

# Family Drug Courts - A National Perspective

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3<sup>rd</sup> Annual Tribal Healing to Wellness Court Enhancement Training



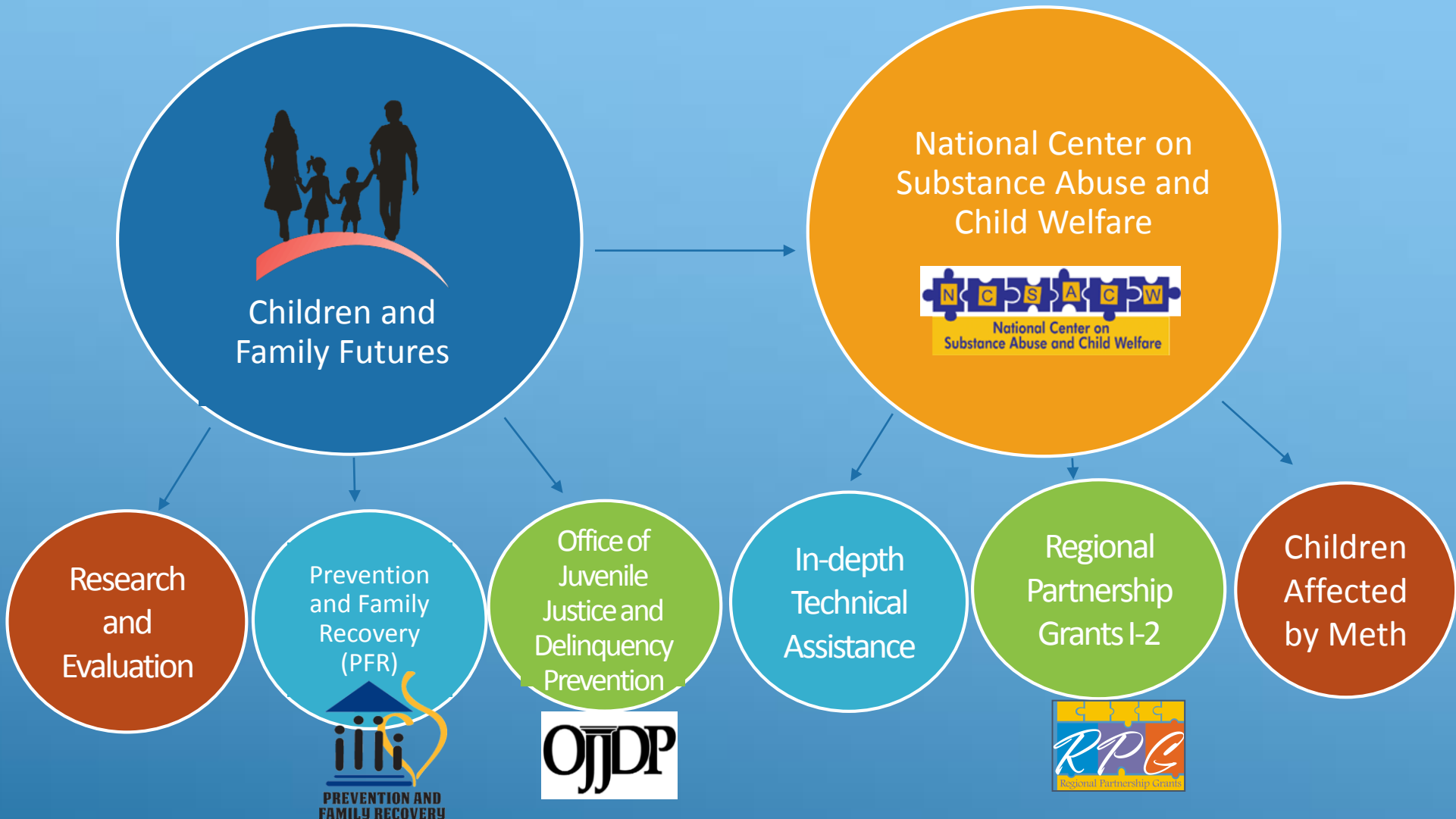
# Children and Family Futures

## The Mission:

To improve safety, permanency, well-being and recovery outcomes for children, parents and families affected by trauma, substance use and mental health disorders



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Children and Family Futures

National Center on Substance Abuse and Child Welfare



Research and Evaluation

Prevention and Family Recovery (PFR)



Office of Juvenile Justice and Delinquency Prevention



In-depth Technical Assistance

Regional Partnership Grants I-2



Children Affected by Meth



# A Look Back





# Adoption and Safe Families Act



1997

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# 5 National Reports

*There are common issues*

1998



# A Multifaceted Problem that Needs a Collaborative Solution

1. Differences in values and perceptions of primary client
2. Timing differences in service systems
3. Knowledge gaps
4. Lack of tools for effective engagement in services
5. Intervention and prevention needs of children
6. Lack of effective communication
7. Data and information gaps
8. Categorical and rigid funding streams as well as treatment gaps

Summary of 5 National Reports: <http://www.ncsacw.samhsa.gov/resources/national-reports.aspx>

The background of the image is the interior of the U.S. Capitol dome, showing the ornate architecture, including the dome's structure, arched windows, and a large relief sculpture on the wall. A blue rectangular text box is overlaid on the upper left portion of the image.

**Report to Congress**

The background of the image is the interior of the U.S. Capitol dome, showing the ornate architecture, including the dome's structure, arched windows, and a large relief sculpture on the wall. A blue rectangular text box is overlaid on the lower right portion of the image.

**Five National Goals Established**

A horizontal blue line with a circular dot at its right end is positioned above the year. The year '1999' is written in a large, bold, brown font to the right of the dot.

**1999**





**8.3 million children**

\* 2002 – 2007 SAMHSA National Survey on Drug Use and Health (NSDUH)

jill mcdonald

# Statement of the Problem

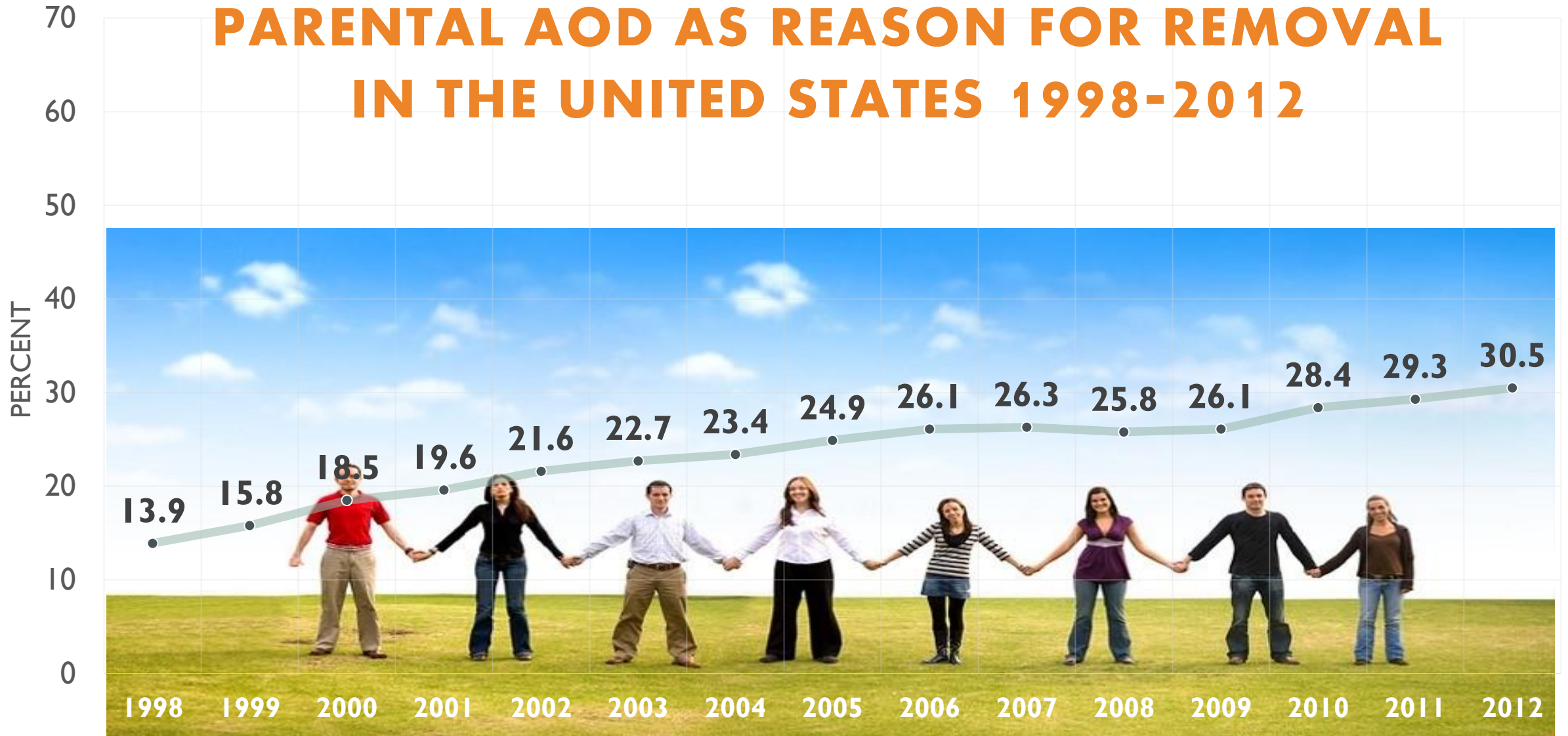
*How many children in the child welfare system have a parent in need of treatment?*



- 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 REASON FOR REMOVAL IN THE UNITED STATES 1998-2012

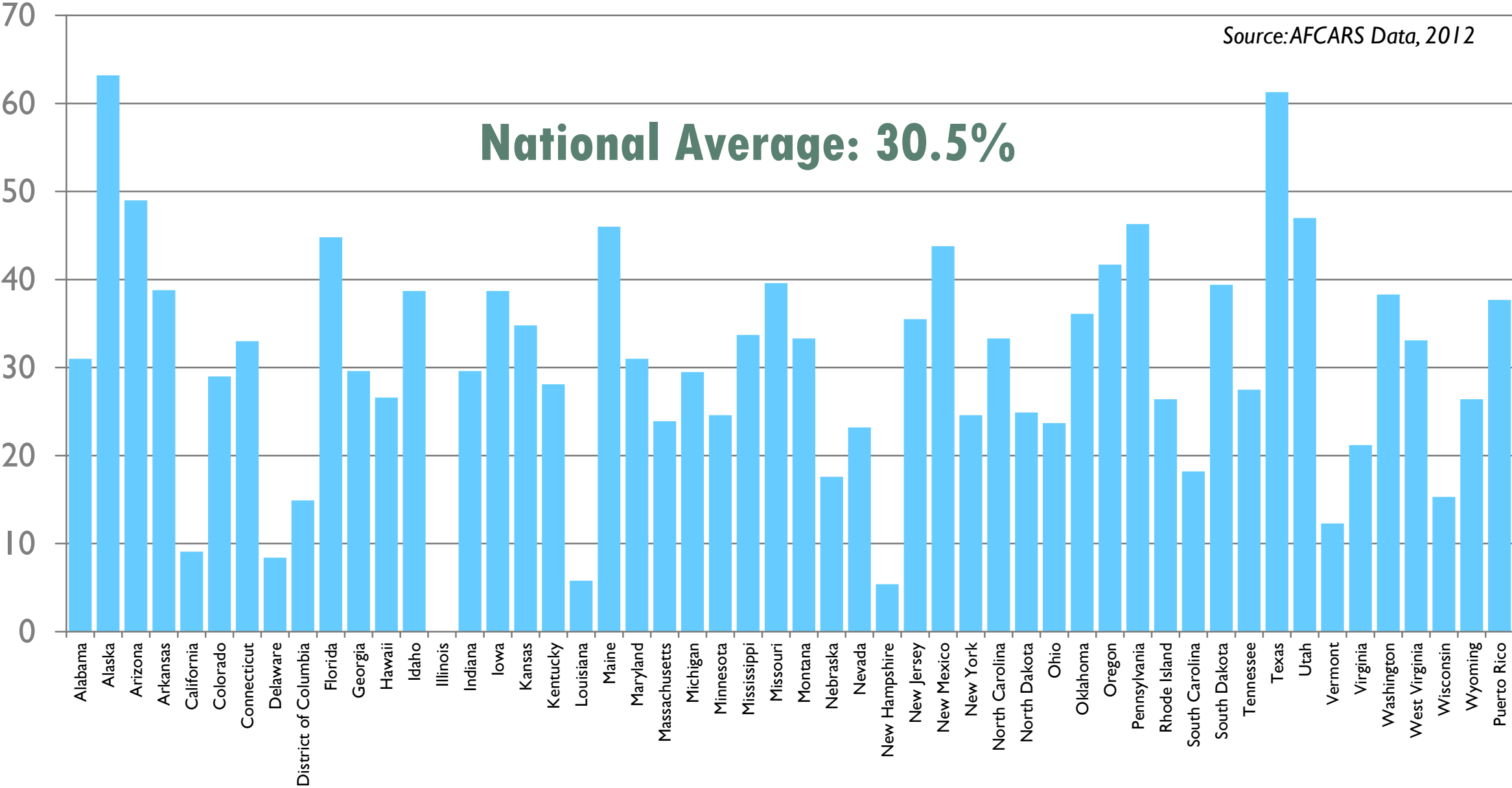


Source: AFCARS Data Files

# PARENTAL AOD AS REASON FOR REMOVAL 2012

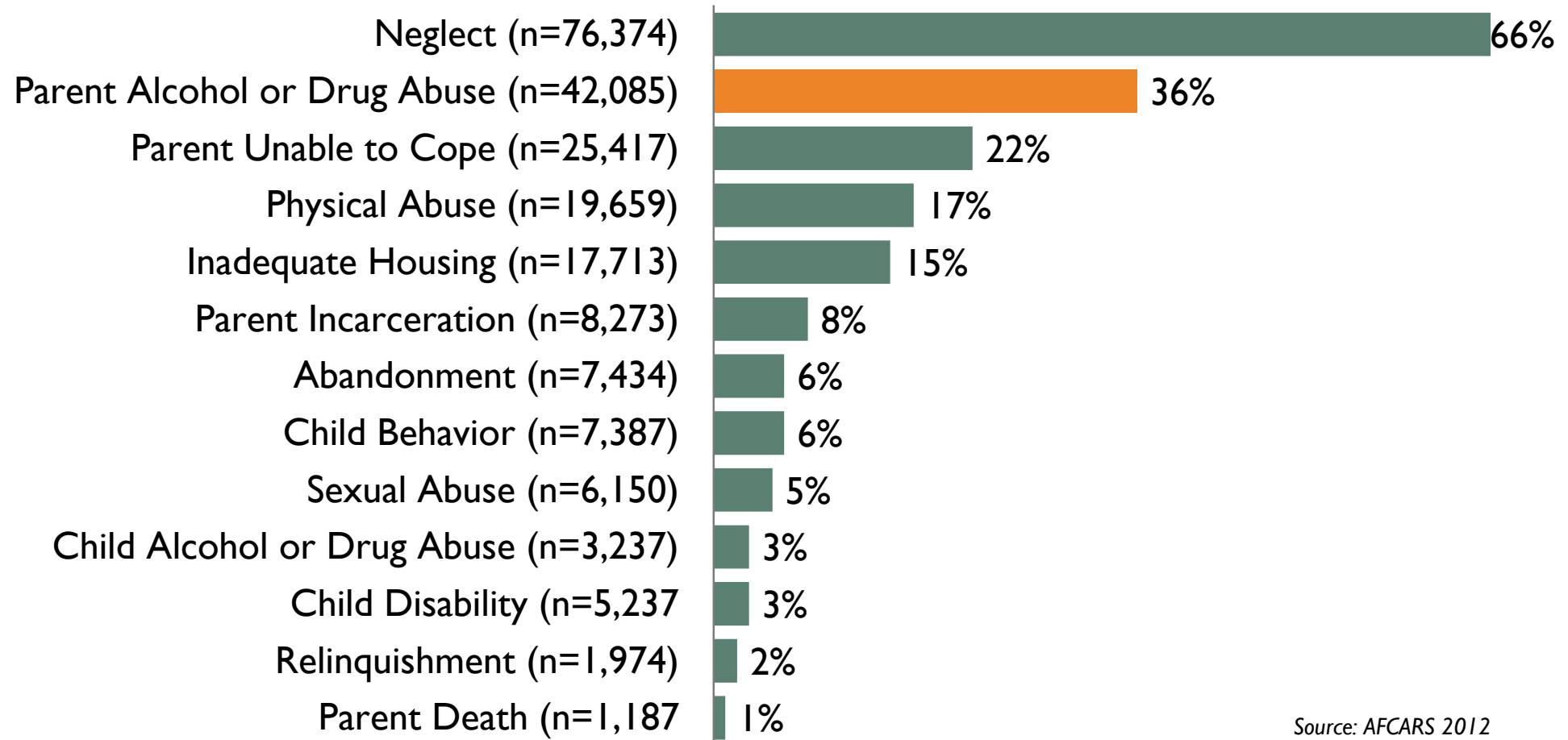
Source: AFCARS Data, 2012

**National Average: 30.5%**





# Percent and Number of Children with Terminated Parental Rights by Reason for Removal – 2012




Source: AFCARS 2012

Substance use and child maltreatment are often multi-generational problems that can only be addressed through a coordinated approach across multiple systems to address needs of both parents and children.







# What are Family Drug Courts?

- Devoted to **cases of child abuse and neglect that involve substance abuse** by the child's parents and/or other caregivers;
- Focused on safety and welfare of the child while giving parents tools needed to become sober, responsible caregivers;
- Utilizes a **multidisciplinary team approach** to assess the family's situation, devising **comprehensive case plans** that address needs of children and parents.

A baby with dark hair is sitting in a white high chair, playing with colorful alphabet blocks. The baby is holding an orange block with the letter 'a' and a blue block with the letter 'b'. A green block with the letter 'w' is on the high chair tray in front of the baby. The background is a plain, light-colored wall.

# Common Vision Extraordinary Effort

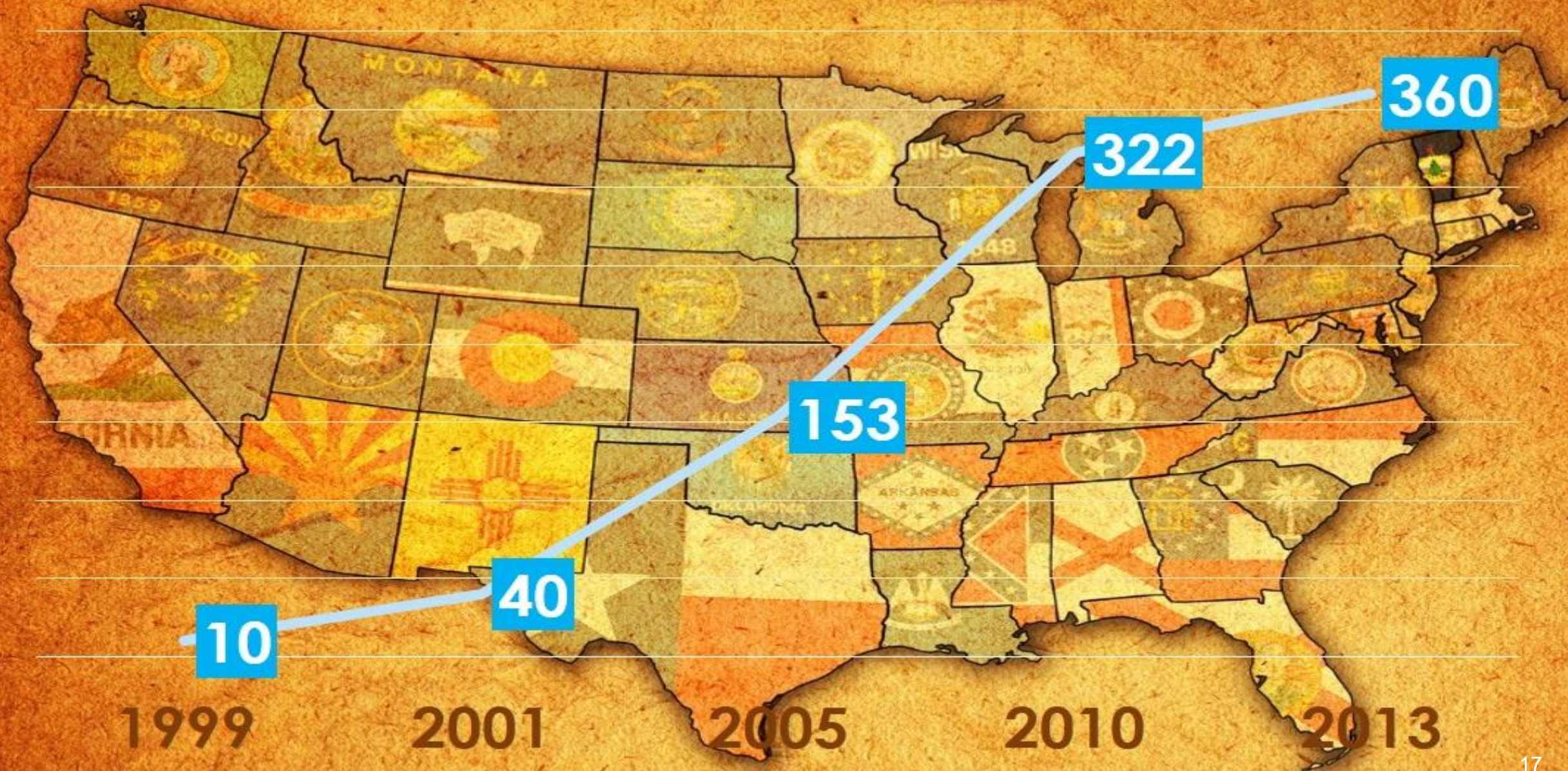
Court  
Drug Treatment  
Child Welfare

**3** Systems with multiple:

- Mandates
- Training
- Values
- Timing
- Methods



# FDC Movement





# WHAT IS SUCCESS IN FDC? KEY OUTCOMES

## Safety (CWS)

- Reduce re-entry into foster care
- Decrease recurrence of abuse/neglect

## Permanency (Court)

- Reduce time to reunification
- Reduce time to permanency
- Reduce days in care

## Recovery (AOD)

- Increase engagement and retention in treatment
- Increase number of clean UA's
- Increase number of graduates
- Decrease Recidivism



## Common Ingredients of FDCs

# 6

- System of identifying families
- Earlier access to assessment and treatment services
- Increased judicial oversight
- Increased management of recovery services and compliance
- Responses to participant behaviors (sanctions & incentives)
- Collaborative approach across service systems and Court

*2002 Process Evaluation*



# FDC Recommendations

## Shared Outcomes

### Agency Collaboration

- Interagency Partnerships
- Information Sharing
- Cross System Knowledge
- Funding & Sustainability

### Client Services

- Early Identification & Assessment
- Needs of Adults
- Needs of Children
- Community Support

## Shared Mission & Vision



*We know about*



**Family Drug Court Outcomes**



# How Family Drug Courts Impacts

## 5Rs

**R**ecovery

**R**emain at home

**R**eunification

**R**ecidivism

**R**e-entry



# FDC Outcomes



**HIGHER** TREATMENT  
COMPLETION RATES

**SHORTER** TIME  
IN FOSTER CARE

**HIGHER** FAMILY  
REUNIFICATION RATES

**LOWER** TERMINATION  
OF PARENTAL RIGHTS

**FEWER** NEW CPS PETITIONS  
AFTER REUNIFICATION

**COST SAVINGS** PER FAMILY

(Source: Marlowe and Carey, May 2012)

## Treatment Completions



## Reunification Rates



## FDC vs Comparison

### Days in Foster Care



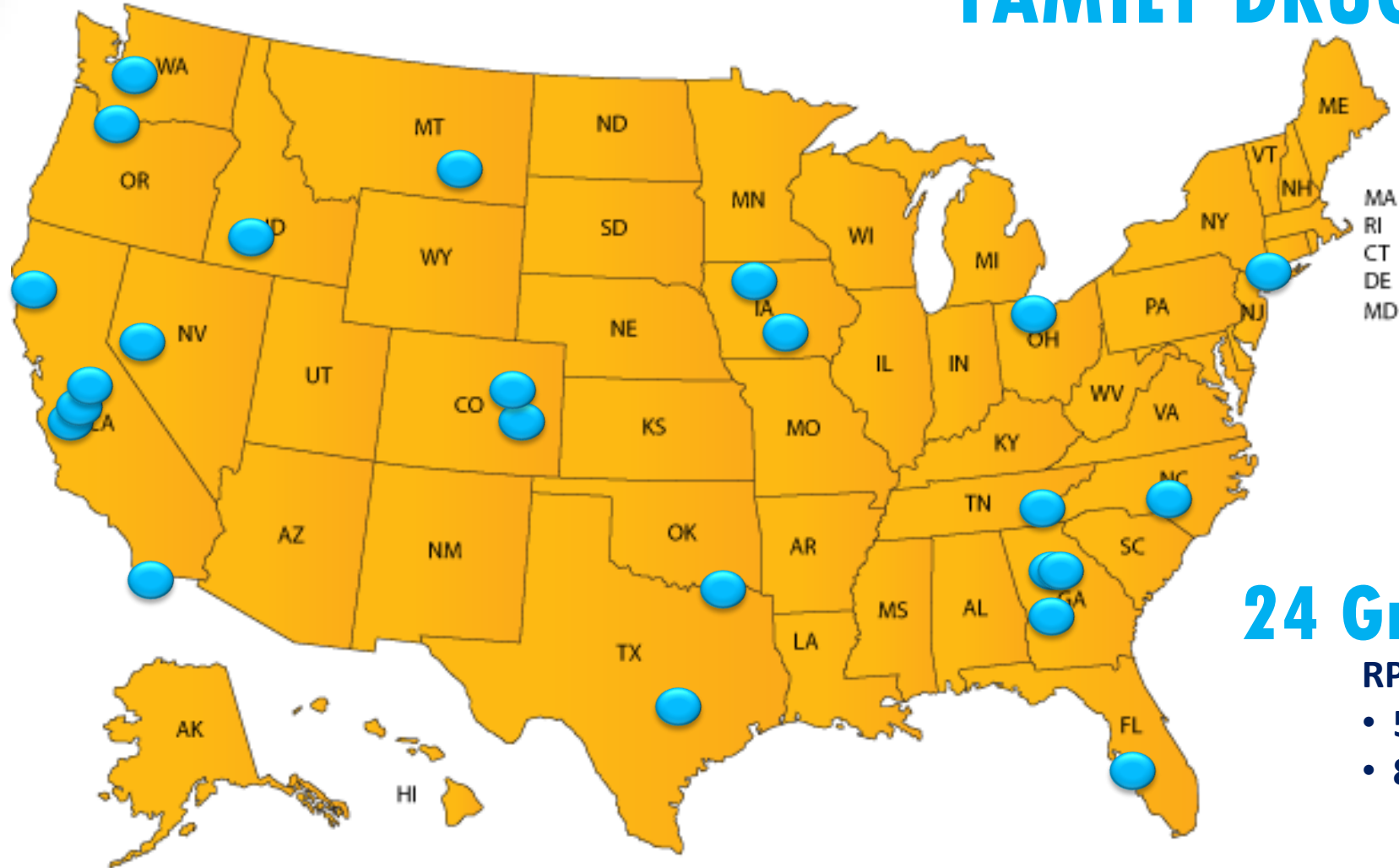
### New CPS Petition after FR







# REGIONAL PARTNERSHIP GRANTS FAMILY DRUG COURTS



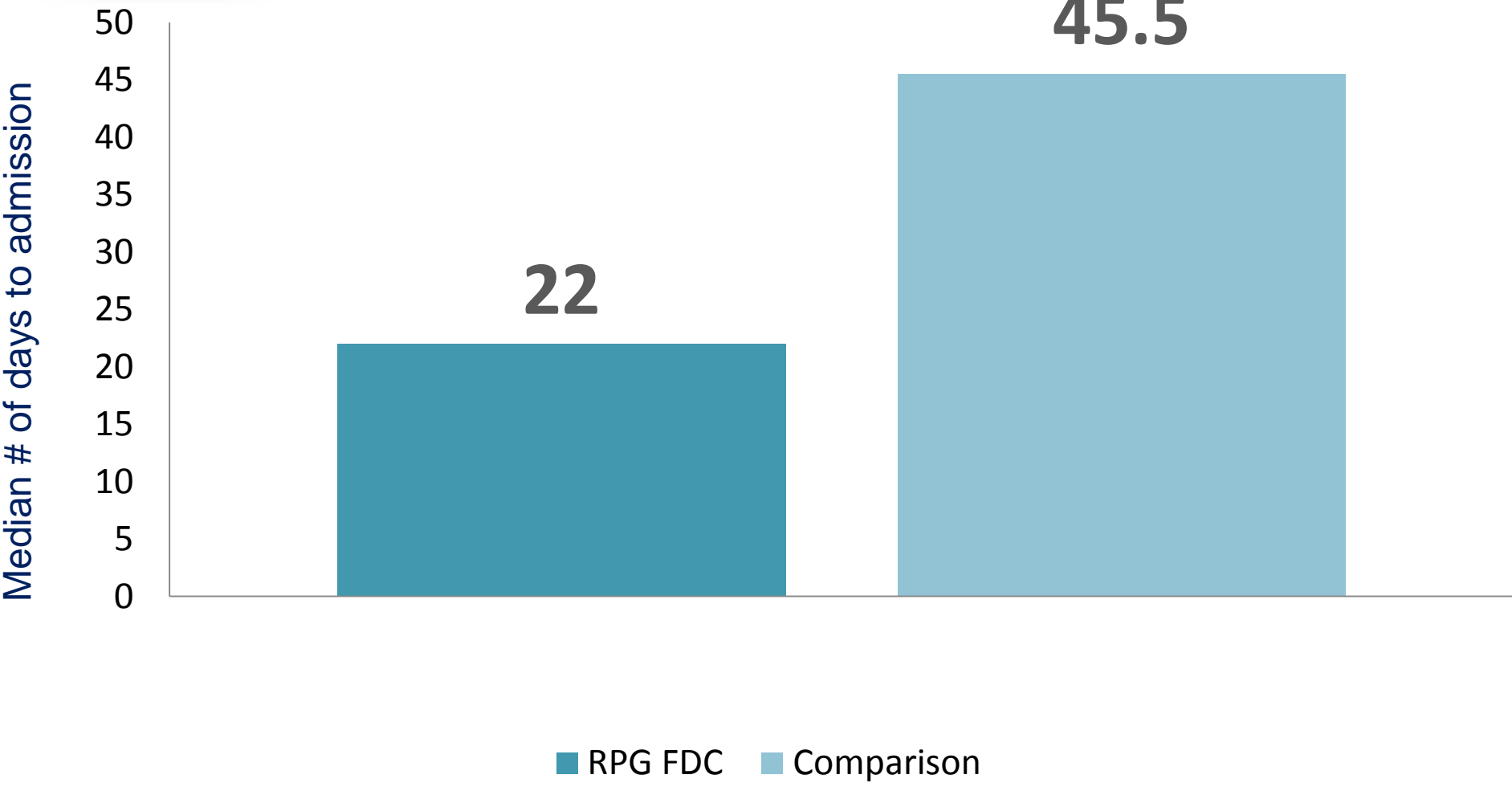
**24 Grantee Sites**

**RPG FDC**

- 5,200 children
- 8,000 adults



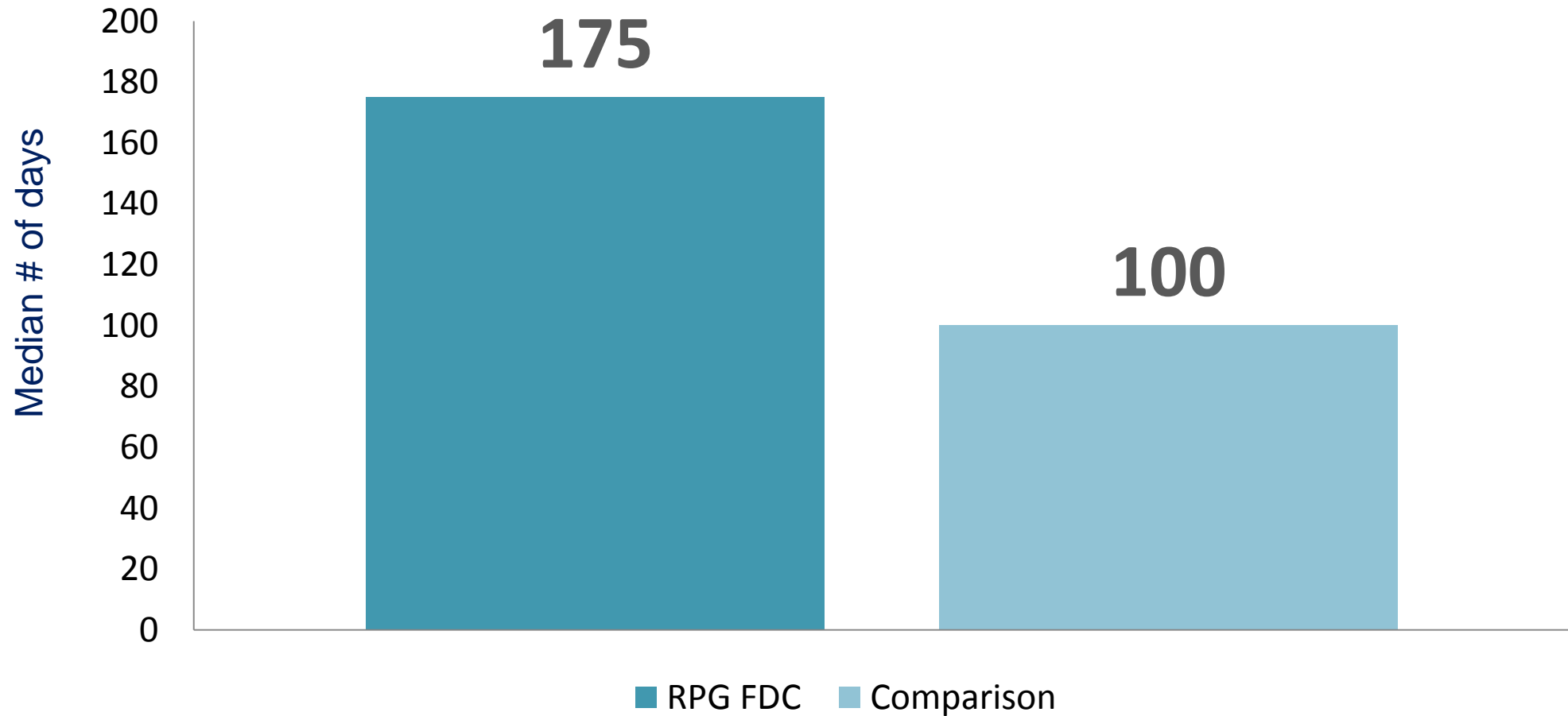
# Access to Treatment





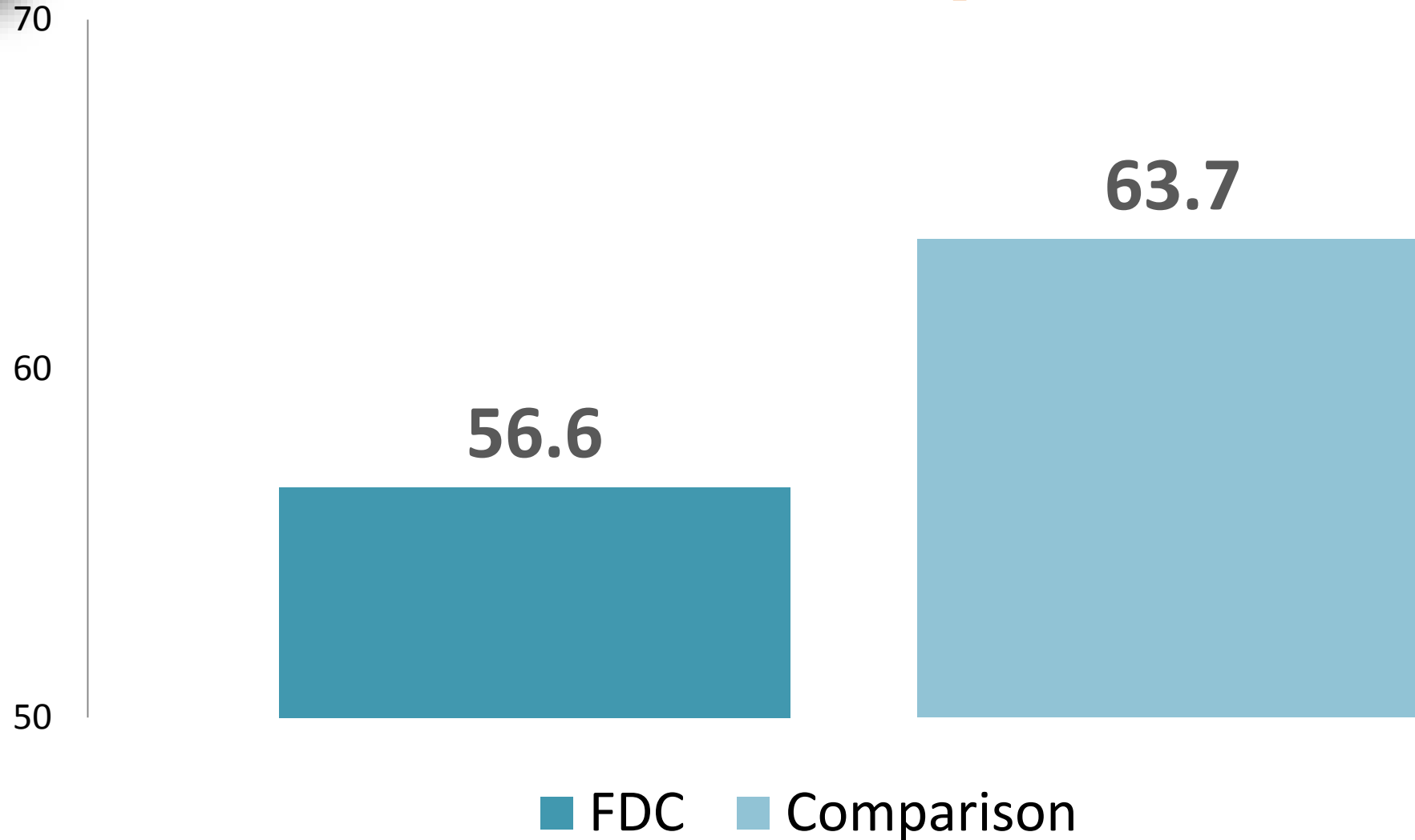


# Length of Stay in Treatment





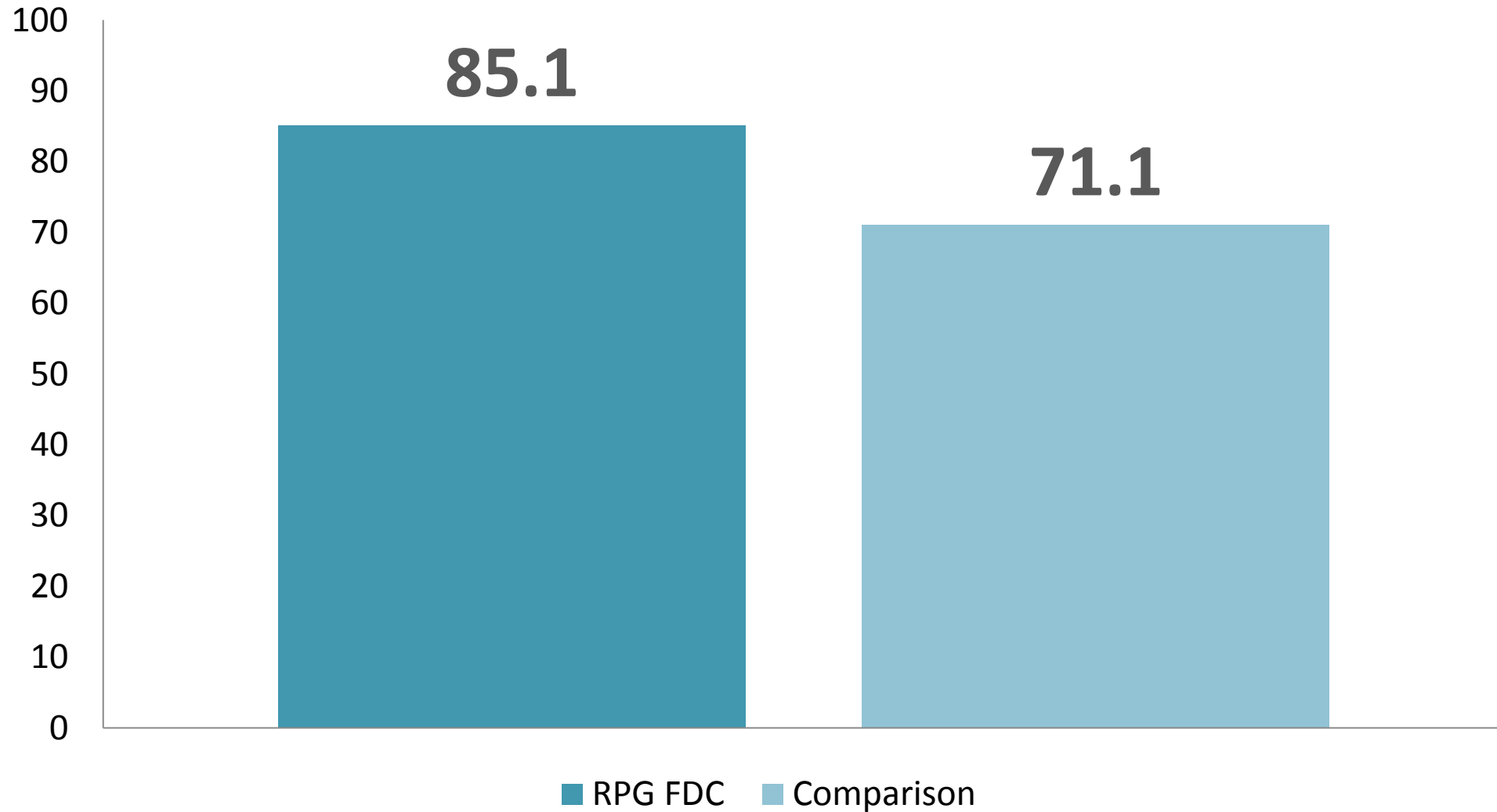
# Treatment Completion Rates





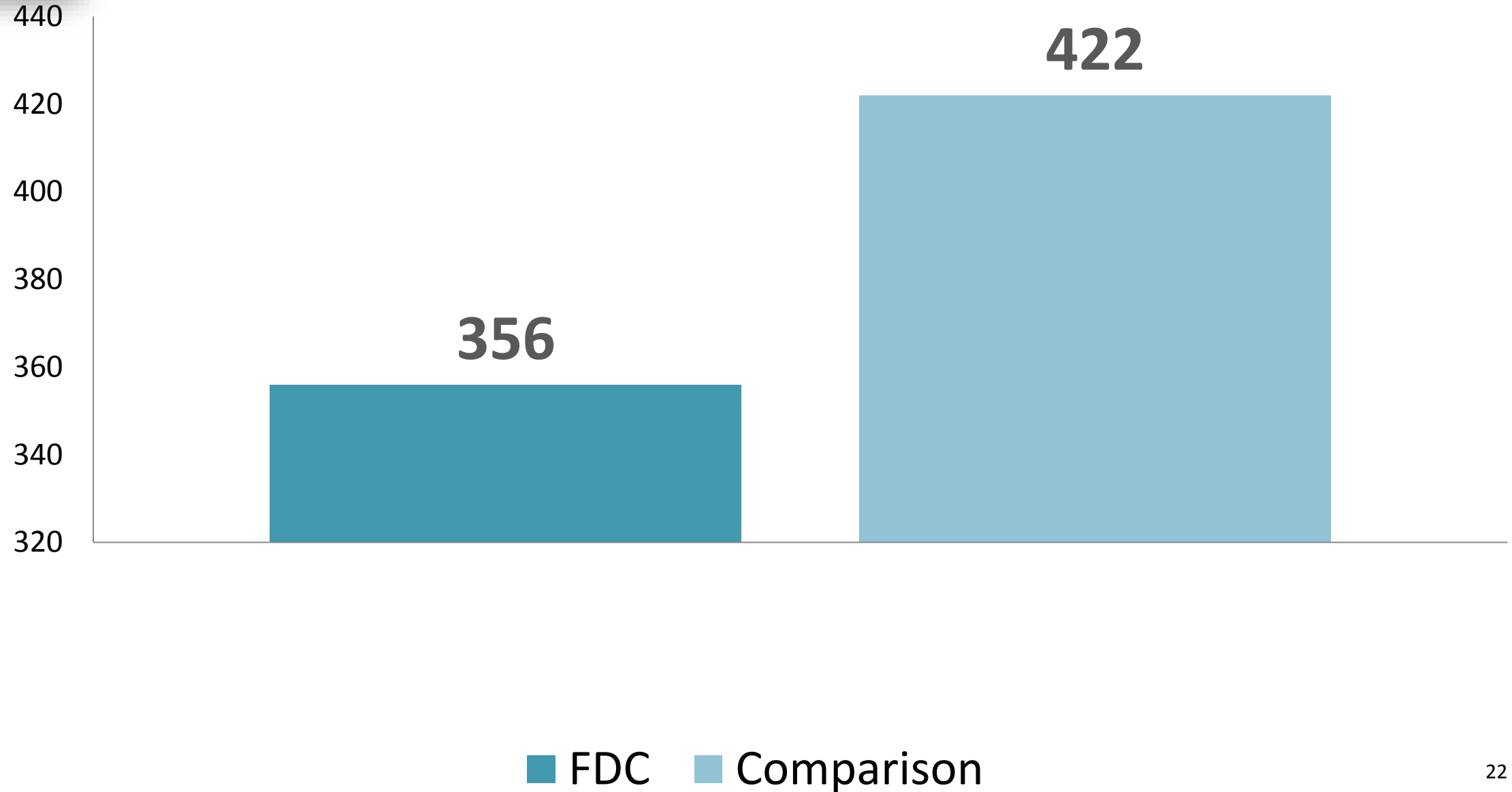


# Children Remain Home





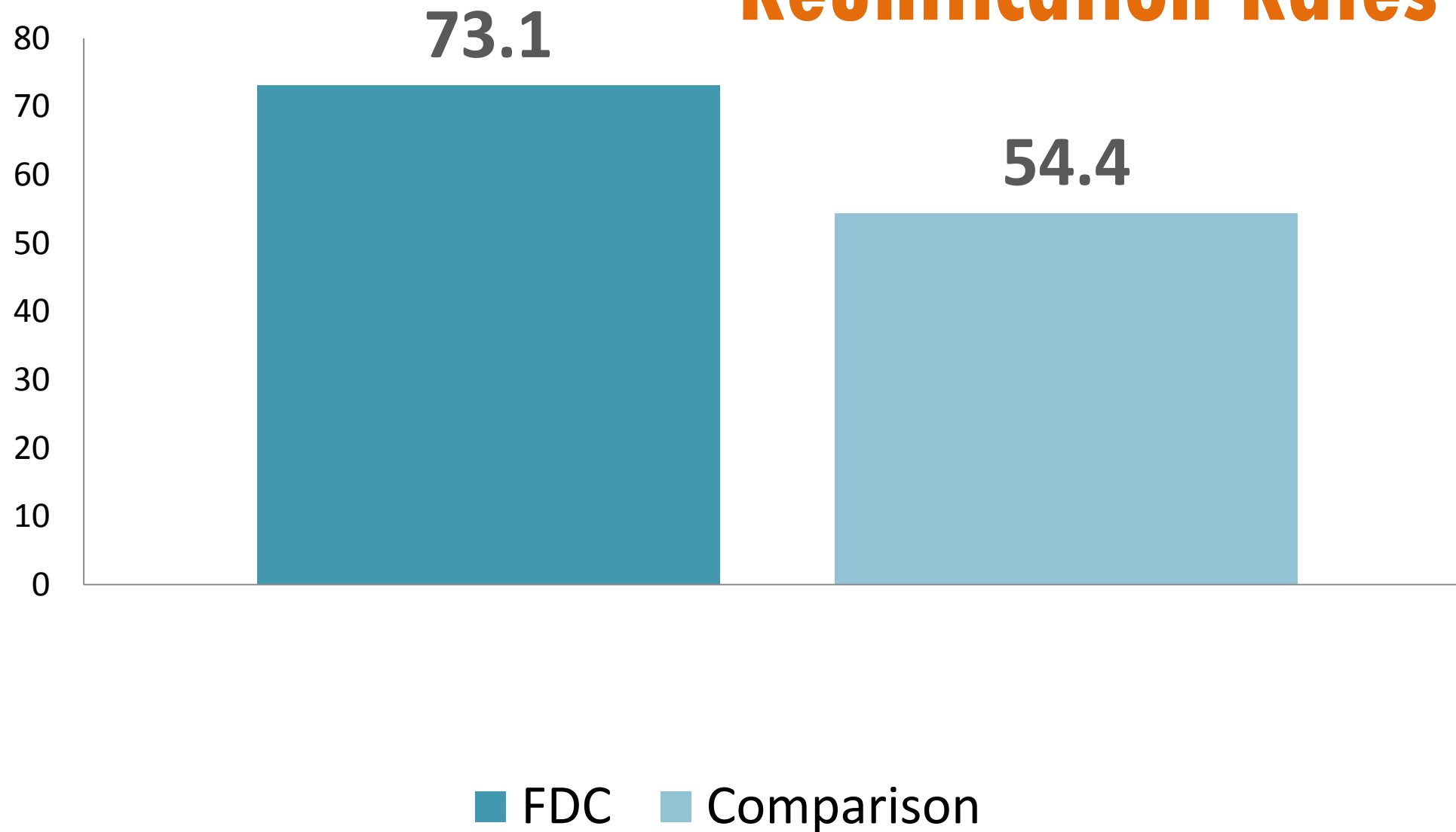
# Days in Foster Care





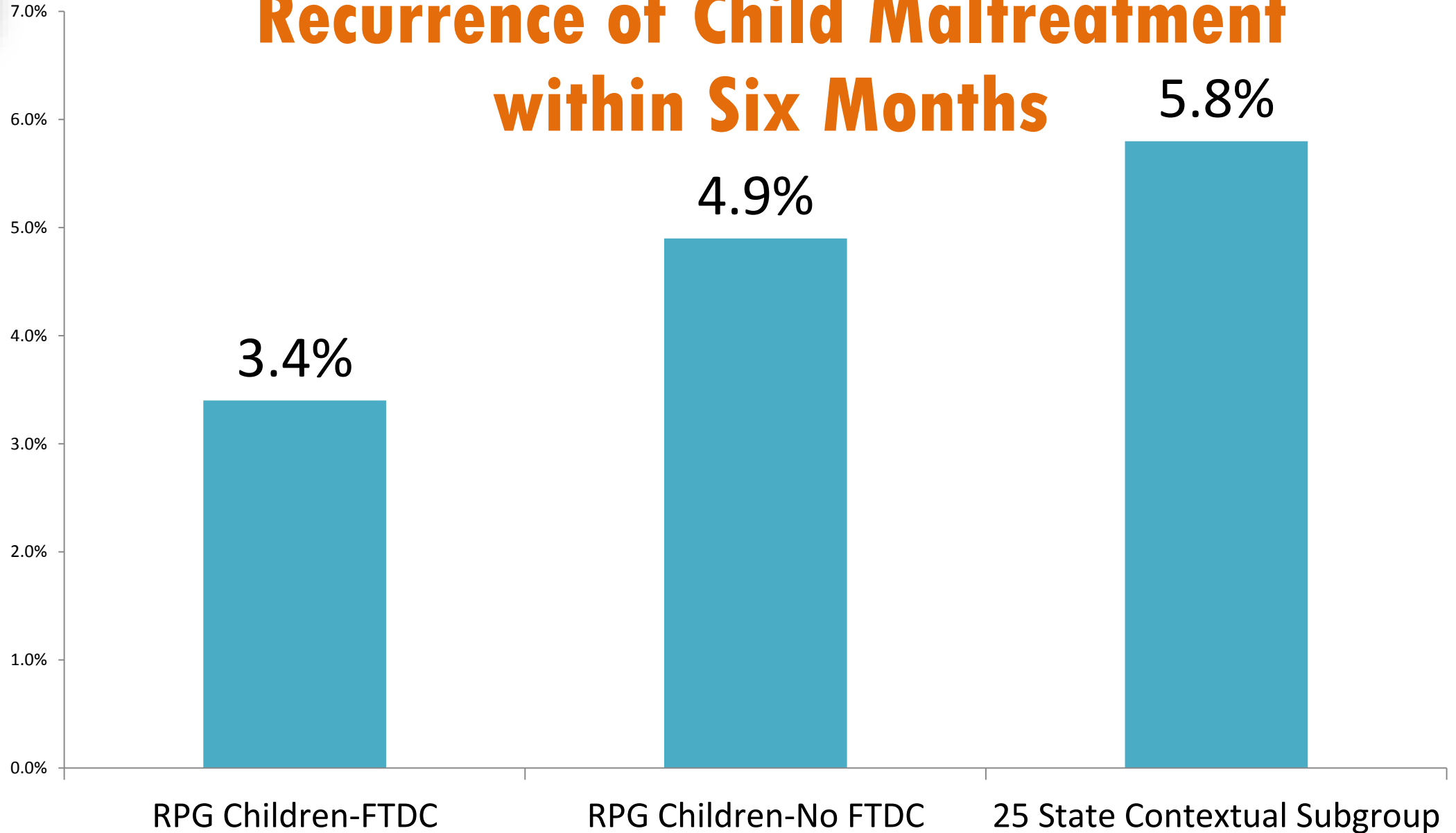


# Reunification Rates





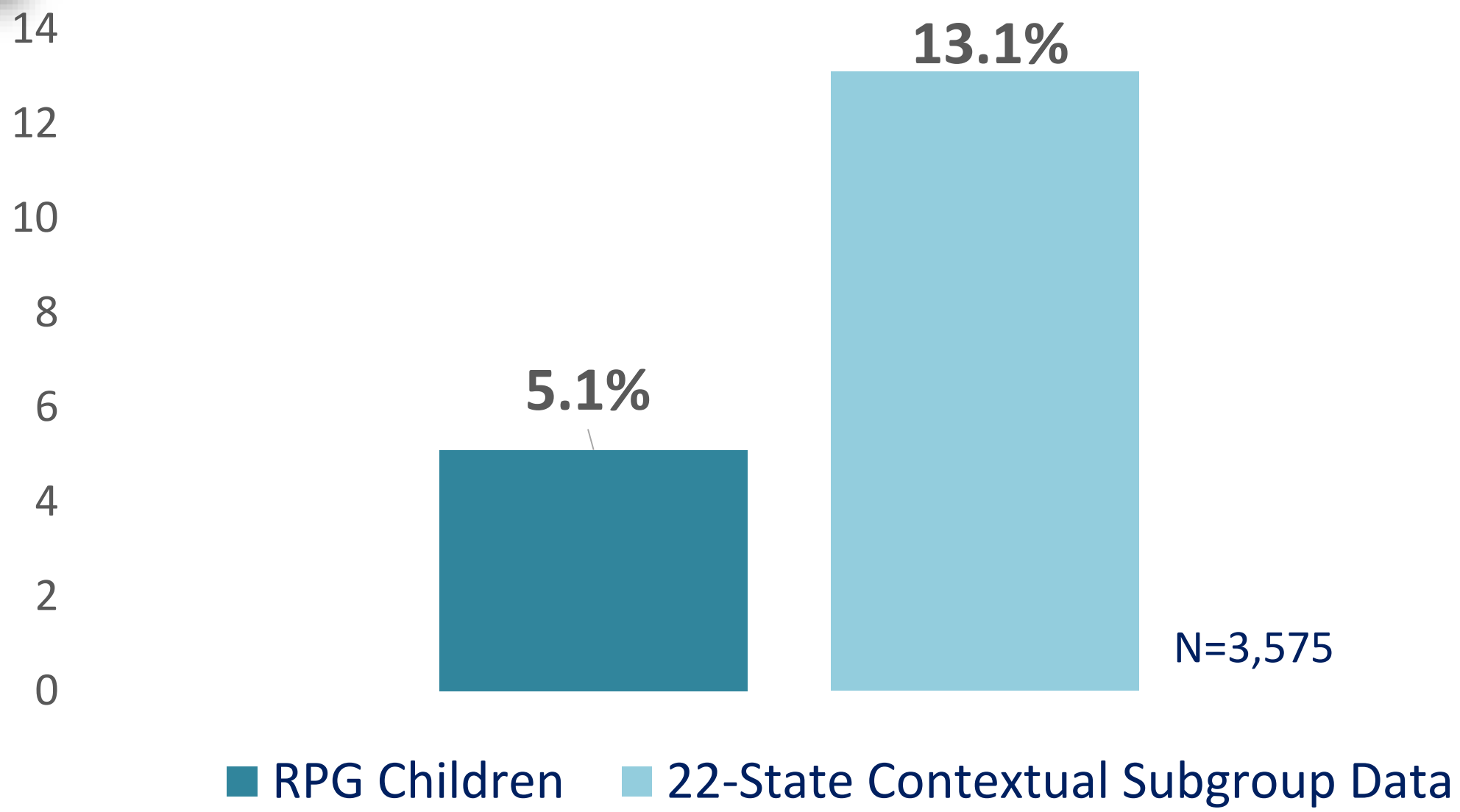
# Recurrence of Child Maltreatment within Six Months







# Re-entries to Foster Care within 12 Months





## Cost Savings Per Family

**\$ 5,022**

**Baltimore, MD**

*Burrus, et al, 2011*

**\$ 5,593**

**Jackson County, OR**

*Carey, et al, 2010*

**\$ 13,104**

**Marion County, OR**

*Carey, et al, 2010*



*We are learning more about*

**Serving Families**

**Serving Children**



# Addiction as a Family Disease

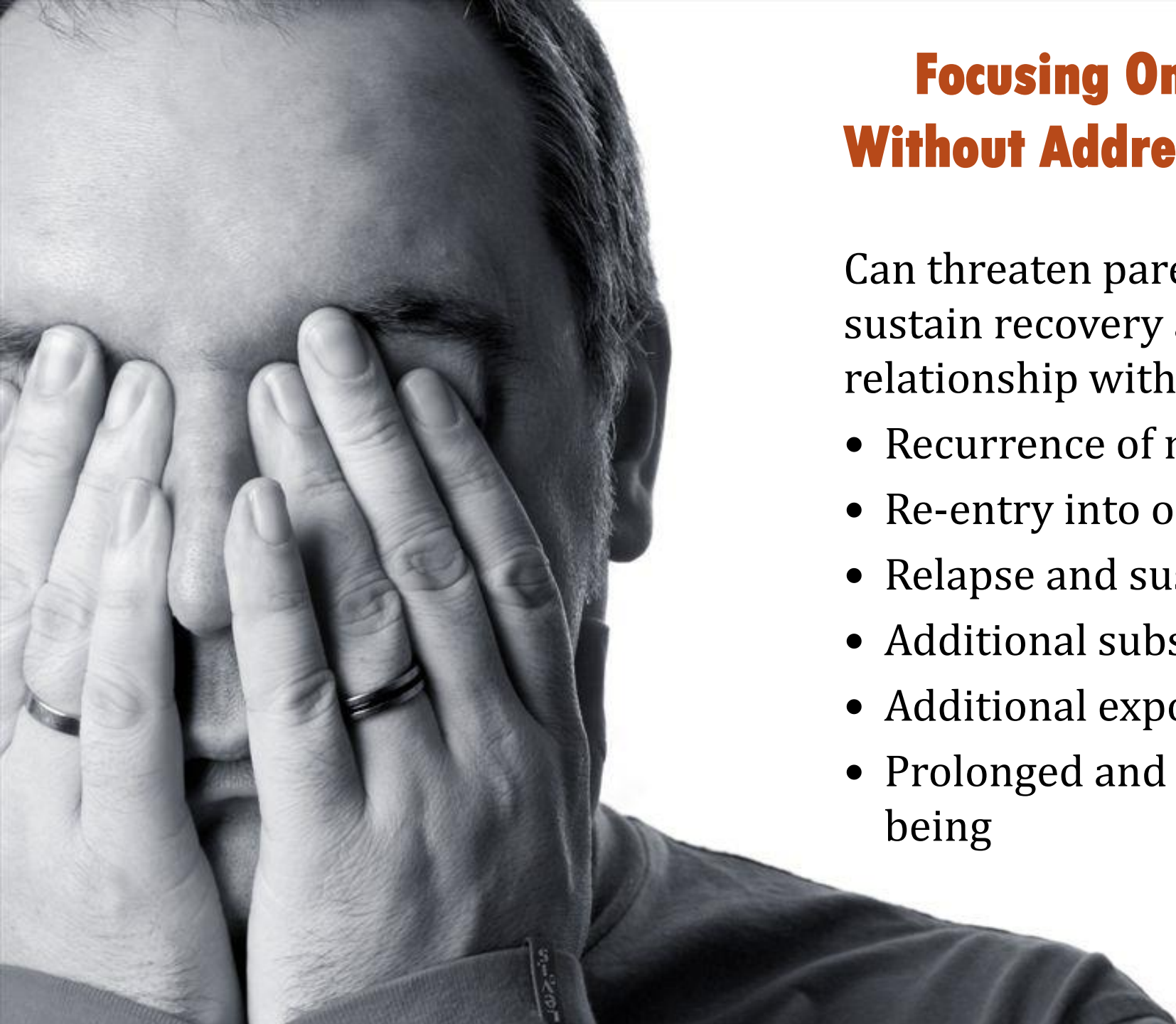
- The impact on child development is well-known: addiction weakens relationships – which are critical to healthy development
- **Child-well-being** – is more than just development, safety and permanency – it's about relationships that ensure family well-being
- Impact of substance use combined with added trauma of separation due to out-home custody = severe family disruption







What is the relationship  
between children's issues  
and parent's recovery?

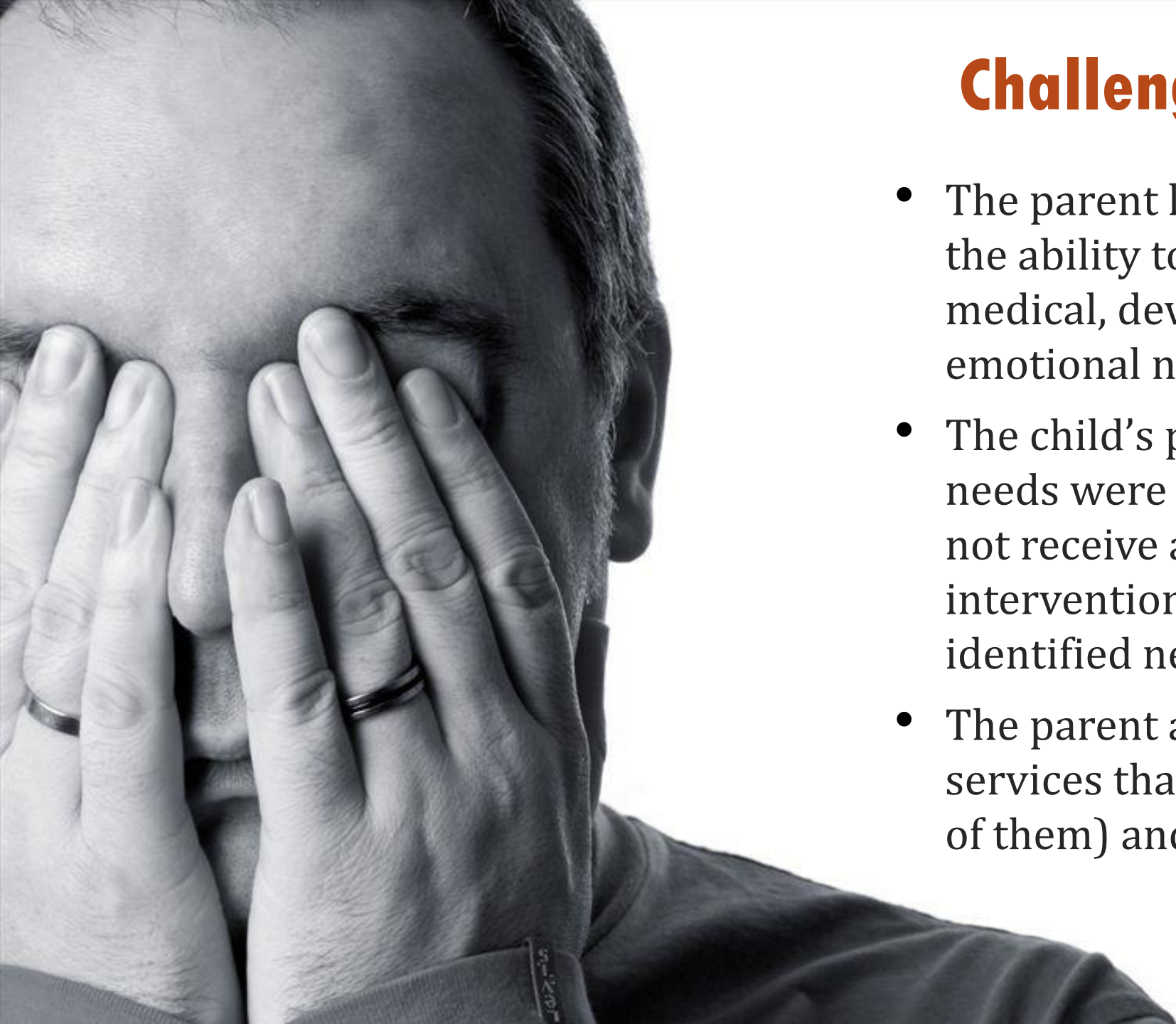


## **Focusing Only on Parent's Recovery Without Addressing Needs of Children**

Can threaten parent's ability to achieve and sustain recovery and establish a healthy relationship with their children, thus risking:

- Recurrence of maltreatment
- Re-entry into out-of-home care
- Relapse and sustained sobriety
- Additional substance-exposed infants
- Additional exposure to trauma for child/family
- Prolonged and recurring impact on child well-being





## Challenges for the Parents

- The parent lacks understanding of and the ability to cope with the child's medical, developmental, behavioral and emotional needs
- The child's physical, developmental needs were not assessed, or the child did not receive appropriate interventions/treatment services for the identified needs
- The parent and child did not receive services that addressed trauma (for both of them) and relationship issues

# Treatment Retention and Completion

- Women who participated in programs that included a “high” level of family and children’s services and employment/education services were twice as likely to reunify with their children as those who participated in programs with a “low” level of these services. - Grella, Hser & Yang (2006)
- Retention and completion of treatment have been found to be the strongest predictors of reunification with children for substance-abusing parents. - Green, Rockhill, & Furrer, 2007; Marsh, Smith, & Bruni, 2010
- Substance abuse treatment services that include children in treatment can lead to improved outcomes for the parent, which can also improve outcomes for the child



# FDC Practice Improvements

*Approaches to child well-being in FDCs have changed.*



## Parent Recovery

Focusing on parent's recovery and parenting are essential for reunification and stabilizing families

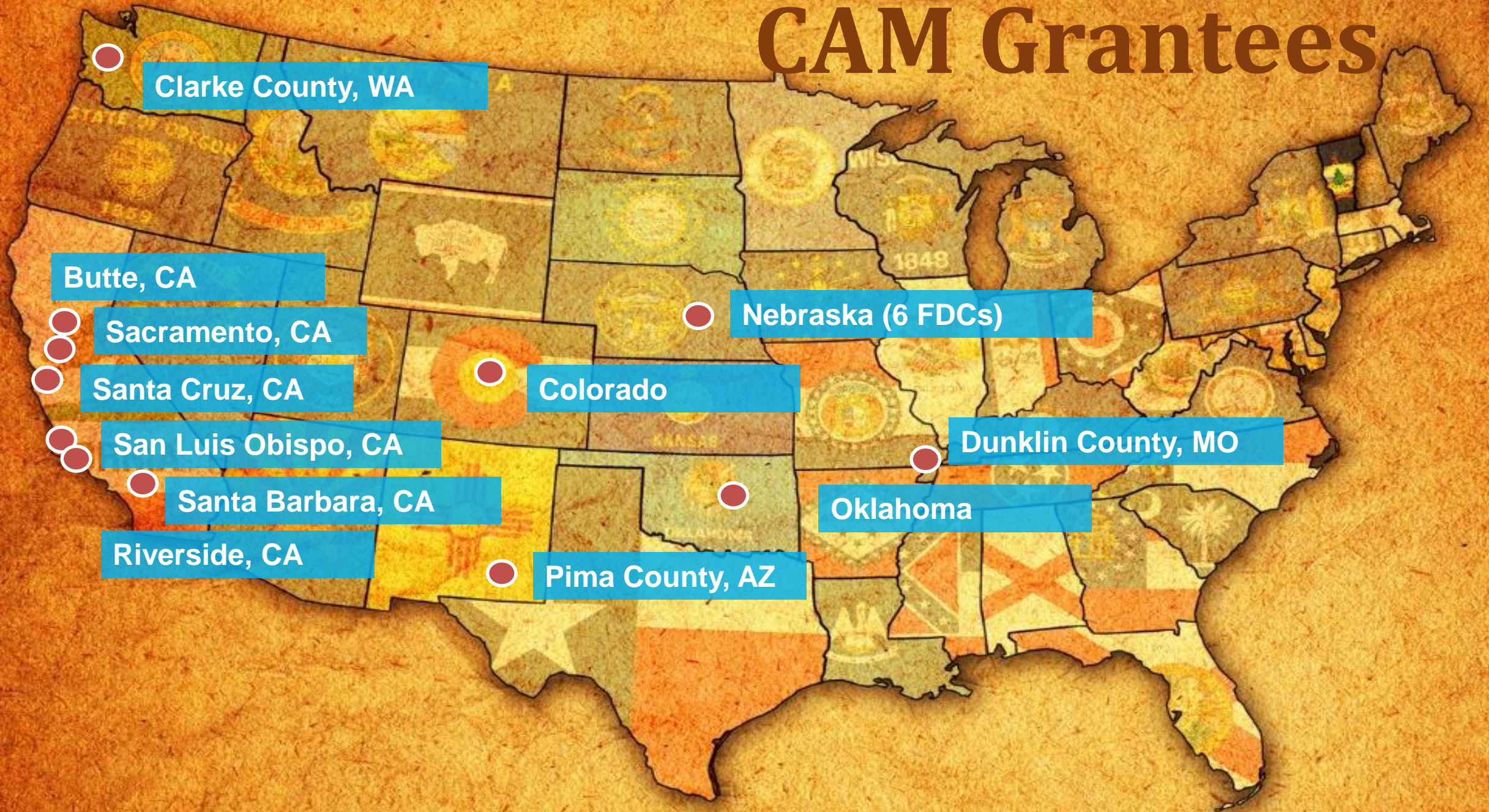
## Child Well-Being

Focusing on safety and permanency are essential for child well-being

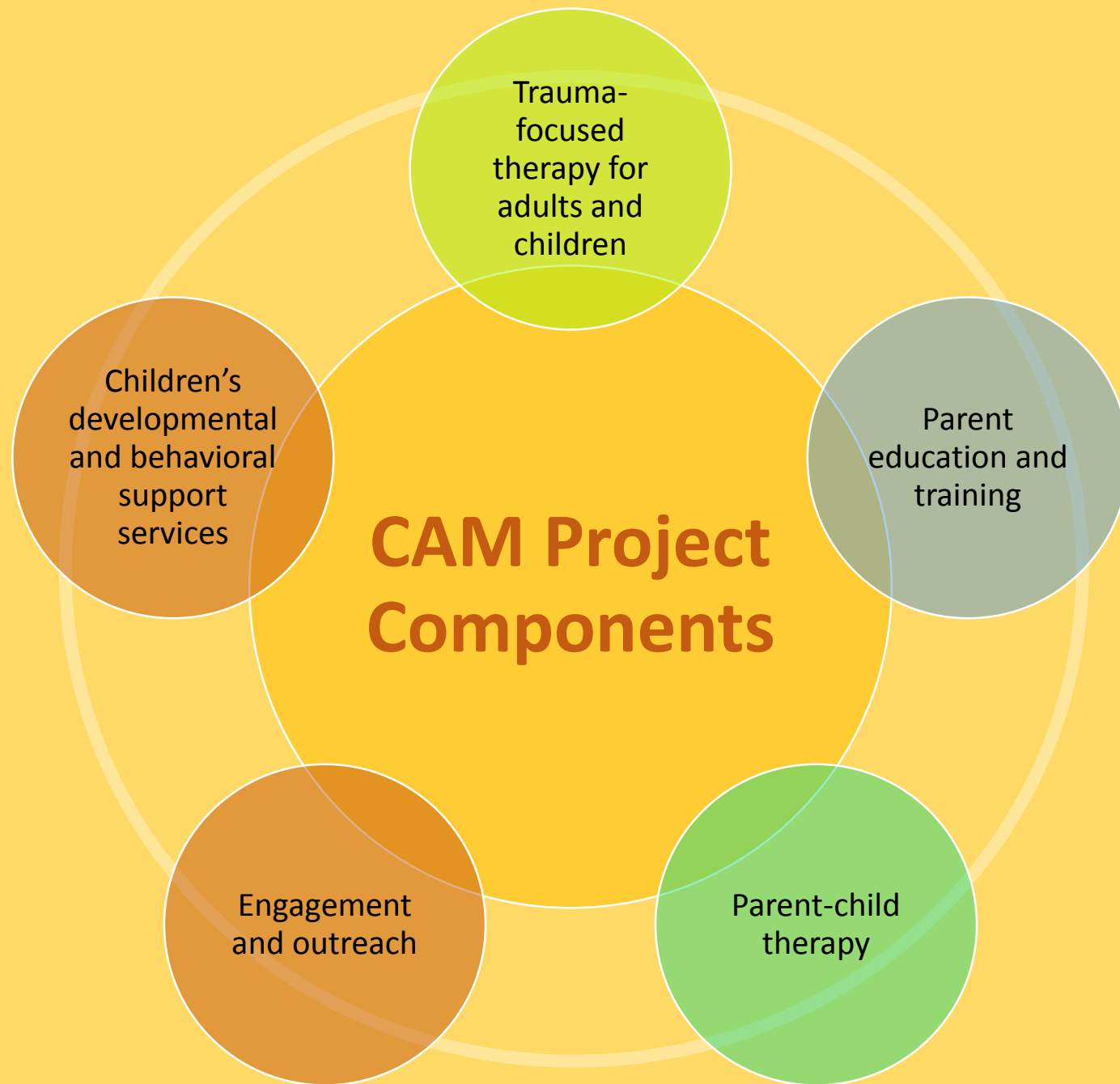




# CAM Grantees







Trauma-focused therapy for adults and children

Parent education and training

Parent-child therapy

Engagement and outreach

Children's developmental and behavioral support services

# CAM Project Components

# CAM Program Participants

\* through September 2013

**2,455 Adults**

**3,592 Children**



**1,850 Families**



# 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

### Timeliness of Reunification

68.2 % within 12 months

56.0% within 12 months \*

### Recurrence of Maltreatment

2.3% within 6 months

7.3% maltreatment recurrence \*

## Child/Youth Performance Measures

### Median Length of Stay in OOHC

8.3 months

13.5 months \*

### Re-Entry into OOHC

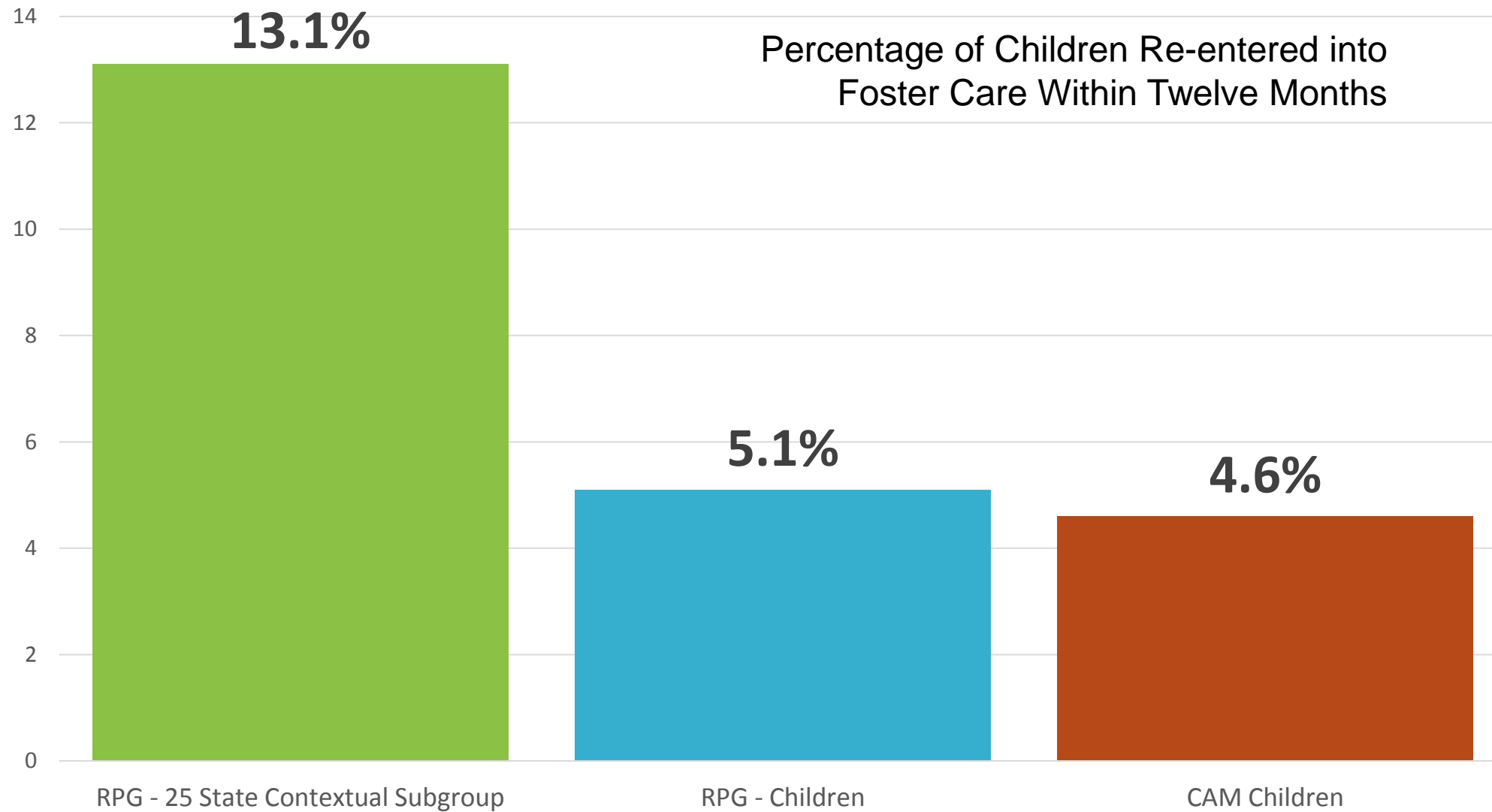
3.1% re-entered within 6 months

12.7% within 6 months \*

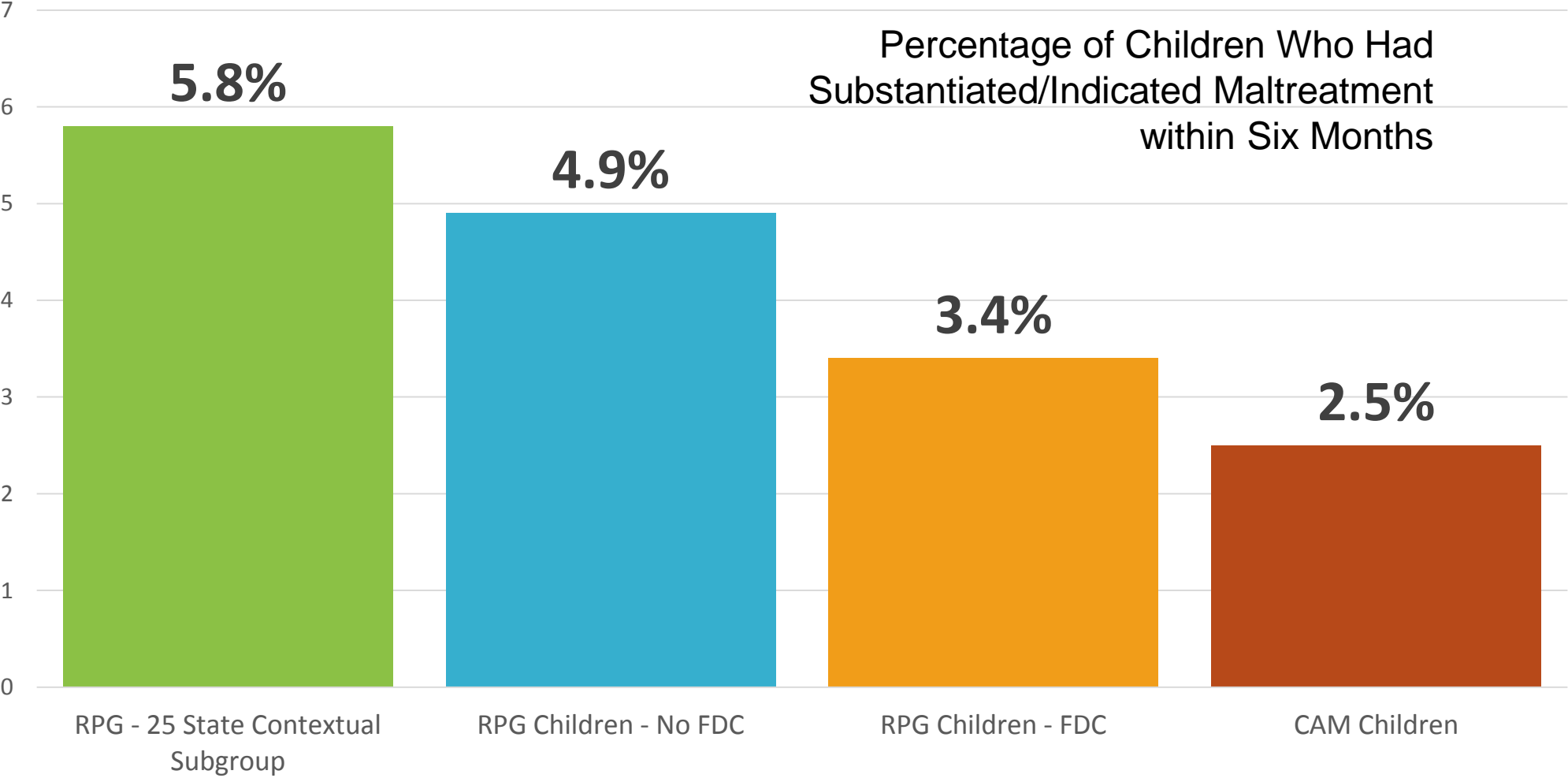
\* In the context of the State or County served by the Grantees



# Re-entries into Foster Care



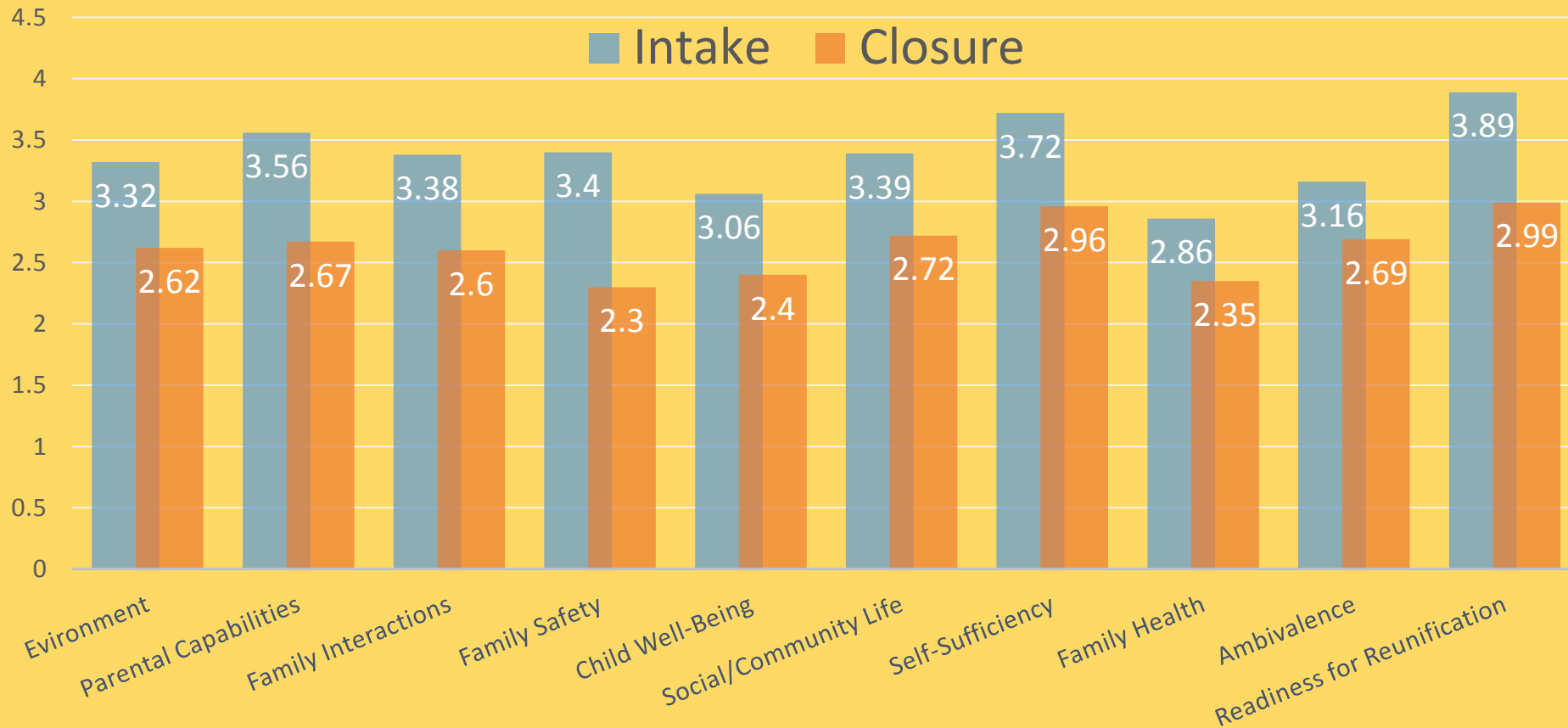
# Recurrence of Child Maltreatment





# Preliminary Findings Well-Being

Overall Mean NCFAS Scores for Each Domain\*



*Note: lower scores indicate improvement*

*\* All domains signify significant differences between intake and closure at  $p < .05$ .*



# **New Ways of Doing Business**

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





*We know more about*

# **Brain Science of Addiction**

0001 : scie # 3445  
0002 : math # 7037  
0003 : chem # 9532  
0004 : engi # 1138  
0005 : lang # 8398  
0006 : psyc # 1111  
0007 : soci # 3283  
0008 : art # 4969  
0009 : phi # 9594  
0010 : bio # 4838  
0011 : env # 4949  
0012 : ec # 8898

20893049562  
38945682362  
23045923643  
56236465444  
698746975  
68326456  
50783645383  
46568032453  
45670982346  
68092385603  
68230848564  
80692380458  
56234685604  
0648506923  
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34685096804  
56234562343  
23656742364  
85748748848



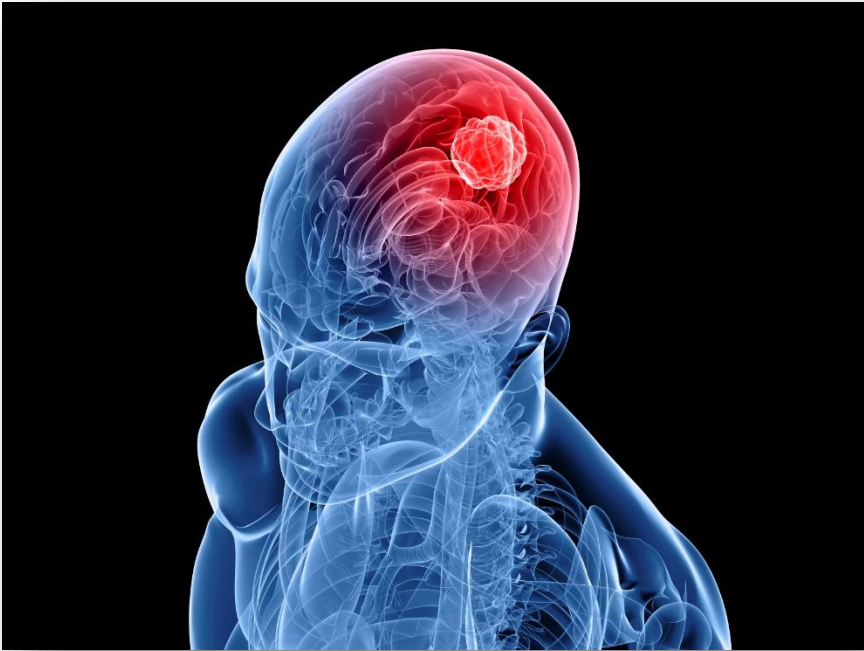
# Addiction – Here's What We Know

1. Addiction is a disease
2. It's a family disease that can harm all members of the family
3. Many parents - not all - recover from the disease if they get good treatment
4. Timely access to effective treatment works to help many - not all - parents recover and children reunify
5. That saves money
6. We've got the results to prove it — you achieved some of them in your innovative projects

## **You can't ignore the parents**

Here's why: 90% of children in substantiated abuse and neglect cases either stay home or go home.

# ASAM Definition of Addiction



“Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.”

## A Treatable Disease

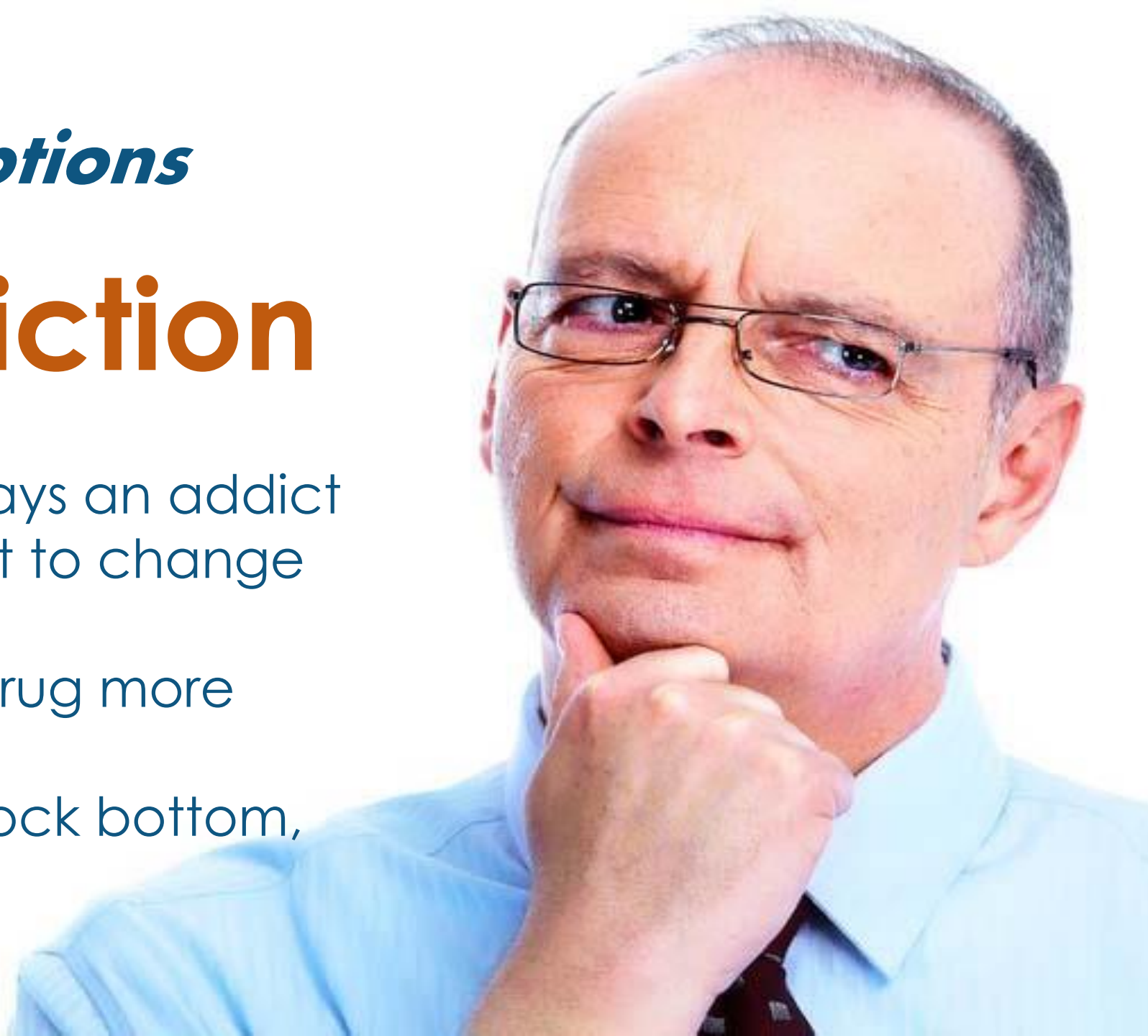
- Substance use disorders are a preventable, treatable disease
- Discoveries in the science of addiction have led to advances in drug abuse treatment that help people stop abusing drugs and resume their productive lives
- Similar to other chronic diseases, addiction can be managed successfully
- Treatment enables people to counteract addiction's powerful disruptive effects on brain and behavior and regain areas of life function



## ***Stigma & Perceptions***

# **Addiction**

- Once an addict, always an addict
- They don't really want to change
- They lie
- They must love their drug more than their child
- They need to get to rock bottom, before.....



# Rethinking Treatment Readiness



## Re-thinking “Rock Bottom”

- “Tough love” - in the hopes that they will hit rock bottom and wanting to change their life.
- Collective knowledge in the community is to “cut them off, kick them out, or stop talking to them.”
- Addiction as a disease of isolation



## “Raising the bottom”

- Getting off on an earlier floor
- Has realistic expectations and understands both the neuro-chemical effects on people with substance related and addiction disorders and difficulties and challenges of early recovery
- Readiness
- Recovery occurring in the context of relationships

*We know more about*

**The Impact of**

**Recovery Support**





# Rethinking Engagement



*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

Experiential Knowledge,  
Expertise

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

Experiential Knowledge, Expertise +  
Specialized Training

**YOUR FDC NEEDS TO ASK:**

*What does our program and community need?*



# Functions of Recovery Specialists



## LIASON

- Links participants to ancillary supports; identifies service gaps

## TREATMENT BROKER

- Facilitates access to treatment by addressing barriers and identify local resources
- Monitors participant progress and compliance
- Enters case data

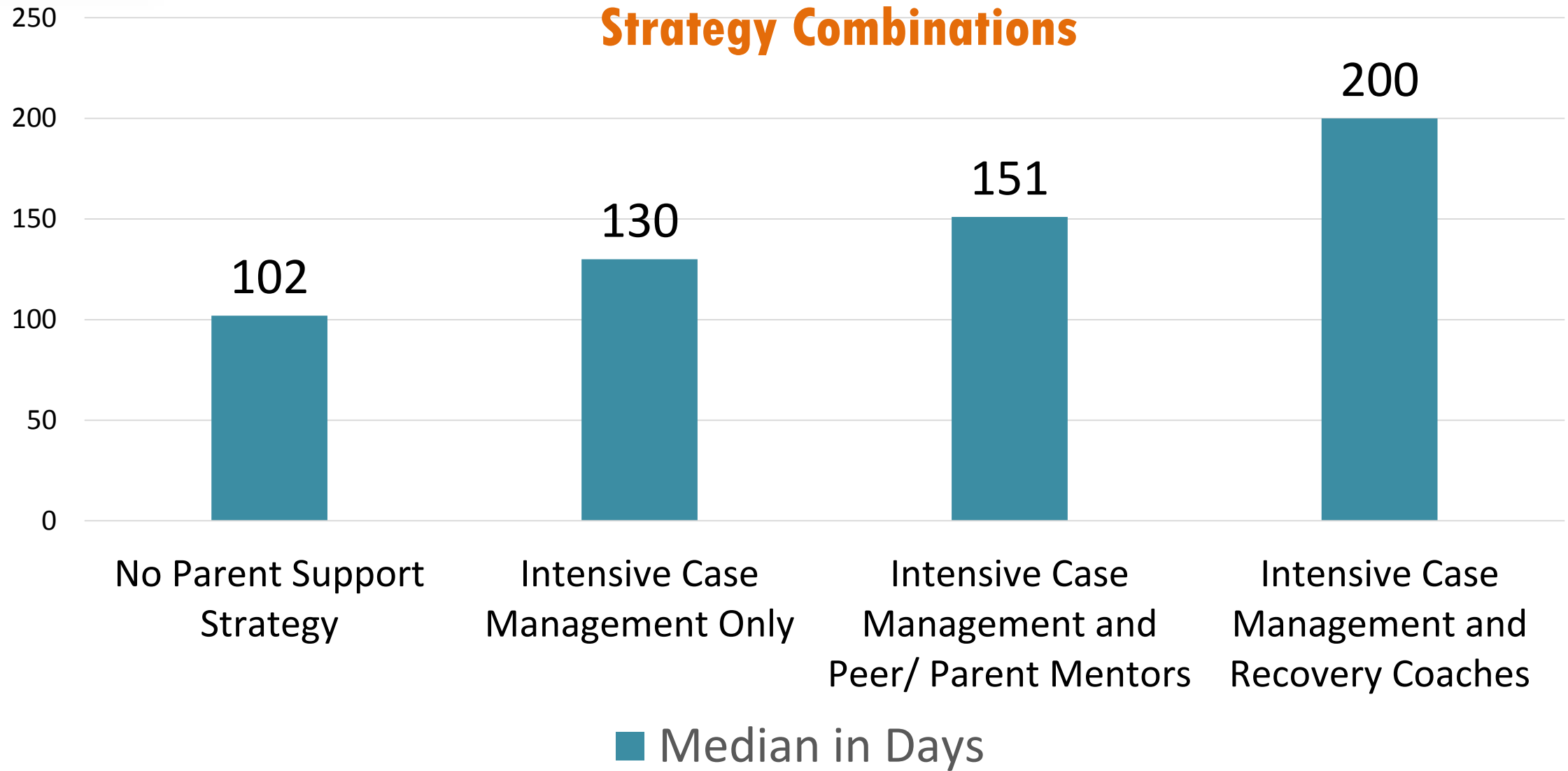
## ADVISOR

- Educates community; garners local support
- Communicates with FDC team, staff and service providers



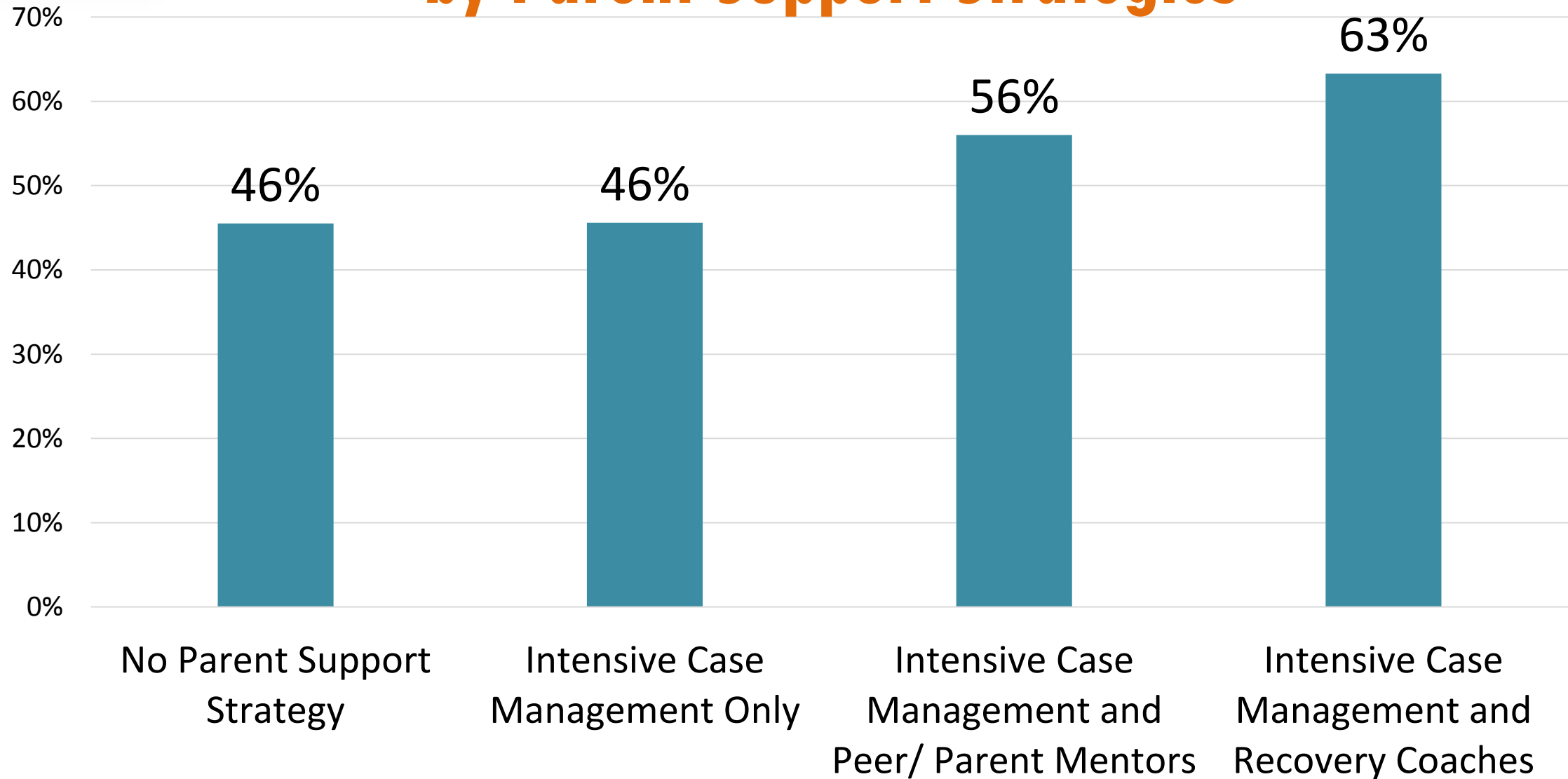


# Median Length of Stay in Most Recent Episode of Substance Abuse Treatment after RPG Entry by Grantee Parent Support Strategy Combinations





# Substance Abuse Treatment Completion Rate by Parent Support Strategies

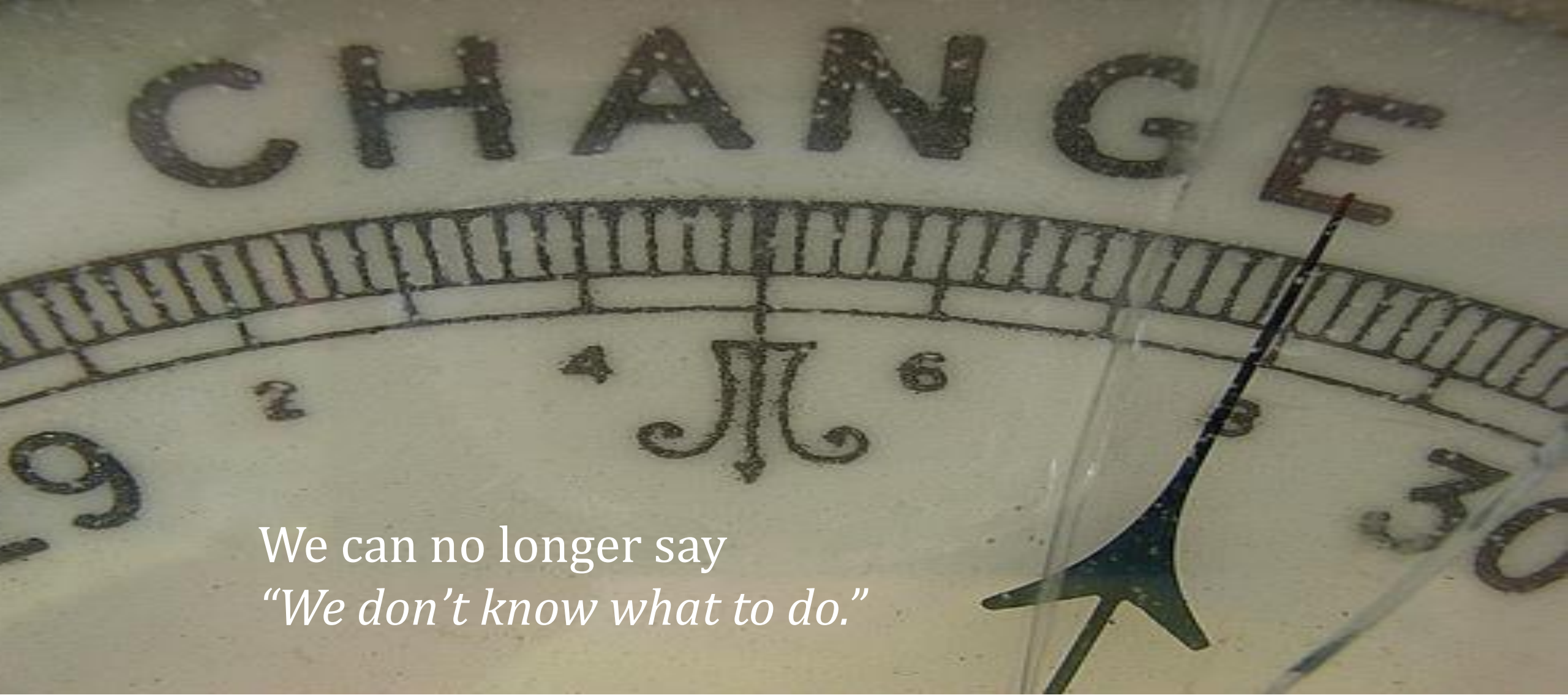






## Support Strategy - Reunification Group

- Beginning during unsupervised/overnight visitations through 3 months post reunification
- Staffed by an outside treatment provider and recovery support specialist (or other mentor role)
- Focus on supporting parents through reunification process
- Group process provides guidance and encouragement; opportunity to express concerns about parenting without repercussion



We can no longer say  
*"We don't know what to do."*

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• 2014

*We know more about*

# Opportunities for Changing the System

2014

A young child with blonde hair, wearing a white and grey striped long-sleeved shirt, a matching striped scarf, and a black aviator helmet with goggles, is looking upwards and pointing towards the sky. The background is a bright blue sky with light clouds. A horizontal blue line with a circular dot at the end is positioned below the child's arm.



- Cross-systems collaboration has been strengthened
- We know the scope of services that are needed
- Greater focus on family-well-being
- Evidence-based programs increasingly used
- Technical assistance available



# Current Trends

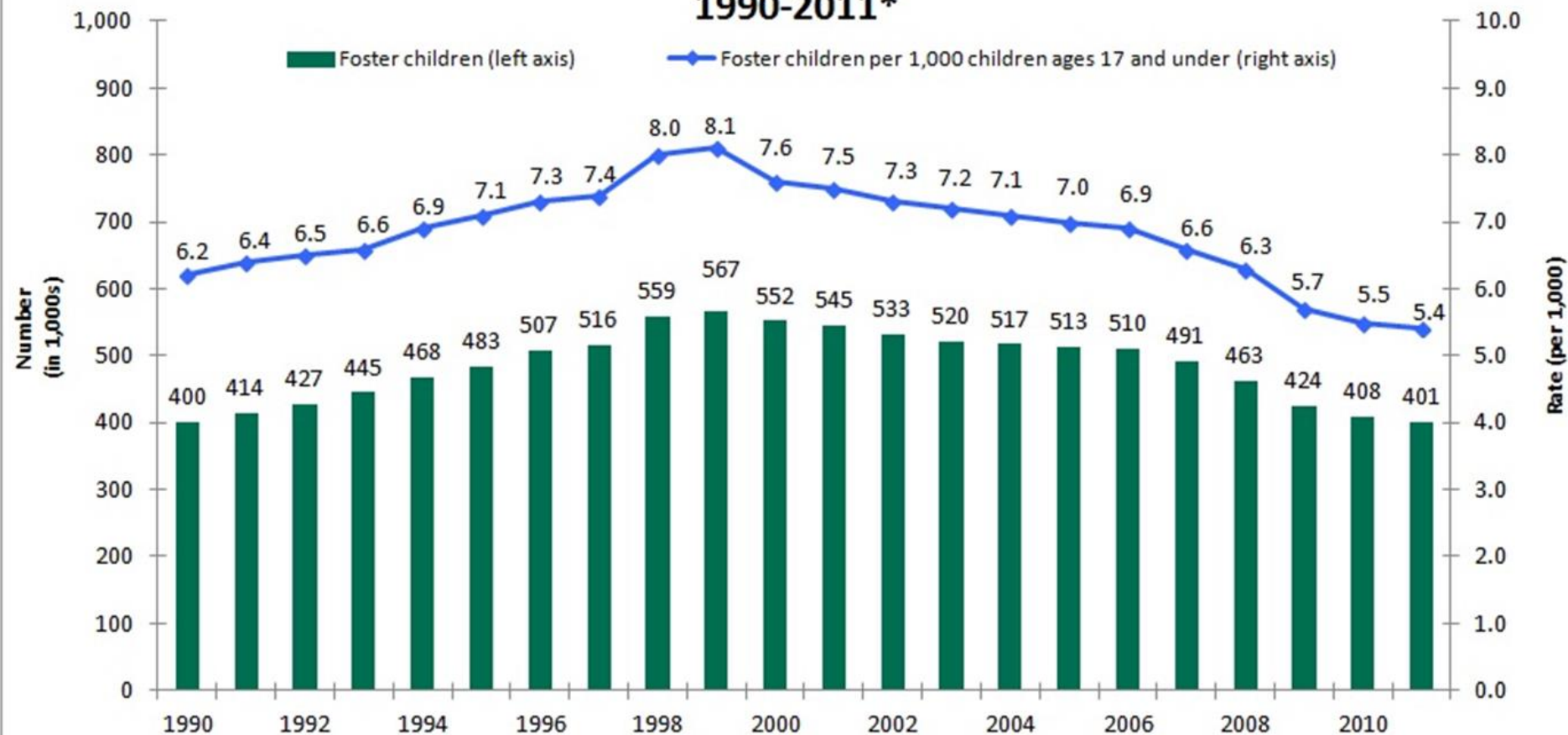


- Trauma services
- Opiate use
- Co-occurring conditions
- Evidence-based practice
- Family-centered treatment
- Services to children
- Changing CWS population



Figure 1

## The Number and Rate of Children in Foster Care Ages 17 and Under, 1990-2011\*

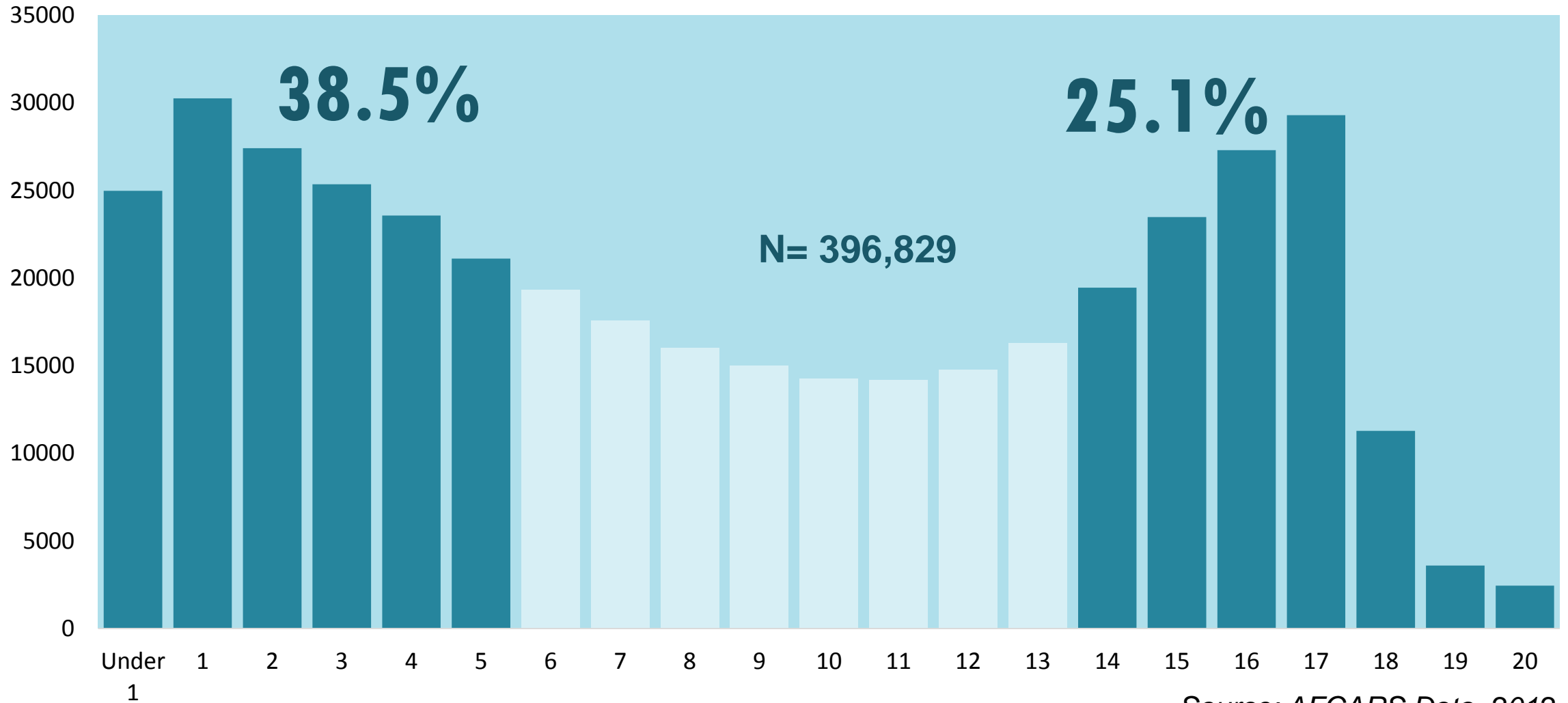


\*Data for 2004-2011 are preliminary estimates as of June 2006, Sept 2006, January 2008, October 2009, October 2009, July 2010, June 2011, and July 2012 respectively. Revised estimates may be forthcoming.

Source: Data for 1990-1997 for Total Foster Children and Foster Children per 1,000 children ages 17 and under: Trends in the Well-Being of America's Children and Youth 1999, Table PF 2.3. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation; Population estimates used for calculating Foster Children per 1,000 children ages 17 and under for 2000-2009: U.S. Census Bureau, Population division: <http://www.census.gov/popest/estimates.html>. Data for 1998 - 2002: "The AFCARS report: Final for FY1998 - FY2002" [http://www.acf.hhs.gov/programs/cb/stats\\_research/afcars/tar/report12.htm](http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report12.htm). Interim data for 2003: "The AFCARS report Interim 2003." [http://www.acf.hhs.gov/programs/cb/stats\\_research/afcars/tar/report10.htm](http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report10.htm). Data for 2004-2011: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau, Statistics & Research, Adoption and Foster Care Statistics. "The AFCARS Report" [multiple years]. [http://www.acf.hhs.gov/programs/cb/stats\\_research/index.htm#afcars](http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#afcars).



# Age of Children in Foster Care as of September 30, 2012



Source: AFCARS Data, 2012

# Where does the FDC fit in the larger system?

**Most sit on top**

**Or on the side**



# Federal Support for Family Drug Courts



ADMINISTRATION FOR  
CHILDREN & FAMILIES

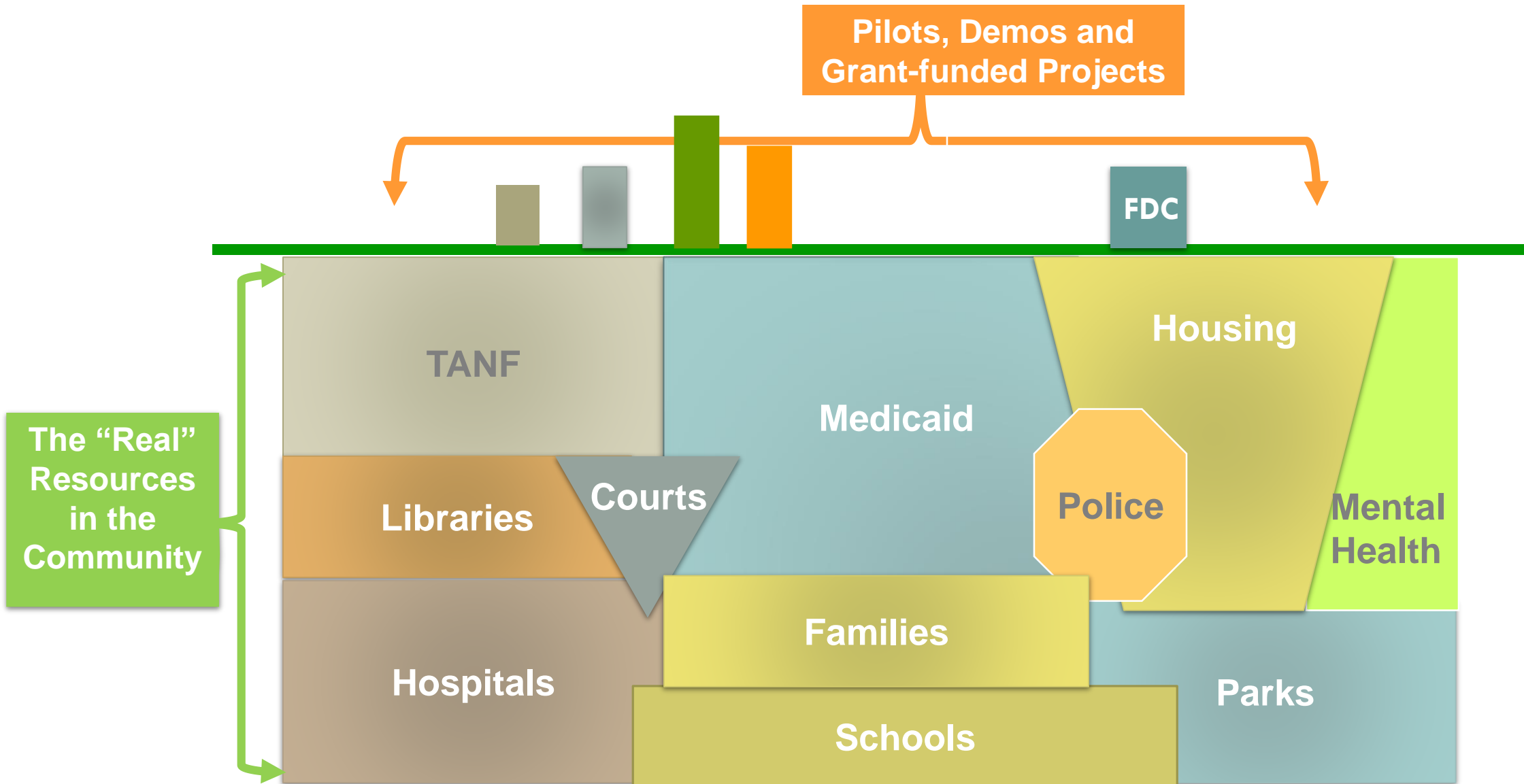
OJJDP



**Direct Funding (FY2012) - \$22.6 million**

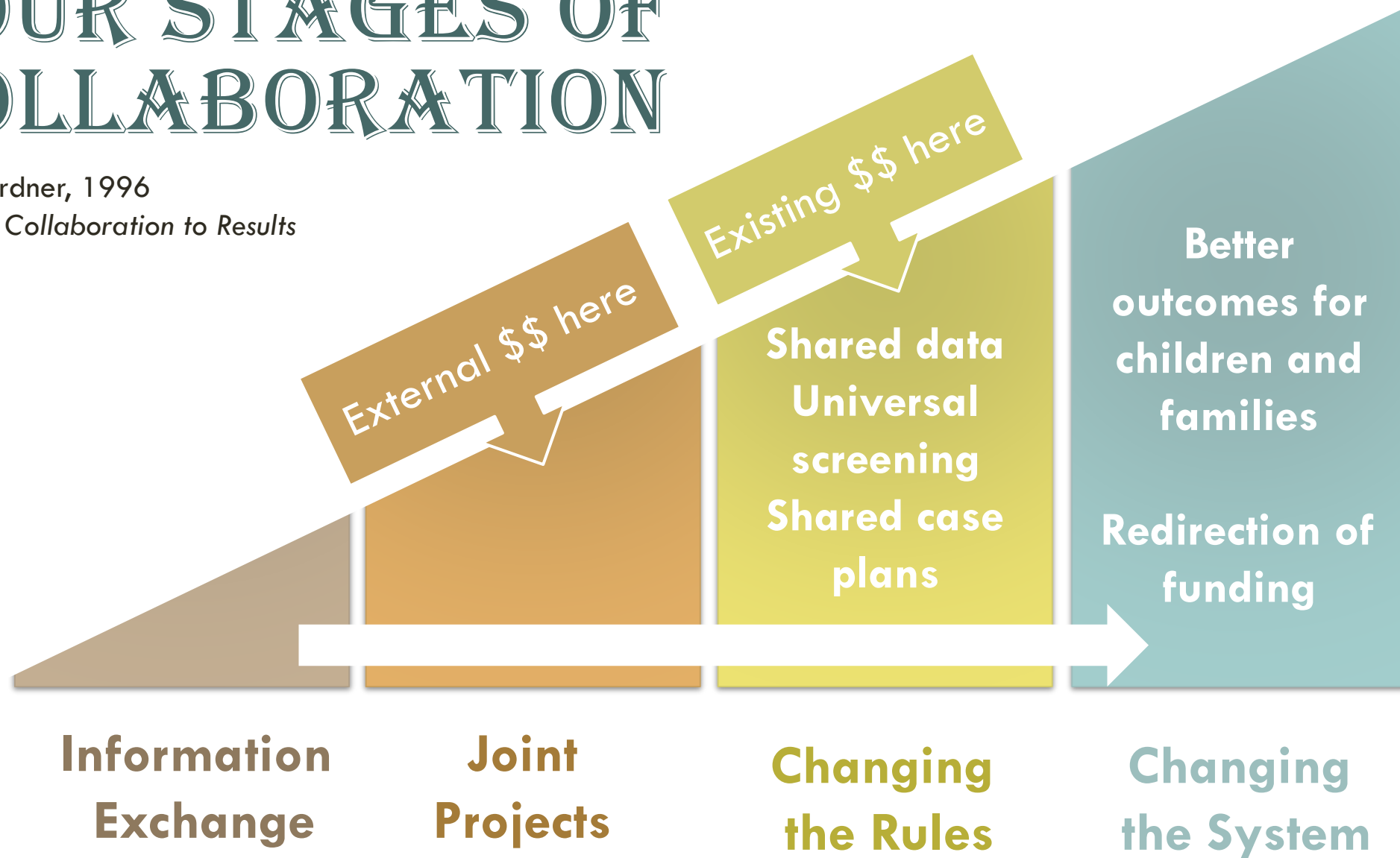


# Redirection of Resources Already Here



# FOUR STAGES OF COLLABORATION

Sid Gardner, 1996  
*Beyond Collaboration to Results*



# Financing Dependency Drug Courts

- Child Welfare Finance Reform
- Title IV-E Waivers
- Title 19 Waivers
- Affordable Care Act (Medical Expansion)
- Realignment



# How Much of the Total CWS Population are FDCs Serving?

FDCs on average serve new intakes per year **30 parents**

There are approximately **345 FDCs** nationally

30 Parents x 345 FDCs = **10,350 Parents**

10,350 Parents x 1.75 = **18,113 Children**

There were approximately 248,233 children placed in Out-of-Home Care (AFCARS, 2012)

173,763 (**70%**) are affected by parental substance abuse

18,113 Children / 176,763 Children  $\approx$  10.2%

Therefore, approximately **10% are served by FDCs**

A young child is shown in profile, wearing a superhero costume. The costume includes a bright orange t-shirt, a green cape, and a yellow sash. The child is holding a thin white string that extends towards the text on the right. The background is a plain, light-colored wall.

## No magic wands, but a range of tools

- Best practice standards
- Information systems
- Screening and assessment tools
- Research capacity
- Training and technical assistance
- Leadership and champions



# Q&A and Discussion



# Resources

Links to all these  
resources have been  
posted on our FDC Blog

[www.familydrugcourts.blogspot.com](http://www.familydrugcourts.blogspot.com)





**Free CEUs!**

1. **Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers**
2. **Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals**
3. **Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals**

Please visit: [www.ncsacw.samhsa.gov](http://www.ncsacw.samhsa.gov)

**National Center on Substance Abuse and Child Welfare  
Online Tutorials**





**Family Drug Court Learning Academy  
Webinar Series**

**2014**

*This Changes Everything*

**For more information, please visit the FDC Learning Academy Webinar Library  
[www.cffutures.org](http://www.cffutures.org) or [www.familydrugcourts.blogspot.com](http://www.familydrugcourts.blogspot.com)**



# This Changes Everything - 2014

<b>March 6<sup>th</sup></b>	Tested and Proven – Utilization of Recovery Support Specialists as a Key Engagement and Retention Strategy in FDC (and Beyond)
<b>April 10<sup>th</sup></b>	Our Grant is Over – Now What? Re-financing and Re-Directing as Real Sustainability Planning for Your FDC
<b>June 19<sup>th</sup></b>	Closed Doors or Welcome Mat? Opening the Way for Medical Assisted Treatment in FDC
<b>July 10<sup>th</sup></b>	So How Do You Know They Are Really Ready? Key Considerations for Assessing Families in Recovery for Reunification
<b>Aug. 14<sup>th</sup></b>	Exploring Solutions Together – The Issue of Racial and Ethnic Disproportionality in FDCs
<b>Sept. 18<sup>th</sup></b>	Matching Service to Need – Exploring What “High- Risk, High-Need” Means for FDCs



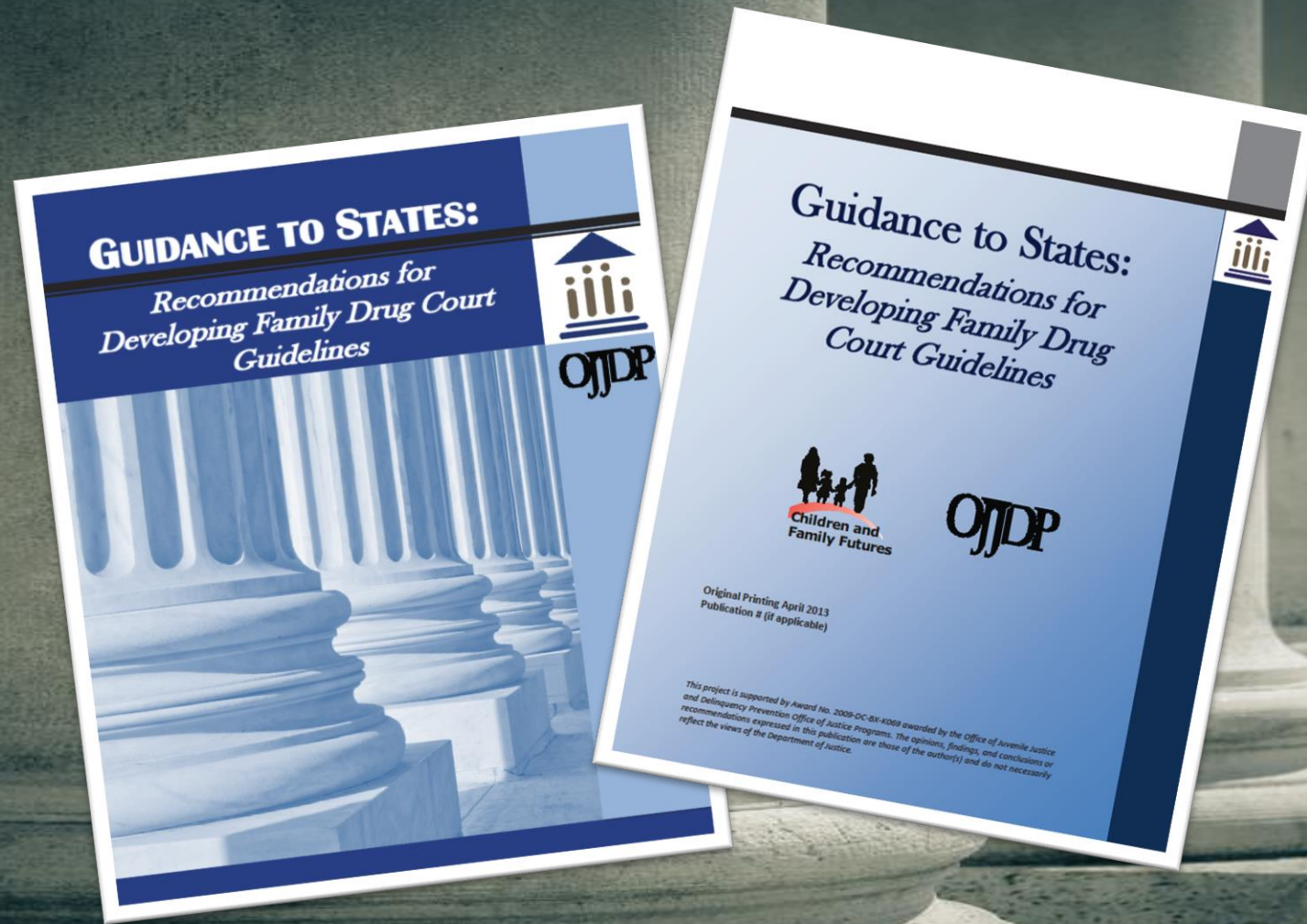
Download the PPTs,  
materials and resources

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**FDC Learning Academy Blog**

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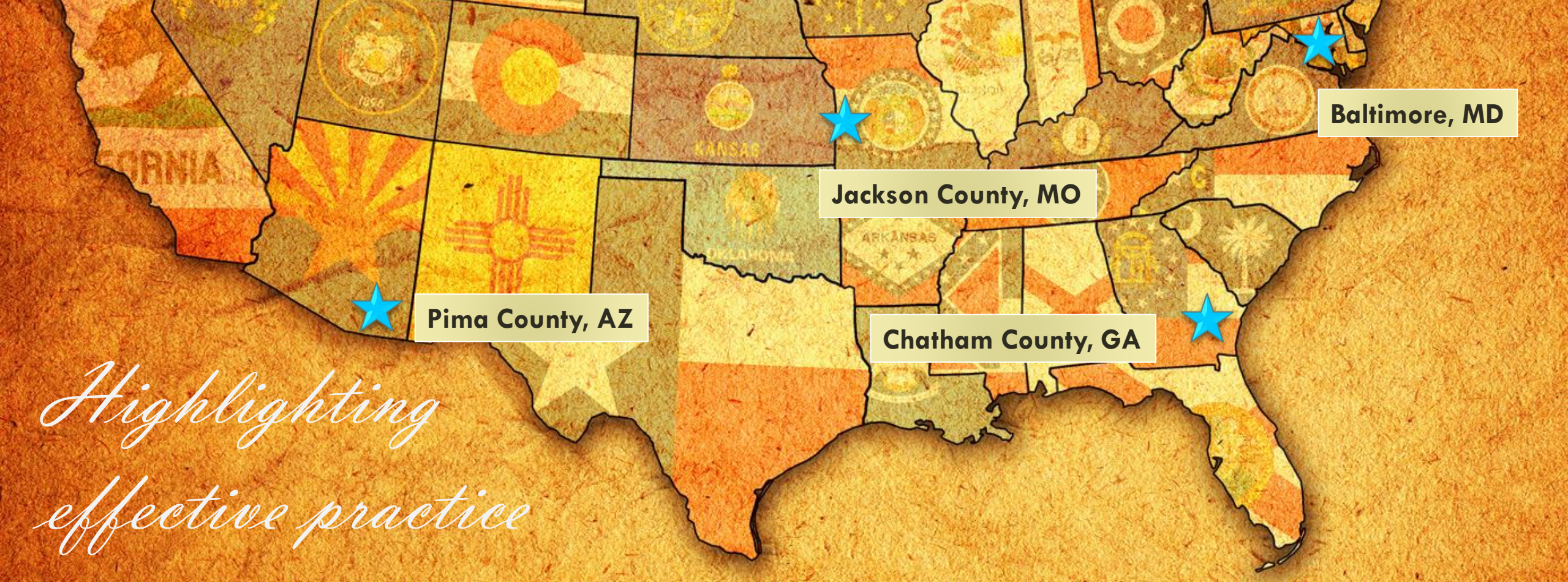




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*Highlighting  
effective practice*

# ★ FAMILY DRUG COURT PEER LEARNING COURT PROGRAM

CONTACT US FOR MORE INFORMATION: [PeerLearningCourts@cffutures.org](mailto:PeerLearningCourts@cffutures.org)



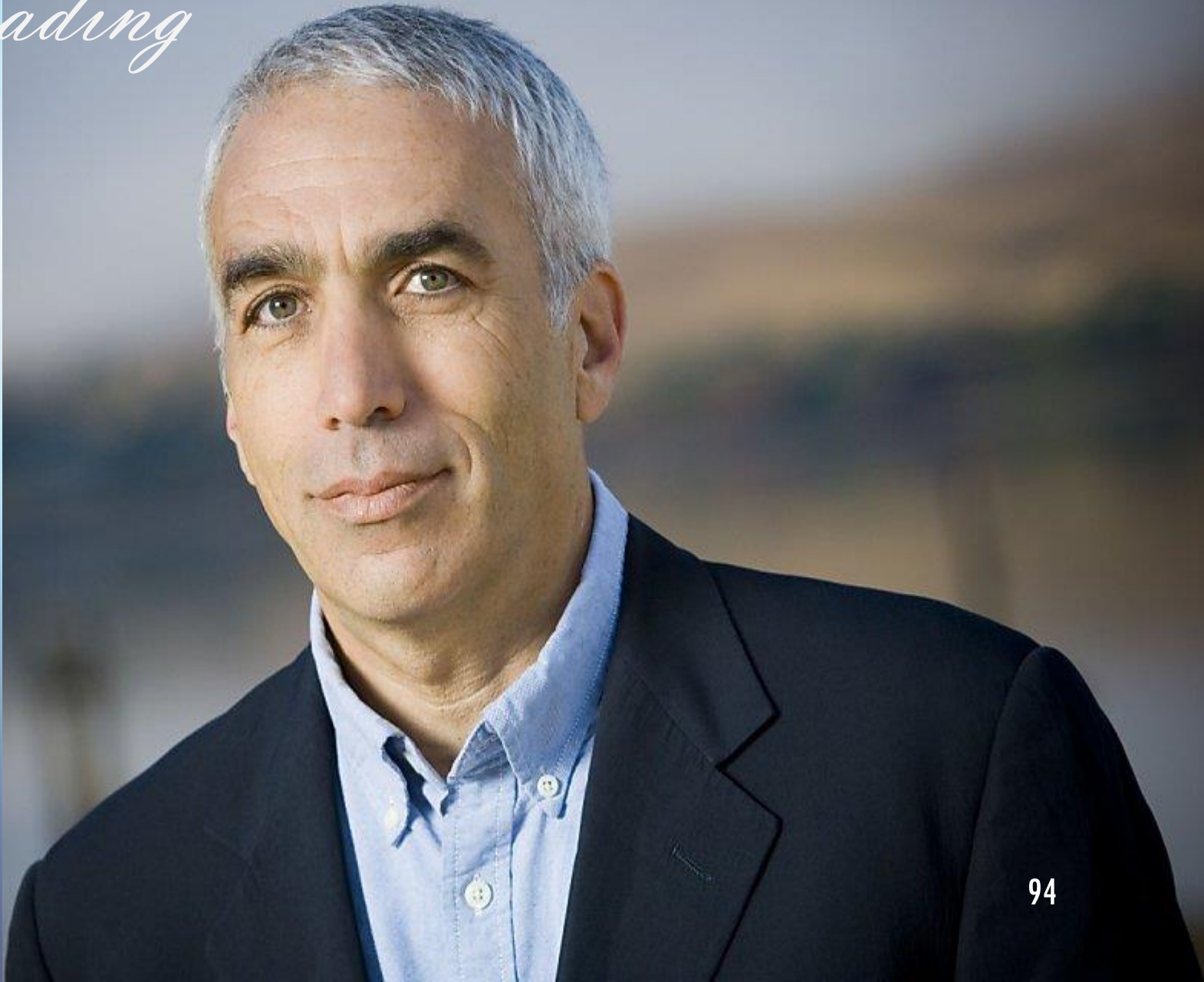
*Recommended Reading*

# clean

Overcoming Addiction and  
Ending America's Greatest Tragedy

DAVID SHEFF

*author of Beautiful Boy*





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