Inspiring Outcomes: Lessons Learned from Family Drug Courts

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CWLA 2016 National Conference
Advancing Excellence in Practice & Policy: What Works For Families Affected by Substance Use

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Acknowledgement

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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.
8,300,000 children

* 2002 – 2007 SAMHSA National Survey on Drug Use and Health (NSDUH)
How many children in the child welfare system have a parent in need of treatment?

- Between 60–80% of substantiated child abuse and neglect cases involve substance use by a custodial parent or guardian (Young, et al, 2007)
- 61% of infants, 41% of older children who are in out-of-home care (Wulczyn, Ernst and Fisher, 2011)
- 87% of families in foster care with one parent in need; 67% with two (Smith, Johnson, Pears, Fisher, DeGarmo, 2007)
Parental AOD as a Reason for Removal in the United States, 1999-2014

Source: AFCARS Data, 1999 to 2014
Parental AOD as a Reason for Removal 2014

National Average: 31.8%

Source: AFCARS Data, 2014
Number of Children in Out-of-Home Care 2010-2014

- 2010: 404,878
- 2011: 398,057
- 2012: 397,153
- 2013: 400,989
- 2014: 415,129

The Adoption and Safe Families Act

ASFA (PL 105-89)

Time Clock
Family Drug Courts

Responding to the need for practice and policy solutions addressing the Adoption and Safe Families Act (ASFA) timelines using collaborative courts to strengthen families
First Family Drug Courts Emerge – Leadership of Judges Parnham & McGee

Six Common Ingredients Identified

Grant Funding – OJJDP, SAMHSA, CB

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

Systems Change Initiatives

Institutionalization, Infusion, Sustainability

10 Key Components and Adult Drug Court model
FDC Movement

Since 2009, has provided TA and learned from over 300 FDC programs.
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?
FDC Model

Judicial Oversight

Drug Court Hearings

Therapeutic Jurisprudence

Comprehensive Services

Intensive Case Management & Recovery Support

Enhanced Family-Based Services
FDC Recommendations

Shared Outcomes

Agency Collaboration
• Interagency Partnerships
• Information Sharing
• Cross System Knowledge
• Funding & Sustainability

Client Supports
• Early Identification & Assessment
• Needs of Adults
• Needs of Children
• Community Support

Shared Mission & Vision
FDC Movement

Body of Knowledge

We know a lot more now

Cross-system collaboration

How to serve children and families

= improving outcomes

- Adult Drug Courts Research
- Regional Partnership Grants
- Children Affected by Methamphetamines
- Prevention and Family Recovery Program
- Statewide Systems Reform Program
How Collaborative Policy and Practice Improves

We know more....

5Rs

Recovery
Remain at home
Reunification
Re-occurrence
Re-entry
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
Median of 0.0 days indicating that it was most common for adults to access care the same day they entered CAM services.
Median Length of Stay (days) in Out-of-Home Care

- **CAM**: 310 days
- **RPG FDC**: 356 days
- **RPG Comparison**: 422 days

Remain at Home
Reunification Rates

Percentage of Reunification within 12 months

- CAM: 84.9%
- RPG FDC: 73.1%
- RPG Comparison: 54.4%
**Remain at 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 of program entry

- 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-unified who re-entered foster care within 12 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
- $9,003, Clark County, WA
FDC Movement

Body of Knowledge

We know a lot more now

Cross-system collaboration
How to serve children and families
= improving outcomes

- Early Screening and Assessment
- Recovery Support and Family-Based Services
- Monitoring Cases and Outcomes
- Governance & Leadership for Systems Change
How should families be identified and assessed for FDC?

Body of Knowledge

We know a lot more now

How should families be identified and assessed for FDC?

1999  2016
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
- Previous child welfare involvement

(e.g., Boles & Young, 2011; Carey et al. 2010a, 2010b; Worcel et al., 2007)
Drug Courts That Accepted Participants With Charges in Addition to Drug Charges Had Nearly Twice the Reductions in Recidivismism and 30% higher cost savings

Note 1: Difference is significant at p<.05
Note 2: Non-drug charges include property, prostitution, violence, etc.
Drug Courts in Which Participants Entered the Program within 50 Days of Triggering Event Had 63% Greater Reductions in Recidivism

Participants enter program within 50 days of arrest

- N=15: 39%
- N=26: 24%

Note: Difference is significant at p<.05
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

- Referral into CWS Hotline
- CWS Safety and Risk Assessment
- AOD Screening & Assessment
- Referral to FDC or appropriate LOC
- Detention Hearing
- Jurisdictional-Dispositional Hearing
- Status Review Hearing
- Typical referral to FDC or other LOC
What is Screening?

- Determines the presence of an issue – is substance use a factor?
- Generally results in a “yes” or “no”
- Determines whether a more in-depth assessment is needed
- Standardized set of questions to determine the risk or probability of an issue
- Brief and easy to administer, orally or written
- Can be administered by a broad range of people, including those with little clinical expertise

https://www.ncsacw.samhsa.gov/resources/SAFERR.aspx
4 Prong – Screening

- Tool
- Signs & symptoms
- Corroborating reports
- Drug screen

Yes

Proceed to assessment
Signs & Symptoms

- Physical
- Behavioral
- Psychological
Corroborating Reports

- Police
- CWS
- Hospital
• **GAIN-SS (Global Appraisal of Individual Needs Short Screener):** Composed of 23 items to be completed by the client or staff and designed to be completed in 5 minutes

• **UNCOPE:** 6-item screen designed to identify alcohol and/or drug substance use and designed to be completed in 2 minutes

• **CAGE:** 4-item screen designed to identify alcohol and/or drug substance use and designed to be completed in 2 minutes

*It’s Not the Tool, It’s the Team!*  
https://www.ncsacw.samhsa.gov/resources/SAFERR.aspx
Great variability across states ranging from <10% to over 60%
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  MODERATE  SEVERE

2-3  4-5  6+

DSM V Criteria (11 total)
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
We know a lot more now.

Once identified, how families should be served and supported.

1999 - 2016
Rethinking Engagement

If you build it, will they come?

Effective FDCs focus on effective engagement
Rethinking Treatment Readiness

Re-thinking “rock bottom”

Addiction as an elevator

“Raising the bottom”
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 Abuse Treatment after RPG Entry by Grantee Parent Support Strategy Combinations

- No Parent Support Strategy: 102 days
- Intensive Case Management Only: 130 days
- Intensive Case Management and Peer/Parent Mentors: 151 days
- Intensive Case Management and Recovery Coaches: 200 days

*Median in Days*
Substance Abuse 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%

Median in Days
Drug Courts That Used One or Two Primary Treatment Agencies Had 76% Greater Reductions in Recidivism

Fewer treatment providers is related to greater reductions in recidivism

Note: Difference is significant at p<.05
Drug Courts That Require a Minimum of 12 Months Length of Stay Had Double the Cost Savings

% Increase in Cost Savings

LOS 12 Months or Greater
N = 43

29%

LOS Less Than 12 Months
N = 10

13%

Note: Difference is significant at p<.1
Drug Courts That Required Greater Than 90 Days of Abstinence Had 3 Times Greater Reduction in Recidivism and Substantial Cost Savings

Note: Difference is significant at p<.05

Participants are clean at least 90 days before graduation
N=57

Participants are clean LESS THAN 90 days before graduation
N=9
Drug Courts That Included a Focus on Relapse Prevention Had Over 3 Times Greater Savings

Drug Court Has a Phase that Focuses on Relapse Prevention

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<td>45%</td>
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*Percent improvement in outcome costs“ refers to the percent savings for drug court compared to business-as-usual

Note: Difference is significant at p<.05
DISCUSSION

RECOMMENDATION 5: DEVELOP PROCESS FOR EARLY IDENTIFICATION AND ASSESSMENT

5-10 MINUTES
Inspiring Outcomes: Lessons Learned from Family Drug Courts Part II

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Addiction affects the whole family

- Developmental impact
- Generational impact
- Psycho-social impact
- Impact on parenting
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
Drug Courts That Offer Parenting Classes Had 68% Greater Reductions in Recidivism and 52% Greater Cost Savings

- Program provides parenting classes: N=44, 38% reduction in recidivism
- Program does NOT provide parenting classes: N=17, 23% reduction in recidivism

True in adult, family, juvenile
Drug Courts That Offer Family Counseling Had 65% Greater Reductions in Recidivism

38% vs. 23% reduction in recidivism:
- Offered Family Counseling: N = 35
- No Family Counseling: N = 15
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 completed 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.
Re-occurrence of Maltreatment at 12 Months

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.
Other Service Enhancements

• Therapeutic-based parent-child interventions
• Trauma-focused interventions
• Developmental and behavioral interventions
• Quality visitation and family time
• Family functioning assessment tools – N. Carolina Family Assessment Scale (NCFAS)
Check it out!

So How Do You Know They Are Ready?
Key Considerations for Assessing Families in Recovery for Reunification

Session F-1 | Tuesday, August 2
2:30 – 4:00 pm
RECOMMENDATION 6-7:
ADDRESS THE NEEDS OF PARENTS
ADDRESS THE NEEDS OF CHILDREN
5-10 MINUTES
Once served, how do we know we are making an impact? The importance of monitoring cases and outcomes.
Two Levels of Information Sharing

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

Client

Program
- Baselines and Dashboards
- Outcomes
- Sustainability

Administrative Level (macro)
Monitoring Cases

- More frequent review hearings
- Judicial Oversight
- Responses to behavior
- Case Staffings
- Drug testing
Drug Courts That Held Status Hearings Every 2 Weeks During Phase 1 Had 50% Greater Reductions in Recidivism.

Note: Difference is significant at p<.1
Drug Courts That Have Judges Stay Longer Than 2 Years Had 3 Times Greater Cost Savings

Note: Difference is significant at p<.05

Percent increase in cost savings

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<td>N=3</td>
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Note: Difference is significant at p<.05
Judges Who Spent at Least 3 Minutes Talking to Each Participant in Court Had More Than Twice the Savings

Note: Difference is significant at p<.05

Judge spends at least 3 min. per participant  
N=23  
Percent reduction in recidivism: 43%

Judge spends LESS THAN 3 min. per participant  
N=12  
Percent reduction in recidivism: 1...
Drug Courts Where the Judge Spends an Average of 3 Minutes or Greater per Participant During Court Hearings had 153% greater reductions in recidivism

Note 1: Difference is significant at $p<.05$
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)
Drug Courts Where Treatment Communicates with the Court via Email had 119% greater reductions in recidivism.

Note: Difference is significant at p<.10
Drug Courts That Used Paper Files Rather Than Electronic Databases Had 65% LESS Savings

Note: Difference is significant at p<.05
Drug Courts That Required All Team Members to Attend Staffings Had 50% Greater Reductions in Recidivism and 20% Greater Savings

Note 1: Difference is significant at p<.05
Note 2: “Team Members” = Judge, Both Attorneys, Treatment Provider, Coordinator
Drug Courts Where Drug Tests are Collected at Least Two Times per Week in the First Phase Had a 61% Higher Cost Savings

Note: Difference is significant at p<.15 (Trend)
Drug Courts Where Drug Test Results are Back in 48 Hours or Less had 68% Higher Cost Savings

Drug tests are back within 48 hours
N=21

Drug tests are back in LONGER THAN 48 hours
N=16

Percent increase in cost savings

32%

19%

Note: Difference is significant at p<.05
Monitoring Outcomes

Assess effectiveness of system in achieving its desired results or outcomes

Who collects data, where is it stored, who uses it, who “owns” the data, levels of access
Family Drug Courts as a “Feel Good” Program
The Collaborative Structure for Leading Change

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

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

**FDC Team**
- **Membership**
- **Meets** Weekly
- **Primary Functions**
  - Front-line staff
  - Staff cases; ensuring client success
How do you know.....

How are families doing?
• Doing good vs. harm?
• What’s needed for families?

How will you.....

Monitor and improve performance?
• Demonstrate effectiveness?
• Secure needed resources?

The importance of Data
Data Dashboard

- What needles are you trying to 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?
Drug Courts Where Review of The Data and Stats Has Led to Modifications in Drug Court Operations had a 131% Increase in Cost Savings

- Program reviews their own stats
  - N=20
  - 37%

- Program does NOT review stats
  - N=15
  - 16%

Note: Difference is significant at p<.05
Drug Courts Where the Results of Program Evaluations Have Led to Modifications in Drug Court Operations Had a 100% Increase in Cost Savings

- 36% used evaluation to make modifications to program (N=18)
- 18% did not use evaluation to make modifications (N=13)

Note: Difference is significant at p<.05
Tools for 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
Total number of cases that resulted in investigation and those with a screening

Number and percentage of parents referred for assessment

Number and percentage who received an assessment

Number and percentage referred to treatment and FDC

Number and percentage admitted (attended at least one session) to treatment and to FDC

Number and percentage in treatment for at least 90 days

Number and percentage completing treatment

Payoff – Number and percentage Reunified / Remained at home
Systems Walk-Through

**Screening**

- Call comes into hotline. Are any questions asked at this point regarding substance use as a factor in the case?

**Assessment**

- What determines if an investigation occurs and when?

**Referral**

- During an investigation how might a worker determine if SA is a factor in the case? Is a screening tool used? If yes, what tool? Always?

**Monitoring**

- If substance use is a factor, what determines if children are removed or remain at home? What guides workers’ decisions? Consistently applied?

**Flow Chart: Child Welfare Involved Families With Substance Use Disorders**

- Who decides the LOC needed? What is the basis for this recommendation? Are there instances in which the child/case workers don’t agree with those recommendations?

- If a parent completes an assessment, with whom is this information shared? How? Are treatment recommendations shared with CW worker?

- What happens if a parent/refuses or doesn’t show? With whom is this information shared? Are there any strategies used to improve engagement?

- If substance use is a factor at any point in the case are parents referred for assessment? If yes, how? Always? Is it tracked? About how does it take to get assessment?

- What is the average wait time for TI (residential, IOP, OP) What happens while parents are waiting for a slot? Who communicates with parent regarding treatment recommendations, level and availability?

- What happens if parent refuses treatment or doesn’t show? With whom is information shared? Are there other attempts to engage?

- If parent enters treatment is there a process for coordinating child welfare/Treatment plans? Discussing joint expectations with parent? Coordinating visits, court dates, other competing timelines? Can children go with parent to treatment? Visit?

- How is progress, drug testing results, compliance with case plans shared across systems? With attorneys? With the courts? Is information in the CW record? How is it used to inform decisions regarding permanency?

- If parent does not successfully reunify with children, what supports are in place to sustain recovery or re-engage in treatment?

- If child permanency plans change, who informs counselors and other partners? If parent successfully completes treatment and is reunified with their children, what supports are in place when the case is closed? For how long?

- Is there a standard protocol for drug testing across all agencies? How and when are results shared? How is relapse handled?

*Continues on page 2*
RECOMMENDATION 3:
CREATE EFFECTIVE COMMUNICATION PROTOCOLS FOR SHARING INFORMATION
5-10 MINUTES
Training and Technical Assistance Needs of FDCs

1999

Body of Knowledge
We know a lot more now

Training and Technical Assistance Needs of FDCs

2016
Drug Courts That Provided Formal Training for ALL New Team Members Had 54% Greater Reductions in Recidivism

All new team members have formal training
N=30

All team members NOT formally trained
N=17

Note: Difference is significant at p<.05
Drug Courts That Received Training Prior to Implementation Had Almost 3.5 Times Higher Cost Savings

Note: Difference is significant at p<.05
FDC Learning Academy

FAMILY DRUG COURT LEARNING ACADEMY WEBINAR SERIES

The Family Drug Court (FDC) Learning Academy offers web-based 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 web-based 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: http://www.cffutures.org
Visit the FDC Blog: http://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-DD-A00023 awarded by the Office of Juvenile Justice and Delinquency, Office of Justice programs.

Planning Community
June 2010: Nurturing and Wellness
July 2010: Principles of Collaboration
August 2010: Screening and Assessment
September 2010: Engagement and Retention
October 2010: Information Sharing and Data Systems
November 2010: Engaging Defense Attorneys

Early Implementation & Enhanced Community
February 2011: Engaging Parents in Family Drug Courts
March 2011: Service to Children
April 2011: Transitions-Infused 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 Jail as a Sanction in FDCs
March 2012: 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 Welfare and Sibling Children in FDCs
August 2012: Building Effective and Quality Substance Abuse Treatment in FDCs
October 2012: Implementing Evidence-Based Parenting in FDCs

Knowledge Sharing
March 2013: Responding to Domestic Violence in FDCs
April 2013: Passing the Baton - Who Judicial Innovation Matters in FDCs
May 2013: Reaching the Tipping Point – FDCs as a National Child Welfare Reform Strategy
June 2013: FDC Peer Learning Circles: Highlighting Effective FDC Practices
August 2013: So Who Are You Really? Sibling Challenges of Serving Special Populations
September 2013: Raising the Bar in FDCs – A Look at FDC Guidelines

Leading Change - This Changes Everything
March 2014: Utilizing Recovery Support Specialist as a Key Engagement and Retention Strategy
April 2014: Our Grant is Over - Now What?: We’re Planning and Re-Engaging as Real Sustainability Planning
June 2014: Closed Doors or Welcome Mat? Choosing the Way for Medication Assisted Treatment
July 2014: How Do You Know They Are Really?: Key Considerations for Assessing Relocation
October 2014: Moving Barriers 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 on FDC Coordination?
May 2015: Leading from the Front Line: Case Managers in Your FDC and Why You Need Them
June 2015: Leading Change in Serving Families in FDCs – Prevention & Family Recovery Projects
August 2015: Another Way to Both: Program from FDC: Peer Learning Circles
October 2015: Leading Change – Share Systemic Reform Program
November 2015: Identifying Substance Abuse as a Risk Factor in CV3S Cases and Understanding How to Respond

For more information please visit: http://www.cffutures.org/projects/family-drug-court-learning-academy
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<td>April 14, May 12, May 26</td>
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<td>Governance &amp; Leadership</td>
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<td>July 5</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 Podcasts
- FDC Resources
- FDC Video features
- Webinar registration information

www.familydrugcourts.blogspot.com
Family Drug Court Online Tutorial

FDC 101 – will cover basic knowledge of the FDC model and operations

Coming in 2016!
FAMILY DRUG COURT
PEER LEARNING COURT PROGRAM

CONTACT US FOR MORE INFORMATION: fdc@cffutures.org
Resources

FDC Discipline Specific Orientation Materials

Child Welfare | AOD Treatment | Judges | Attorneys

Please visit: www.cffutures.org/fdc/


3. Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals

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