The Big 7 – Key Ingredients for an Effective Family Dependency Treatment Court

Phil Breitenbucher, MSW
Program Director
Children and Family Futures

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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.
Learning Objectives

• Gain an overview of FDC model and national outcomes, and key common practice ingredients to ensure effective practice

• Learn challenges, barriers, and solutions that have supported effective implementation of each of the Big Seven

• Find out how to access training and technical assistance resources to equip you and your team – “You can do it, we can help!”
Since 2009, FDC Movement has provided TA and learned from over 300 FDC programs.
First Family Drug Courts Emerge – Leadership of Judges Parnham & McGee

Six Common Ingredients Identified (#7 added in 2015)

Grant Funding – OJJDP, SAMHSA, CB

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

Systems Change Initiatives

Institutionalization, Infusion, Sustainability

National Strategic Plan

1994

2002

2004

2007

2014

Next

10 Key Components and Adult Drug Court model
What have we learned?
How Collaborative Policy and Practice Improves

5Rs

R - 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

Who Do FDCs Work For?

(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
Median of 0.0 days indicating that it was most common for adults to access care the same day they entered CAM services.
**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 a 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% (n = 4776)
- RPG Children - FDC: 3.4%
- RPG Children - No FDC: 4.9%
- RPG - 25 State Contextual Subgroup: 5.8%

Total RPG Children = 22,558
Re-Entries into Foster Care

Percentage of children re-entered into 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
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
Prevalence of Parental Alcohol or Other Drug Use as a Contributing Factor for Reason for Removal in the United States, 2000 to 2015

Note: Estimates based on all children in out-of-home care at some point during Fiscal Year

Source: AFCARS Data, 2015

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percent</th>
</tr>
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<tbody>
<tr>
<td>Neglect</td>
<td>68.2%</td>
</tr>
<tr>
<td>Parent Alcohol or Drug Abuse</td>
<td>39.3%</td>
</tr>
<tr>
<td>Parent Unable to Cope</td>
<td>19.0%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>15.0%</td>
</tr>
<tr>
<td>Inadequate Housing</td>
<td>13.0%</td>
</tr>
<tr>
<td>Parent Incarceration</td>
<td>7.6%</td>
</tr>
<tr>
<td>Abandonment</td>
<td>6.3%</td>
</tr>
<tr>
<td>Child Behavior</td>
<td>4.7%</td>
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<tr>
<td>Sexual Abuse</td>
<td>4.9%</td>
</tr>
<tr>
<td>Child Disability</td>
<td>3.4%</td>
</tr>
<tr>
<td>Child Alcohol or Drug Abuse</td>
<td>2.9%</td>
</tr>
<tr>
<td>Relinquishment</td>
<td>1.4%</td>
</tr>
<tr>
<td>Parent Death</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

N = 121,832

Note: Estimates based on all children in out-of-home care at some point during Fiscal Year
Source: AFCARS Data, 2015
Percent of Children with Terminated Parental Rights by Reason for Removal in Louisiana, 2015

- Neglect: 89.4%
- Parent Alcohol or Drug Abuse: 9.9%
- Physical Abuse: 8.4%
- Sexual Abuse: 5.6%
- Abandonment: 4.7%
- Parent Incarceration: 4.0%
- Inadequate Housing: 2.9%
- Child Behavior: 1.3%
- Relinquishment: 1.1%
- Parent Unable to Cope: 0.6%
- Child Disability: 0.5%
- Child Alcohol or Drug Abuse: 0.5%
- Parent Death: 0.4%

N = 1,297

Note: Estimates based on all children in out-of-home care at some point during Fiscal Year. Source: AFCARS Data, 2015.
Parental Alcohol or Other Drug Use as a Reason for Removal by State, 2015

National Average: 34.4%

Note: Estimates based on all children in out-of-home care at some point during Fiscal Year

Source: AFCARS Data, 2015
Parental AOD as a Reason for Removal by Age by State, 2015

Under Age 1
Age 1 and Older

Source: AFCARS Data, 2015

Note: Estimates based on all children in out-of-home care at some point during Fiscal Year
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

- Referral into CWS Hotline
- CWS Safety and Risk Assessment
- AOD Screening & Assessment
- Timely Referral to FDC or Appropriate LOC
- Detention Hearing
- Jurisdictional-Dispositional Hearing
- Status Review Hearing

Typical Referral to FDC or Other LOC
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?
The FDC should ensure that structured clinical assessments are congruent with DSM-V diagnostic criteria.
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
Key Family Drug Court Ingredients

3

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
You need to ask:

What does our program and community need?

**Titles and Models**

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

Experiential Knowledge, Expertise

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

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 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 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 & 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 at 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.
Key Family Drug Court Ingredients

5

Increased judicial oversight
Two Levels of Information Sharing

**Front-Line Level (micro)**
- Case Management
- Reporting
- Tracking

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

**Client**

**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 accolodes, and “tough love” when warranted and reasonable, helped them stick with court-ordered treatment (Farole and Cissner, 2005, see also Satel 1998)
Key Family Drug Court Ingredients

6 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.
Setting Range of Responses

- FDC team should develop a range of responses for any given behavior, and should be consistent for individuals similarly situated (phase, length of sobriety time)

- Avoid singular responses, which fail to account for other progress

- Aim for “flexible certainty” – the certainty that a response will be forthcoming united with flexibility to address the specific needs of the individual
Proximal vs. Distal Responses

- Timing is everything; delay is the enemy; how can you as a team work on this issue?
- Intervening behaviors may mix up the message.
- Brain research supports behavioral observation; dopamine reward system responds better to immediacy.
<table>
<thead>
<tr>
<th>Safety</th>
<th>Therapeutic</th>
<th>Motivational</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A protective response if a parent’s behavior puts the child at risk</td>
<td>• A response designed to achieve a specific clinical result for parent in treatment</td>
<td>• Designed to teach the parent how to engage in desirable behavior and achieve a stable lifestyle</td>
</tr>
</tbody>
</table>
Collaborative non-adversarial approach grounded in *efficient communication* across service systems and court
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 and Dashboards
- Outcomes
- Sustainability
Monitoring Outcomes

- 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

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

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

**FDC Team**
- **Membership**: Front-line staff
- **Meets**: Weekly
- **Primary Functions**: Staff cases; ensuring client success
Data Dashboard

• 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% drop off = 2,553

Number admitted to Tx= 1,788
30% drop off

716 successfully completed Tx
- 60% 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
2nd Edition - Research Update – Just Released

FDC Guidelines

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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/](http://www.ncsacw.samhsa.gov/)
Contact Information

Phil Breitenbucher
Program Director
Children and Family Futures
(714) 505-3525
pbreitenbucher@cffutures.org