Advancing the FDC Movement 2017

The Big 7 – Key Ingredients for an Effective Dependency Drug Court

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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 the FDC model and national outcomes, and the key common practice ingredients to ensure effective practice
• Learn the 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!”
FDC Movement

1999: 10
2001: 40
2005: 153
2010: 322
2013: 360
2015: 340
2016: 370
First Family Drug Courts Emerge – Leadership of Judges Parnham & McGee

Six Common Ingredients Identified (7th added – 2015)

Grant Funding – OJJDP, SAMHSA, CB

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

Systems Change Initiatives

Institutionalization, Infusion, Sustainability

Next
What have we learned?
How Collaborative Policy and Practice Improves

5Rs

- Recovery
- Remain at home
- Reunification
- Re-occurrence
- Re-entry
National DDC 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
Access to Treatment

Median # of days to admission

<table>
<thead>
<tr>
<th>Service</th>
<th>Median # of days</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAM</td>
<td>0</td>
</tr>
<tr>
<td>RPG FDC</td>
<td>22.0</td>
</tr>
<tr>
<td>RPG Comparison</td>
<td>45.5</td>
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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 days
- RPG FDC: 356 days
- RPG Comparison: 422 days
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 an 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%
- RPG Children - FDC: 3.4%
- RPG Children - No FDC: 4.9%
- RPG - 25 State Contextual Subgroup: 5.8%

n = 4776

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

Percentage of Children Re-entered into Foster Care Within Twelve Months

- CAM Children: 5.0%
- RPG - Children: 5.1%
- RPG - 25 State Contextual Subgroup: 13.1%
## Cost Savings

<table>
<thead>
<tr>
<th>Per Family</th>
<th>Per Child</th>
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<tr>
<td>$5,022</td>
<td>$16,340</td>
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<tr>
<td>$5,593</td>
<td>$26,833</td>
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<tr>
<td>$13,104</td>
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<tr>
<td>Baltimore, MD</td>
<td>Kansas</td>
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<tr>
<td>Jackson County, OR</td>
<td>Sacramento, CA</td>
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<td>Marion County, OR</td>
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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

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
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)
Parental AOD as Reason for Removal, 2014

National Average: 31.8%

Source: AFCARS Data, 2014
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

Typical referral to FDC or other LOC

Status Review Hearing

Case opened
2 Timely access to assessment and treatment services
Timely, Structured, and 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?
Diagnosing Substance Use Disorders

The FDC should ensure that structured clinical assessments are congruent with DSM-V diagnostic criteria.

**Experimental Use**

- **NO USE**
- **USE/MISUSE**
- **MILD**
- **MODERATE**
- **SEVERE**

*DSM V Criteria (11 total)*

- 2-3
- 4-5
- 6+
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
Increased management of recovery services and compliance with treatment
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

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

**Experiential Knowledge, Expertise**

**Experiential Knowledge, Expertise + Specialized Trainings**

**You Need to Ask:**

What does our program and community need?
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%
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
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 and 860 children
Treatment completion rates were higher for parents in DDC and EIFDC than the overall County rate. Parents provided CIF Enhancement were significantly more likely to successfully completed treatment.
Almost all children in EIFDC were able to stay in their parents care. Families provided the CIF Enhancement were on average more likely to have children stay home.
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.
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

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)
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.

ASFA Clock
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.
Collaborative non-adversarial approach grounded in efficient communication across service systems and court
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?
Two Levels of Information Sharing

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

Administrative Level (macro)
- Baselines and Dashboards
- Outcomes
- Sustainability
Monitoring Cases

- 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

Membership

Oversight/Executive Committee
- Director Level
- Quarterly
- Ensure long-term sustainability and final approval of practice and policy changes

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

FDC Team
- Front-line staff
- Weekly
- Staff cases; ensuring client success

Primary Functions

The Collaborative Structure for Leading Change

Information flow

Oversight/Executive Committee

Steering Committee

FDC Team
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
2nd Edition - Research Update – Just Released

FDC Guidelines

To download a copy today visit our website:

FDC Learning Academy Blog

• Webinar Recordings
• FDC Podcasts
• FDC Resources
• FDC Video features
• Webinar registration information

www.familydrugcourts.blogspot.com
FDC Learning Academy

The Family Drug Court (FDC) Learning Academy offers web-based training events to assist the needs, implement programs, improve, evaluate performance and sustain FDC programs.

Launched in June 2010 by Children and Family Future (CFF), the Learning Academy consists of six learning “Learning Communities” to address the developmental needs of FDC programs. Webinars are offered to FDC teams and professionals at no cost. Many FDCs have utilized these web-based trainings on a team and then discussed implications for their respective programs.

For a complete listing of the FDC Webinars, please see the back of this flyer.

To view the webinar recordings and download webinar materials, please visit www.cffutures.org

Visit the FDC Blog www.familydrugcourt.blogspot.com

If you have any questions, including how you can use these webinars to train your FDC team, please contact us fdc@cffutures.org

For more information please visit: http://www.cffutures.org/projects/family-drug-court-learning-academy
Coming in 2016!

Family Drug Court Online Tutorial

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