Family Drug Courts – A National Perspective

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3rd Annual Tribal Healing to Wellness Court Enhancement Training

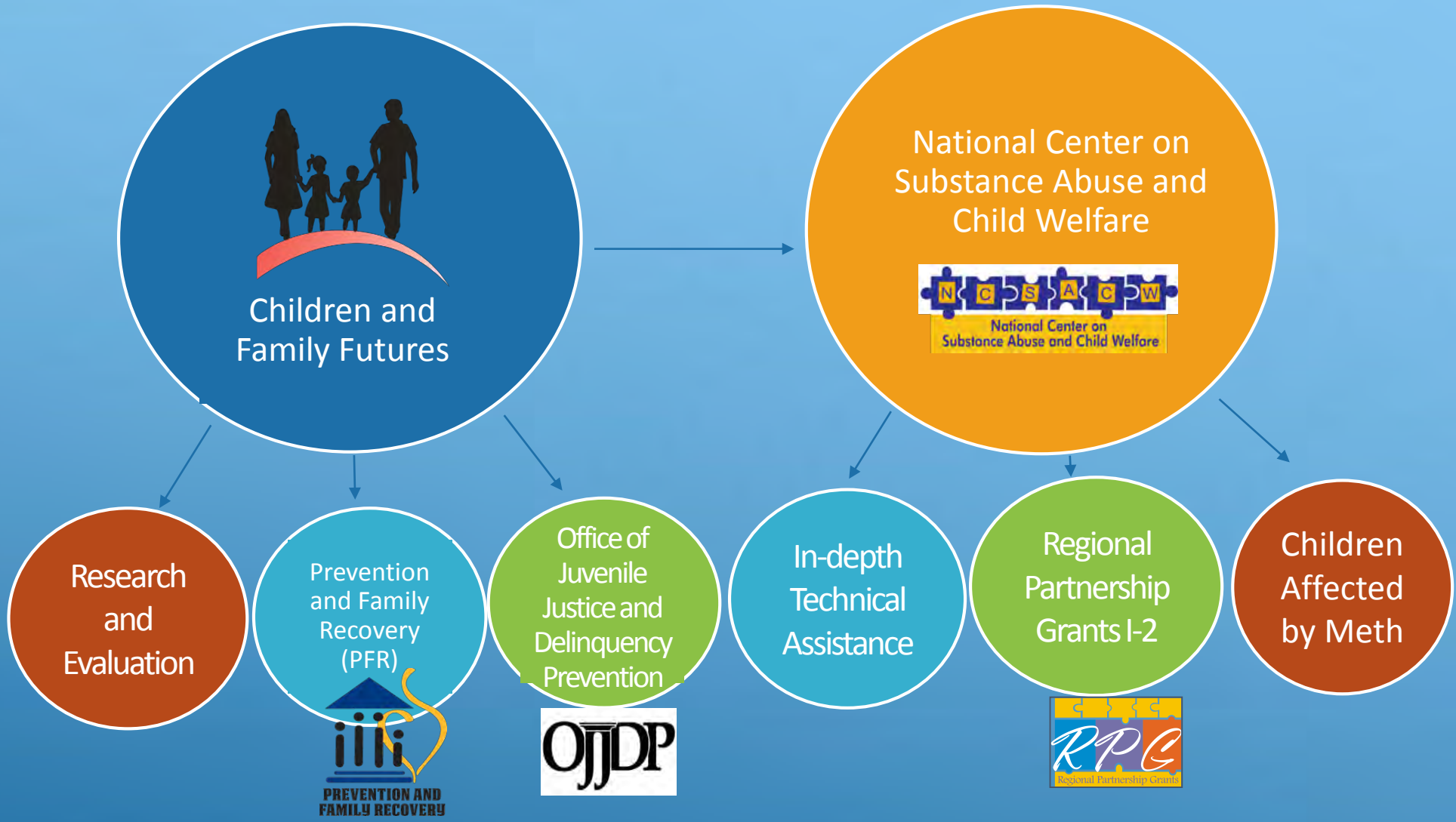
Children and Family Futures

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

Children and Family Futures

25371 Commercentre Drive, Suite 140, Lake Forest CA 92630 | www.cffutures.org


Children and Family Futures
National Center on Substance Abuse and Child Welfare
National Center on Substance Abuse and Child Welfare
Research and Evaluation
Prevention and Family Recovery (PFR)
PREVENTION AND FAMILY RECOVERY
Office of Juvenile Justice and Delinquency Prevention
OJJDP
In-depth Technical Assistance
Regional Partnership Grants I-2
RPG
Regional Partnership Grants
Children Affected by Meth

A Look Back

Adoption and Safe Families Act

1997

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

Report to Congress

Five National Goals Established

1999

8.3 million children

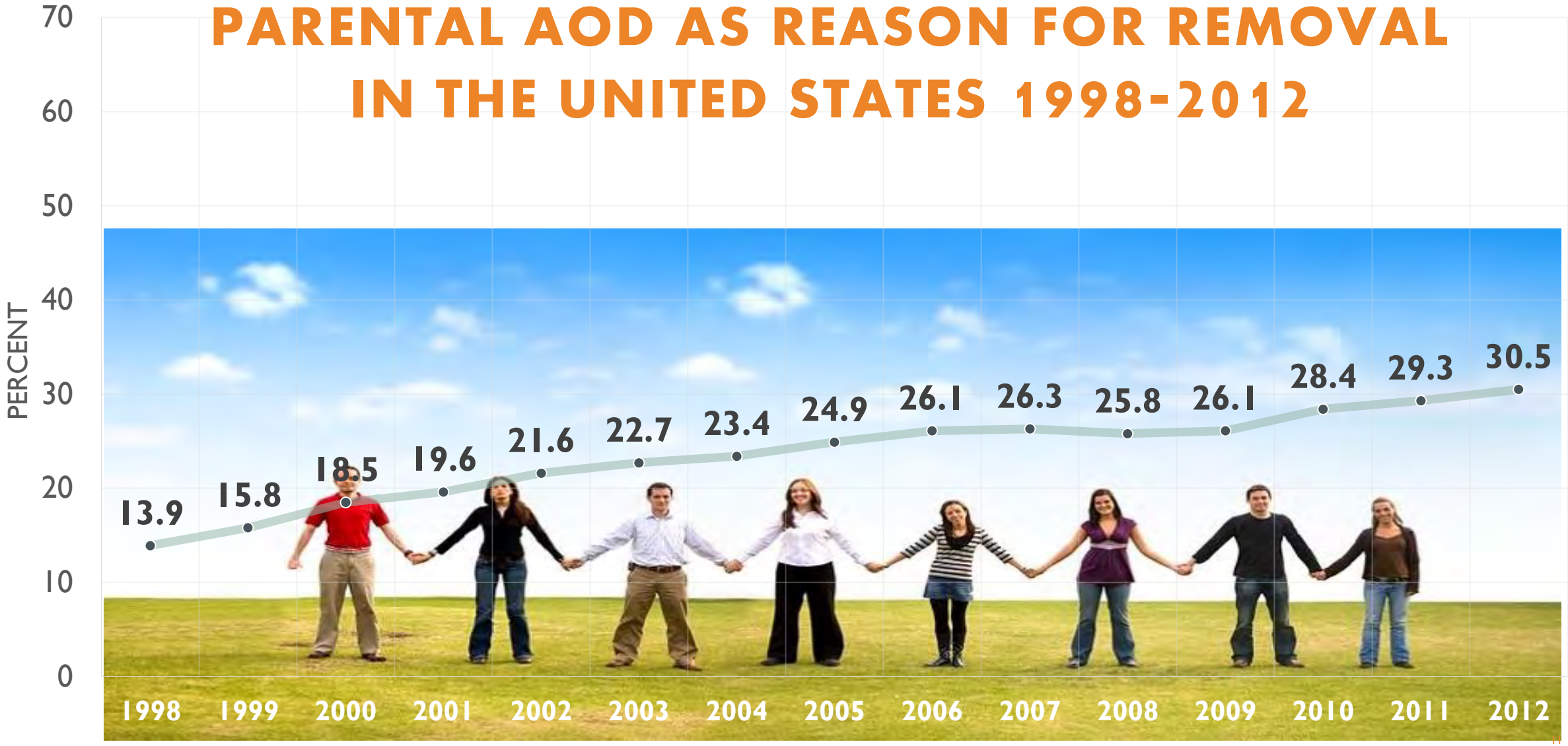
** 2002 – 2007 SAMHSA National Survey on Drug Use and Health (NSDUH)*

Statement of the Problem

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

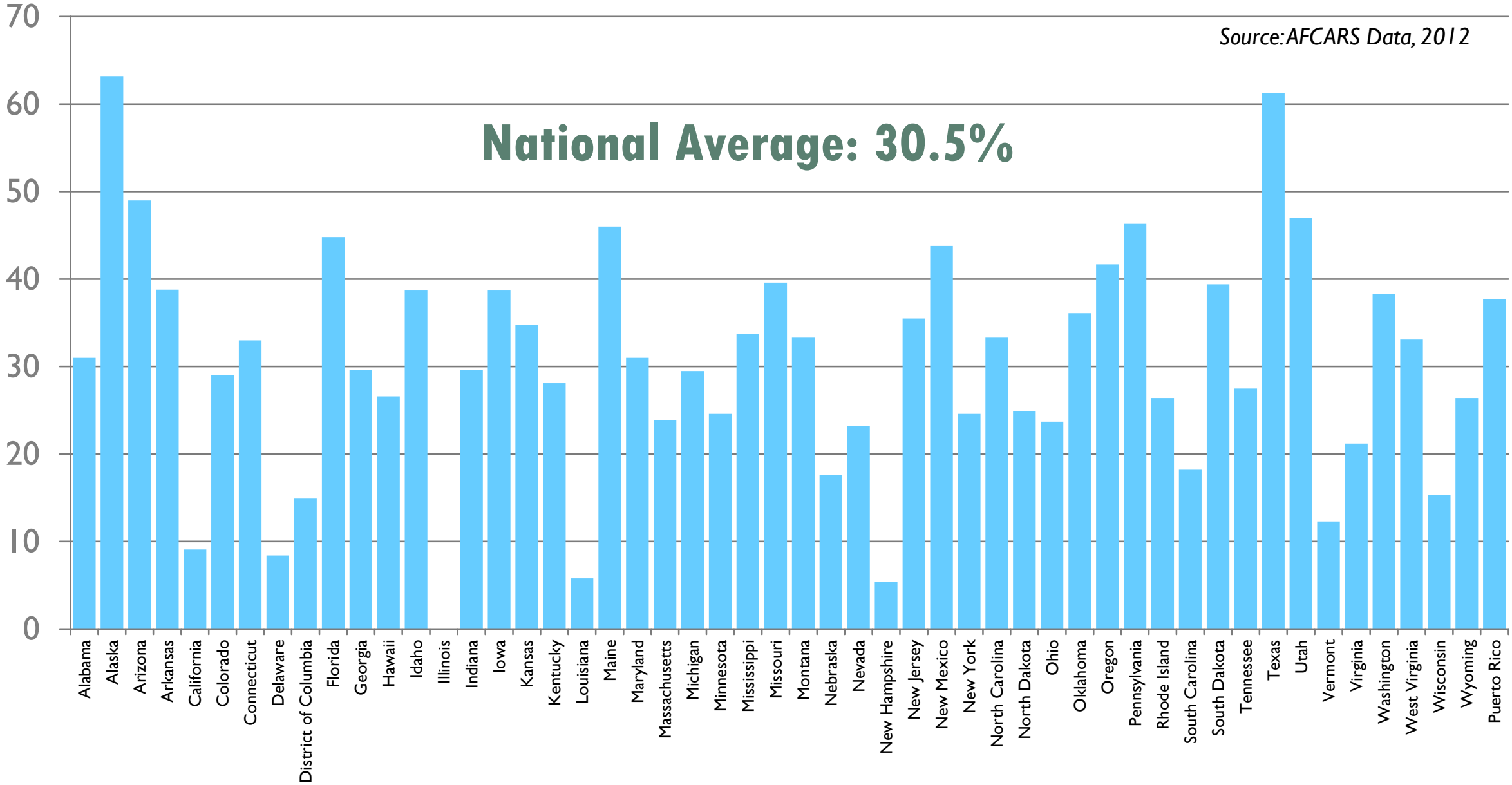
- Between 60–80% of substantiated child abuse and neglect cases involve substance use by a custodial parent or guardian (Young, et al, 2007)
- 61% of infants, 41% of older children who are in out-of-home care (Wulczyn , Ernst and Fisher, 2011)
- 87% of families in foster care with one parent in need;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

PARENTAL AOD AS REASON FOR REMOVAL IN THE UNITED STATES 1998-2012

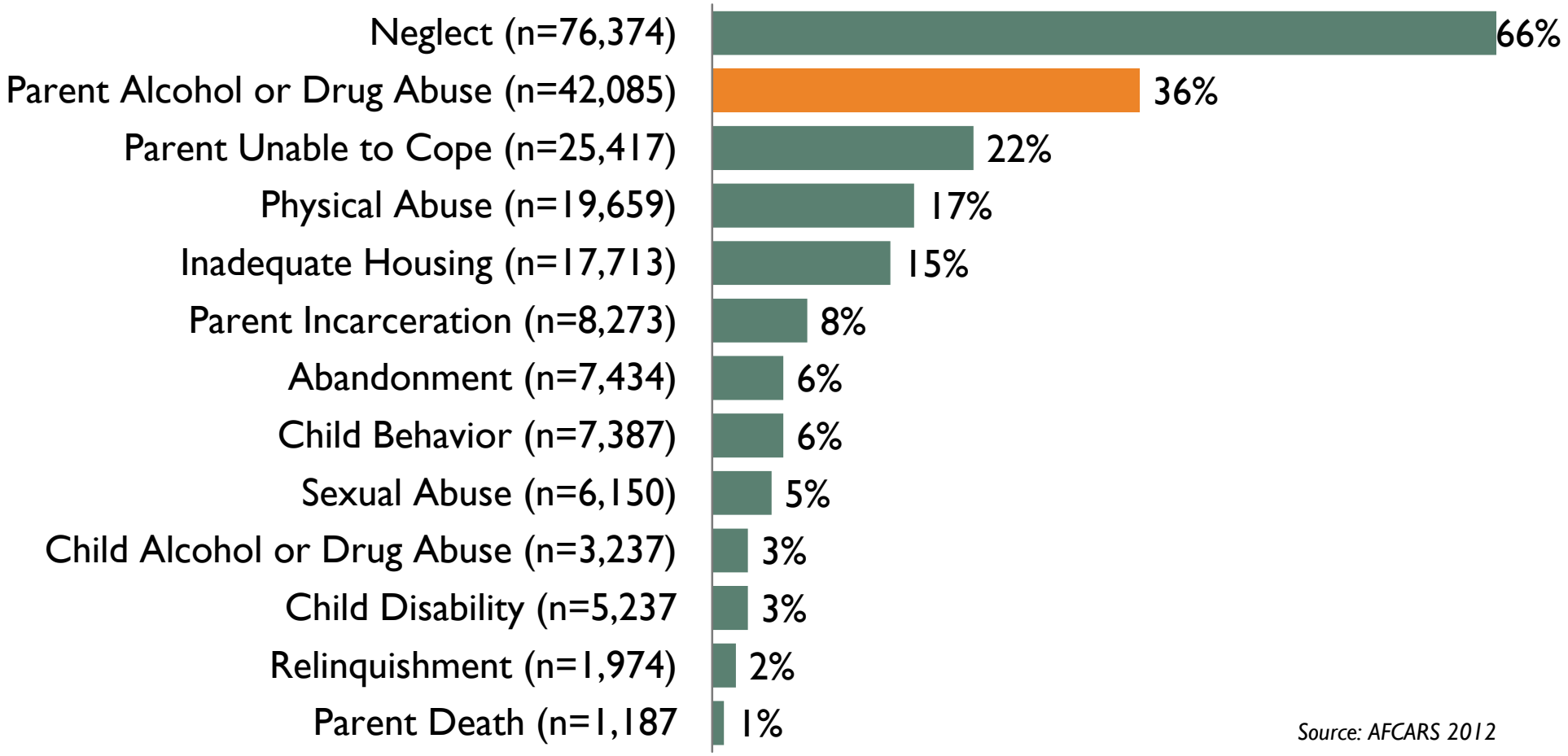


Source: AFCARS Data Files

PARENTAL AOD AS REASON FOR REMOVAL 2012



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?

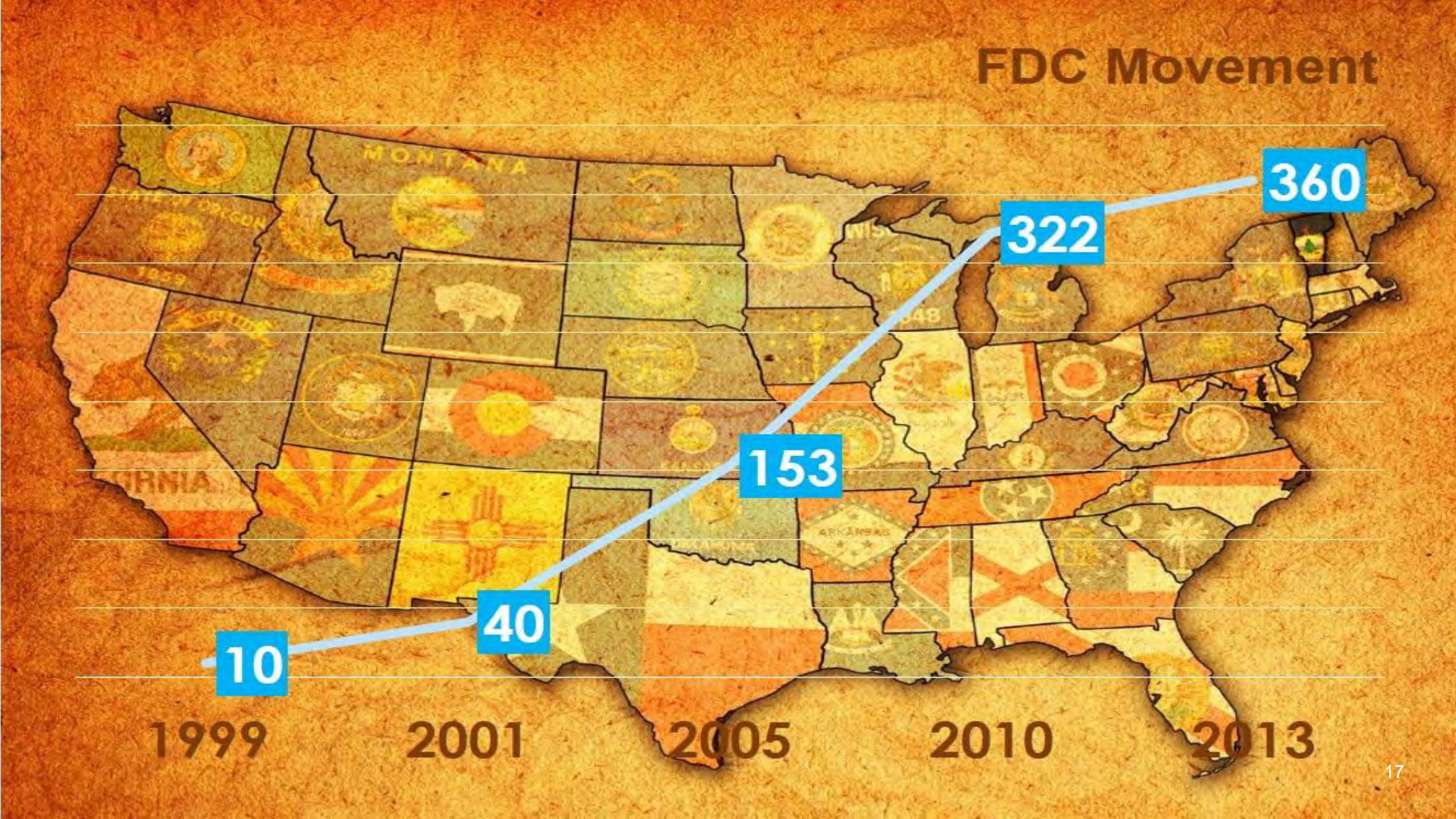
- Devoted to **cases of child abuse and neglect that involve substance abuse** by the child's parents and/or other caregivers;
- Focused on safety and welfare of the child while giving parents tools needed to become sober, responsible caregivers;
- Utilizes a **multidisciplinary team approach** to assess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

Common Vision
Extraordinary Effort

Court
Drug Treatment
Child Welfare

3 Systems with multiple:

- Mandates
- Timing
- Training
- Methods
- Values


FDC Movement
360
322
153
40
10
1999
2001
2005
2010
2013

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

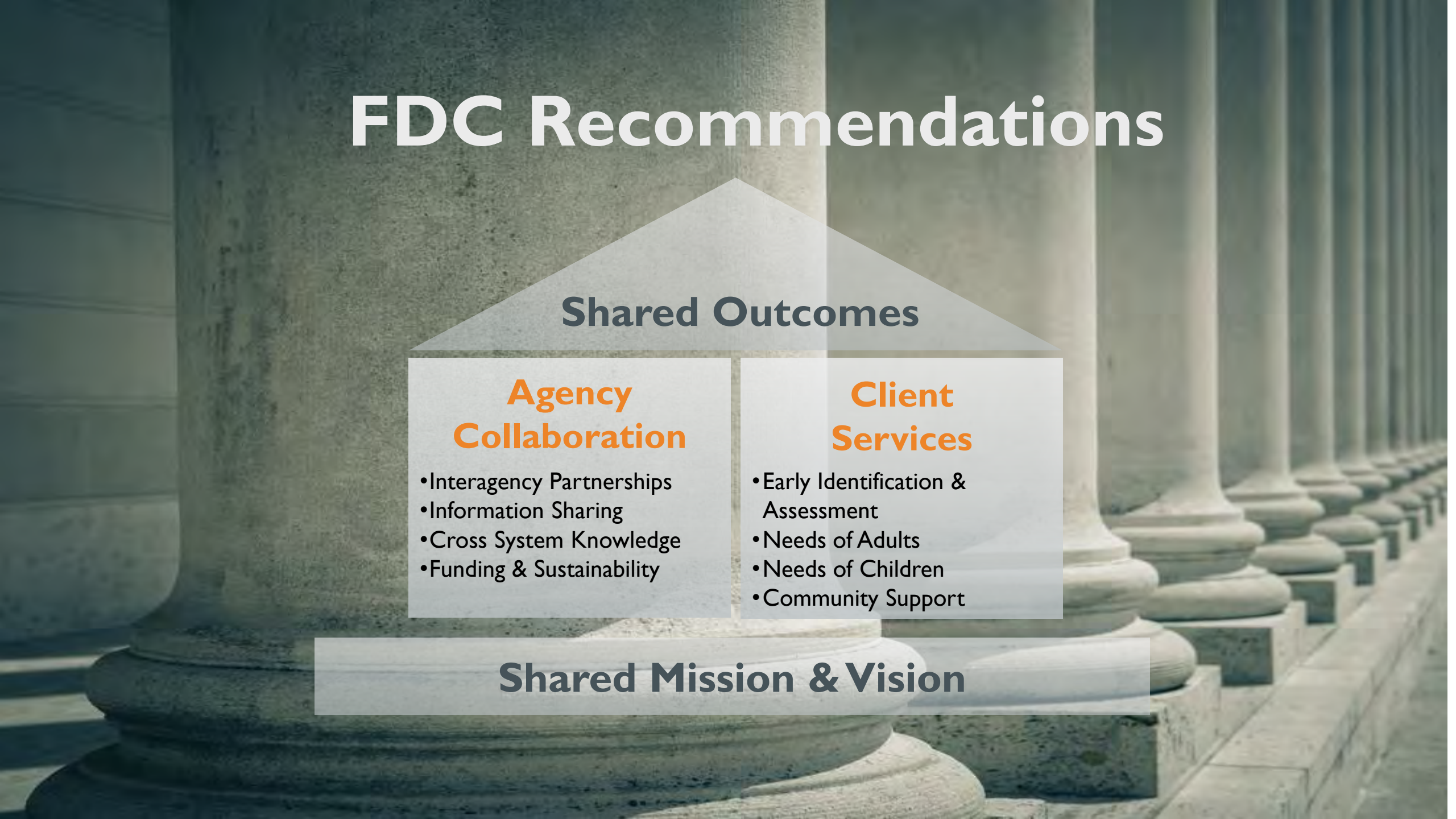
Common Ingredients of FDCs

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



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

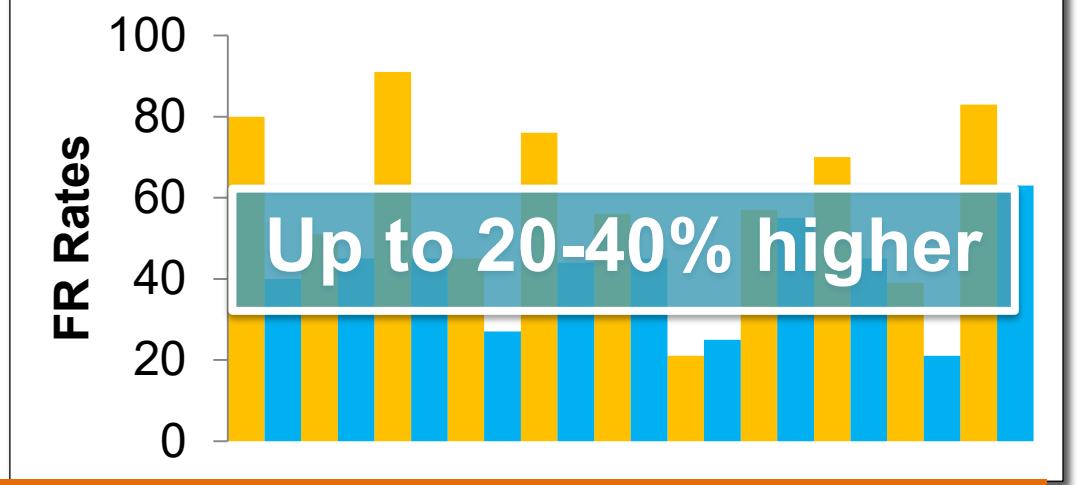
FEWER NEW CPS PETITIONS AFTER REUNIFICATION

COST SAVINGS PER FAMILY

FDC vs Comparison

Treatment Completions

Reunification Rates

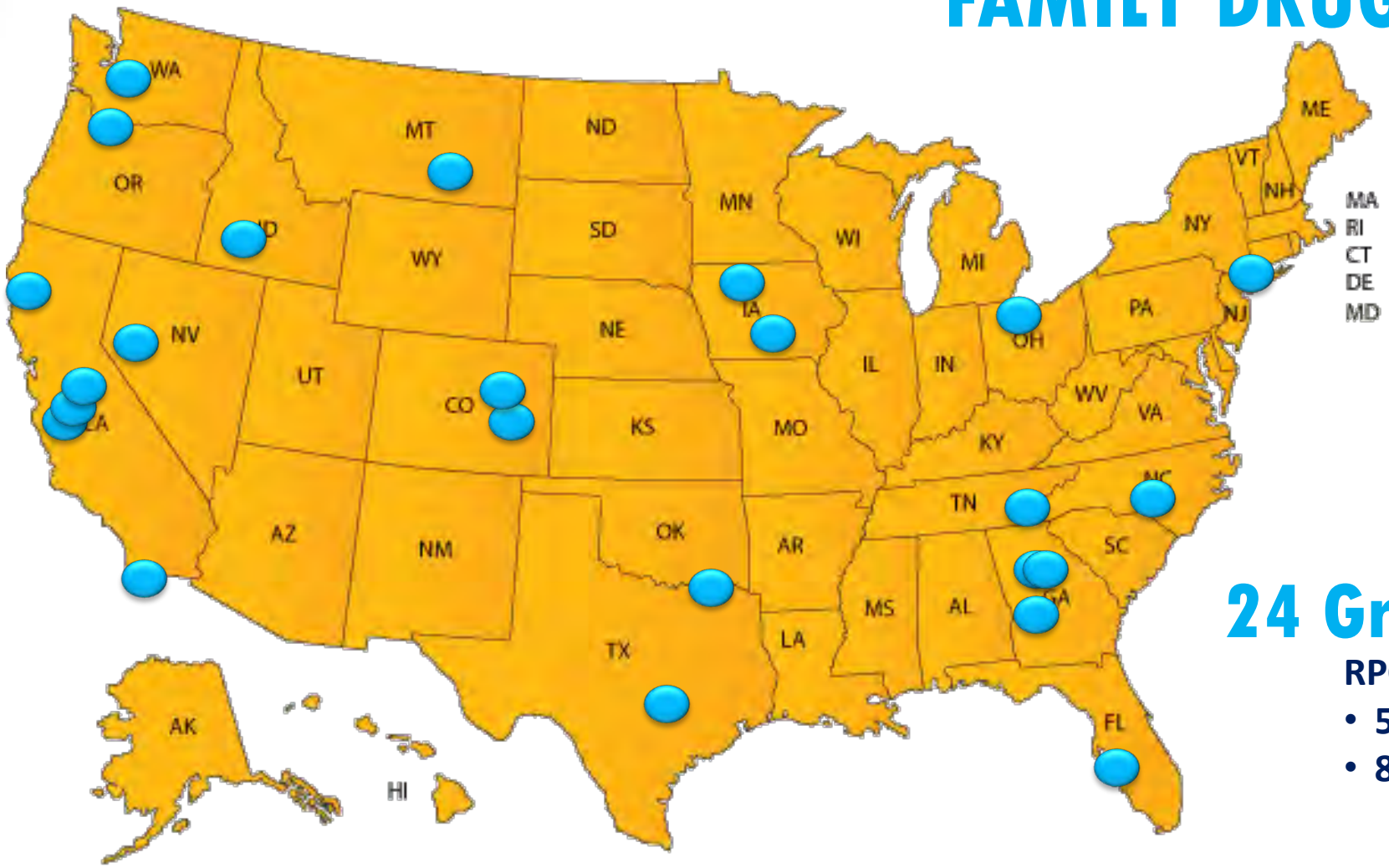


Days in Foster Care

New CPS Petition after FR

(Source: Marlowe and Carey, May 2012)

REGIONAL PARTNERSHIP GRANTS
FAMILY DRUG COURTS

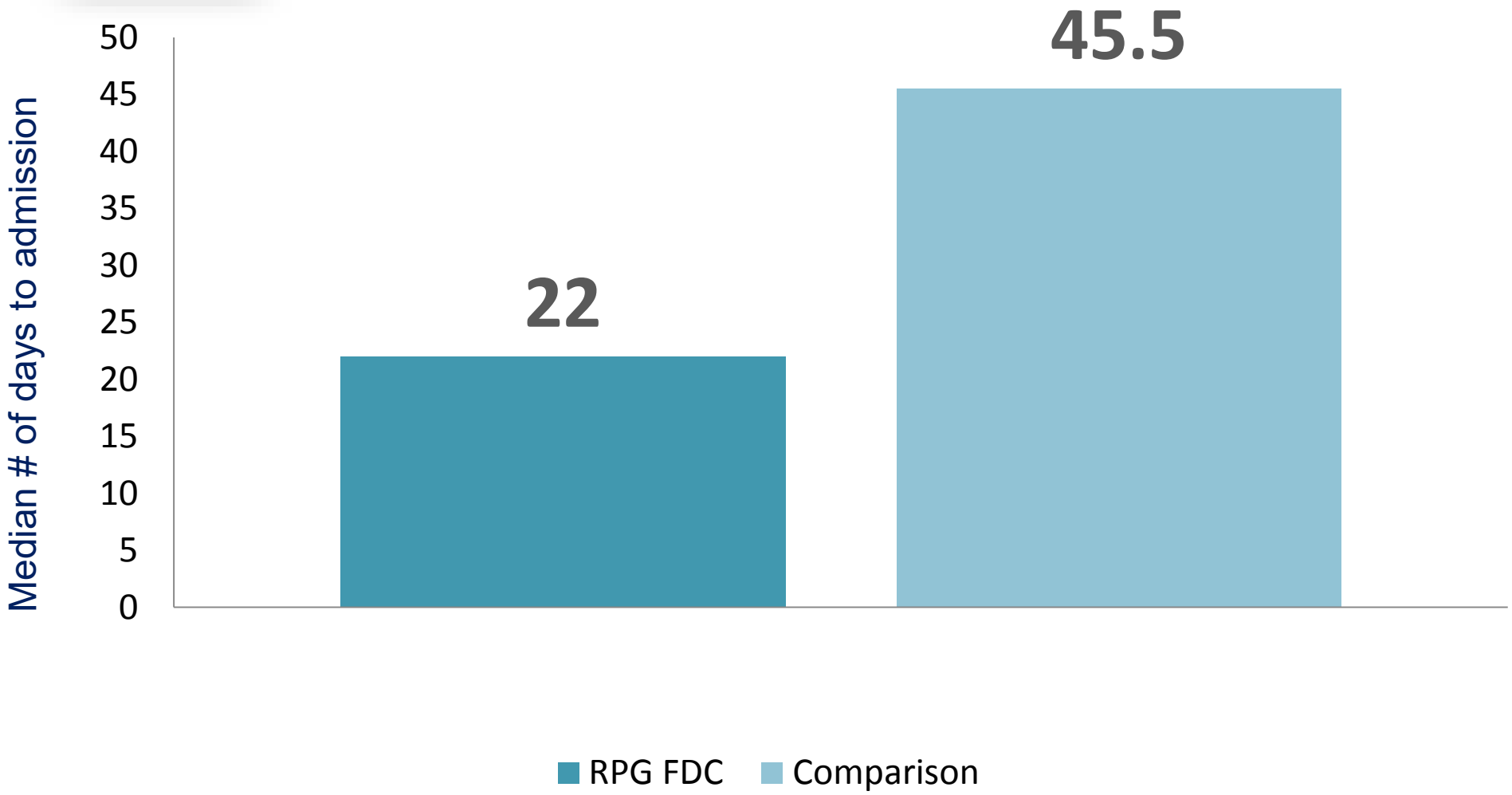


24 Grantee Sites

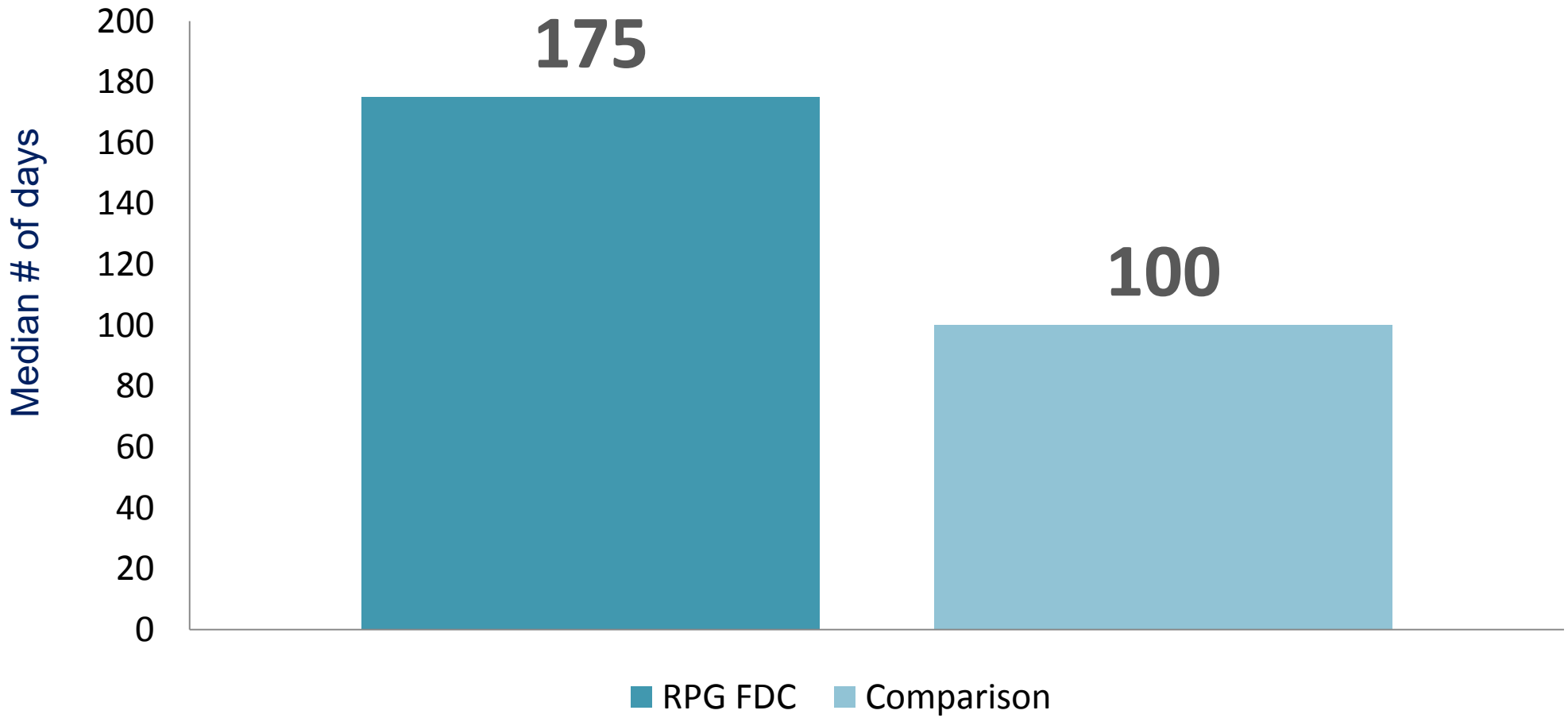
RPG FDC

- **5,200 children**
- **8,000 adults**

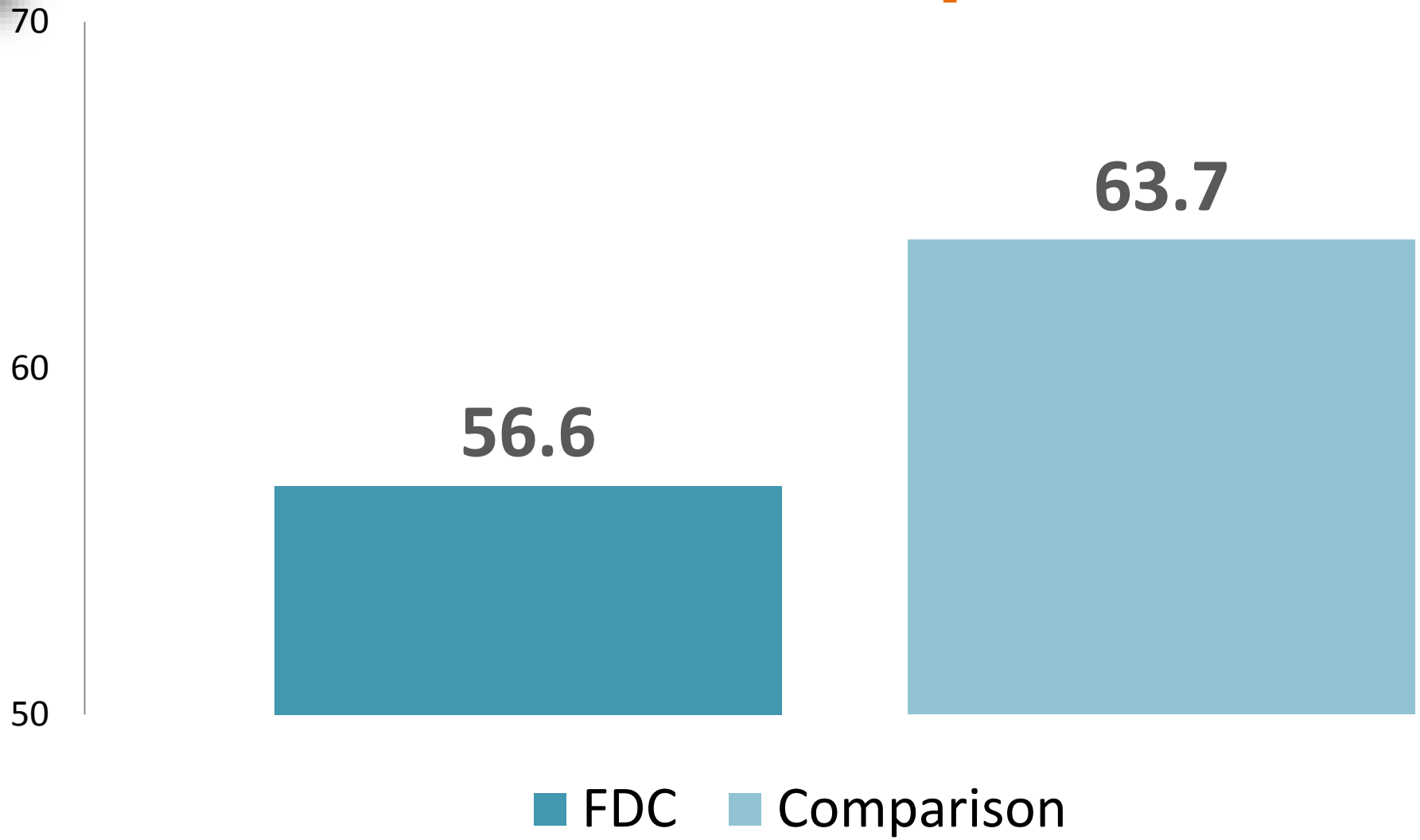
Access to Treatment



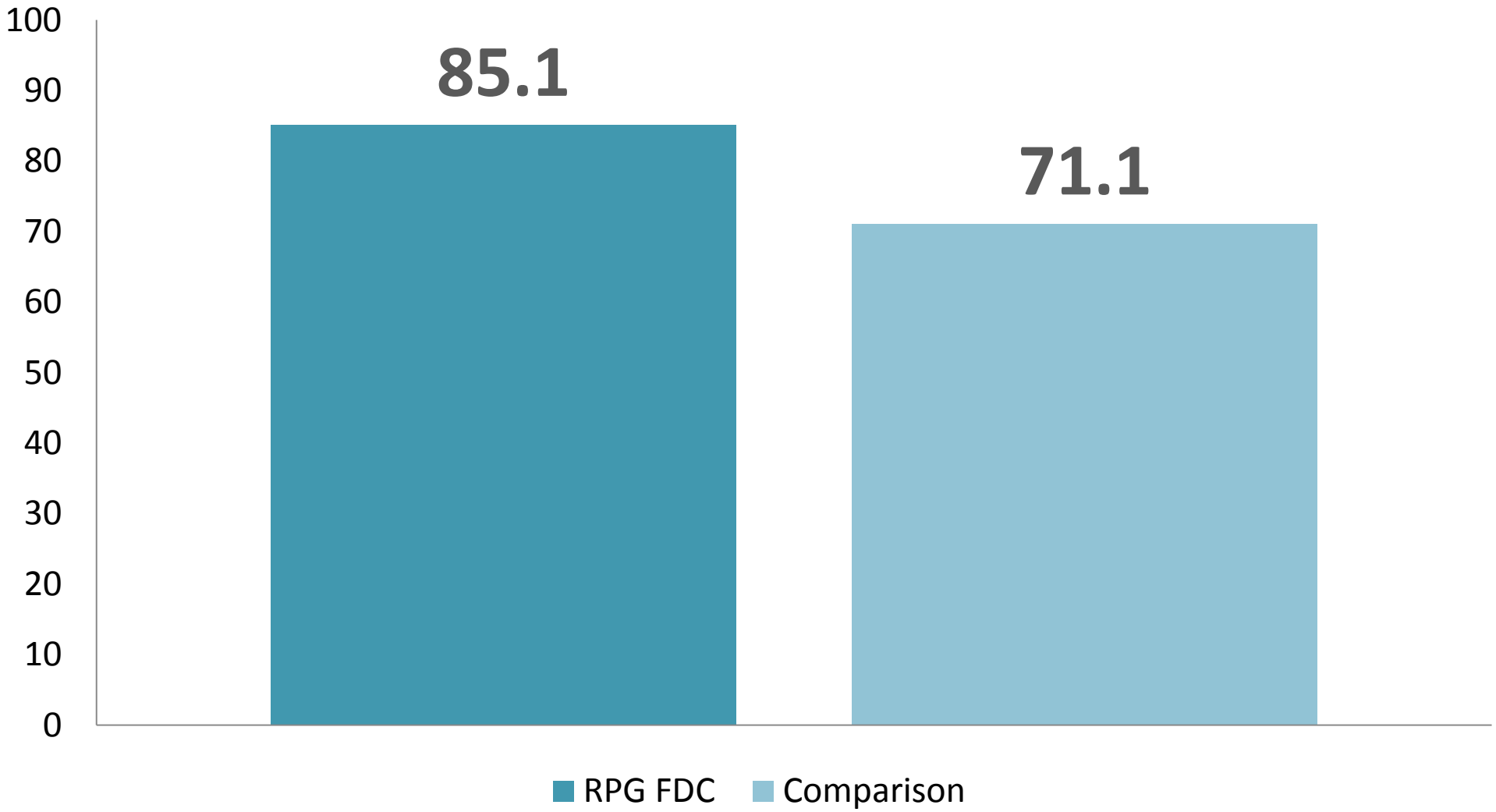
Length of Stay in Treatment



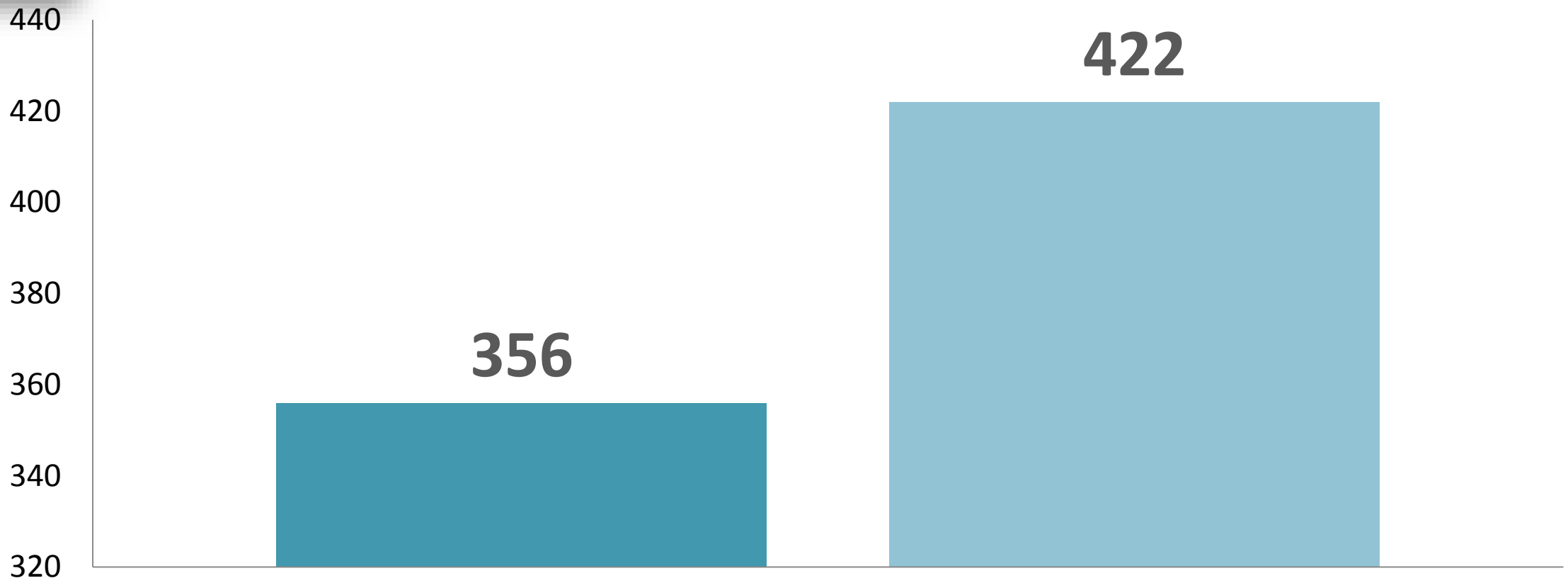
Treatment Completion Rates



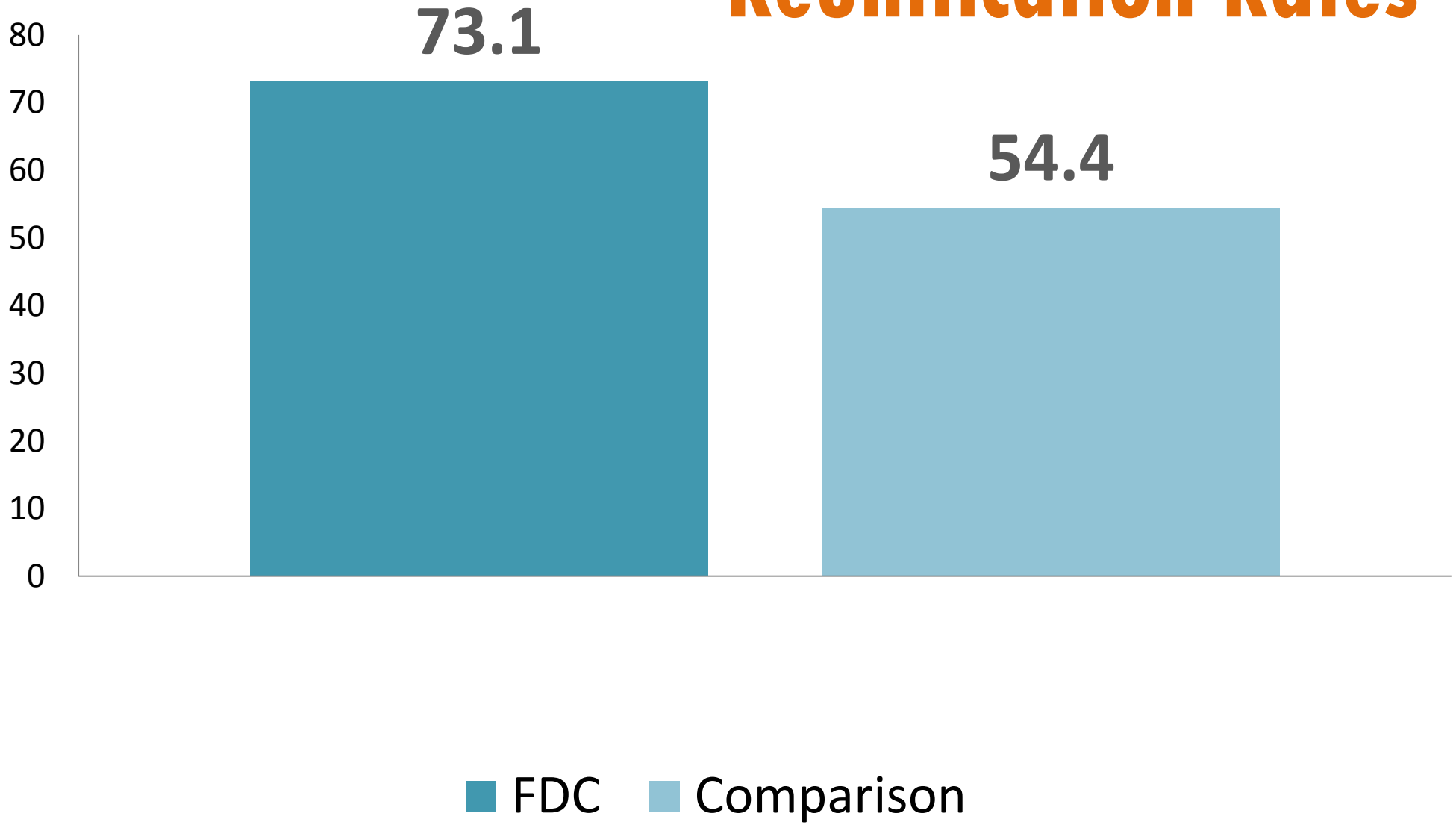
Children Remain Home



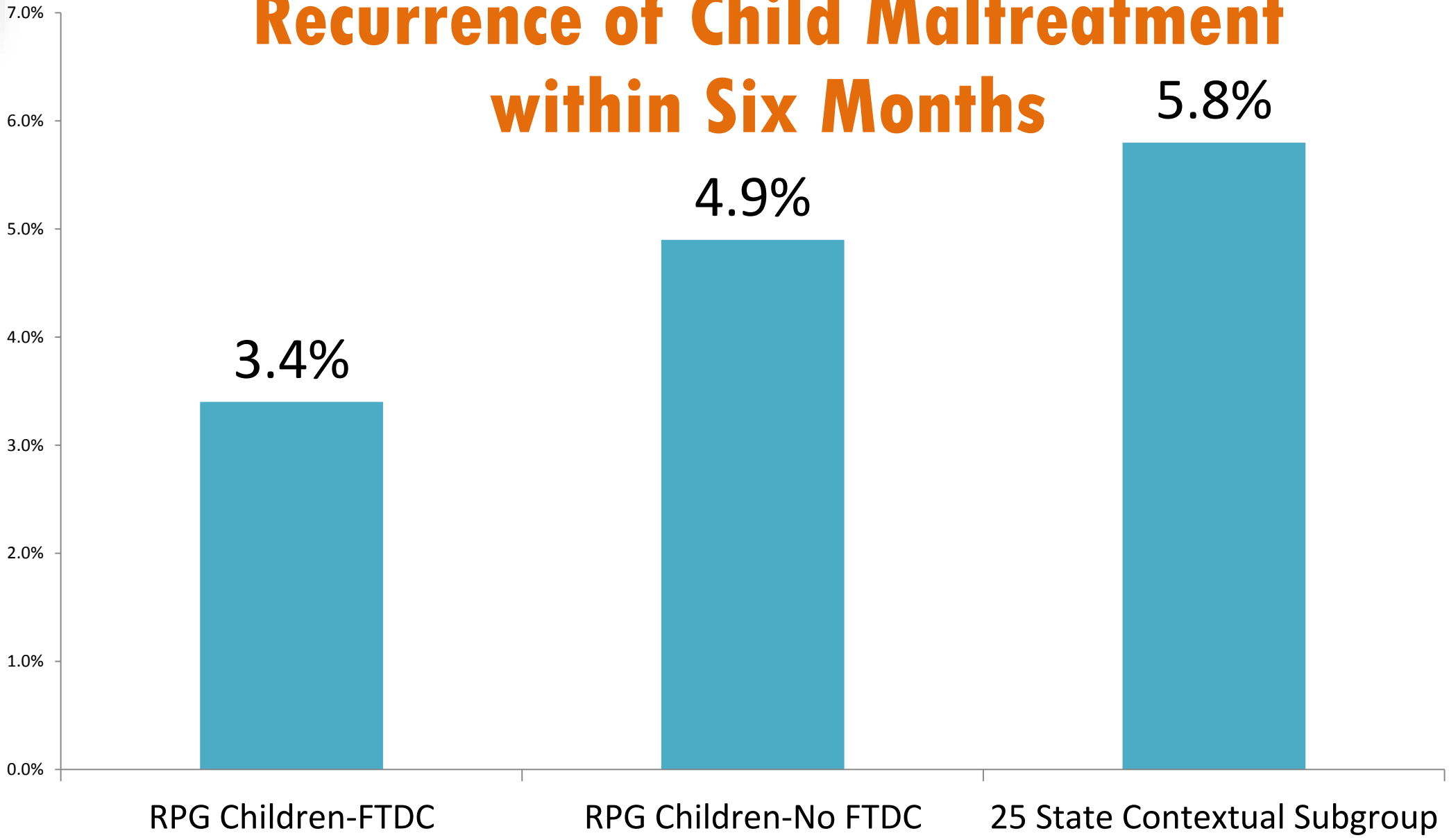
Days in Foster Care



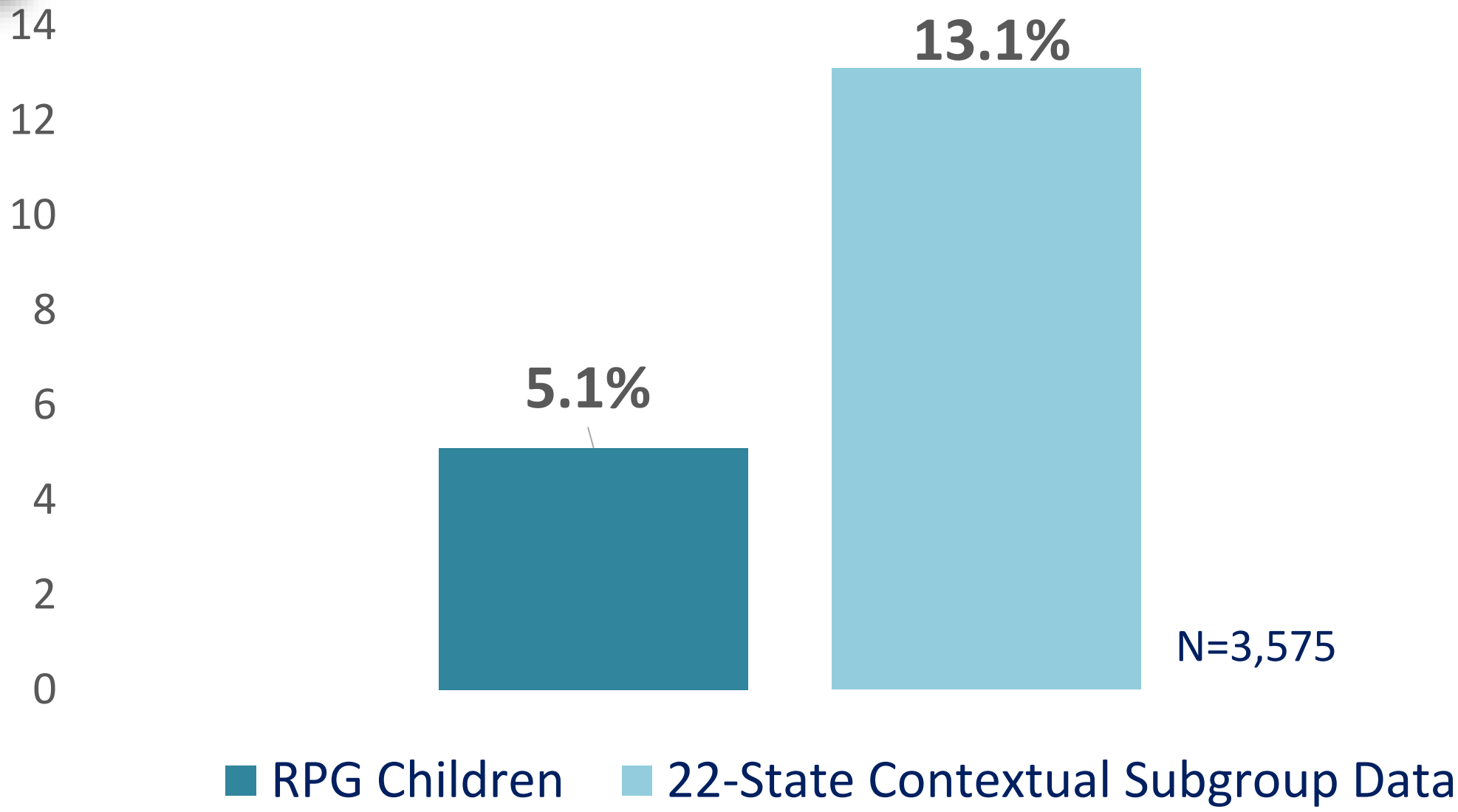
Reunification Rates



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

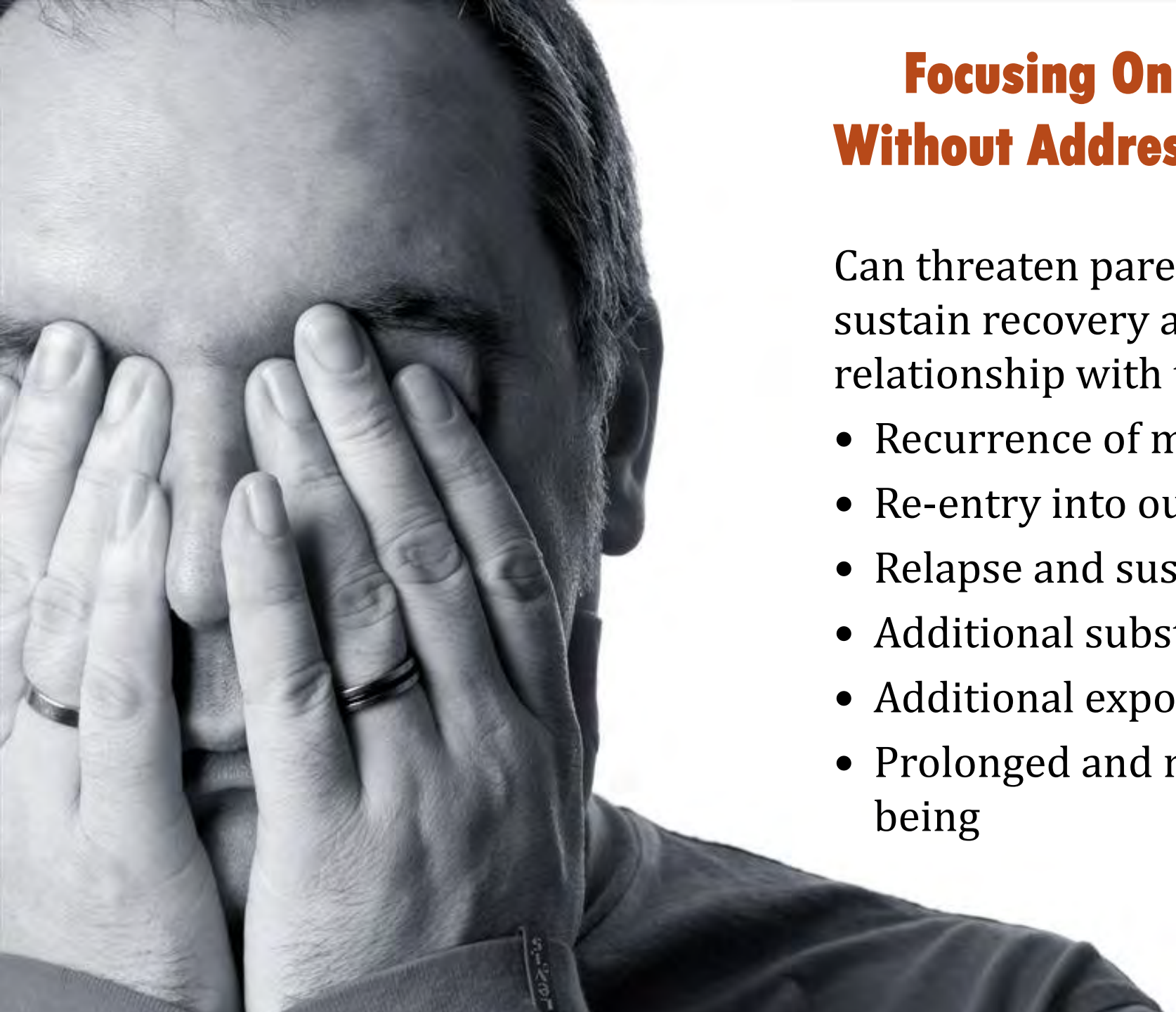
Serving Families

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

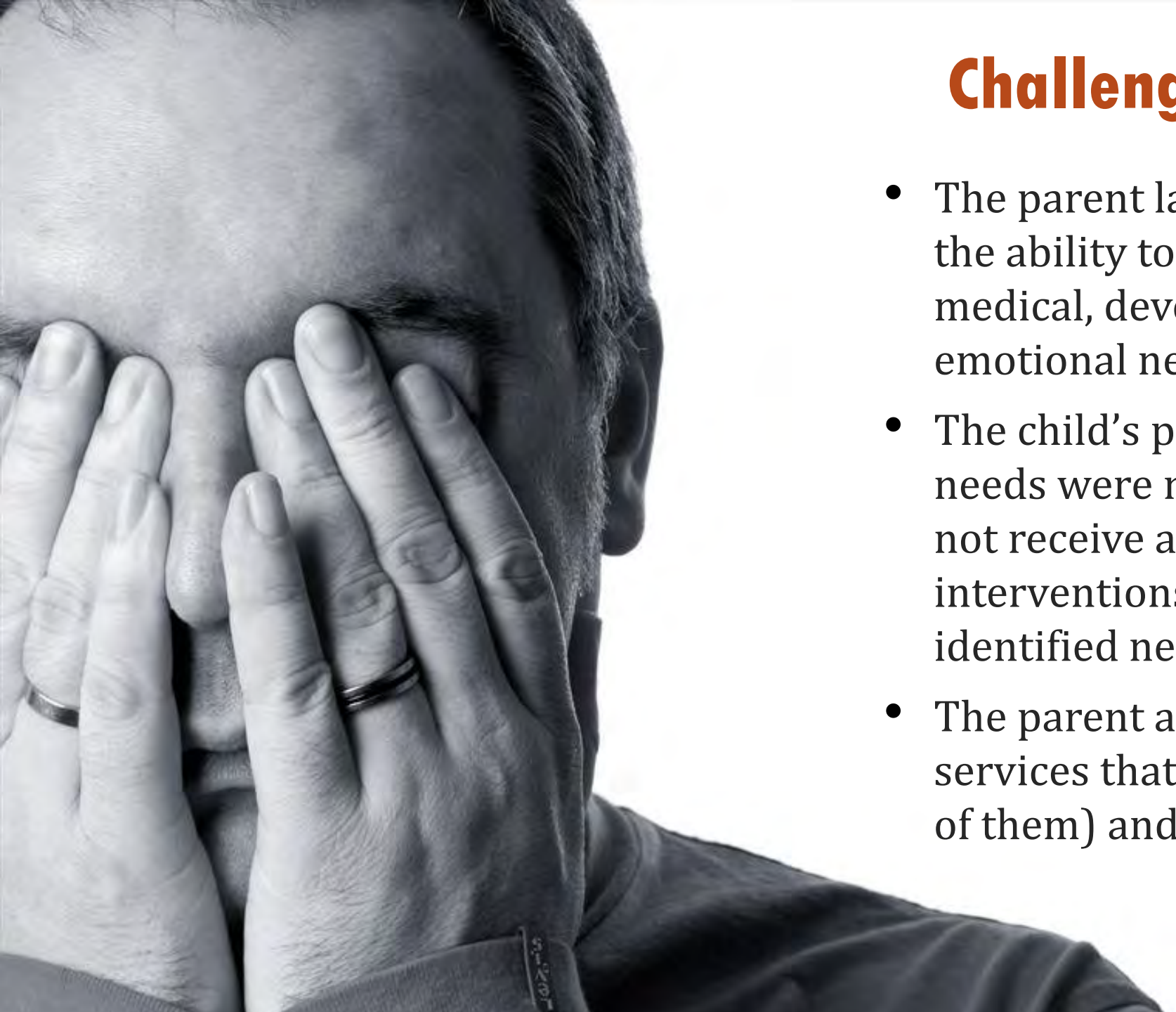

What is the relationship between children's issues and parent's recovery?



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.

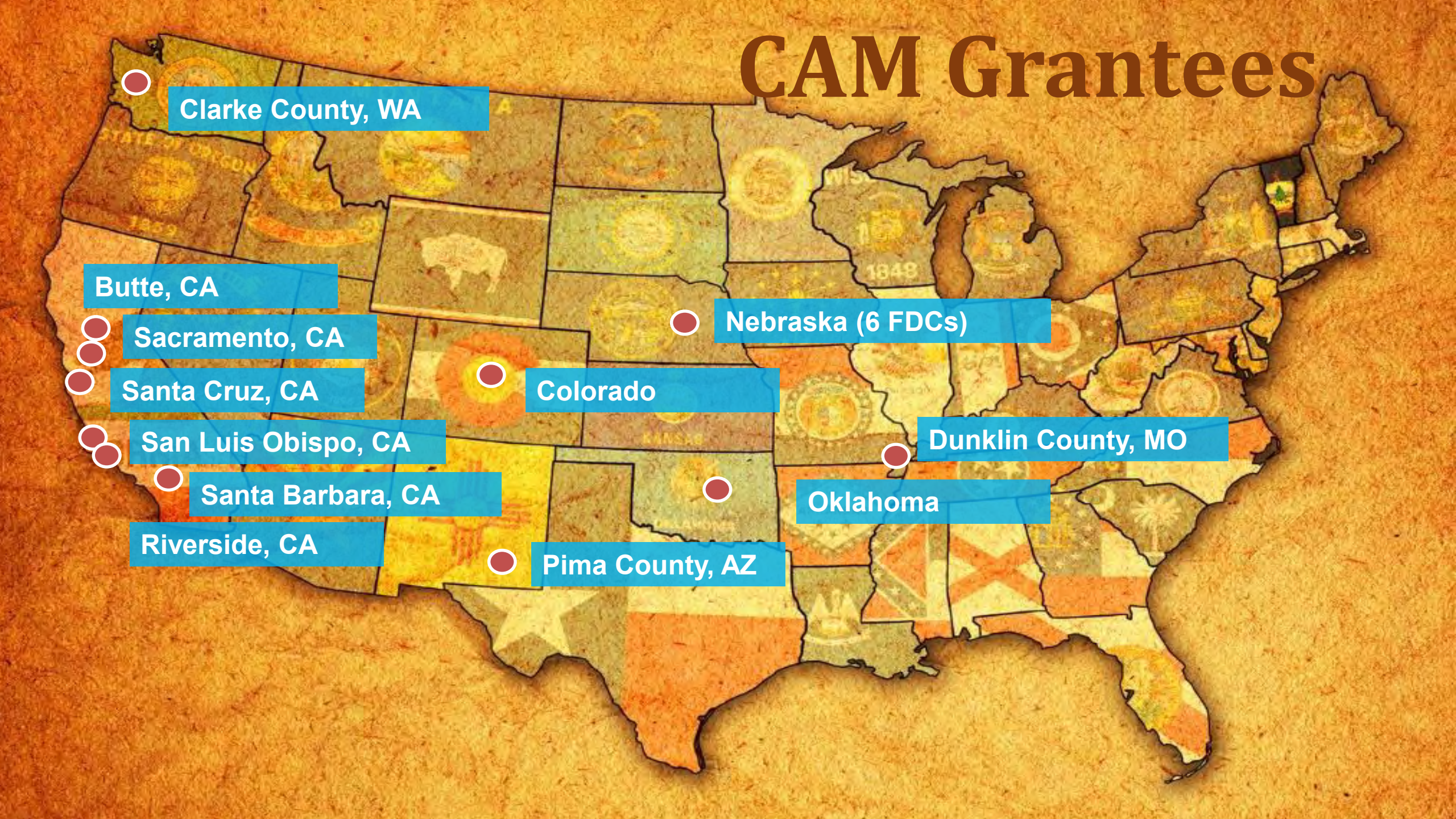
Parent Recovery

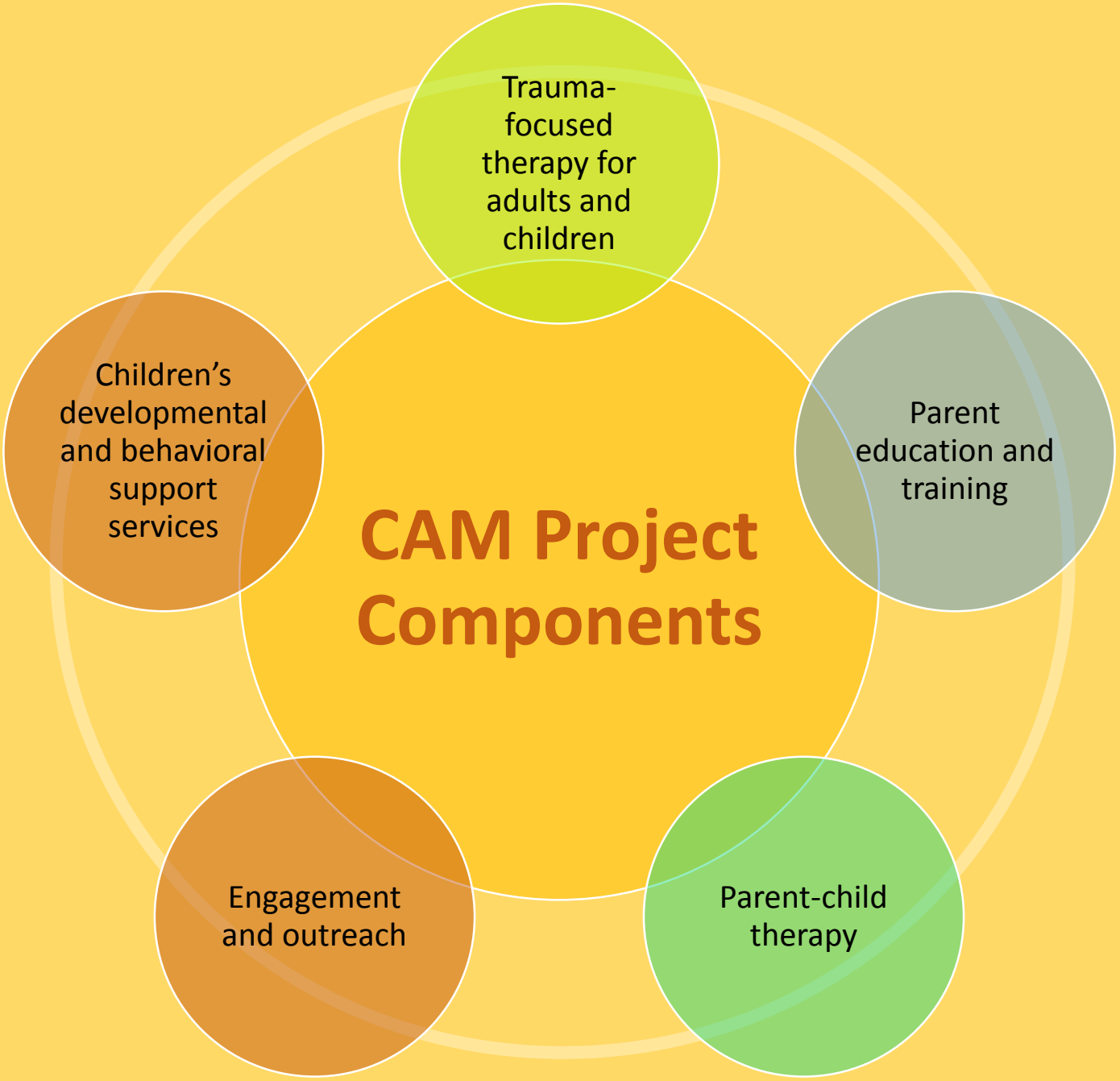
Focusing on parent's recovery and parenting are essential for reunification and stabilizing families

Child Well-Being

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

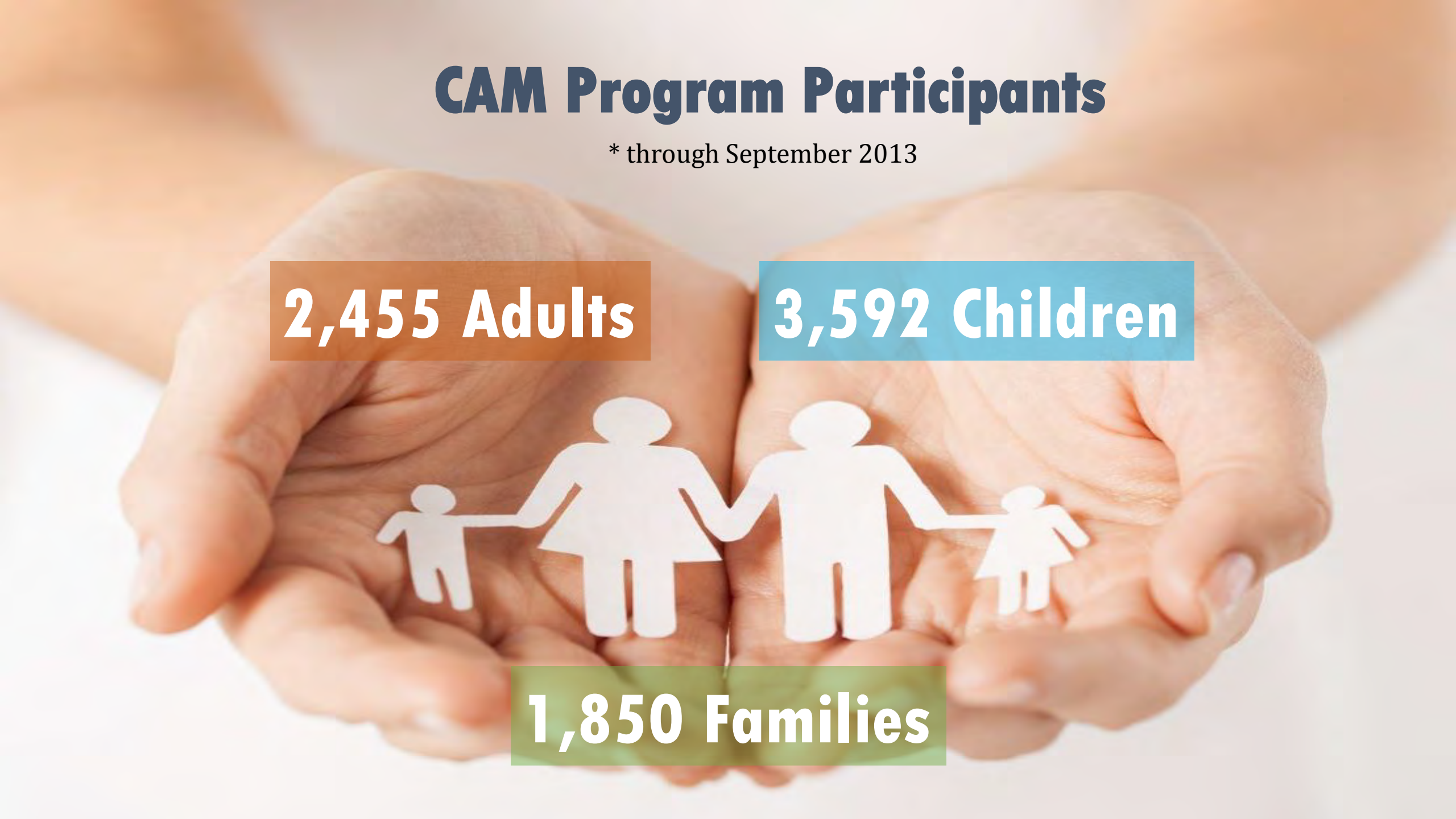
CAM Grantees




Trauma-focused therapy for adults and children
Children's developmental and behavioral support services
CAM Project Components
Parent education and training
Engagement and outreach
Parent-child therapy

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

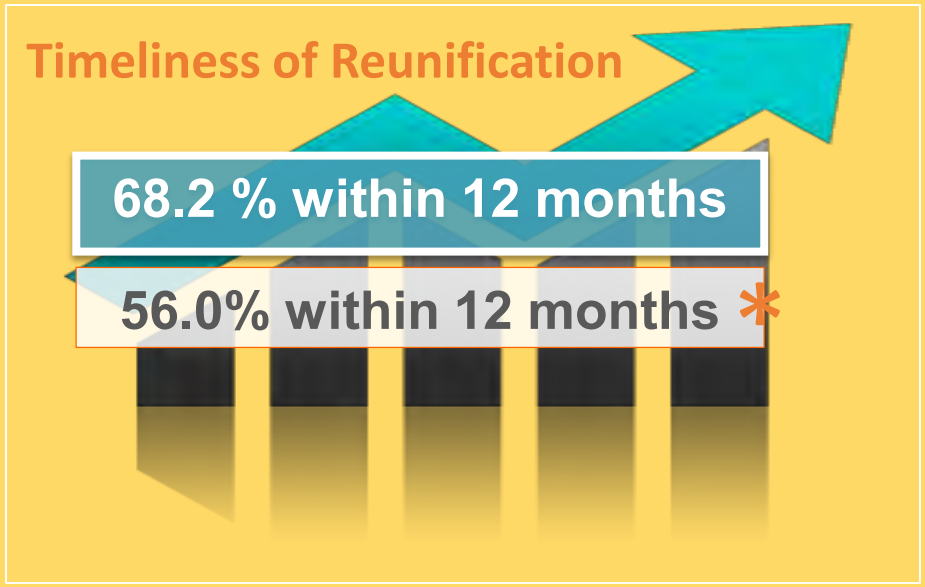
Adults (6)

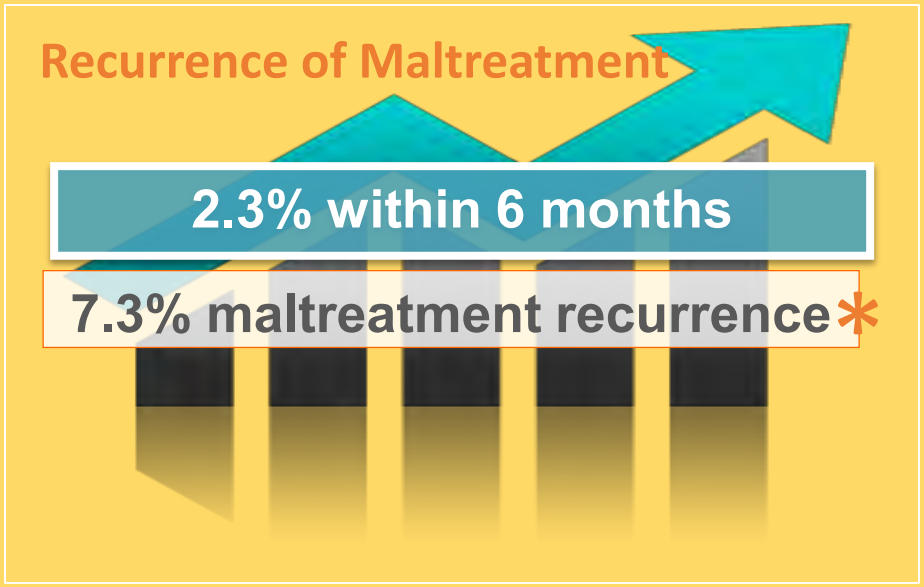
- Access to treatment
- Retention in treatment
- Reduced substance use
- Connected to supportive services
- Employment
- Criminal behavior

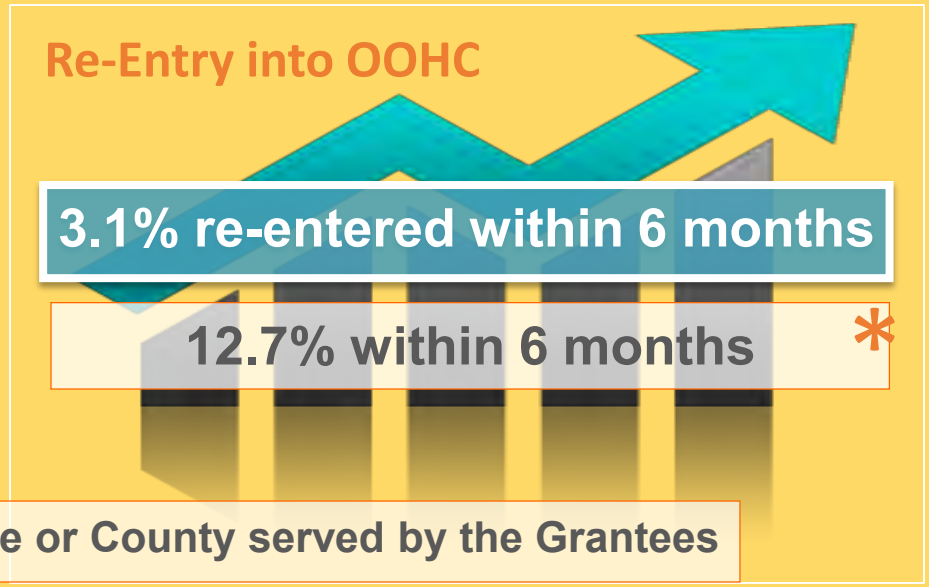
Family/ Relationship (3)

- Improved parenting
- Family relationships and functioning
- Risk/protective factors

Child/Youth Performance Measures

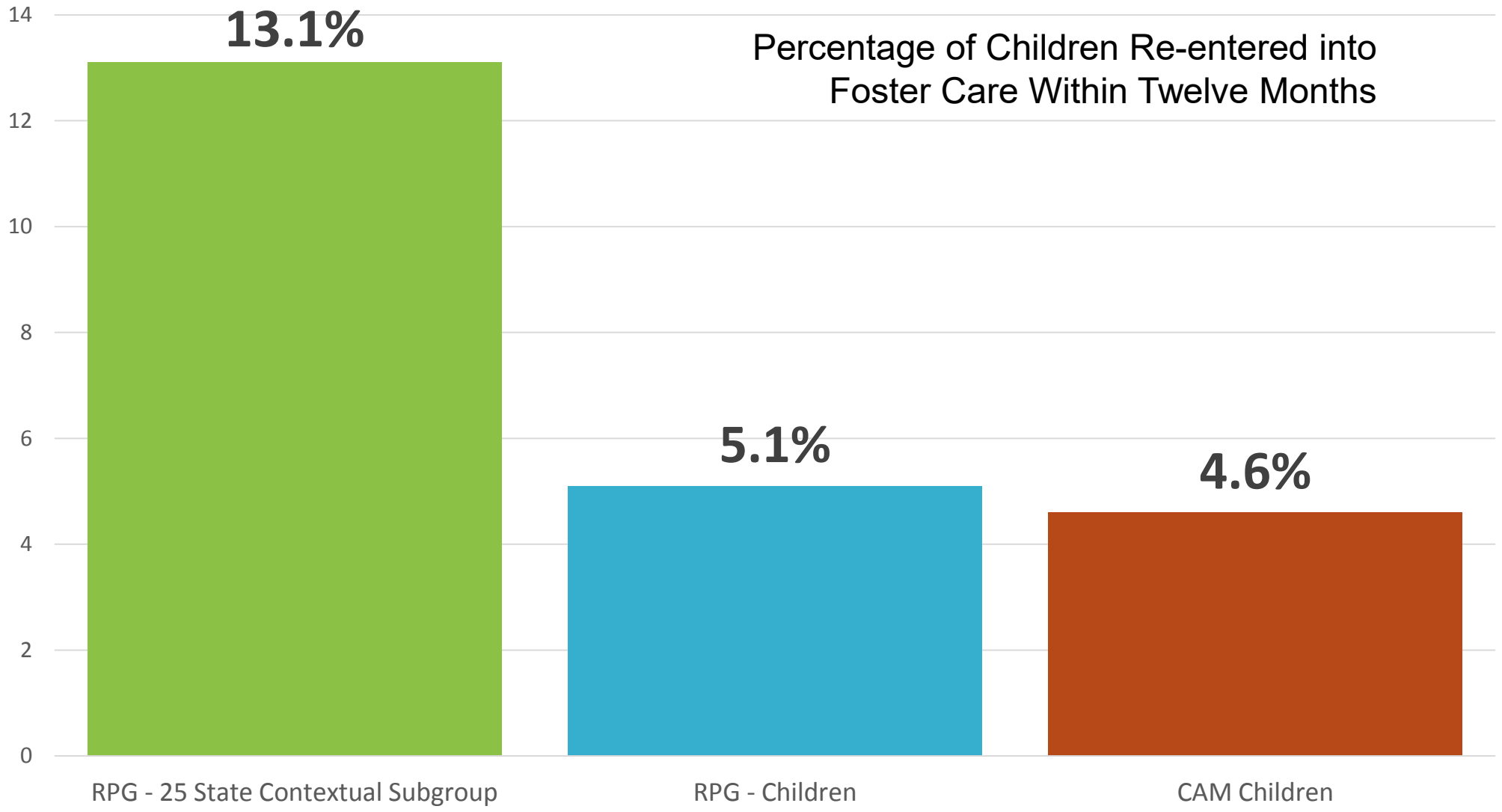




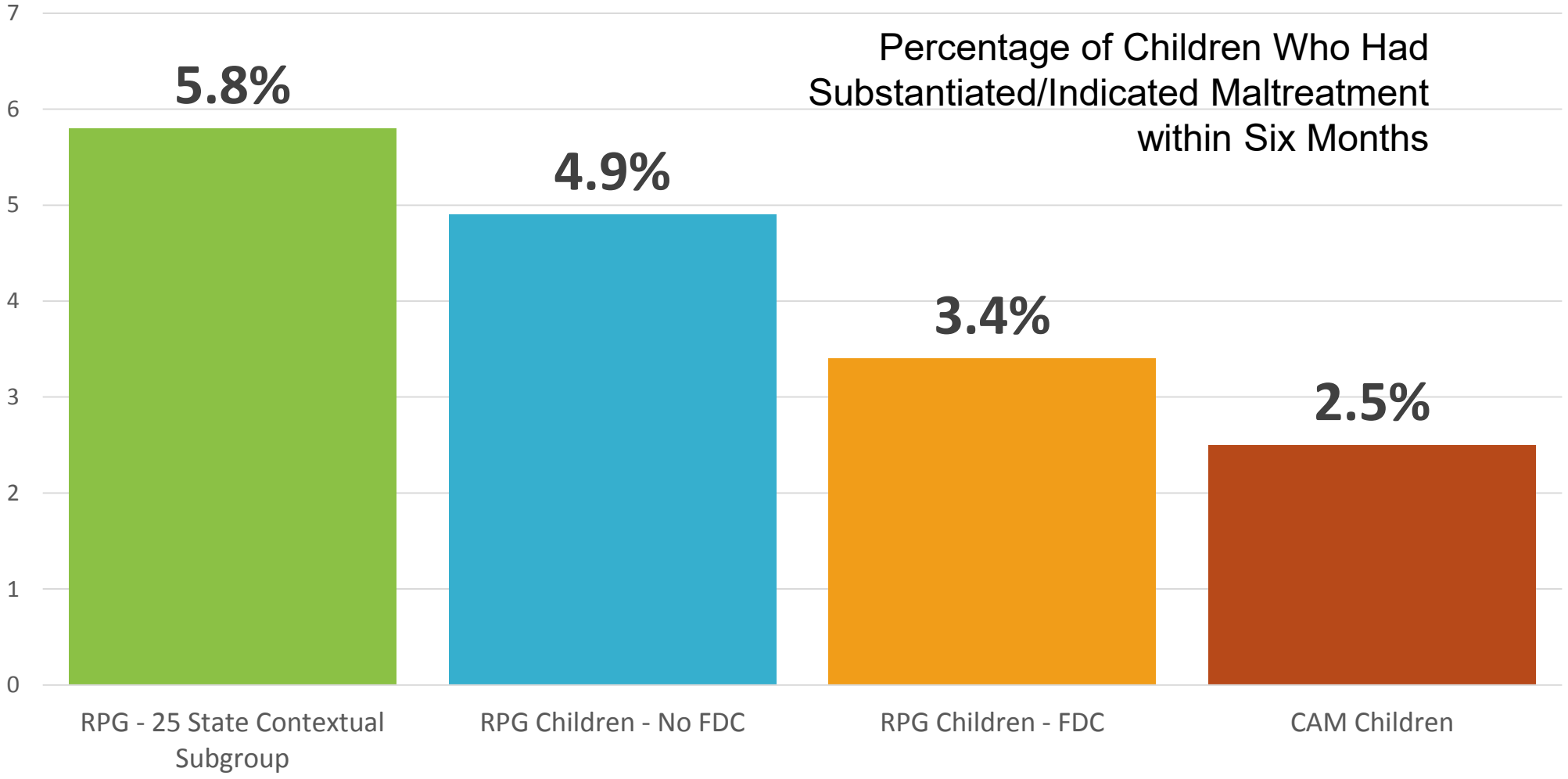


* In the context of the State or County served by the Grantees

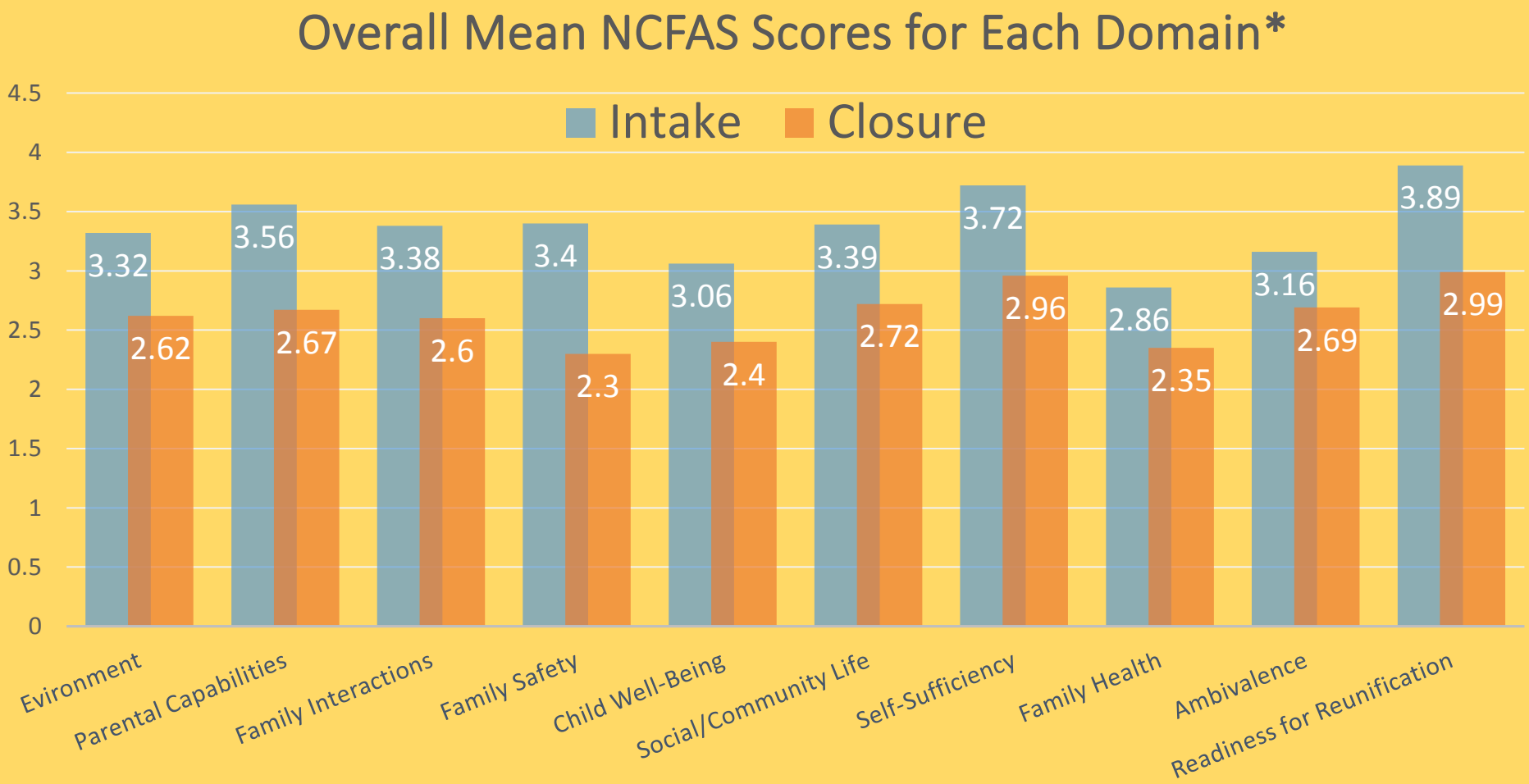
Re-entries into Foster Care



Recurrence of Child Maltreatment



Preliminary Findings Well-Being

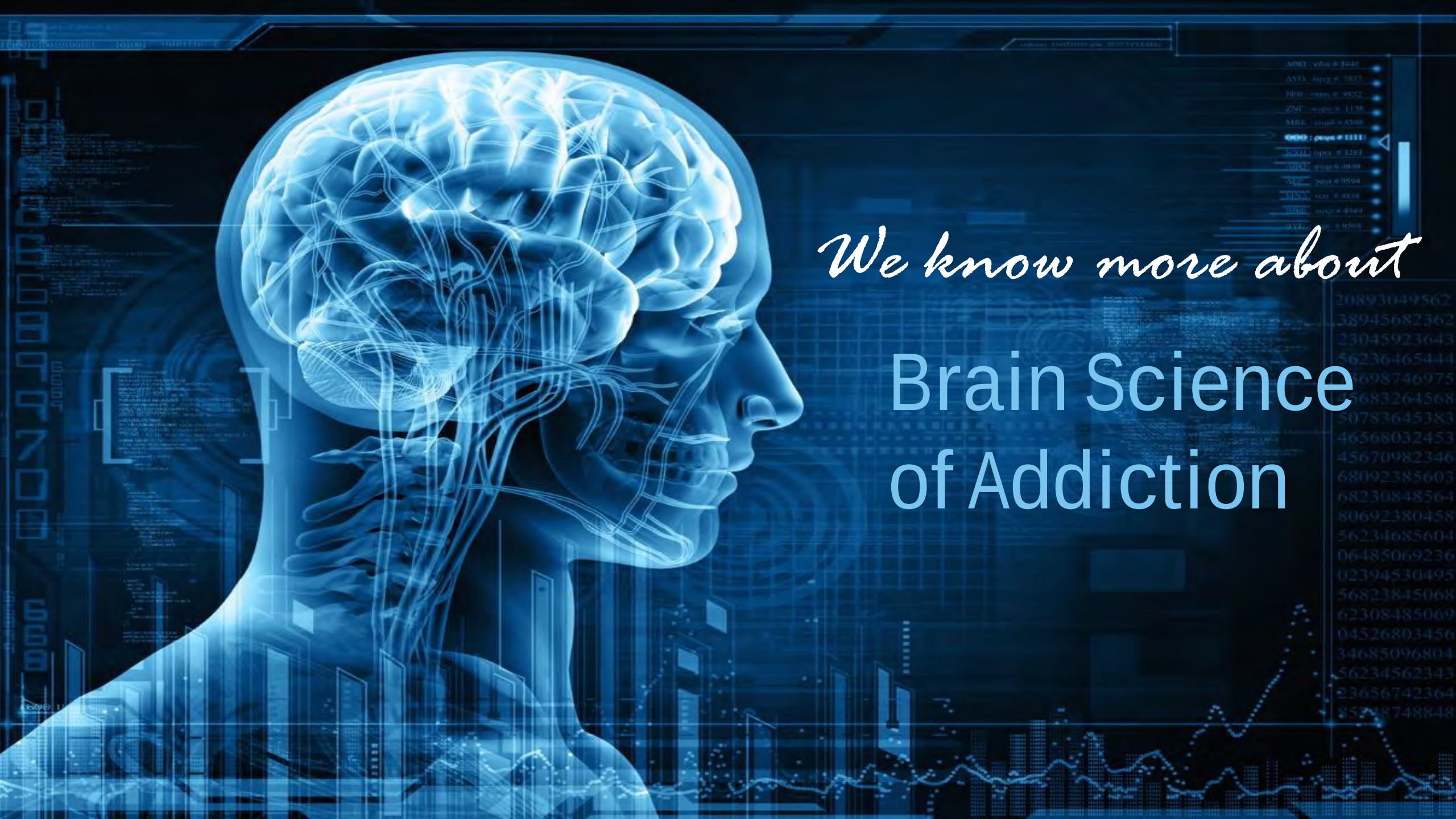


Note: lower scores indicate improvement

* *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 focused on children has required new collaboration and partnerships
- Increased focus on family functioning parent-child relationships


We know more about
Brain Science
of Addiction

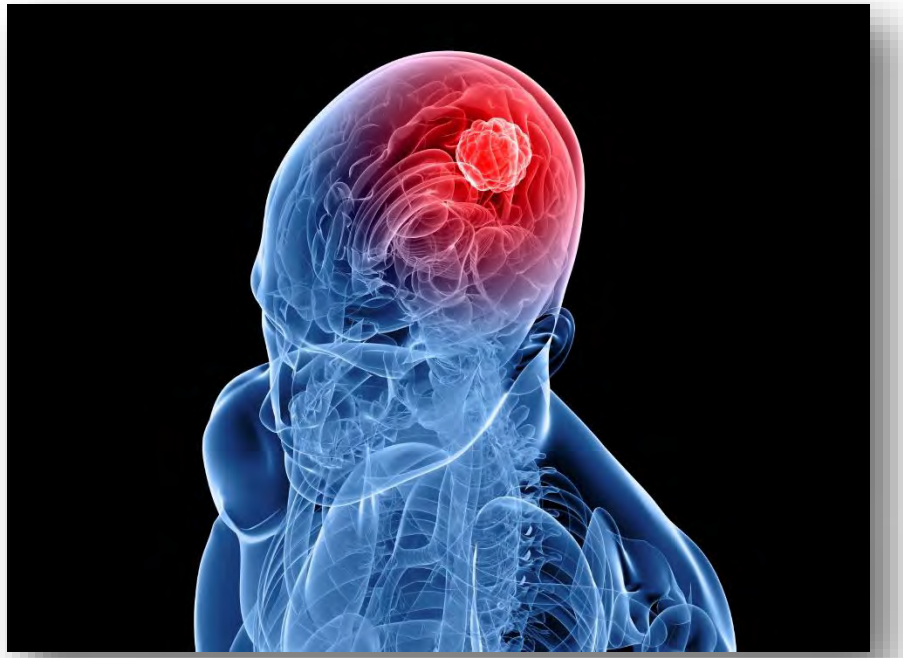
Addiction — Here's What We Know

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."

Adopted by the ASAM Board of Directors 4/12/2011

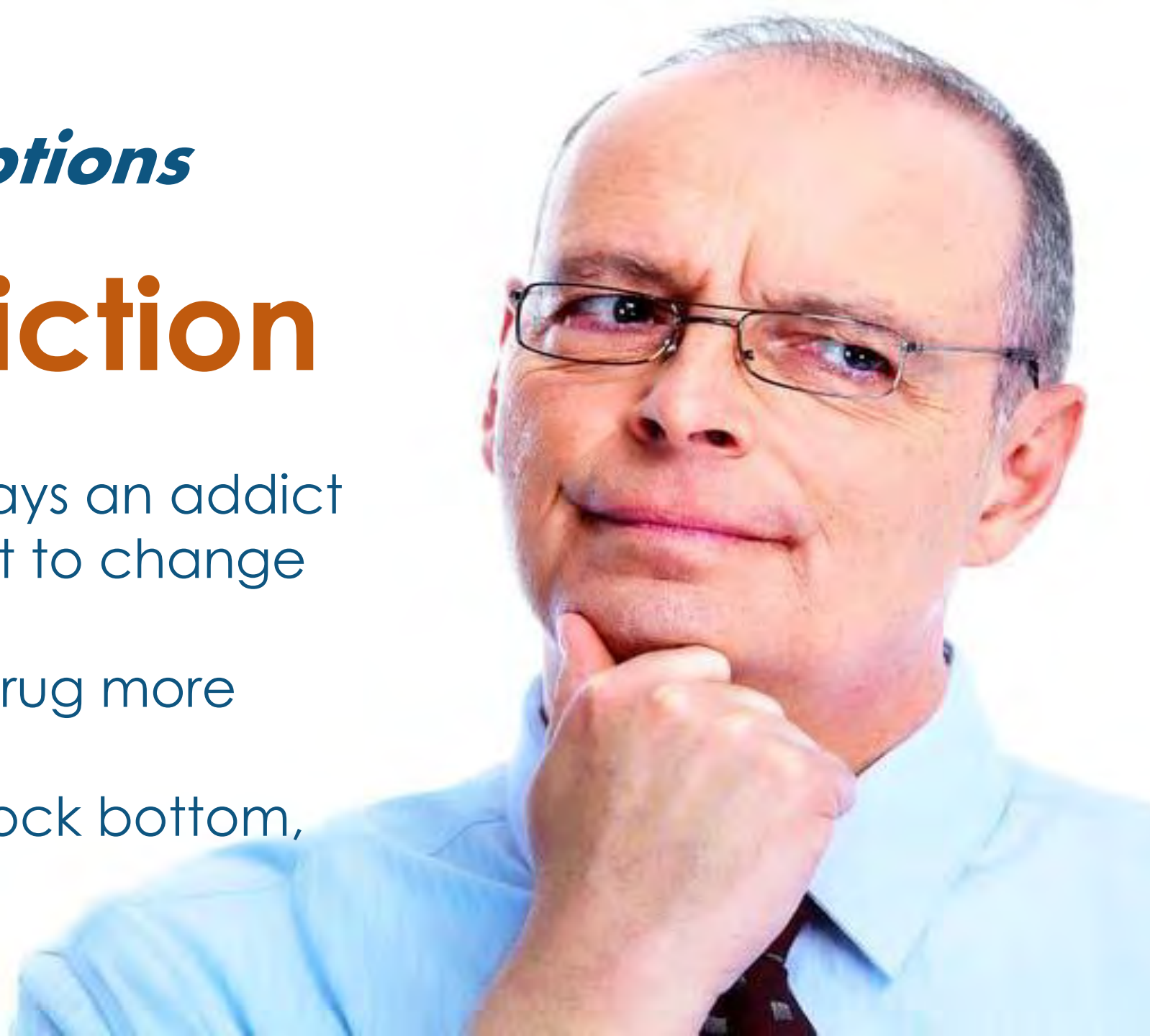
A Treatable Disease

- 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

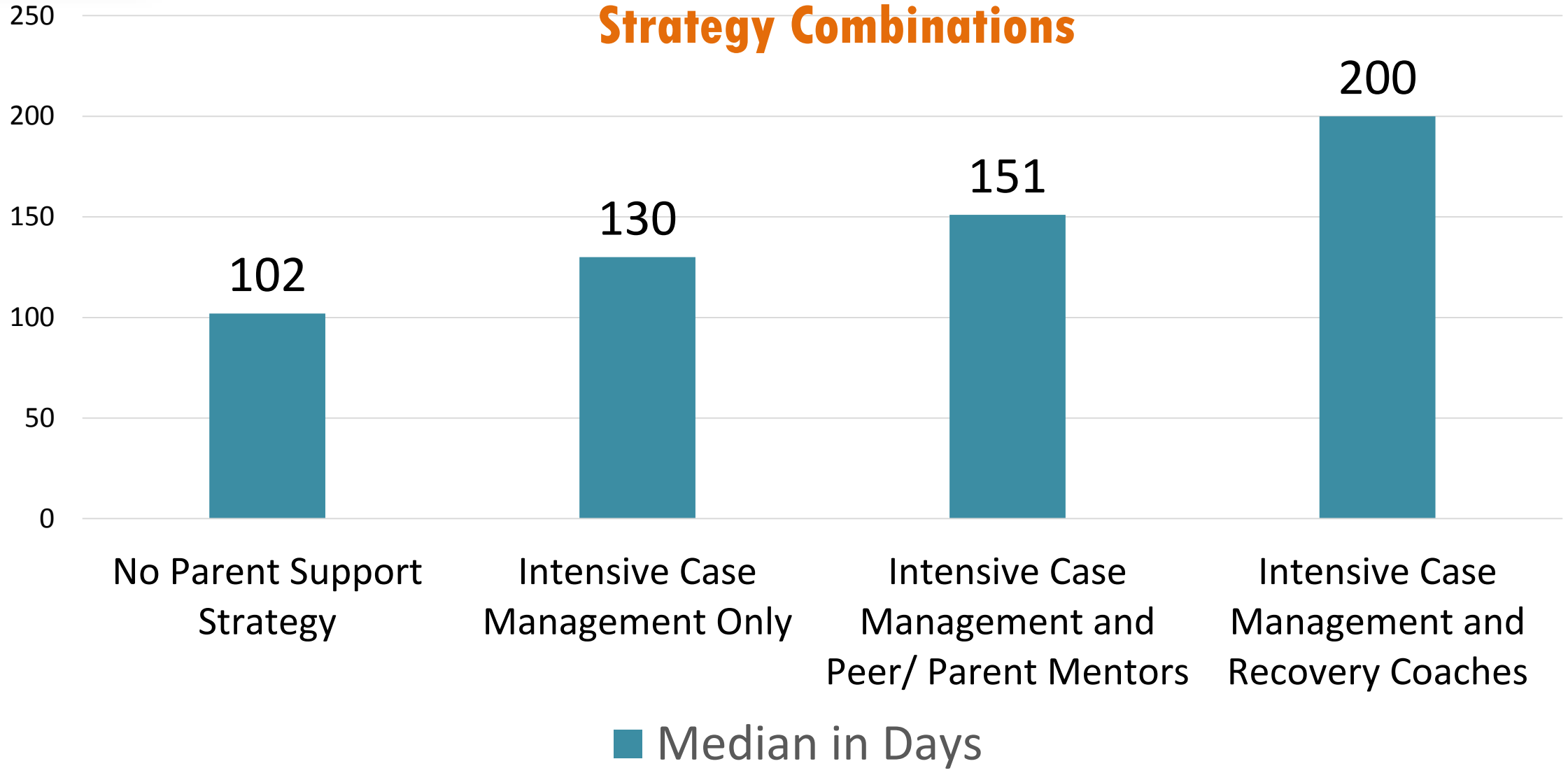
TREATMENT BROKER

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

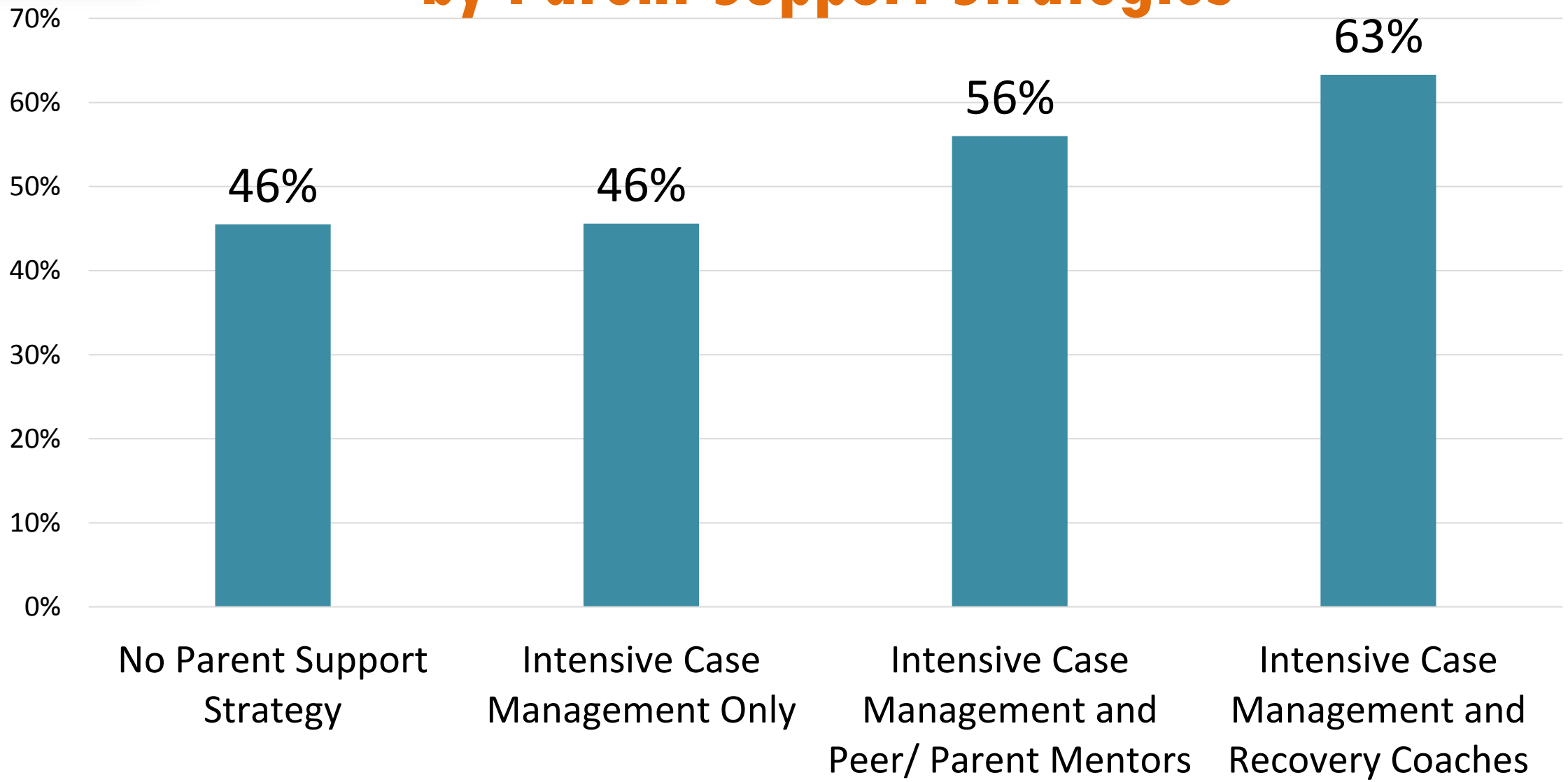
ADVISOR

- 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

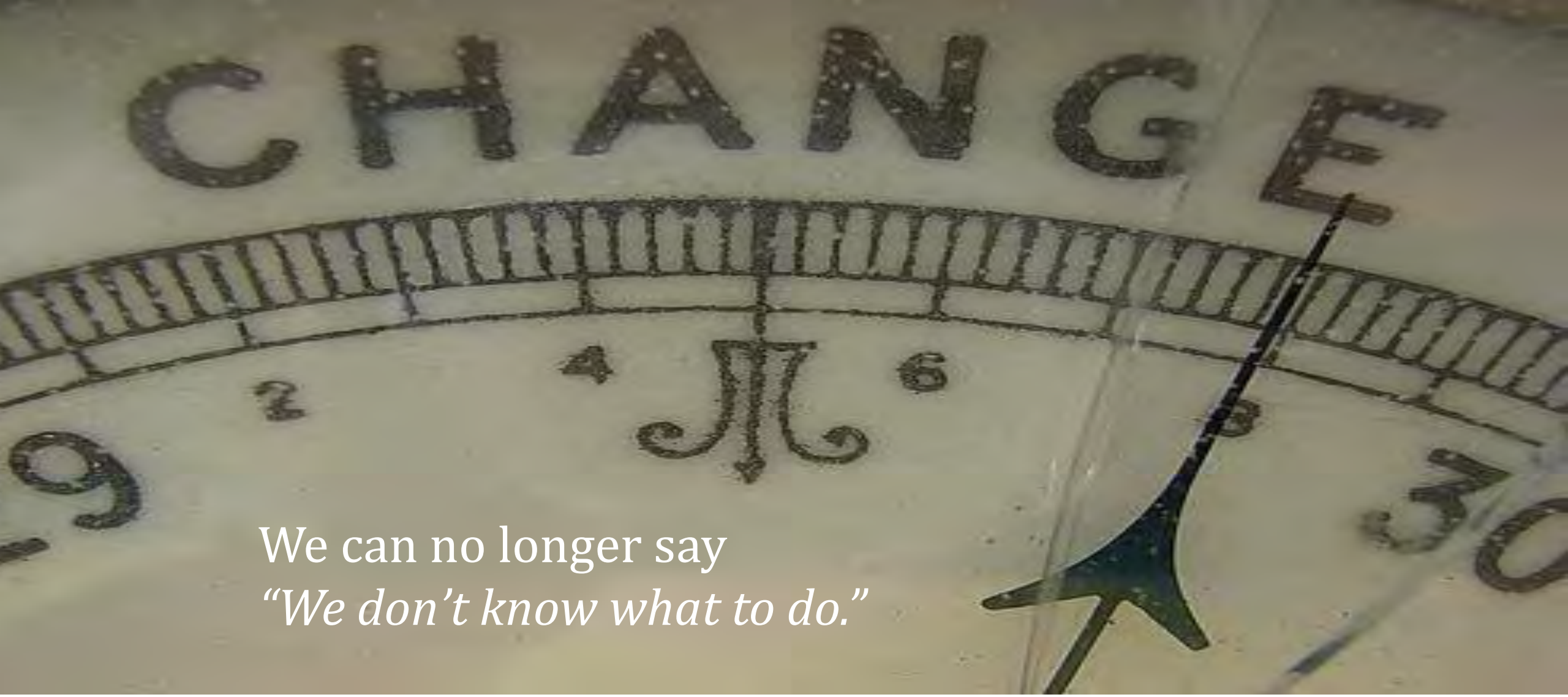


Substance Abuse Treatment Completion Rate by Parent Support Strategies



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.”

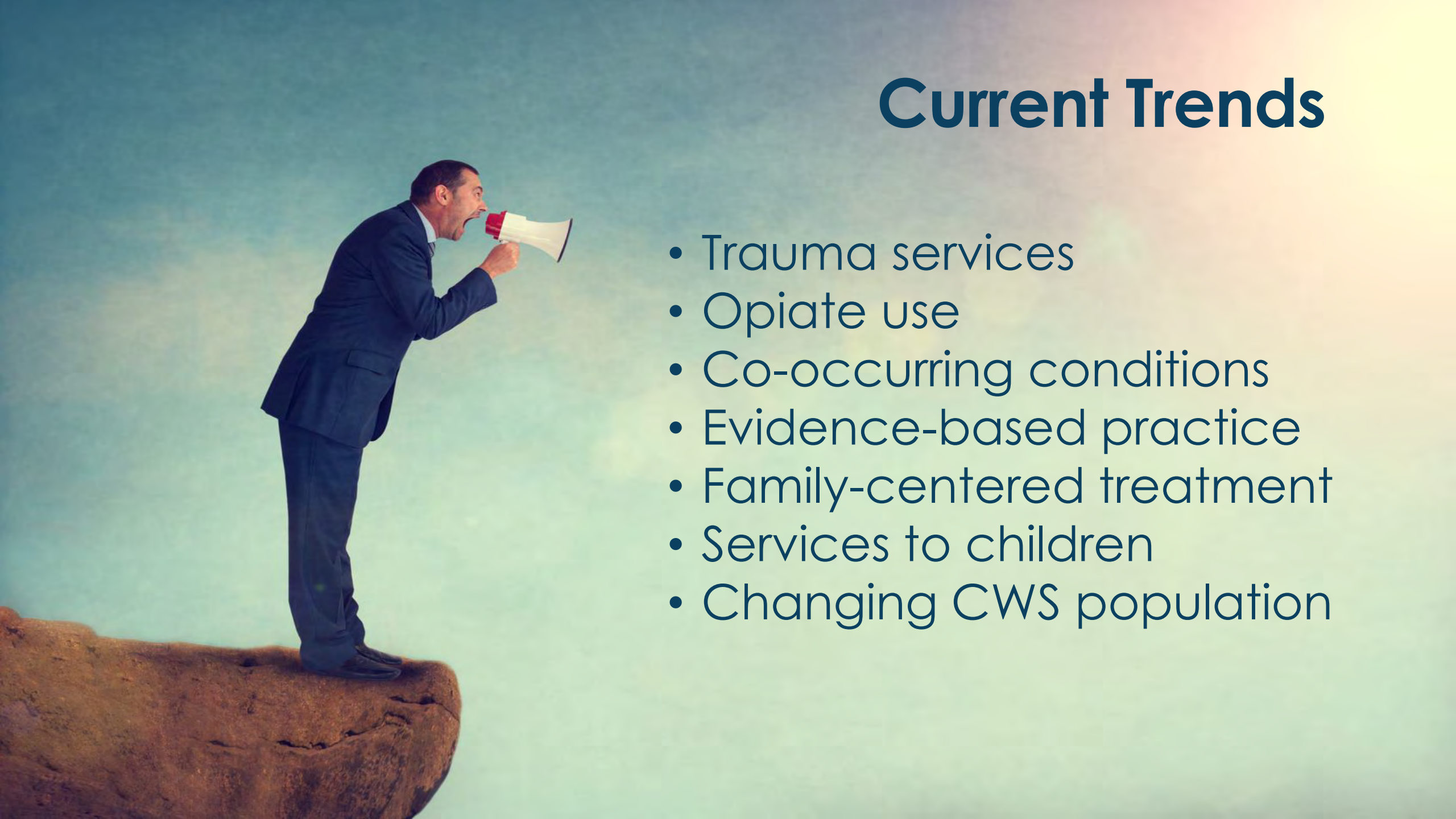
2014

We know more about

Opportunities for Changing the System

2014

- 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

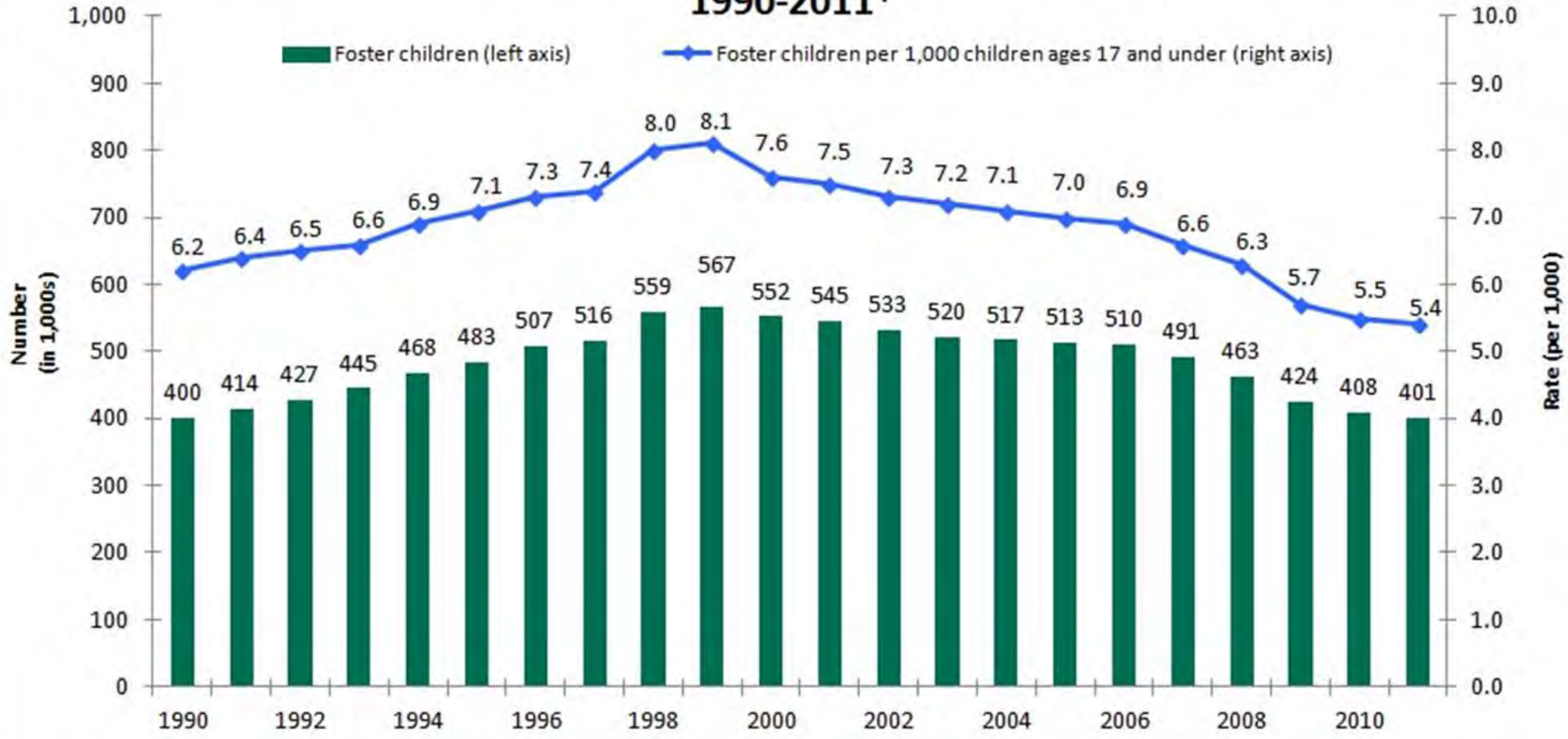


Current Trends

- 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*

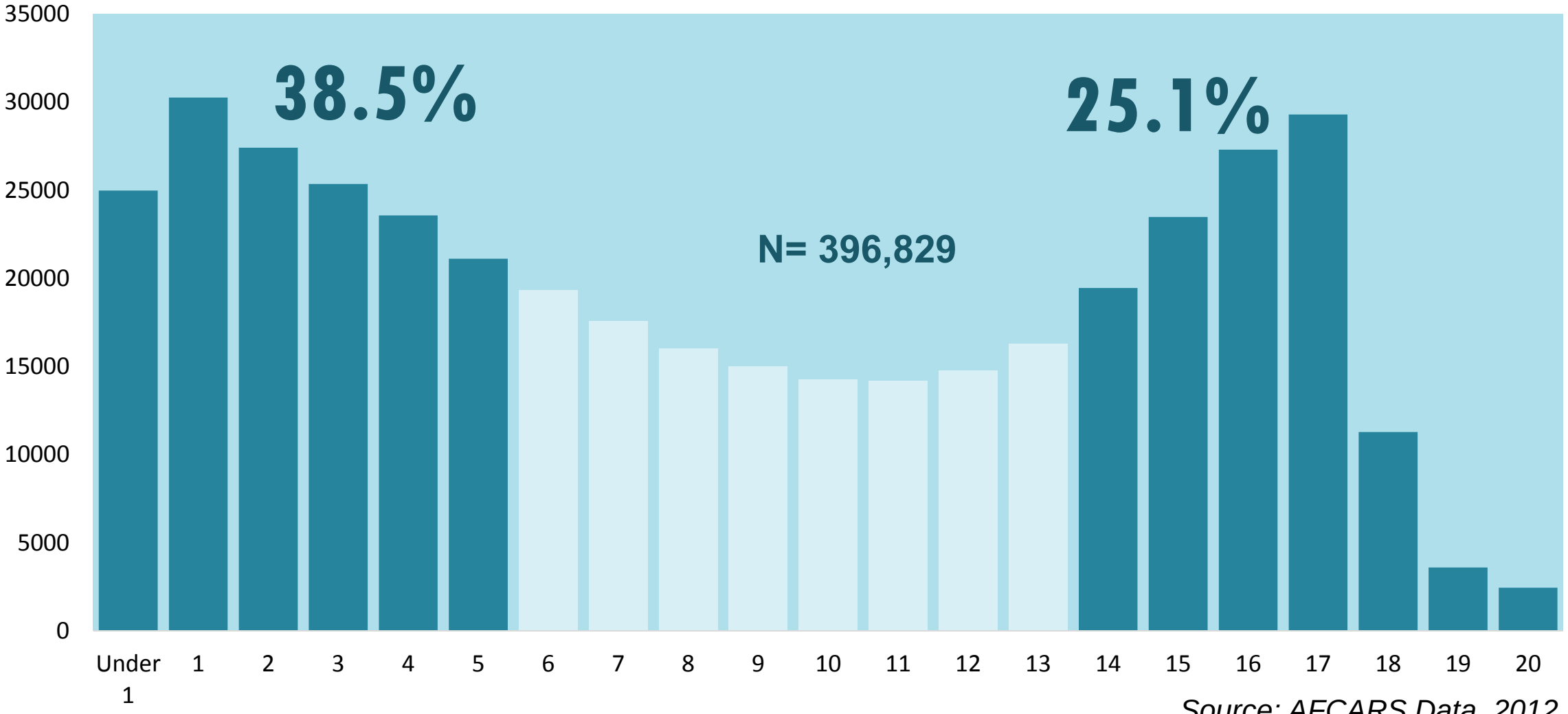


*Data for 2004-2011 are preliminary estimates as of June 2006, Sept 2006, January 2008, October 2009, October 2009, July 2010, June 2011, and July 2012 respectively. Revised estimates may be forthcoming.

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. Interim data for 2003: "The AFCARS report Interim 2003." 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.

Child TRENDS DATA BANK
www.childtrendsdatabank.org

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



Source: AFCARS Data, 2012

Where does the FDC fit in the larger system?

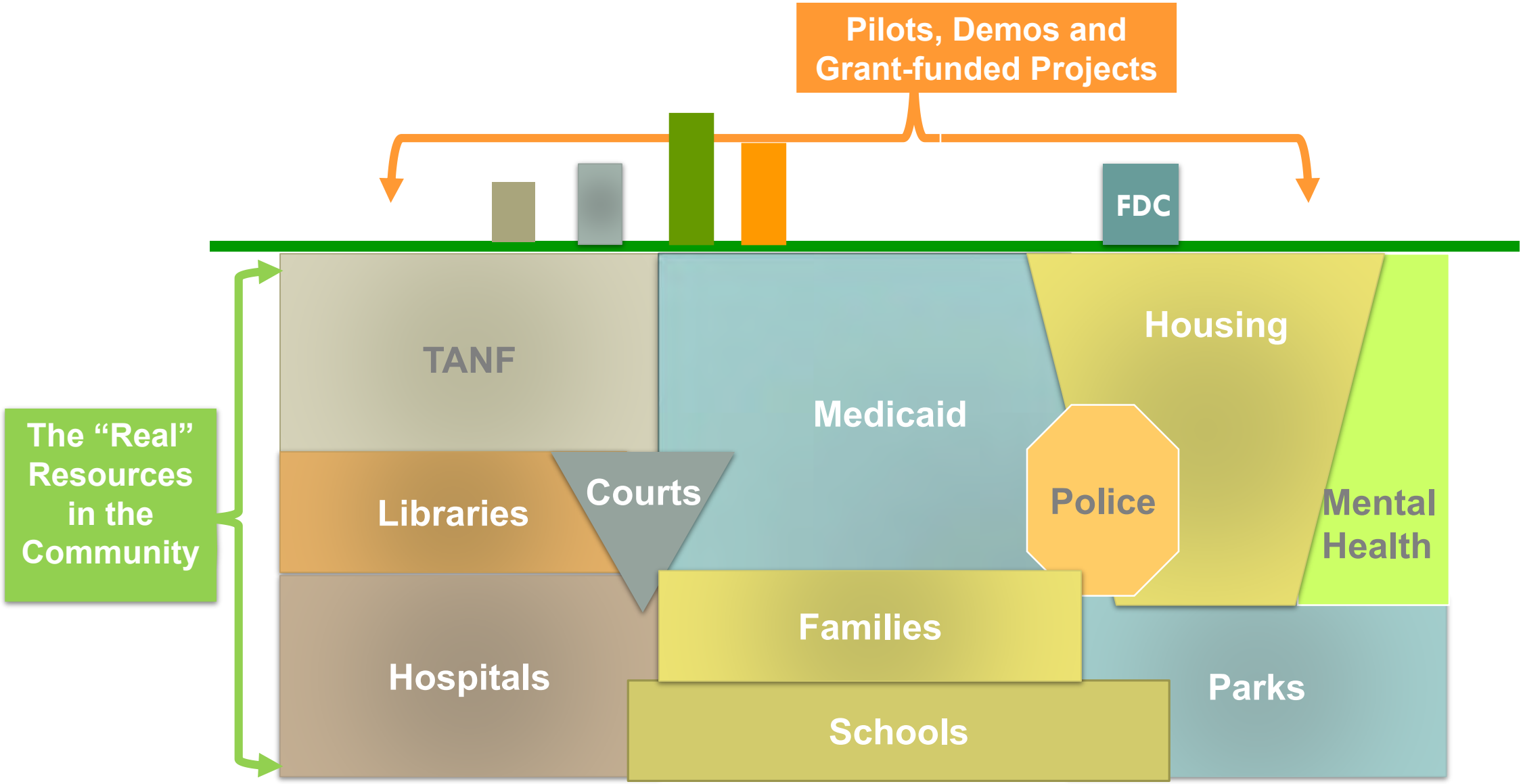
Most sit on top

Or on the side

Federal Support for Family Drug Courts

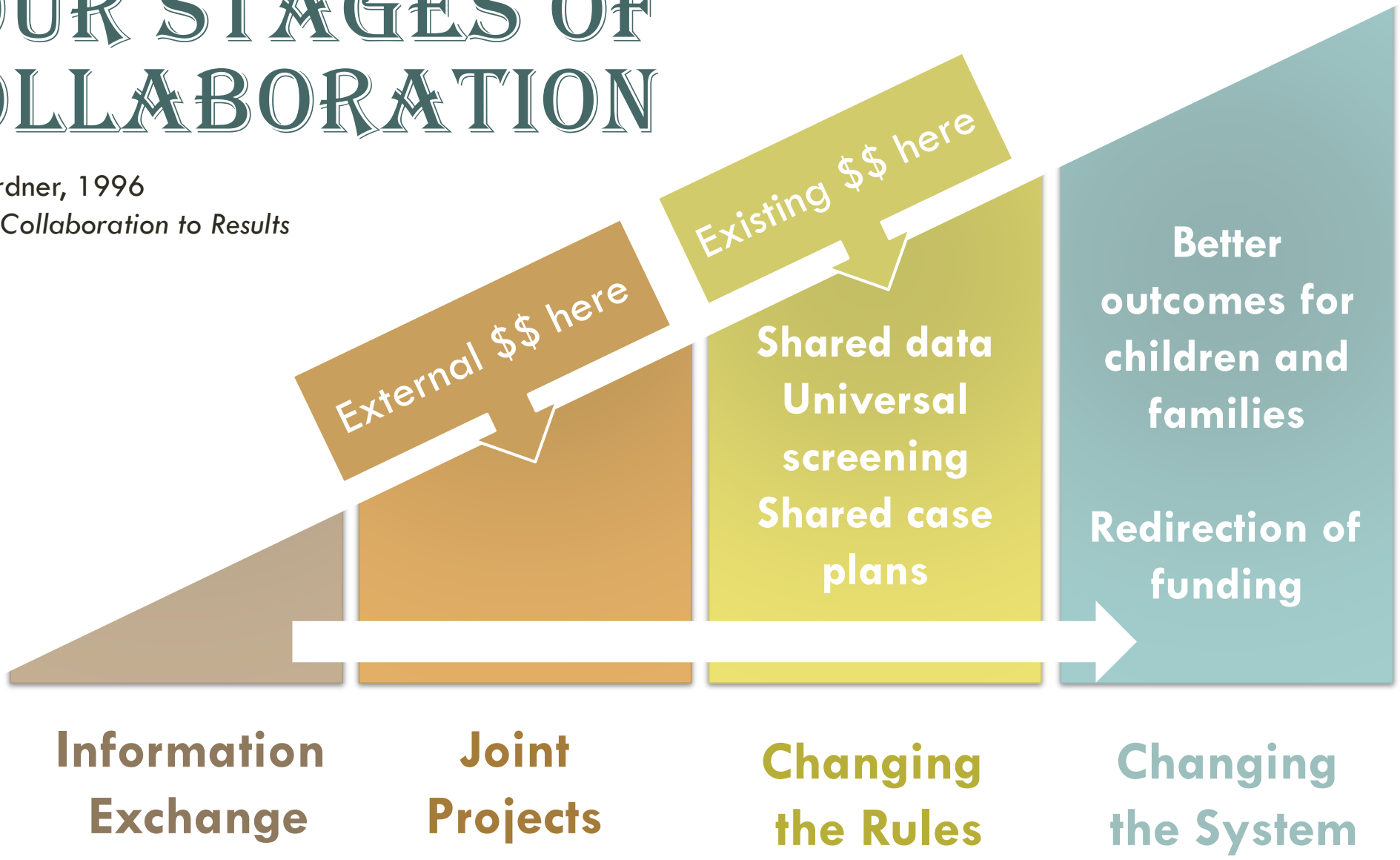
Direct Funding (FY2012) - $22.6 million

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 (Medi-Cal 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 ≈ 10.2%
Therefore, approximately **10% are served by FDCs**

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


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
National Center on Substance Abuse and Child Welfare
Online Tutorials

For more information, please visit the FDC Learning Academy Webinar Library

www.cffutures.org or www.familydrugcourts.blogspot.com

This Changes Everything - 2014

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

Download the PPTs, materials and resources

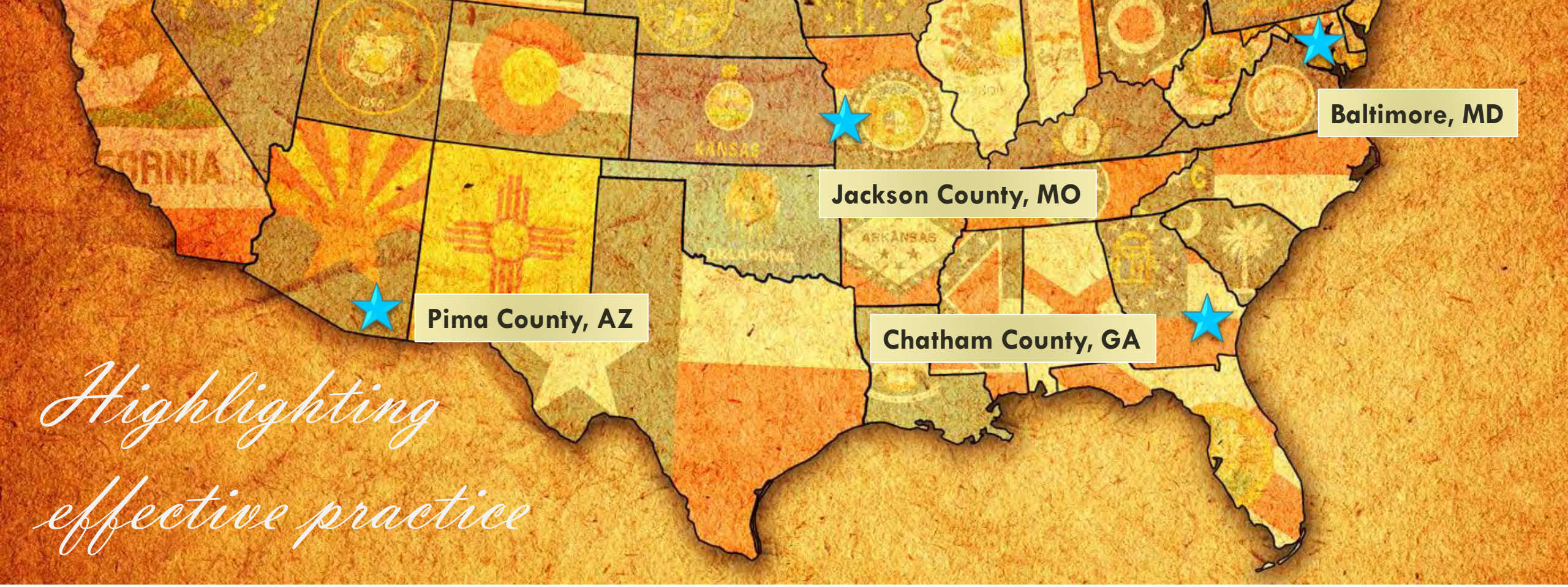
Visit

FDC Learning Academy Blog

www.familydrugcourts.blogspot.com

To download, please visit:

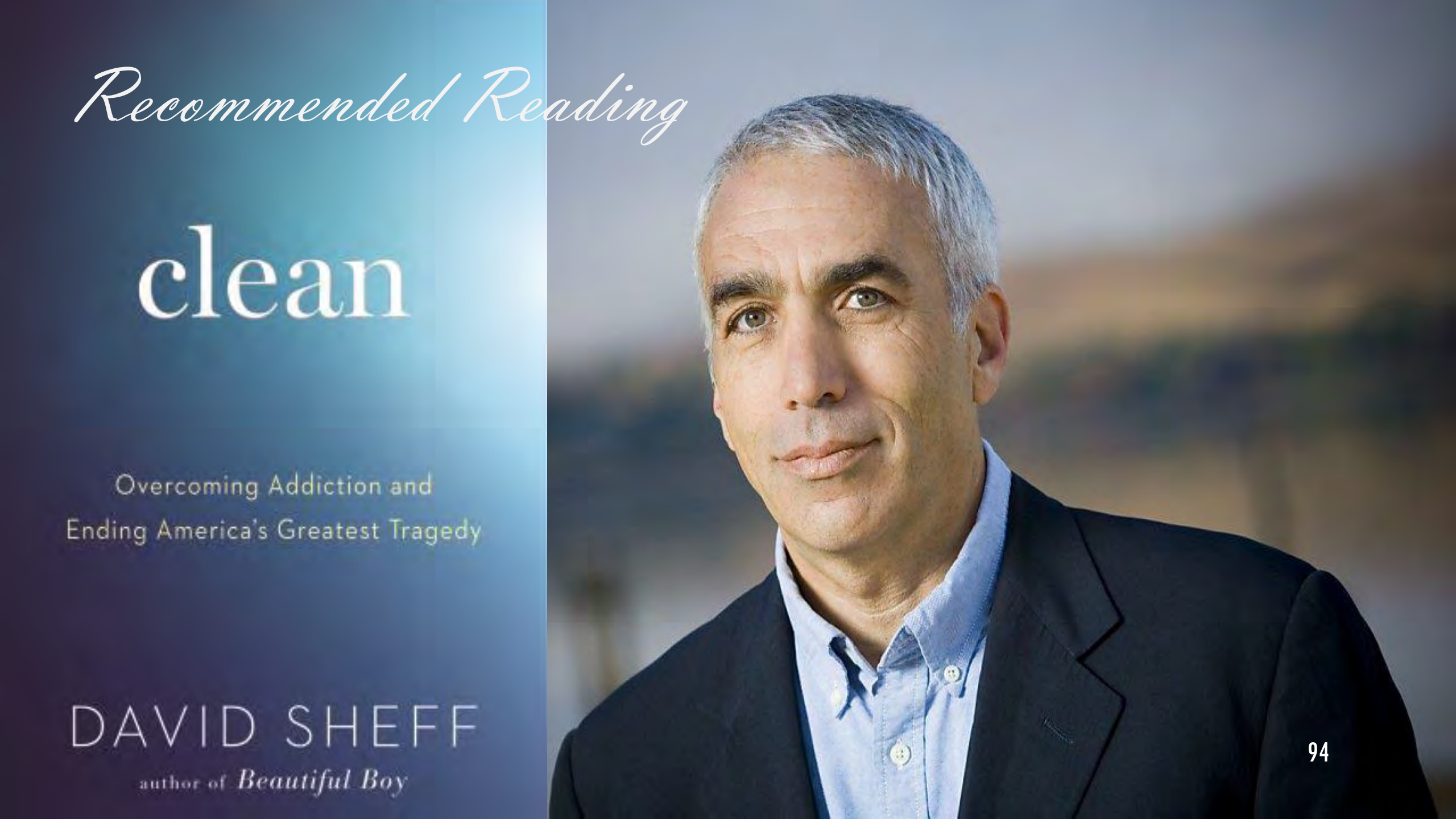
http://www.cffutures.org/files/publications/FDC-Guidelines.pdf



★ FAMILY DRUG COURT PEER LEARNING COURT PROGRAM

CONTACT US FOR MORE INFORMATION: PeerLearningCourts@cffutures.org

Recommended Reading



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Visit our tables in the Exhibit Hall!