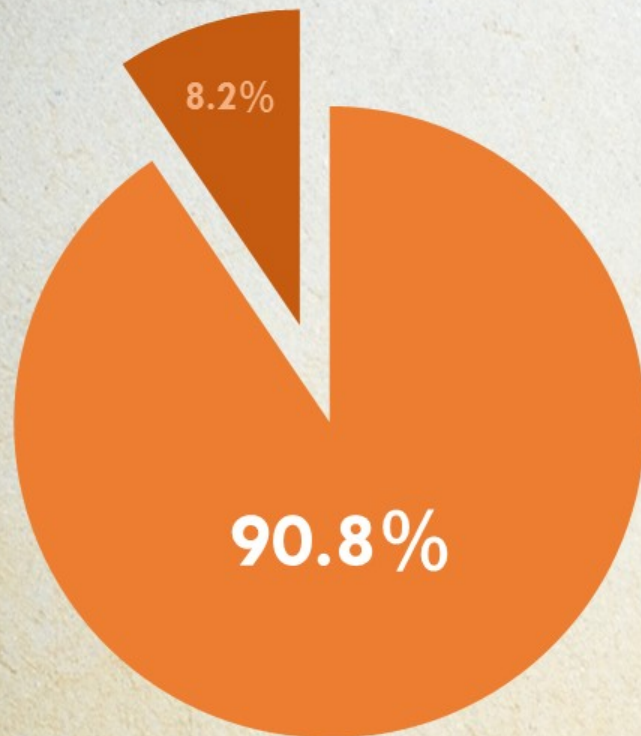




## Percentage of Parents that Stayed in Treatment Over 90 days



## Children Remaining in Home While Participating in CAM Services



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

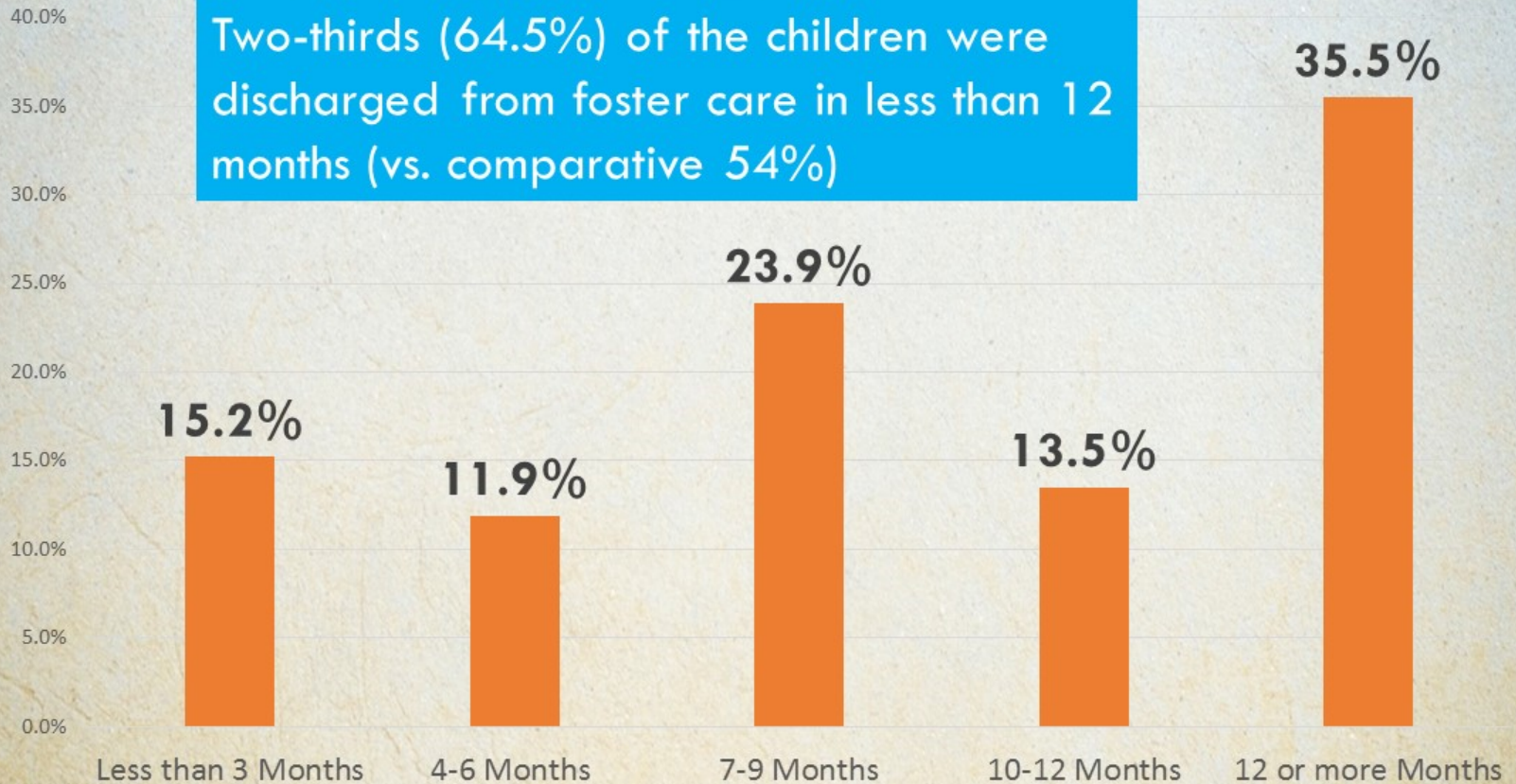
- Remained In-Home
- Removed from Home

N=1,999

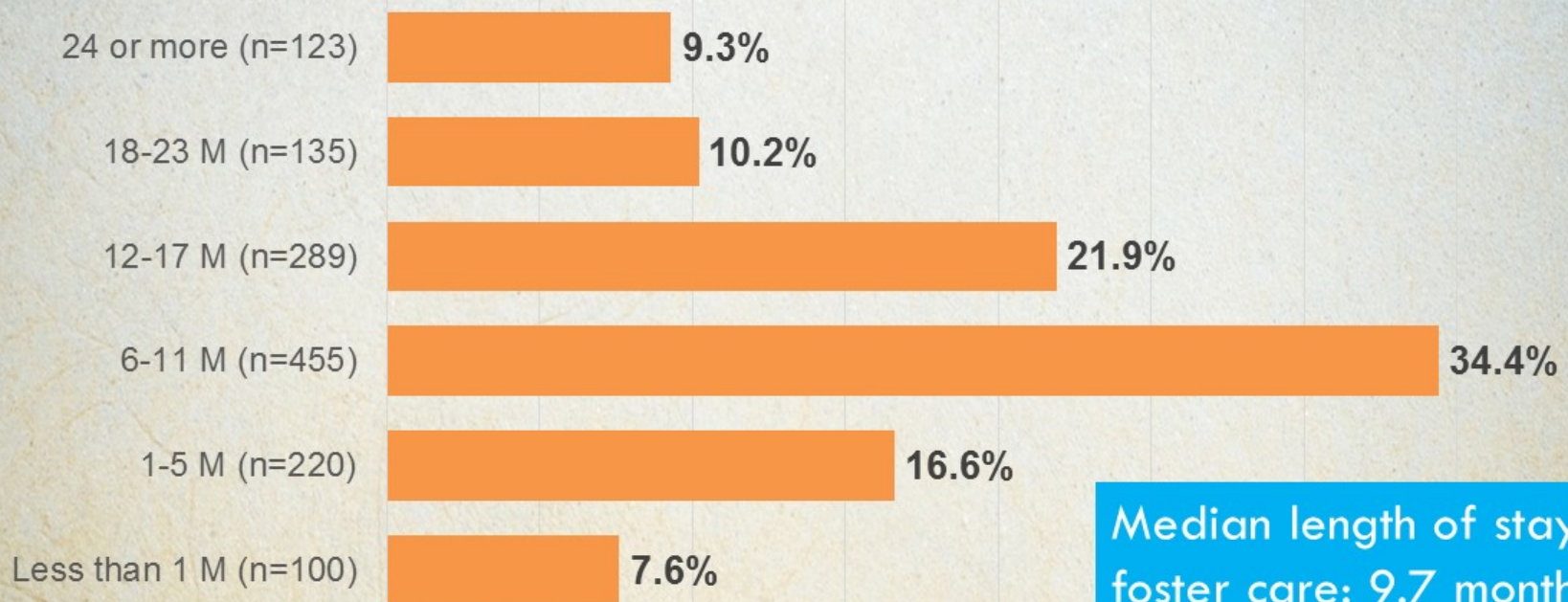


## Percentage of CAM Children Reunified

Two-thirds (64.5%) of the children were discharged from foster care in less than 12 months (vs. comparative 54%)



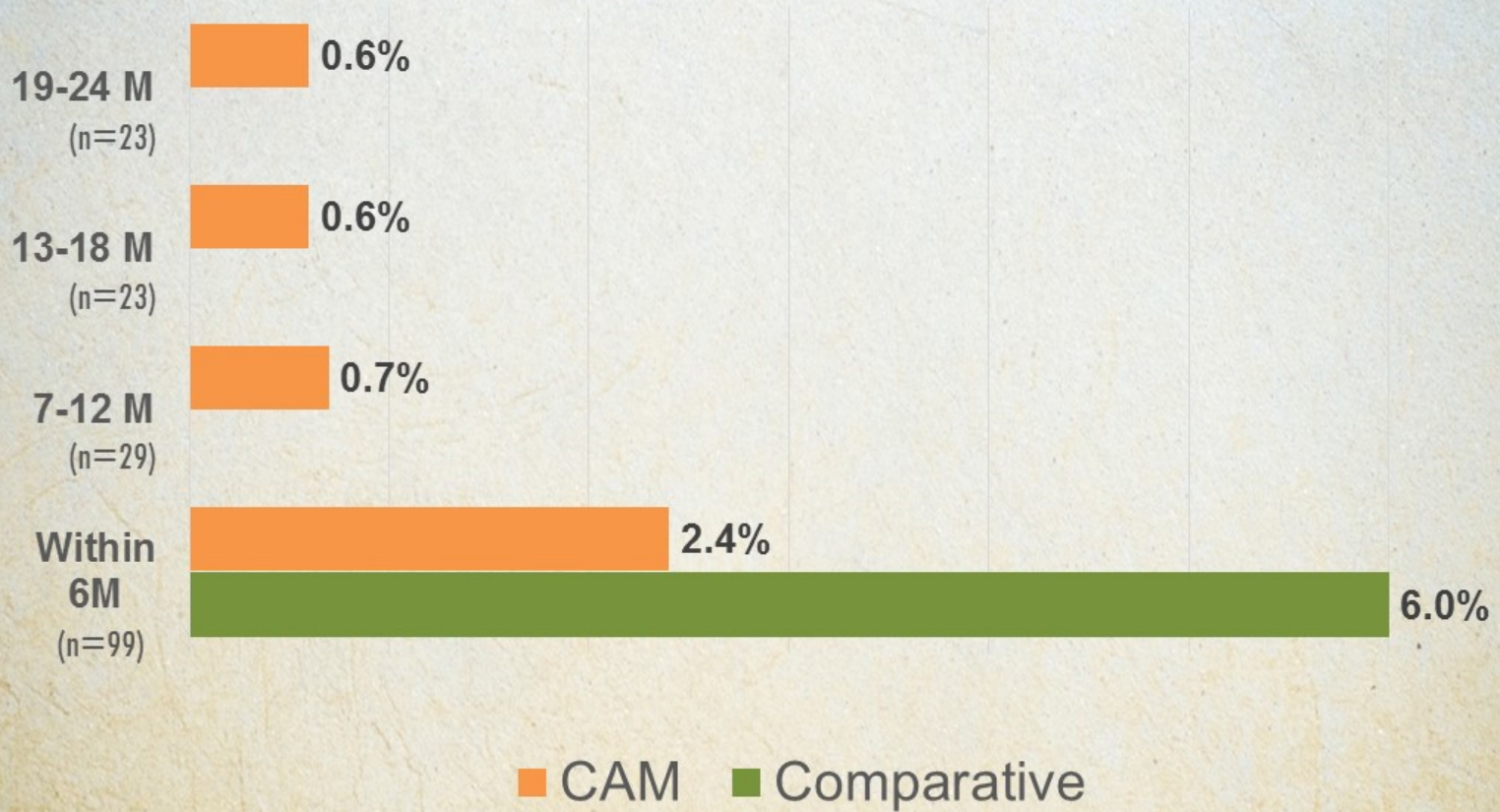
## Percentage of CAM Discharged from FC within a Given # of Months



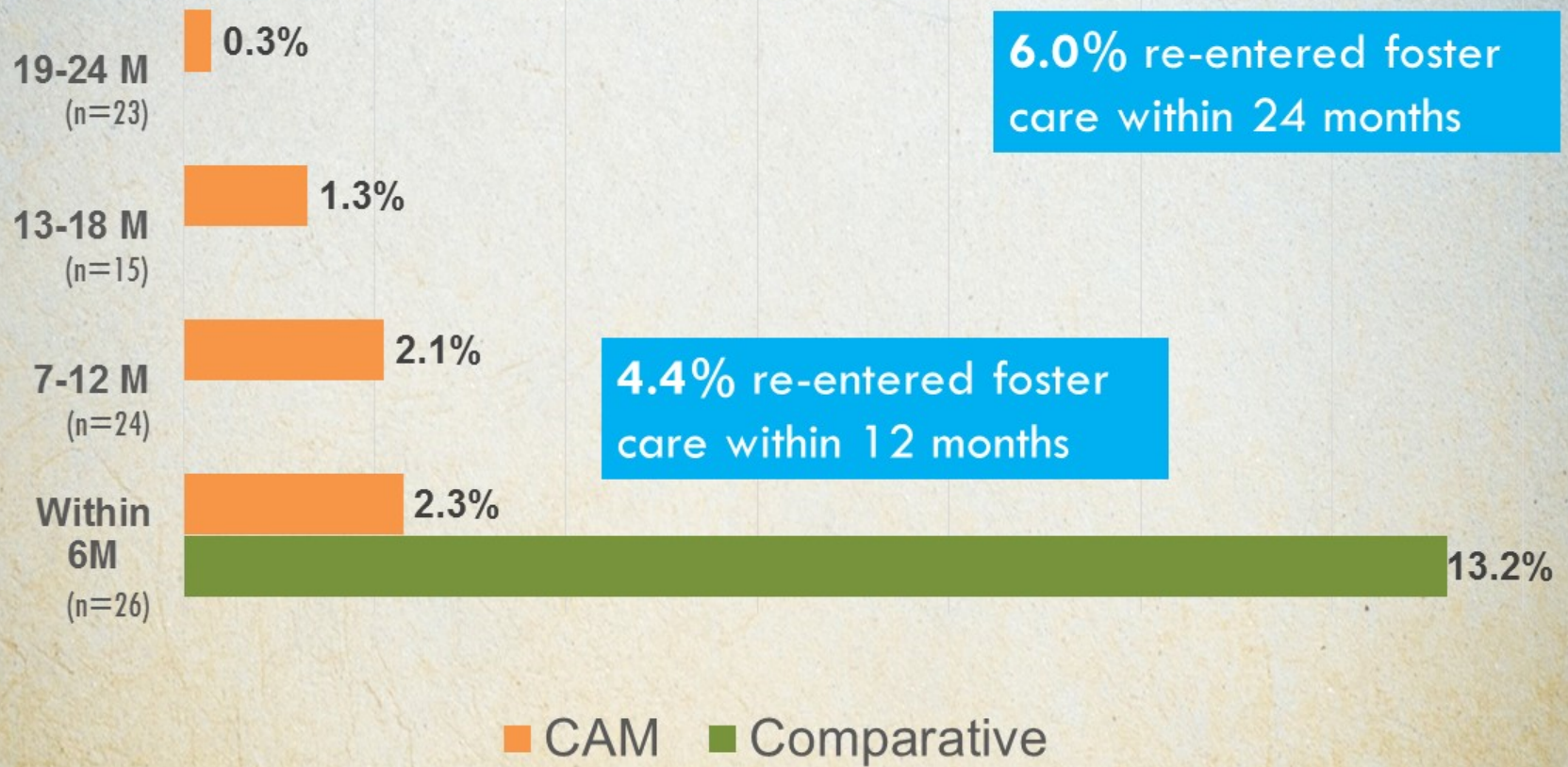
Median length of stay in foster care: 9.7 months (296.0 days)



## Re-Occurrence of Maltreatment



## Re-Entries into Foster Care





# Preliminary Findings Well-Being

Overall Mean NCFAS Scores for Each Domain\*

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



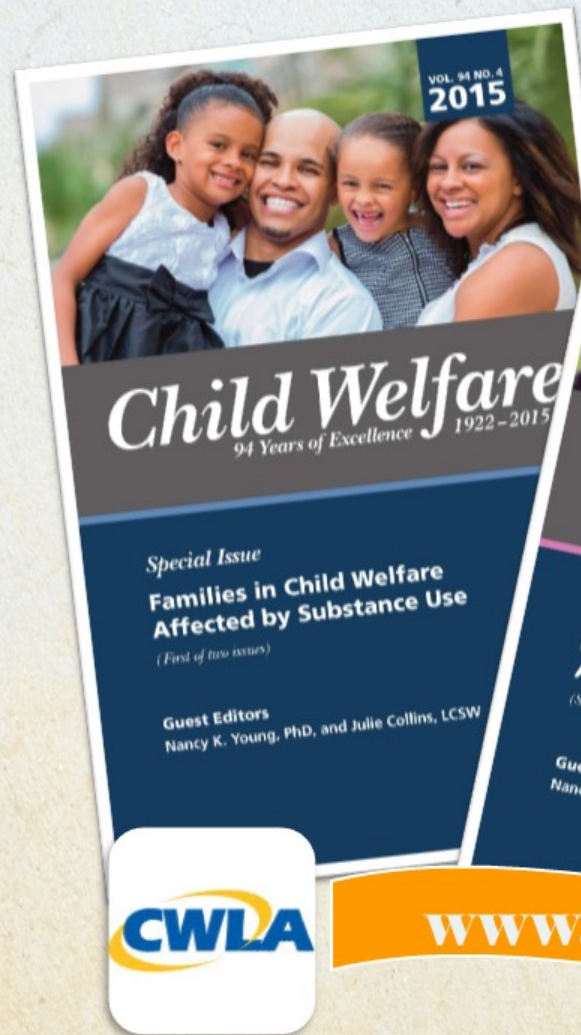
# Resources



# 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

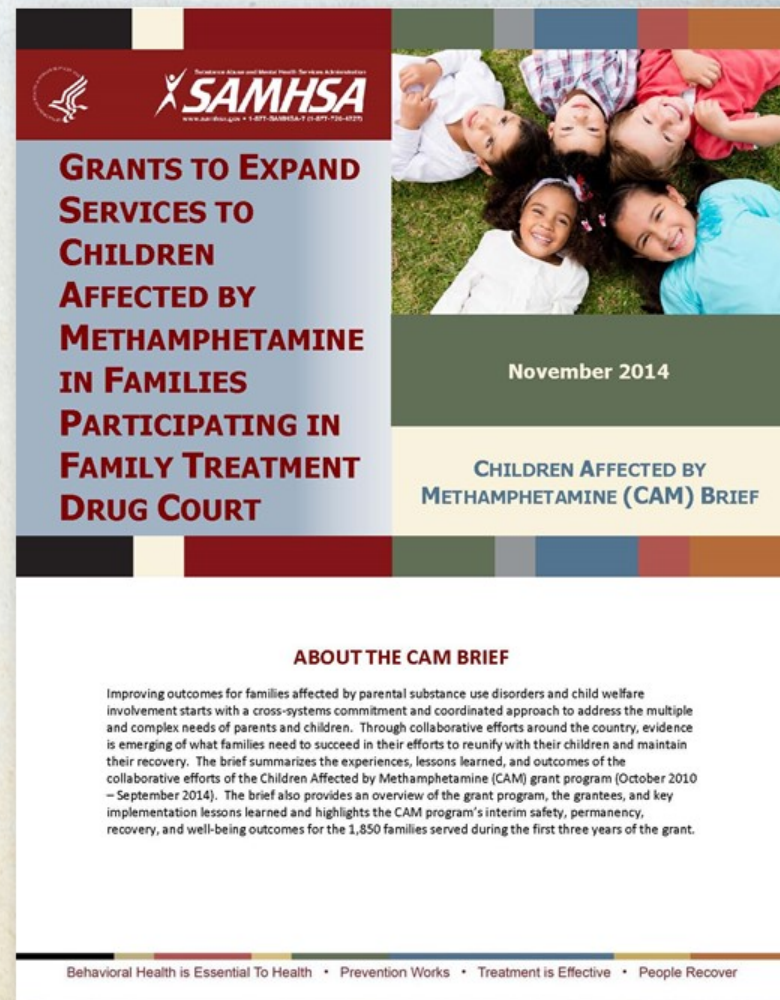


[www.cwla.org](http://www.cwla.org)



# 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



**SAMHSA**  
Substance Abuse and Mental Health Services Administration  
www.samhsa.gov • 1-877-SAMHSA • T (410) 771-4275

**GRANTS TO EXPAND SERVICES TO CHILDREN AFFECTED BY METHAMPHETAMINE IN FAMILIES PARTICIPATING IN FAMILY TREATMENT DRUG COURT**

November 2014

**CHILDREN AFFECTED BY METHAMPHETAMINE (CAM) BRIEF**

**ABOUT THE CAM BRIEF**

Improving outcomes for families affected by parental substance use disorders and child welfare involvement starts with a cross-systems commitment and coordinated approach to address the multiple and complex needs of parents and children. Through collaborative efforts around the country, evidence is emerging of what families need to succeed in their efforts to reunify with their children and maintain their recovery. The brief summarizes the experiences, lessons learned, and outcomes of the collaborative efforts of the Children Affected by Methamphetamine (CAM) grant program (October 2010 – September 2014). The brief also provides an overview of the grant program, the grantees, and key implementation lessons learned and highlights the CAM program's interim safety, permanency, recovery, and well-being outcomes for the 1,850 families served during the first three years of the grant.

Behavioral Health is Essential To Health • Prevention Works • Treatment is Effective • People Recover





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Family Recovery, Safety, and Stability

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