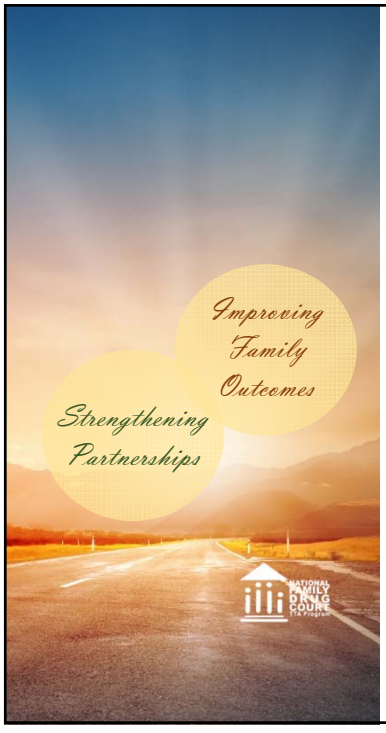
September 12, 2017 |



Learning Objectives

- Highlight the achievements and challenges of the Family Drug Court as an adaptation of the drug court model
- Discuss how the family-centered approach of Family Drug Courts and Healing to Wellness Court models uniquely promote family recovery and stability
- Identify challenges, barriers, and solutions that have impacted effective implementation of each of the Seven Key Ingredients

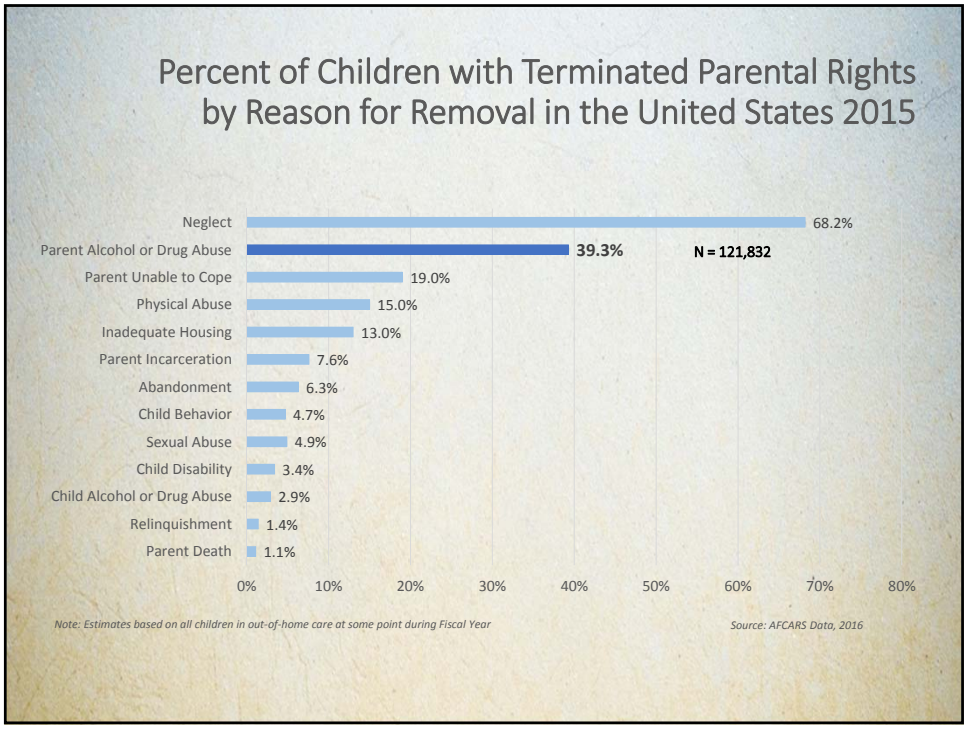
Statement of the Problem

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, and DeGarmo, 2007)

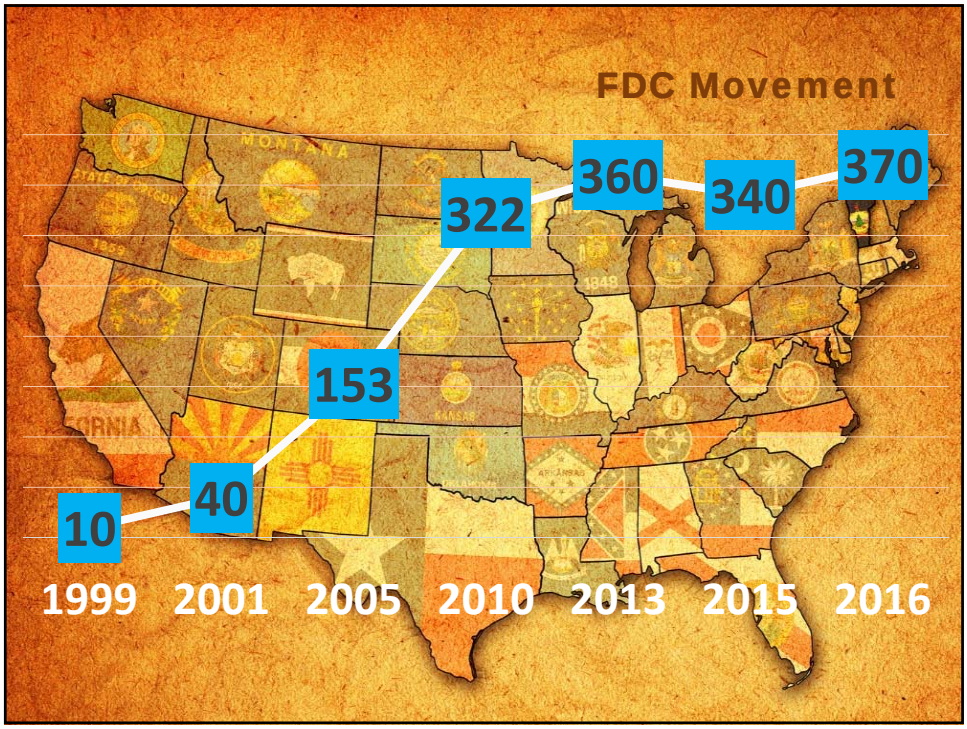
Statement of the Problem

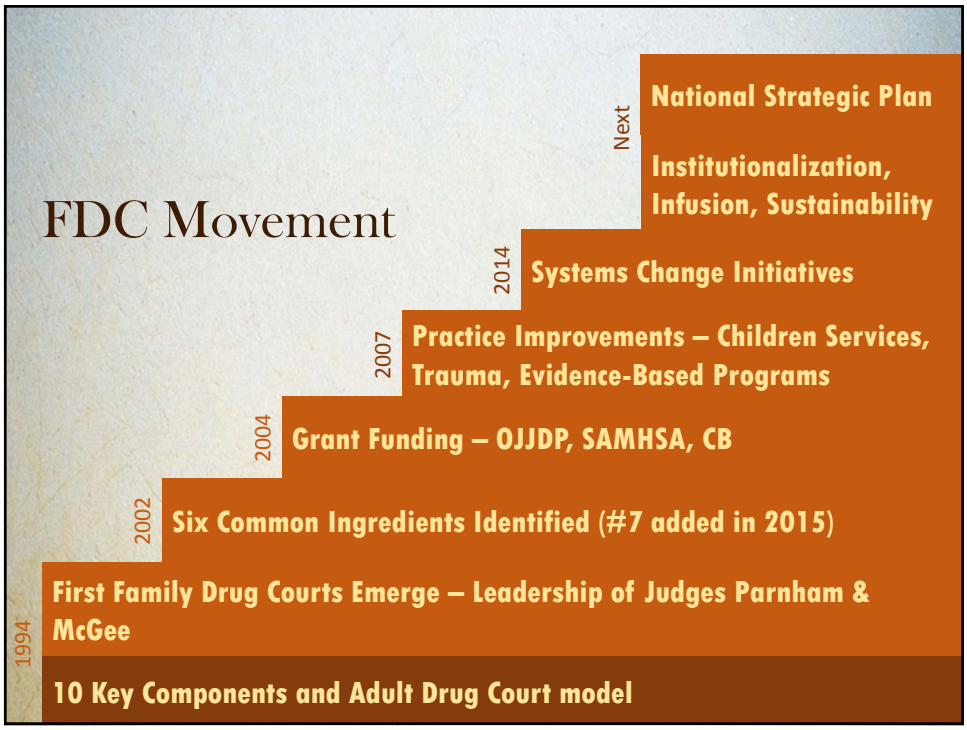
- In 2015, parental alcohol or other drug use was identified as a reason for removal for 34.4% of children nationally.
- The total number of children entering out-of-home care has been increasing since 2012.
  - In 2012 there were 397,301 children in out-of-home care.
  - That number increased to 427,910 by 2015.

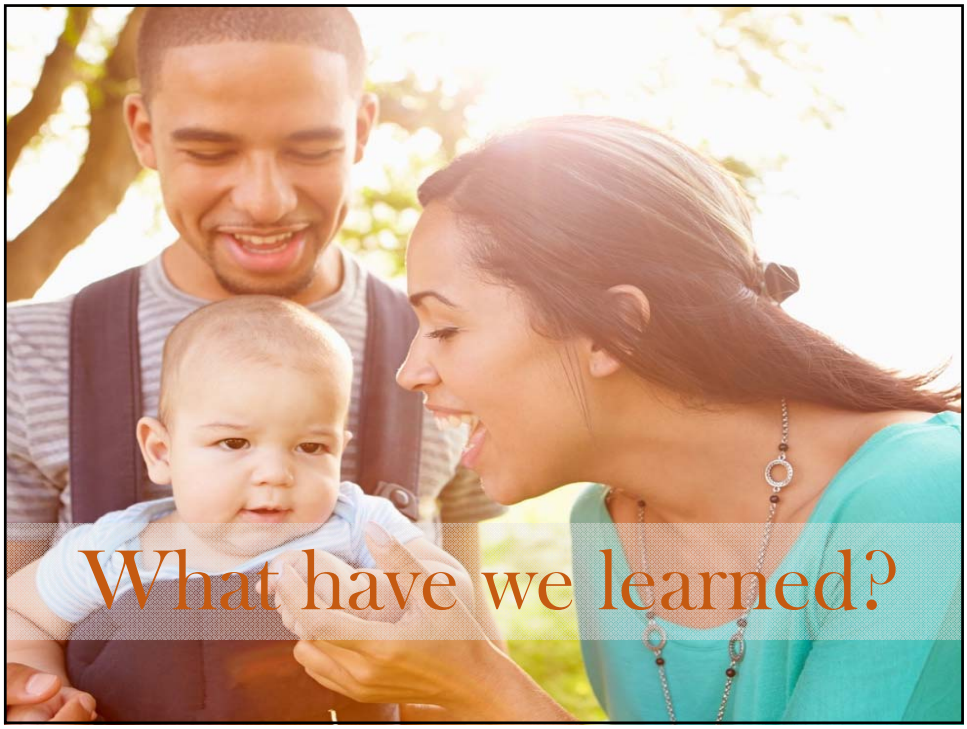


Addiction in Indian Country

- Cigarette Addiction 52% - highest among all other ethnic groups
  - Childhood trauma increases smoking risks
  - Daily smokers are 5 times more likely to abuse alcohol
- Alcoholism is at an all time high among Native people
- Most violent crimes committed in Indian country involve alcohol/drugs on both the part of the offender and the victim


FDC Movement
10
40
153
322
360
340
370
1999
2001
2005
2010
2013
2015
2016


FDC Movement
Next
National Strategic Plan
Institutionalization, Infusion, Sustainability
2014
Systems Change Initiatives
2007
Practice Improvements – Children Services, Trauma, Evidence-Based Programs
2004
Grant Funding – OJJDP, SAMHSA, CB
2002
Six Common Ingredients Identified (#7 added in 2015)
First Family Drug Courts Emerge – Leadership of Judges Parnham & McGee
1994
10 Key Components and Adult Drug Court model


What have we learned?


How Collaborative Policy and Practices
5Rs
Recovery
Remain at home
Reunification
Repeat maltreatment
Re-entry

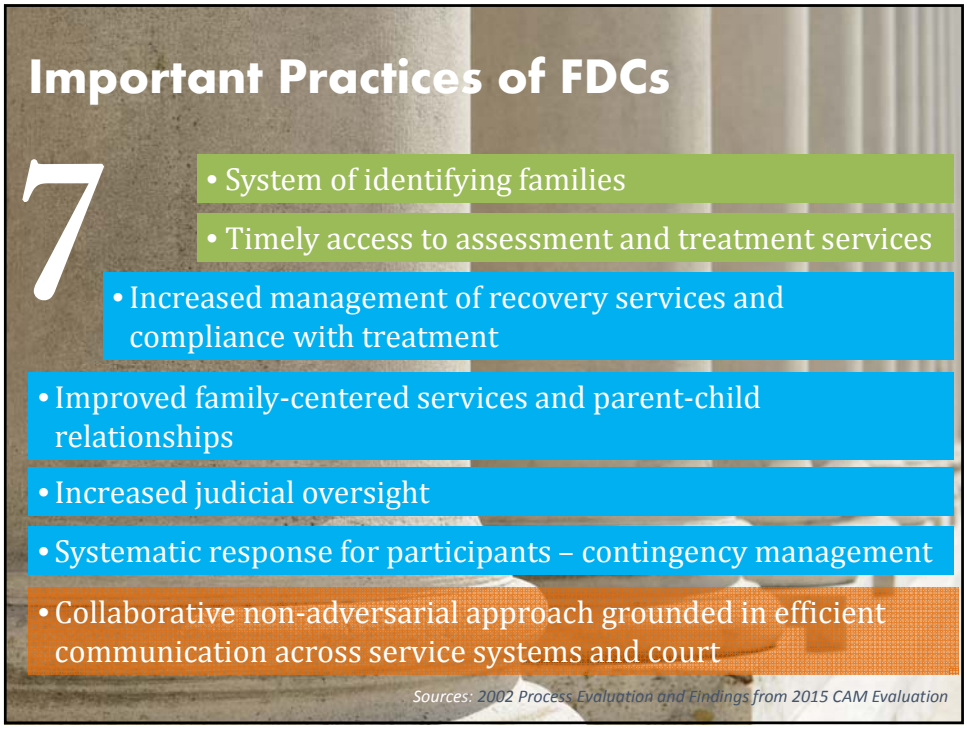
National FDC Outcomes

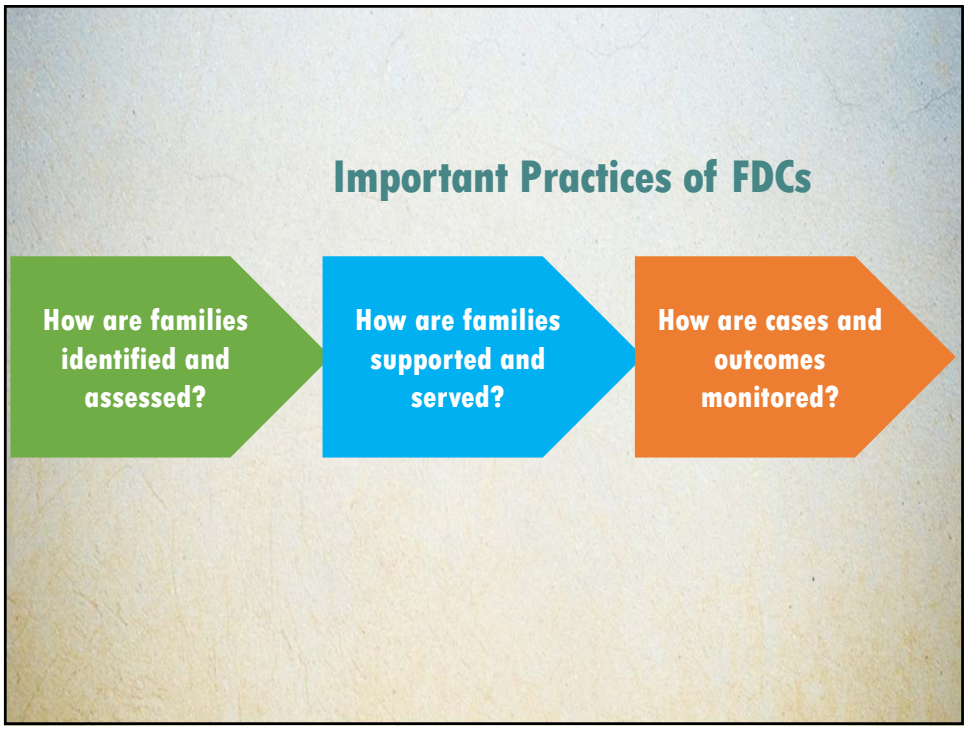
Regional Partnership Grant Program (2007 – 2012)

- 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


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


Important Practices of FDCs
How are families identified and assessed?
How are families supported and served?
How are cases and outcomes monitored?

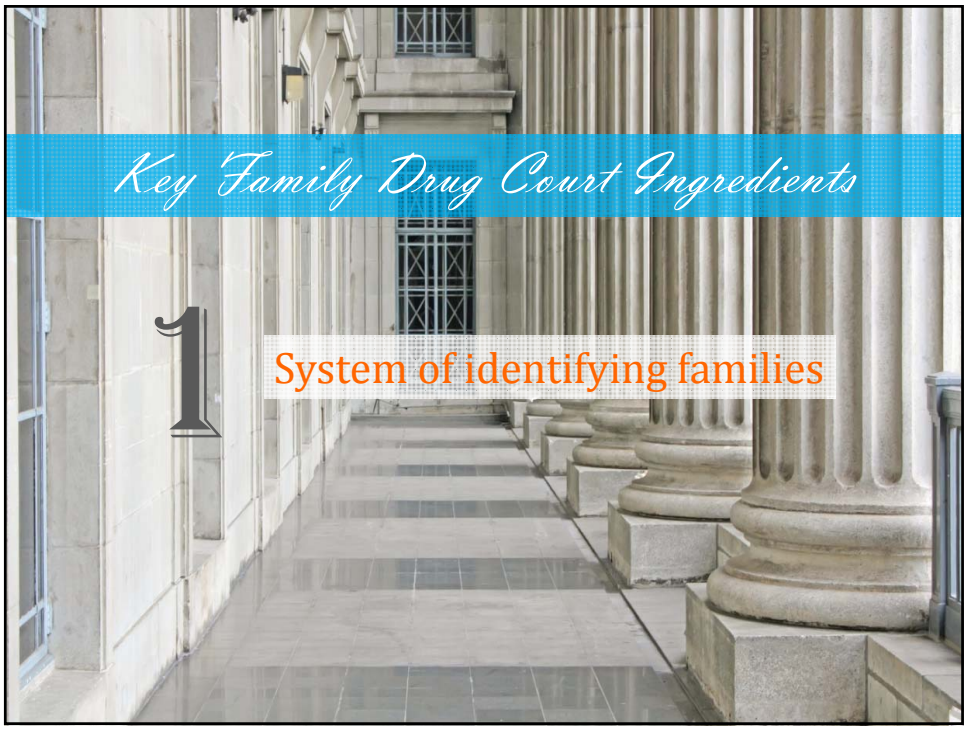
Tribal Healing to Wellness Courts

Healing to Wellness Courts are tribal drug courts.

Particular interest in addressing alcoholism, especially in a non-adversarial nature.

The term "Healing to Wellness Courts" was adopted to:

1. Incorporate two important Indigenous concepts - Healing and Wellness
2. Promote wellness as an on-going journey



What Do We Mean by a Systematic Approach?

Objective & Systematic

- Clearly defined protocols and procedures, with timelines and communication pathways (who needs to know what and when)
- Eligibility criteria based on clinical and legal assessments
- Match appropriate services to identified needs

Subjective & Informal

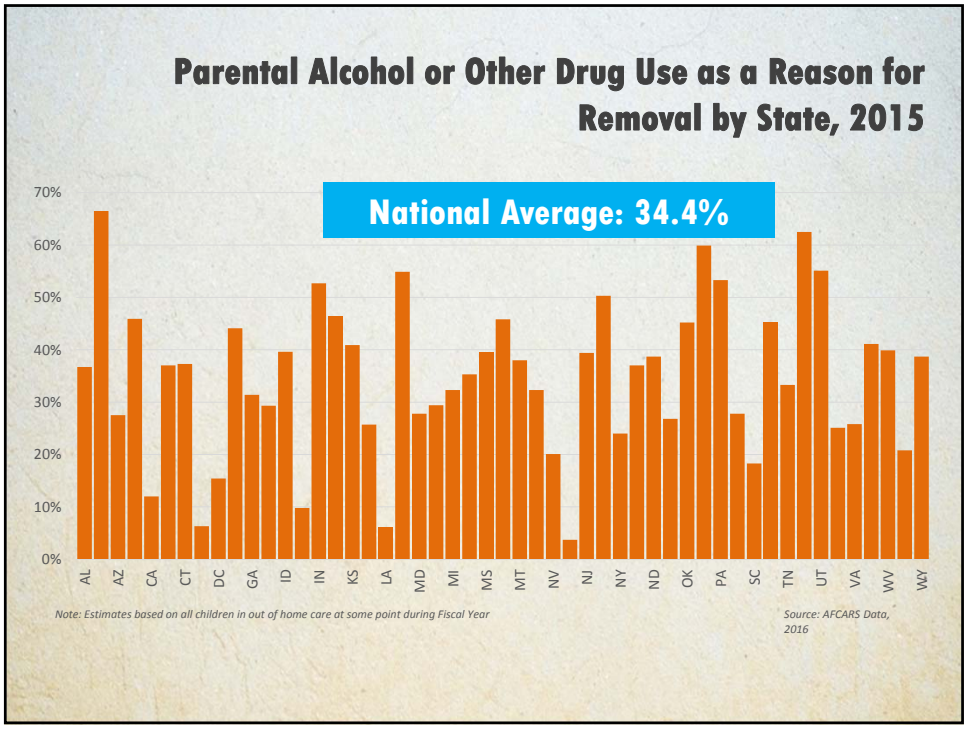
- *I refer all my clients to FDC because I know the people there*
- *I only refer clients who really want to participate*
- *Let me know when you get in the program*
- *I prefer to refer clients who are doing well on their CWS case plan*
- *I refer all my clients with a drug history to the FDC*

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)



Process	Primary Question | Tools
Screening	*Is substance use a factor? Yes or No?*

UNCOPE - UNCOPE consists of six questions found in existing instruments and assorted research reports. This excellent screen was first reported by Hoffmann and colleagues in 1999.

CAGE/CAGE-AID - Developed by Dr. John Ewing, founding Director of the Bowles Center for Alcohol Studies, University of North Carolina at Chapel Hill. CAGE focuses on alcohol only, CAGE-AID was adapted to include drugs

UNCOPE

U "In the past year, have you ever drank or **used** drugs more than you meant to?"* [1,2]
Or as **revised** "Have you spent more time drinking or using than you intended to?" [2]

N "Have you ever **neglected** some of your usual responsibilities because of using alcohol or drugs?" [2]

C "Have you felt you wanted or needed to **cut down** on your drinking or drug use in the last year?"** [1, 2]

O "Has anyone **objected** to your drinking or drug use?" [3, 1*]
Or, "Has your family, a friend, or anyone else ever told you they **objected** to your alcohol or drug use?" [2]

P "Have you ever found yourself **preoccupied** with wanting to use alcohol or drugs?" [2]
Or as **revised**, "Have you found yourself thinking a lot about drinking or using?"

E "Have you ever used alcohol or drugs to relieve **emotional discomfort**, such as sadness, anger, or boredom?" [2, 1*]

Evince Clinical Assessment
http://www.evinceassessment.com/UNCOPE_for_web.pdf

CAGE/CAGE-AID

CAGE Questions

1. Have you ever felt you should cut down on your drinking?
2. Have people annoyed you by criticizing your drinking?
3. Have you ever felt bad or guilty about your drinking?
4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?

CAGE Questions Adapted to Include Drug Use (CAGE-AID)

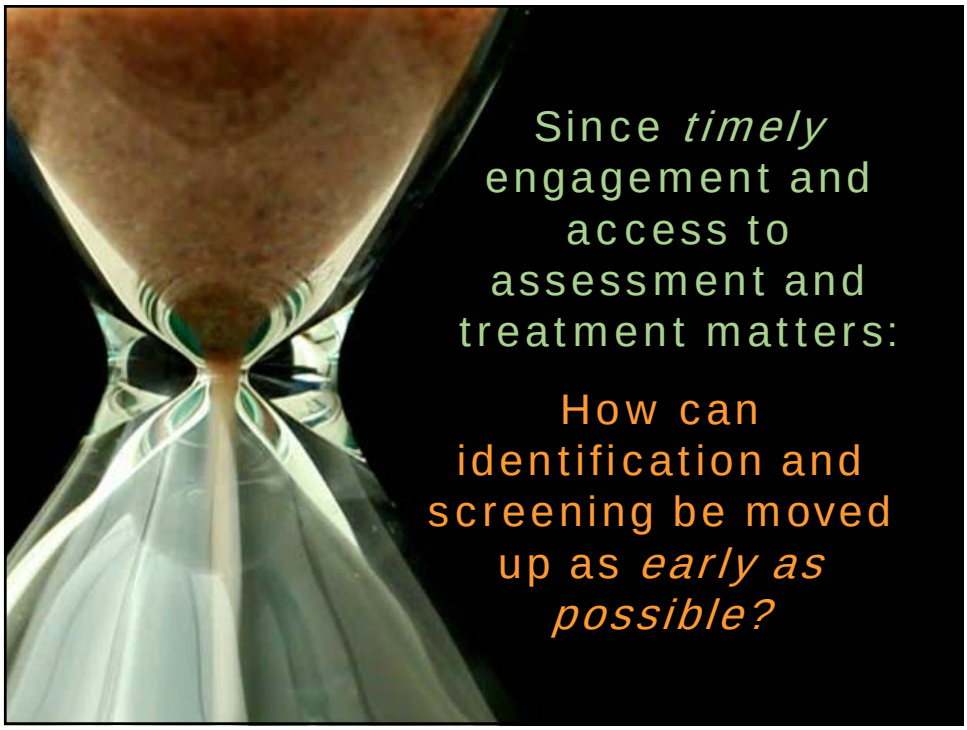
1. Have you ever felt you ought to cut down on your drinking or drug use?
2. Have people annoyed you by criticizing your drinking or drug use?
3. Have you felt bad or guilty about your drinking or drug use?
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?

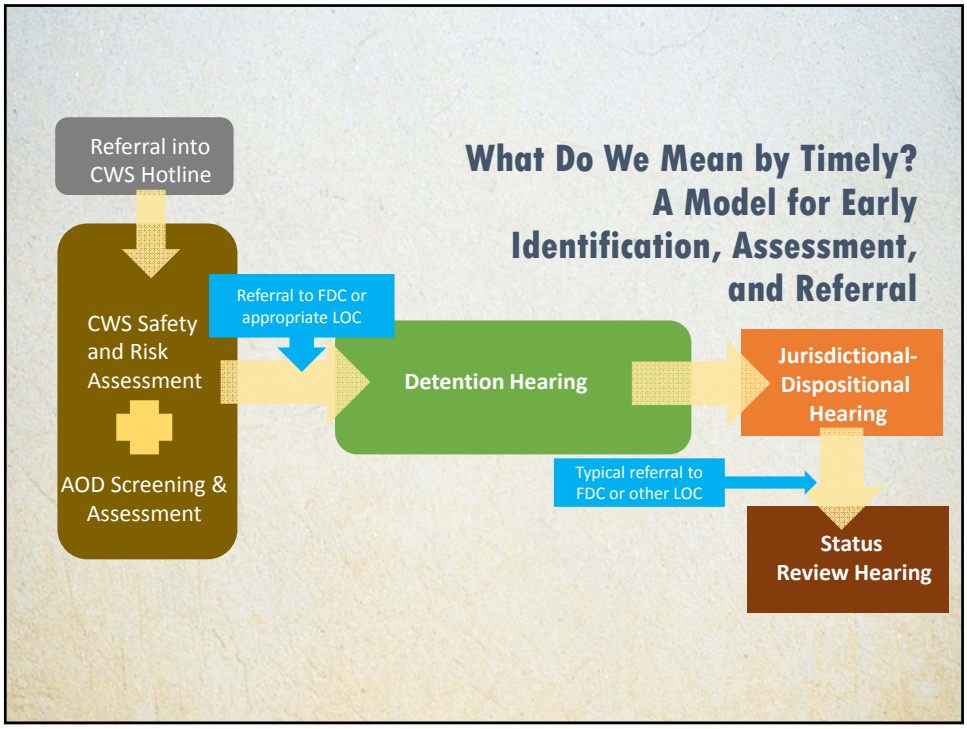
Ewing JA. Detecting Alcoholism The CAGE Questionnaire.
JAMA. 1984;252(14):1905–1907. doi:10.1001/jama.1984.03350140051025

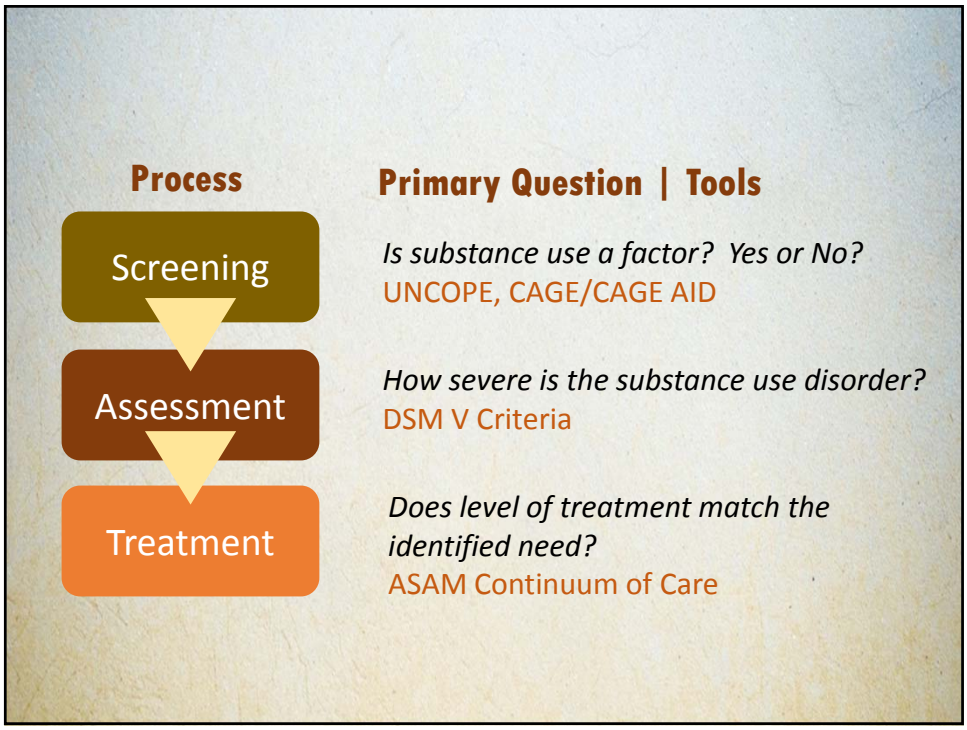

Key Family Drug Court Ingredients
2
Timely access to assessment and treatment services

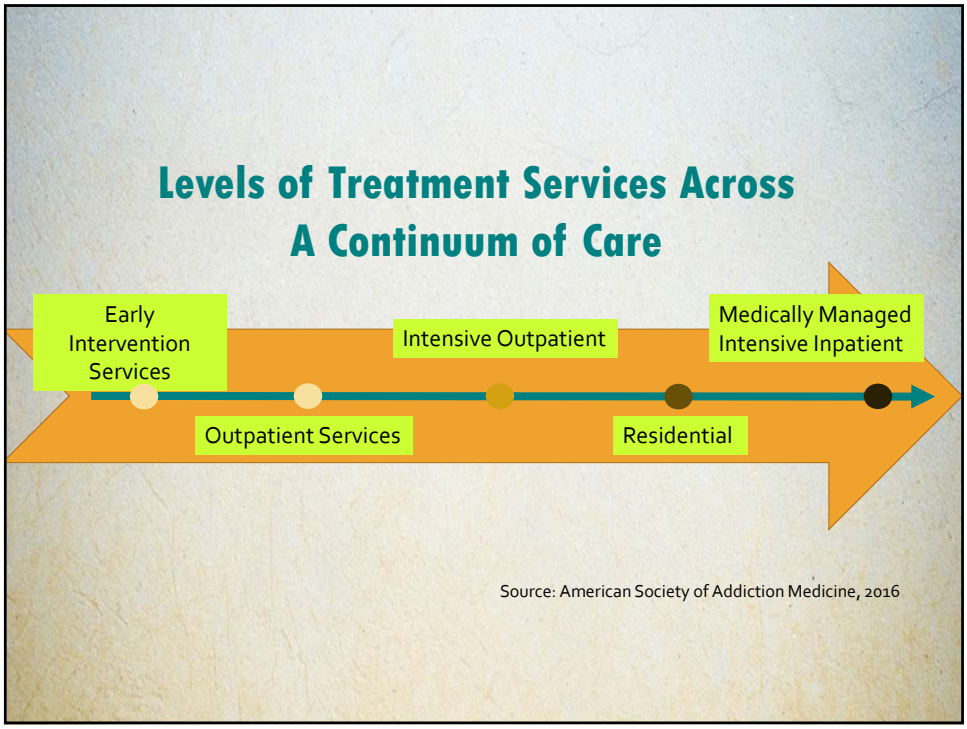

The Adoption and Safe Families Act
ASFA
(PL 105-89)
Time Clock
Timeliness matters!

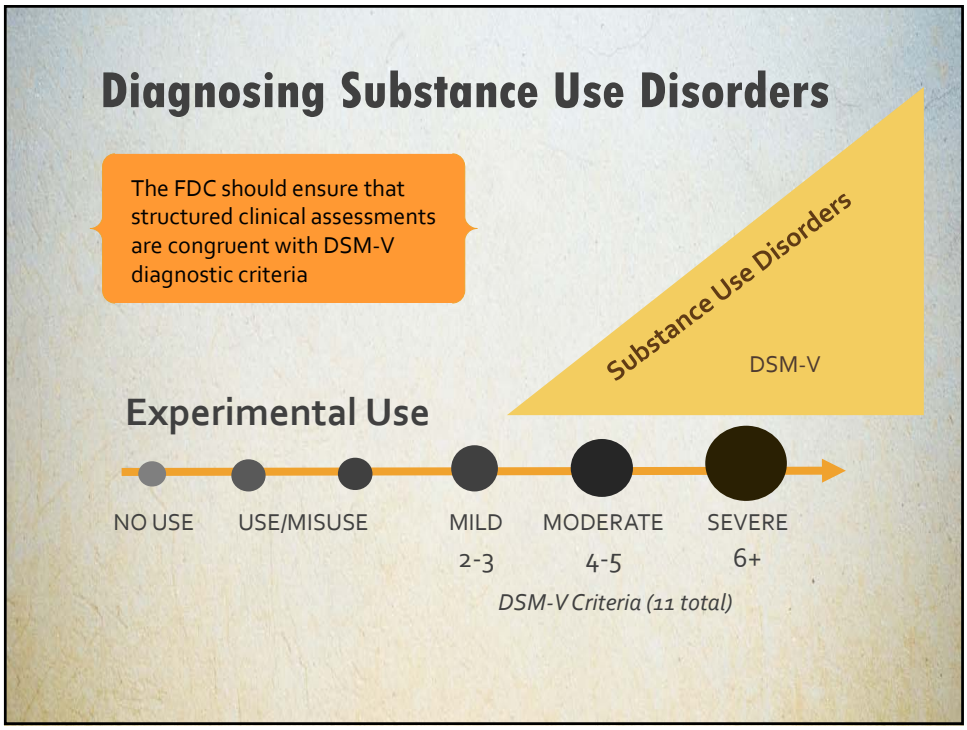
Conflicting Timetables




What Do We Mean by Timely?
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
Typical referral to FDC or other LOC
Status Review Hearing


Process
Primary Question | Tools
Screening
Assessment
Treatment
Is substance use a factor? Yes or No?
UNCOPE, CAGE/CAGE AID
How severe is the substance use disorder?
DSM V Criteria
Does level of treatment match the identified need?
ASAM Continuum of Care


Levels of Treatment Services Across A Continuum of Care
Early Intervention Services
Outpatient Services
Intensive Outpatient
Residential
Medically Managed Intensive Inpatient
Source: American Society of Addiction Medicine, 2016


Diagnosing Substance Use Disorders
The FDC should ensure that structured clinical assessments are congruent with DSM-V diagnostic criteria
Substance Use Disorders
DSM-V
Experimental Use
NO USE
USE/MISUSE
MILD
2-3
MODERATE
4-5
SEVERE
6+
DSM-V Criteria (11 total)

Conflict with Tribal Values

For many Native Nations, the termination of parental rights is contrary to traditional and/or contemporary cultural practices, religion, and law

Application of Adoption Safe Families Act to Tribes

Depends…

Title IV-E: provides funds for child welfare services

Under 42 U.S.C. 675(5)(E), Native Nations ***need to have laws*** that require filing a petition to terminate parental rights:

- When a child has been in foster care for the designated amount of time (at least fifteen of the previous twenty-two months);
- Where a court has determined that the child is abandoned; or
- When the parent has committed a designated crime that constitutes "aggravated circumstances"

Application of Adoption Safe Families Act to Tribes

Title IV-B

Provides funds for child welfare services

- Must submit 5-Year Child and Family Services Plan
- Sign assurances that Tribe is providing a compliant case review system with §475(5) (which includes ASFA requirements)

Tribal Considerations

BUT… a tribe can use some other type of ***permanent placement*** such as guardianship or relative care when appropriate.

Customary Adoption

- Establishes a permanent legal relationship between a child and adoptive parent(s);
- Allows for continued contact between the child and the original parent/family instead of terminating parental rights; and
- Orders a permanent suspension of the rights of the birth parent to provide for the care, custody, and control of their child

"Here's a referral, let me know when you get into treatment."

"They'll get into treatment if they really want it."

"Don't work harder than the client."

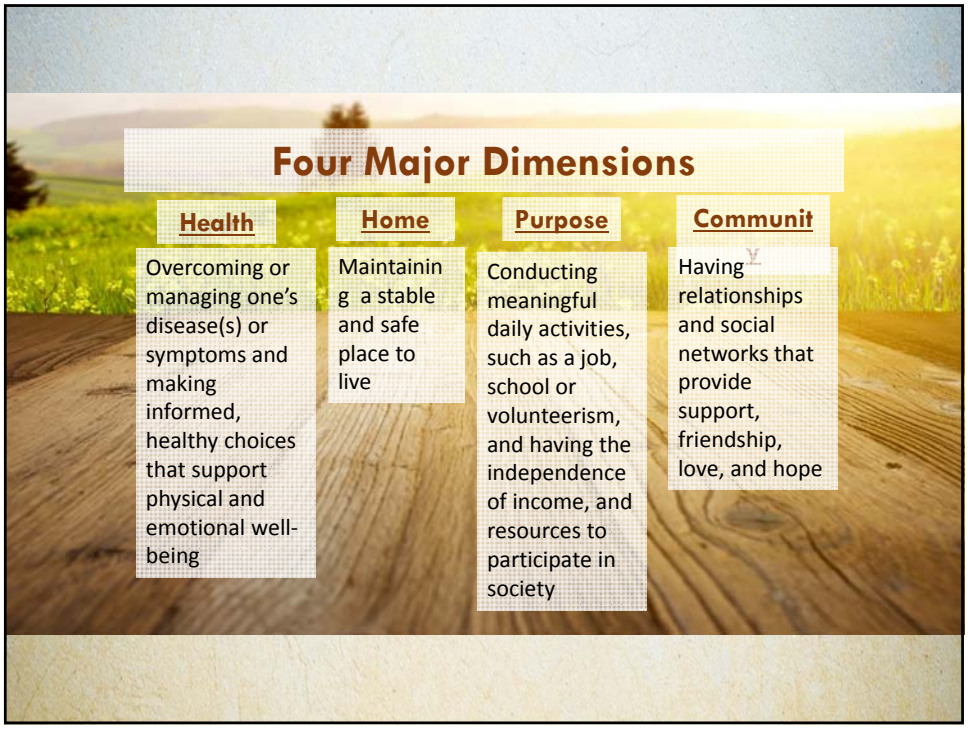
"Call me Tuesday."

What is Recovery?

SAMHSA's Working Definition

Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.

Access to evidence-based substance use disorder treatment and recovery support services are important building blocks to recovery.


Four Major Dimensions
Health
Overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being
Home
Maintaining a stable and safe place to live
Purpose
Conducting meaningful daily activities, such as a job, school or volunteerism, and having the independence of income, and resources to participate in society
Communit
Having relationships and social networks that provide support, friendship, love, and hope

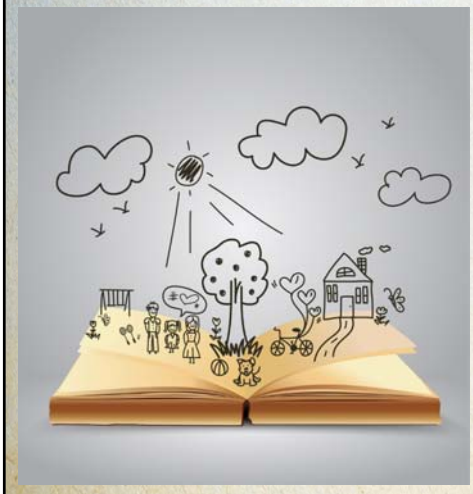

We know more about
The Impact of Recovery Support on Successful Reunification
Recovery Support Specialists
Evidence-Based Treatment
Family-Centered Services
Evidence-Based Parenting
Parenting Time
Reunification Groups
Ongoing Support

Rethinking Treatment Readiness

- Rethinking "rock bottom"

Addiction as an elevator

- "Raising the bottom"



Rethinking Engagement

If you build it, will they come?

Effective FDCs focus on effective engagement

Titles and Models

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

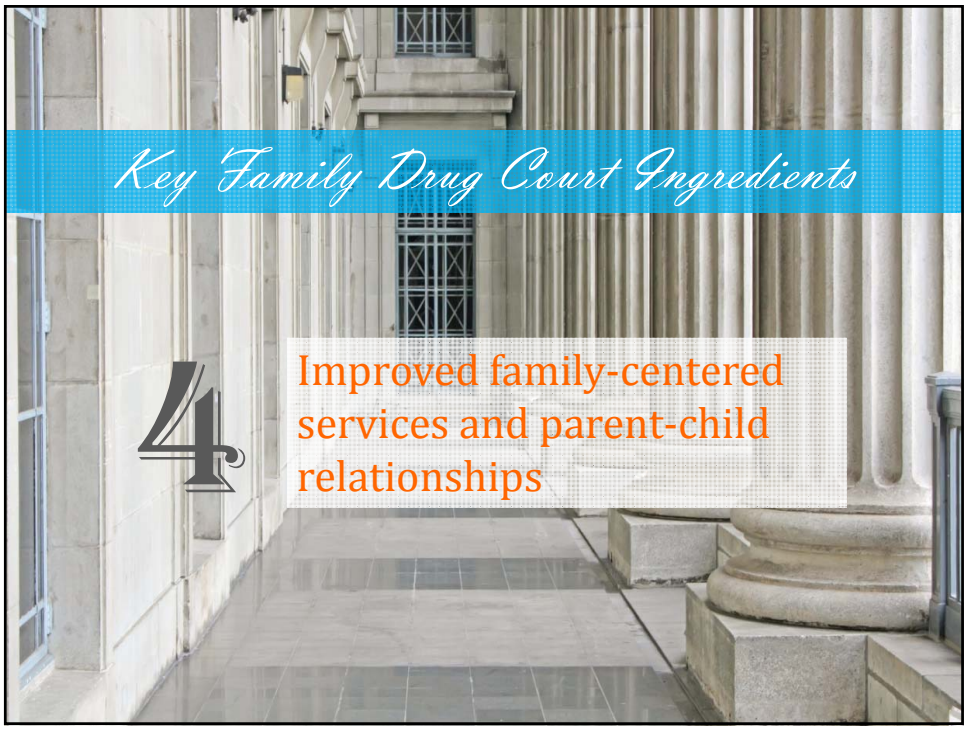
Experiential Knowledge, Expertise

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

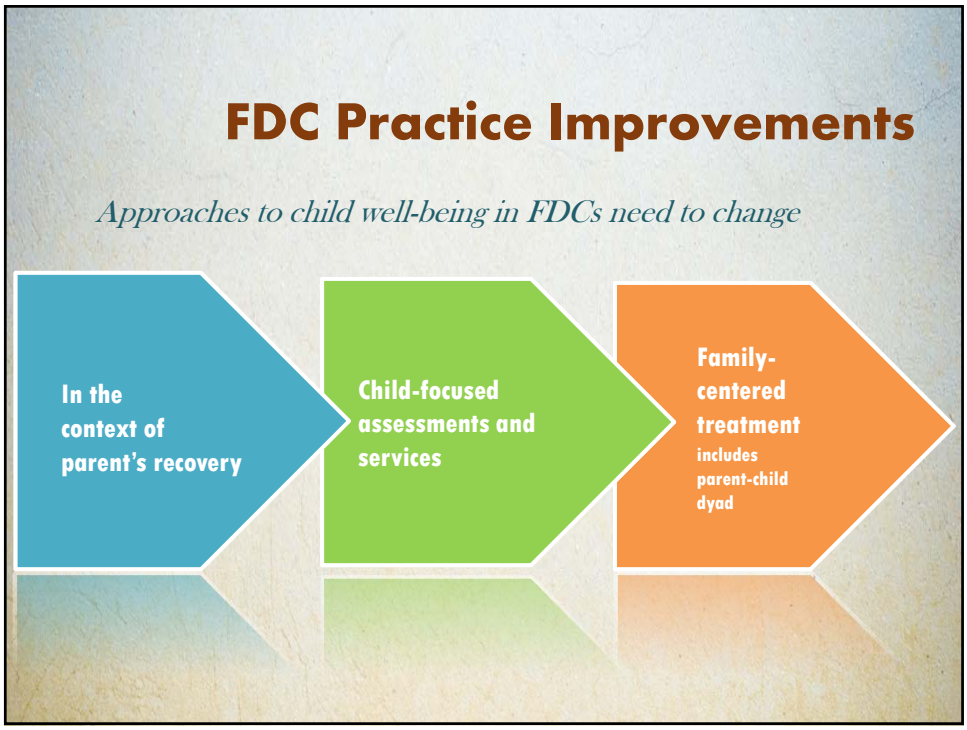
Experiential Knowledge, Expertise + Specialized Trainings

YOU NEED TO ASK:

What does our program and community need?




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


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

Family Recovery, Parent and Child Well-Being

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

Child and Family Well-Being
Because children stay home, go home or find home

Strategies to Integrate Family into Court and Treatment Process

Implement an evidence-based practice that includes parent-child time

- SafeCare
- Strengthening Families Program
- Child Parent Psychotherapy
- Celebrating Families
- Parents as Teachers

Impact of Parenting Time on Reunification Outcomes

Children and youth who have **regular, frequent contact** with their families are **more likely to reunify and less likely to reenter foster care** after reunification (Mallon, 2011)

Visits provide an important **opportunity to gather information** about a parent's capacity to appropriately address and provide for their child's needs, as well as the family's overall readiness for reunification

Improve service coordination for all members of the family

Expand case staffings to address the needs of the family rather than focus on the individual parent

- Added liaisons from treatment, mental health, children's mental health, EBP providers

Use a Children's Services Coordinator

- Improved access to and coordination with existing services
- Tracked services received by children

Implement a family functioning assessment tool

Use the North Carolina Family Assessment Scales (NCFAS) as a case planning tool

Helped determine improvements in family functioning as well as areas of need for the family that would help support reunification

Gila River Indian Community Family Drug Court

PREVENTION AND FAMILY RECOVERY

New PFR 2 Grantee

Will be implementing Family Wellness Court strategies in the coming three years

Goals and Challenges Identified in the Application

The FDC team and partners hope to implement a program that teaches the FDC participants:

- Better ways to cope with their role as parent and mentor to their children, and
- How to engage in healthy dialogue and conversations between the parents and child

Goals and Challenges Identified in the Application

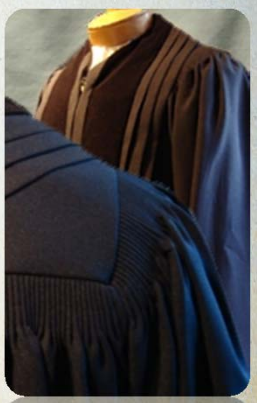
- New parenting program needs to incorporate more of the Akimel O'Odham and Pee Posh cultures and traditional ways of parenting
- Concern that participants do not have a strong, consistent parent in their life to teach them how to be a parent
- Seeking an **FDC Case Manager** who is the parenting provider for all FDC participants, a new **data management system**, and a new **parenting tool**

Considerations for Selecting a Parenting Program

- Have you conducted a needs assessment? What do families need? How will it help achieved desired outcomes?
- Have realistic expectations of their ability to participate - especially in early recovery?
- Does it have a parent-child component?
- Is it evidence-based for this population?
- Do you have staffing and logistical support for successful implementation?

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, accolades, and "tough love" when warranted and reasonable, helped them stick with court-ordered treatment (Farole and Cissner, 2005, see also Satel 1998)

Why is This Important?

- Addiction is a brain disorder
- The longer time in treatment, the greater probability of a successful outcome
- Purpose of sanctions and incentives is to keep participants engaged in treatment

ASFA Clock

- 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

Consistent for individuals similarly situated (phase, length of sobriety time)

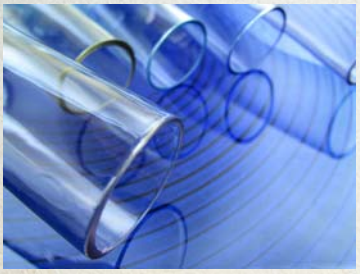
Avoid singular responses, which fail to account for other progress

Aim for "flexible certainty"

Proximal vs. Distal Responses

- Timing is everything; delay is the enemy
- Intervening behaviors may mix up the message
- Brain research supports behavioral observation; dopamine reward system responds better to immediacy

Drug Testing



- Drug testing is most frequently used indicator for substance use in child welfare practice
- Indicate whether an individual has used a tested substance within a detectable time frame
- A drug test alone cannot determine the existence and severity of a substance use disorder, child safety, or parenting capacity

Examples of FDC Incentives

ACHIEVEMENTS	RESPONSES/INCENTIVES
▪ Attending all court appearances ▪ Attendance and participation in treatment ▪ Attendance and participation in support meetings ▪ Attendance and participation at visitation/parenting time ▪ Compliance with treatment plan ▪ Voluntary Speaking Engagements ▪ Artwork, Essays, Journals ▪ Phase Advancement ▪ Negative drug test results	▪ Recognition and Praise by the Judge ▪ Courtroom recognition (applause, All-Star Board) ▪ Certificates of achievement ▪ Bus Passes ▪ Movie/Event tickets or gift cards ▪ Family event tickets ▪ Children's books ▪ Recovery affirmation books/items ▪ Reduction in Fines and Costs ▪ #1 on Docket ▪ Permission to leave after case is heard ▪ Haircut/manicure/pedicure ▪ Pick from FishBowl

Examples of FDC Sanctions

CHOICES	RESPONSES/SANCTIONS
▪ Missed court appearances ▪ Missed appointments ▪ Missed support meetings ▪ Missed visitation/parenting time ▪ Missed treatment ▪ Inappropriate behavior at treatment facility ▪ Noncompliance with treatment plan ▪ Dishonesty ▪ Positive drug test ▪ Missed drug test ▪ Tampered drug test	▪ Reprimand from the Judge ▪ Increased court appearances ▪ Increased drug testing ▪ Community service hours ▪ Essay presented to Judge or gallery ▪ Attend Criminal Sentencing Docket and write reflection ▪ Delay in Phase advancement

Effective Family Drug Courts

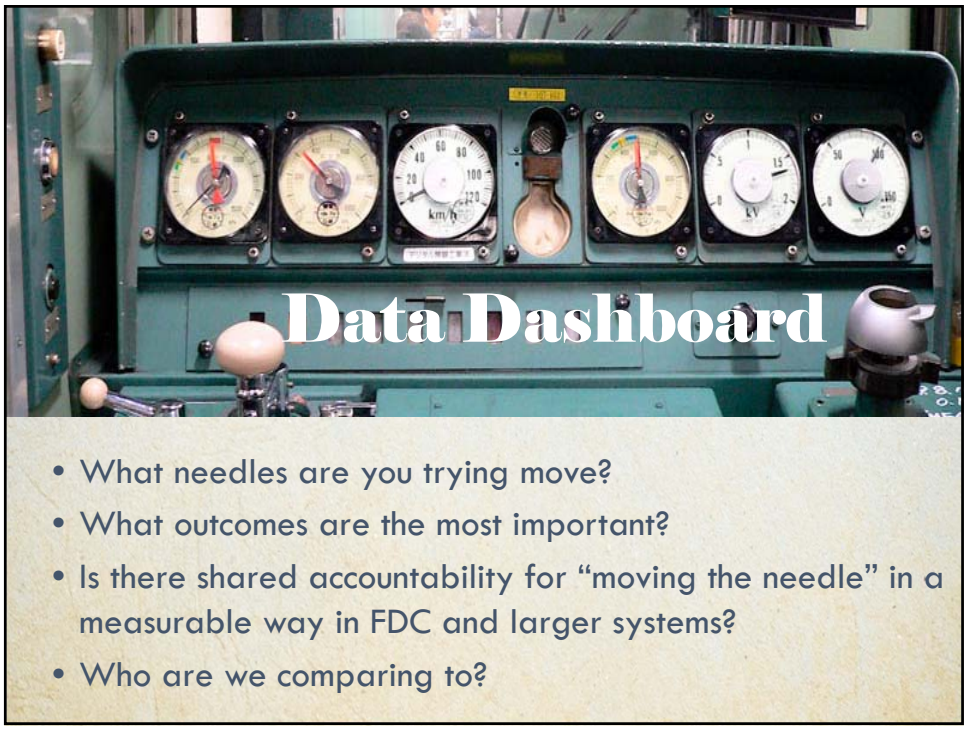
Effective, timely, and efficient communication is required to monitor cases, gauge FDC effectiveness, ensure joint accountability, promote child safety, and engage and retain parents in recovery.

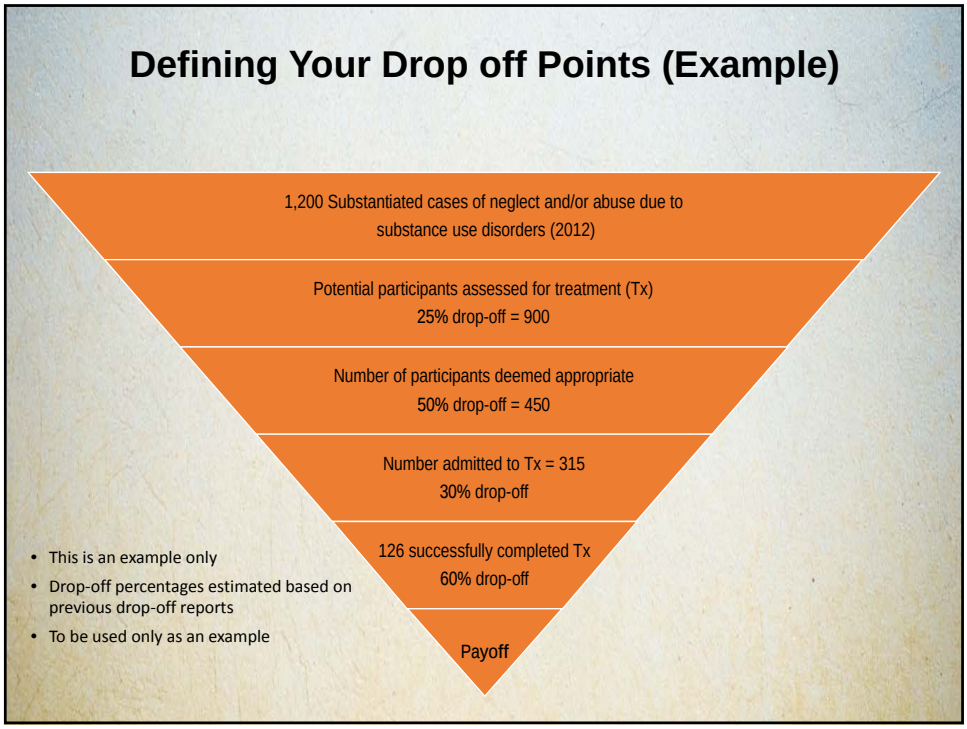
WHO needs to know **WHAT, WHEN**?


Front-Line Level (micro)
• Case management
• Reporting
• Tracking
Administrative Level (macro)
• Baselines and Dashboards
• Outcomes
• Sustainability
Two Levels of Information Sharing

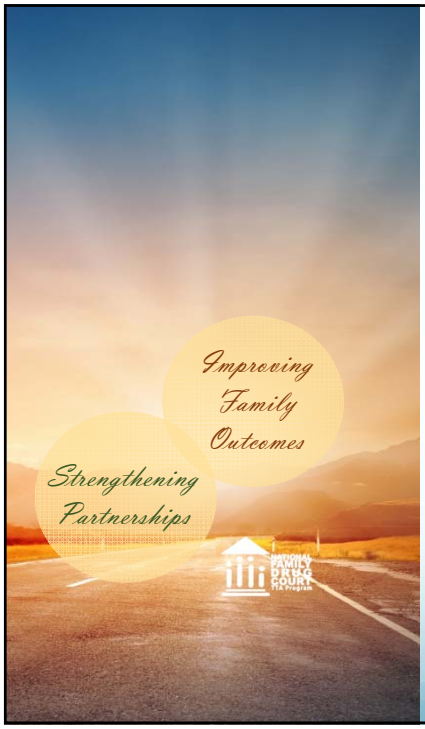

Monitoring Cases
• Case Staffings
• Family Team Meetings
• Judicial Oversight
• More frequent review hearings
• Responses to behavior


Monitoring Outcomes
Systems 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


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)
1,200 Substantiated cases of neglect and/or abuse due to substance use disorders (2012)
Potential participants assessed for treatment (Tx)
25% drop-off = 900
Number of participants deemed appropriate
50% drop-off = 450
Number admitted to Tx = 315
30% drop-off
126 successfully completed Tx
60% drop-off
Payoff
• This is an example only
• Drop-off percentages estimated based on previous drop-off reports
• To be used only as an example


Q&A
Discussion



Contact Information

Marianna Corona

mcorona@cffutures.org

Jennifer Foley

jfoley@cffutures.org

Center for Children and Family Futures

25371 Commercentre Drive, Suite 140
Lake Forest, CA 92630
Toll Free: (866) 493-2758
Local: (714) 505-3525

http://www.cffutures.org/