

Overview of Best Practices: Research Updates on Family Dependency Courts

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*Improving
Family
Outcomes*

*Strengthening
Partnerships*



Acknowledgement

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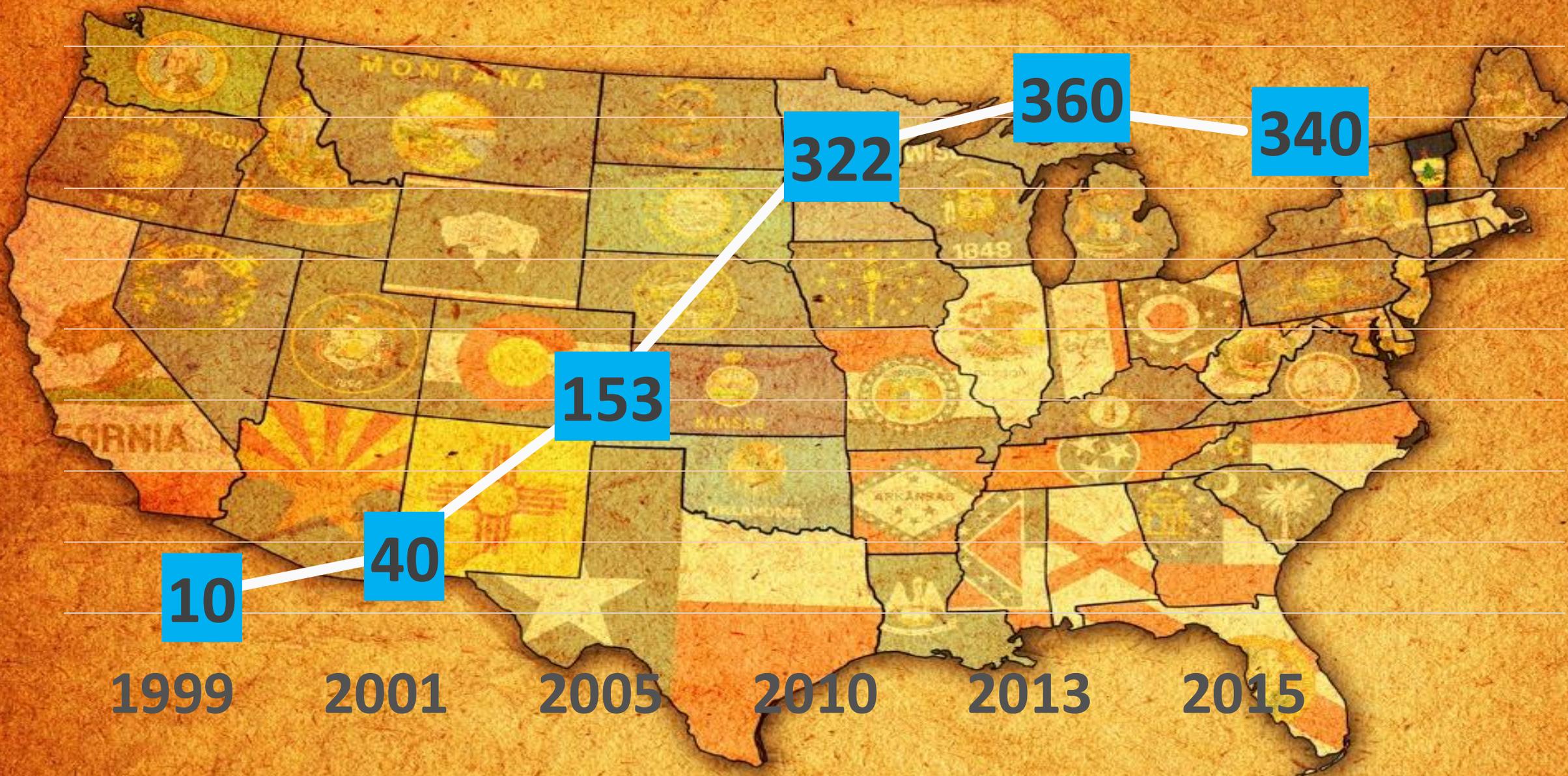


Learning Objectives

- Gain an overview of Family Drug Court model and national outcomes, and key common practice ingredients to ensure effective practice throughout dependency court cases
- Learn challenges, barriers, and solutions that have supported effective implementation of each of the Big Seven
- Find out how to access training and technical assistance resources to equip you and your team – *“You can do it, we can help!”*



FDC Movement



FDC Movement

Next

**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 (7th added – 2015)

1994

First Family Drug Courts Emerge – Leadership of Judges Parnham & McGee

What have we learned?



How Collaborative Policy and Practice Improves

Recovery

Remain at home

Reunification

Re-occurrence

Re-entry

5Rs



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

(e.g., Boles & Young, 2011; Carey et al. 2010a, 2010b; Worcel et al., 2007)

National FDC Outcomes

Regional Partnership Grant Program (2007 – 2012)

- 53 Grantee Awardees funded by Children's Bureau
- Focused on implementation of wide array of integrated programs and services, including 12 FDCs
- 23 Performance Measures
- Comparison groups associated with grantees that *did implement* FDCs

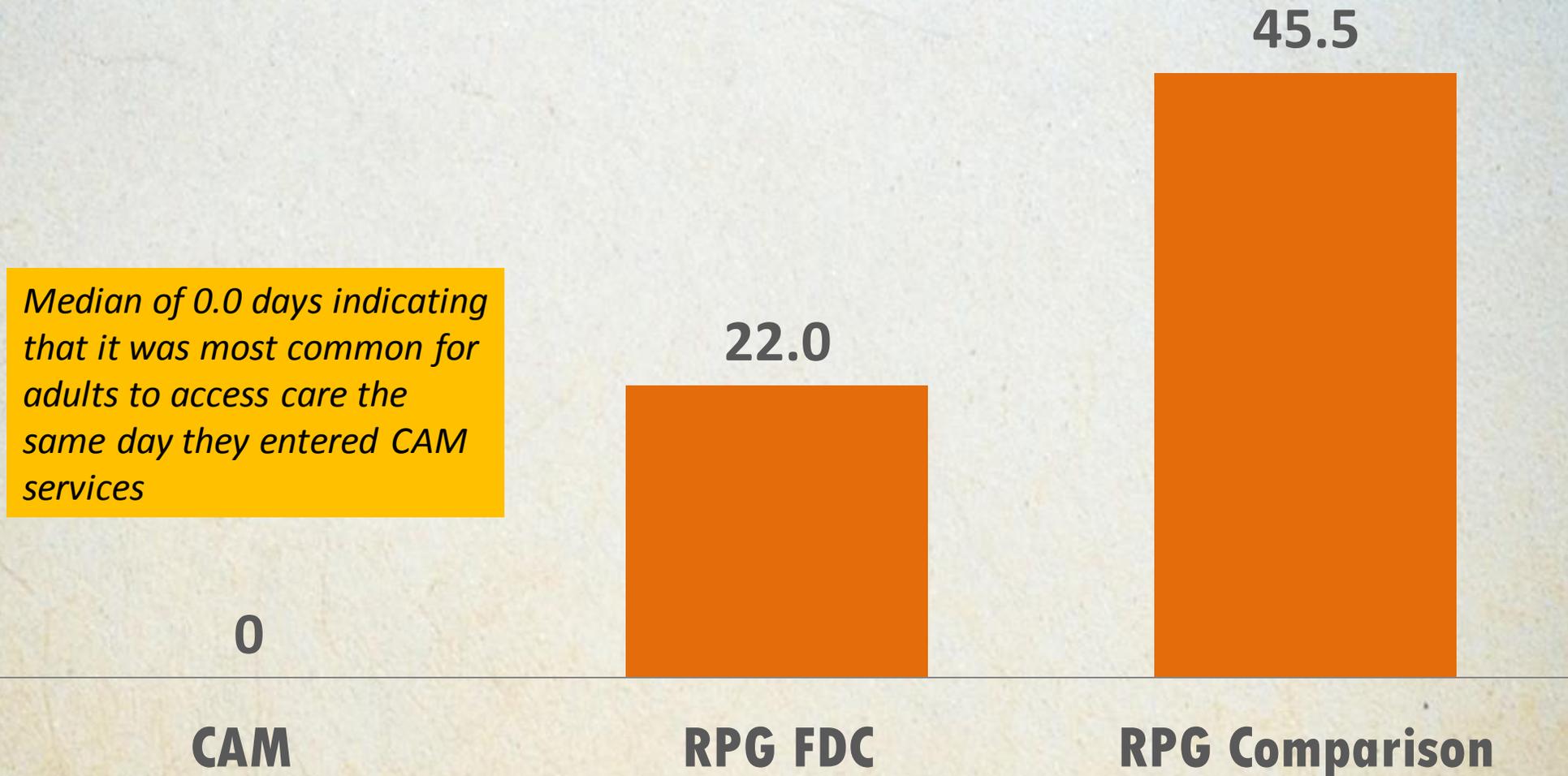
Children Affected by Methamphetamine Grant (2010 – 2014)

- 11 FDC Awardees funded by SAMHSA
- Focused on expanded/enhanced services to children and improve parent-child relationships
- 18 Performance Indicators
- Contextual Performance Information included for indicators where state or county-level measures are similar in definition and publicly available.

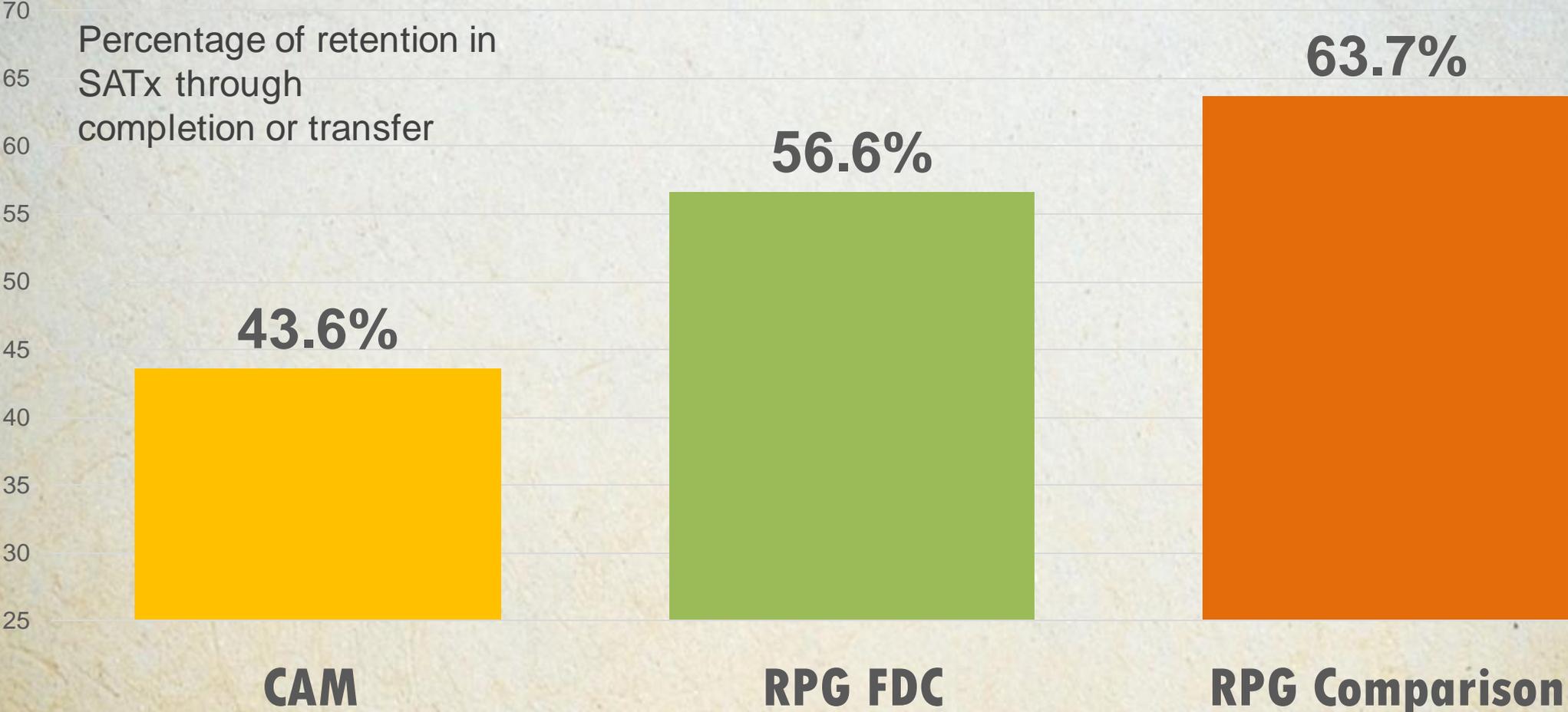


Access to Treatment

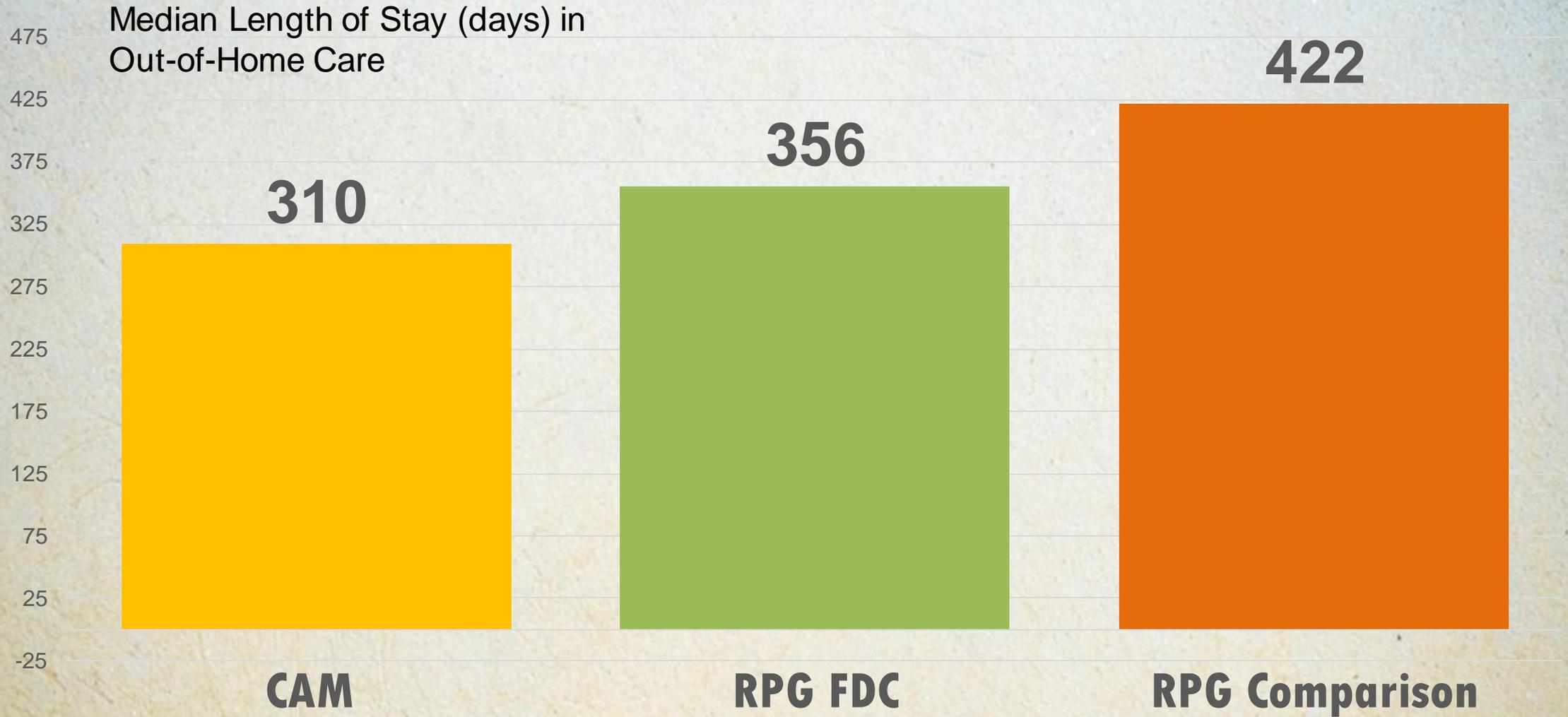
Median # of days to admission



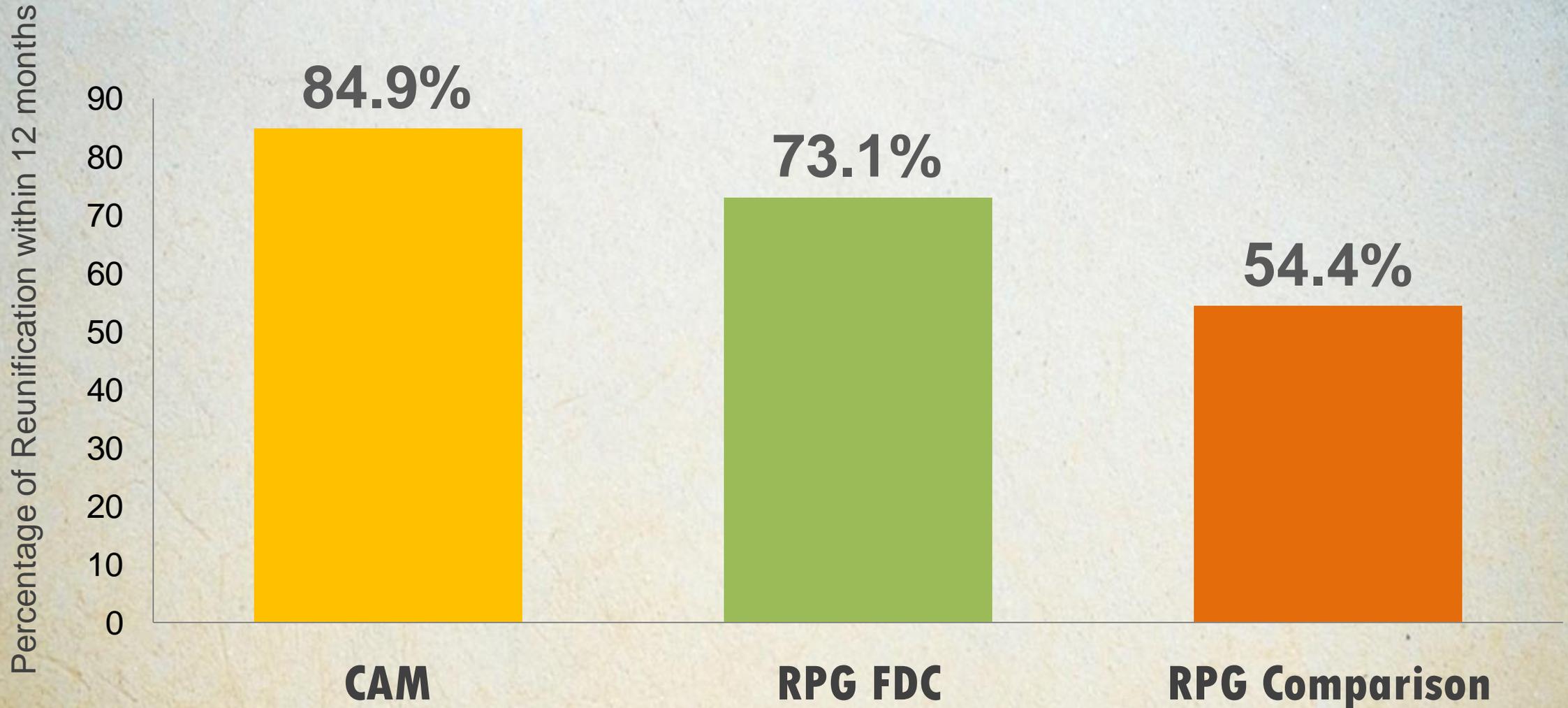
Treatment Completion Rates



Days in Foster Care

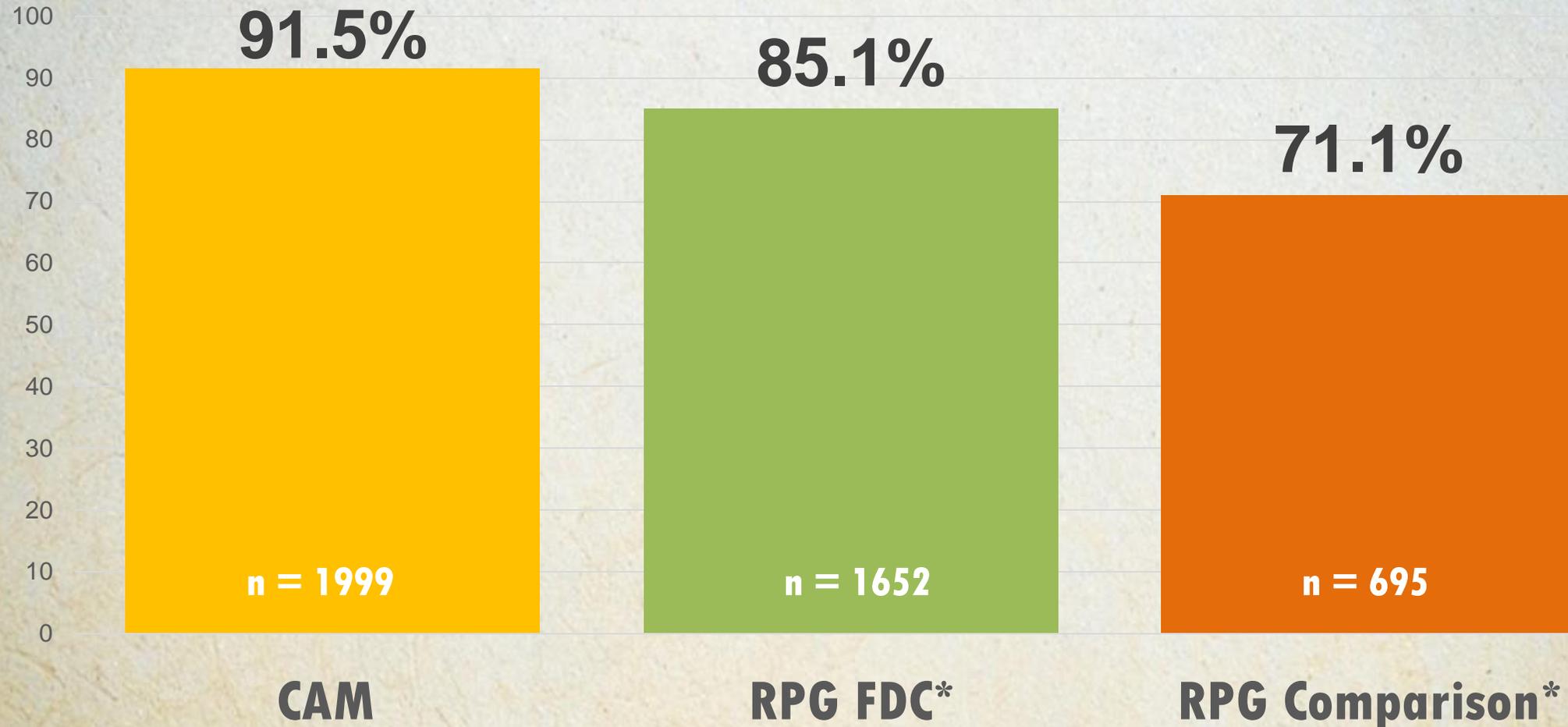


Reunification Rates within 12 Months



Remained in Home

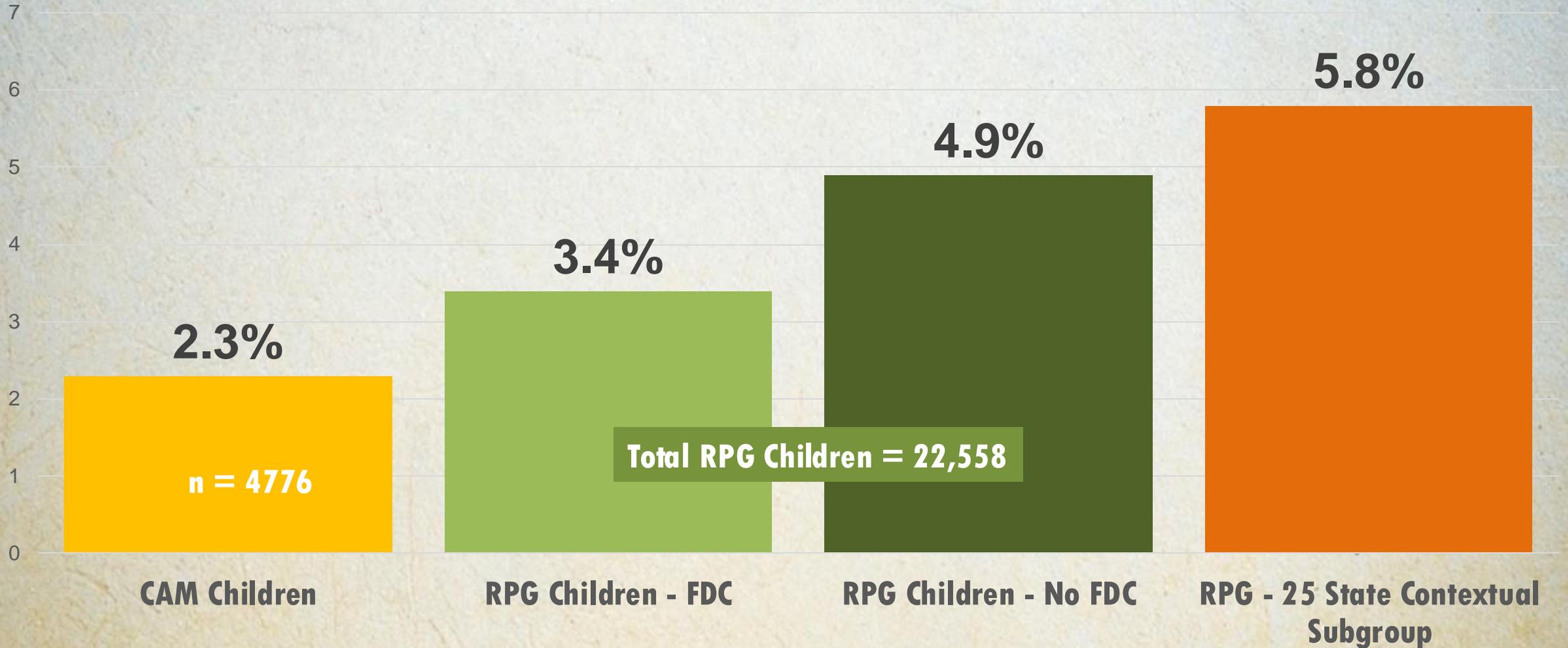
Percentage of children who remained at home throughout program participation



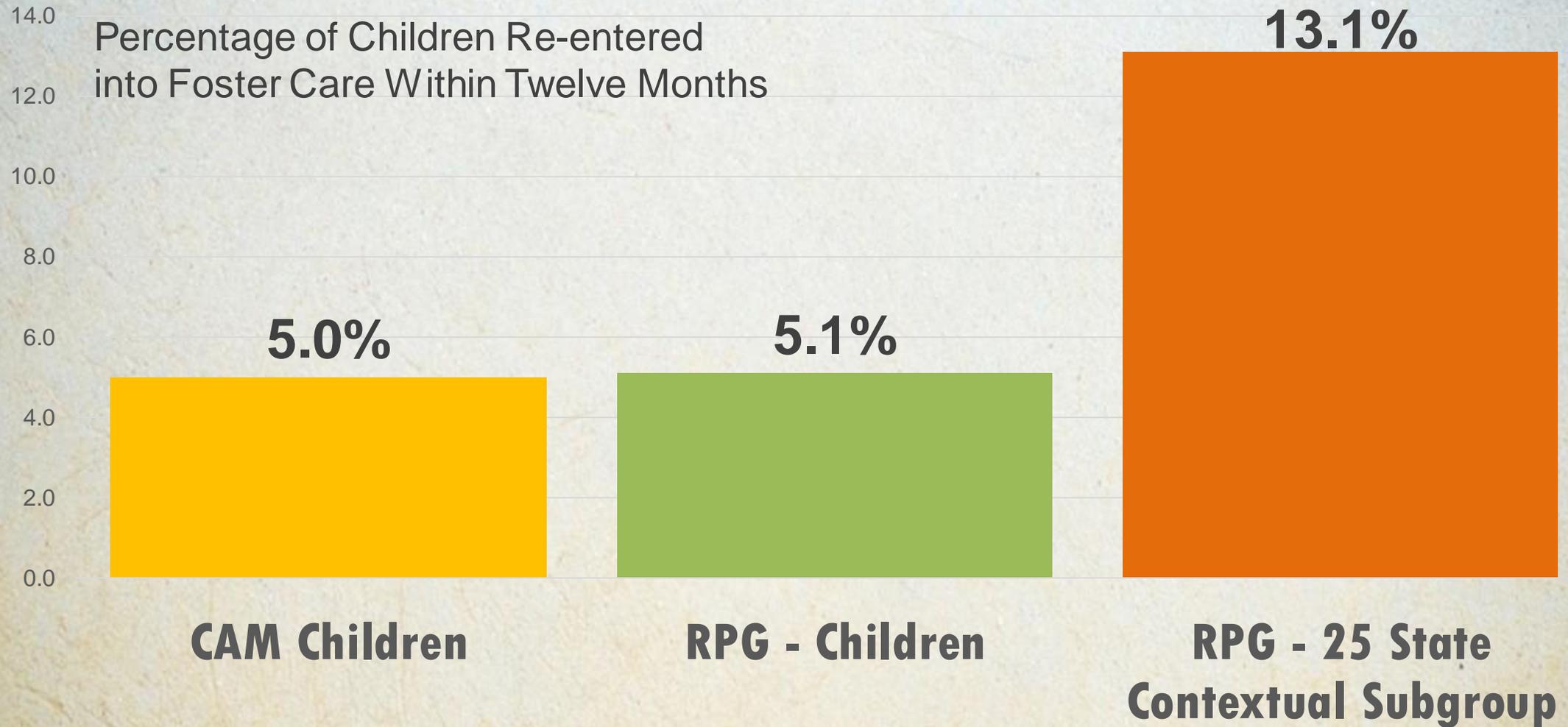
** This analysis is based on 8 RPG Grantees who implemented an FDC and submitted comparison group data*

Re-occurrence of Child Maltreatment

Percentage of children who had substantiated/indicated maltreatment within 6 months



Re-entries into Foster Care





Cost Savings

Per Family

- \$ 5,022 Baltimore, MD
- \$ 5,593 Jackson County, OR
- \$ 13,104 Marion County, OR

Per Child

- \$ 16,340 Kansas
- \$ 26,833 Sacramento, CA



Key Family Drug Court Ingredients

The Big 7

Important Practices of FDCs

7

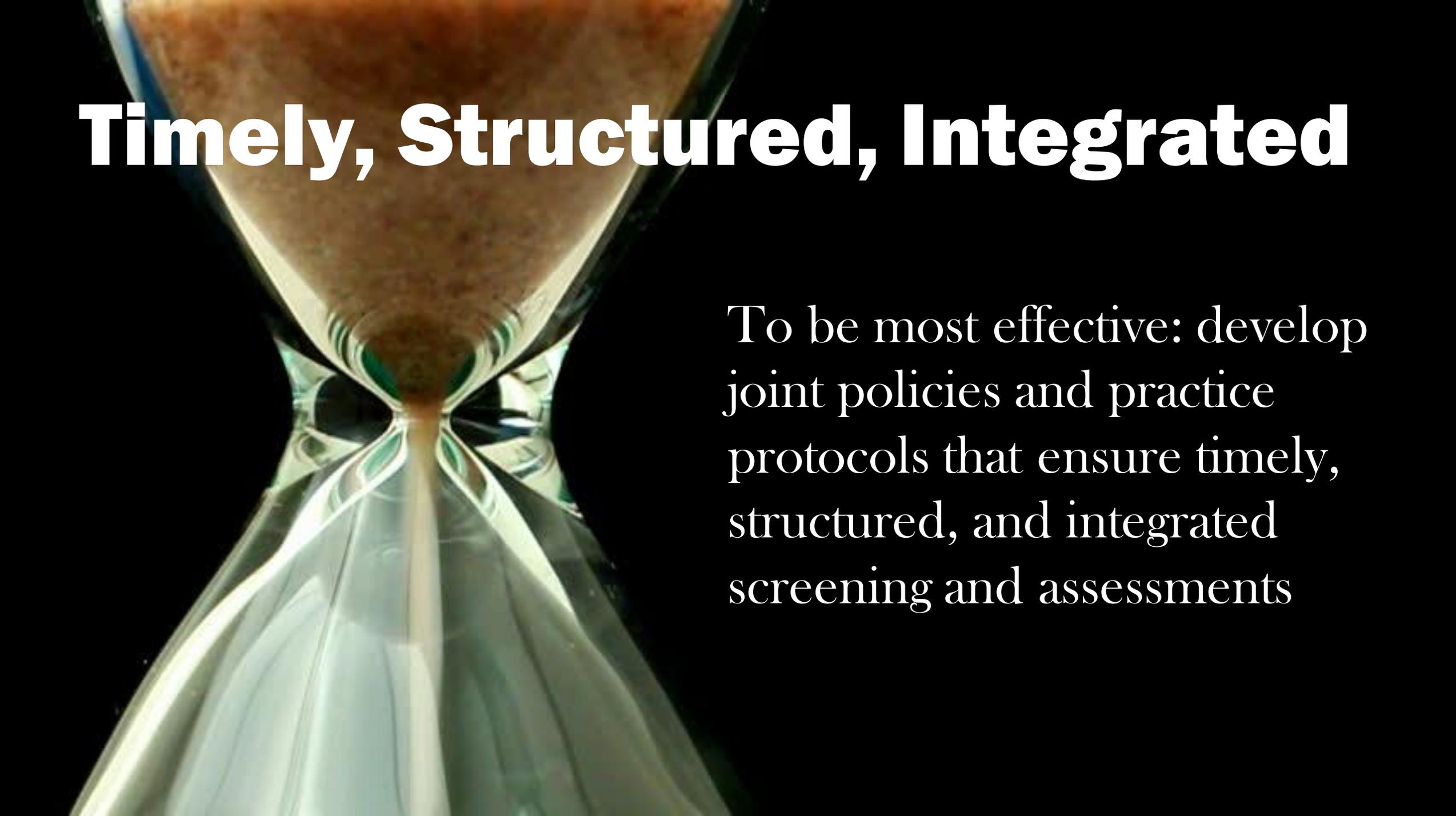
- System of identifying families
- Timely access to assessment and treatment services
- Increased management of recovery services and compliance with treatment
- Improved family-centered services and parent-child relationships
- Increased judicial oversight
- Systematic response for participants – contingency management
- Collaborative non-adversarial approach grounded in efficient communication across service systems and court



Key Ingredients

2

Timely access to assessment
and treatment services

An hourglass with sand falling from the top bulb to the bottom bulb. The top bulb is filled with brown sand, and a stream of sand is falling through the narrow neck into the bottom bulb, which is partially filled with a lighter, more translucent sand. The background is black.

Timely, Structured, Integrated

To be most effective: develop joint policies and practice protocols that ensure timely, structured, and integrated screening and assessments

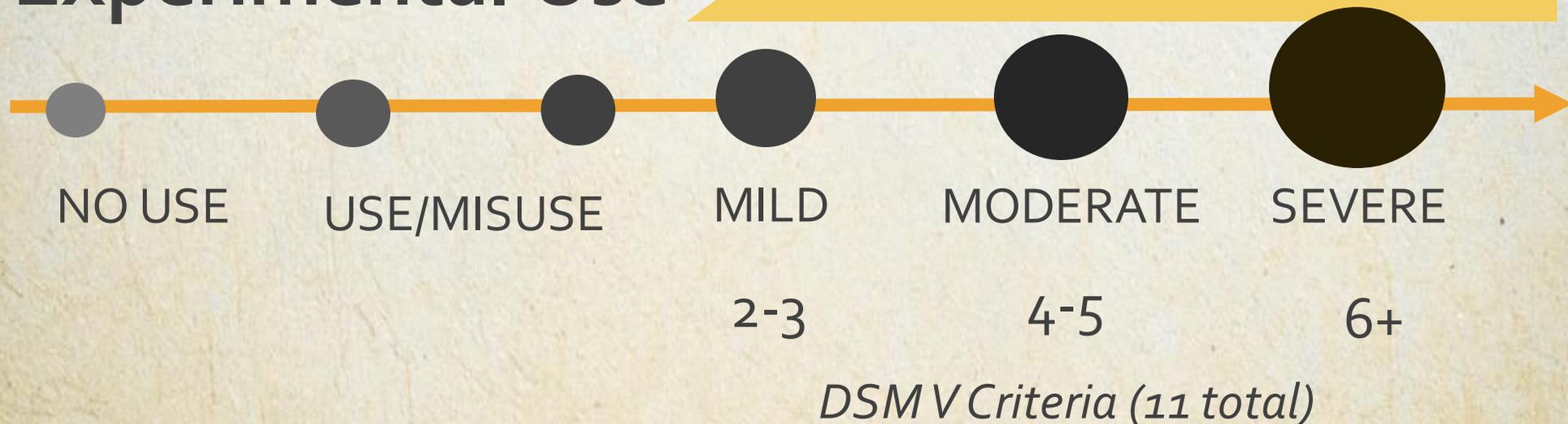
Questions to Consider with an Assessment Protocol

- 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

Ensure that structured clinical assessments are congruent with DSM-V diagnostic criteria

Experimental Use



We know more about

**The Affect of
Recovery Support
On Successful
Reunification**

- Recovery Support Specialists
- Evidence Based Treatment
- Family-Centered Services
- Evidence Based Parenting
- Parenting Time
- Reunification Groups
- Ongoing Support





Key Ingredients

3

Increased management of
recovery services and
compliance with treatment



Rethinking Treatment Readiness



Re-thinking “rock bottom”

Addiction as an elevator



“Raising the bottom”

Rethinking Engagement

*If you build it,
will they come?*

**The Importance of
Effective Engagement**



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

**Experiential Knowledge,
Expertise**

Titles and Models

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

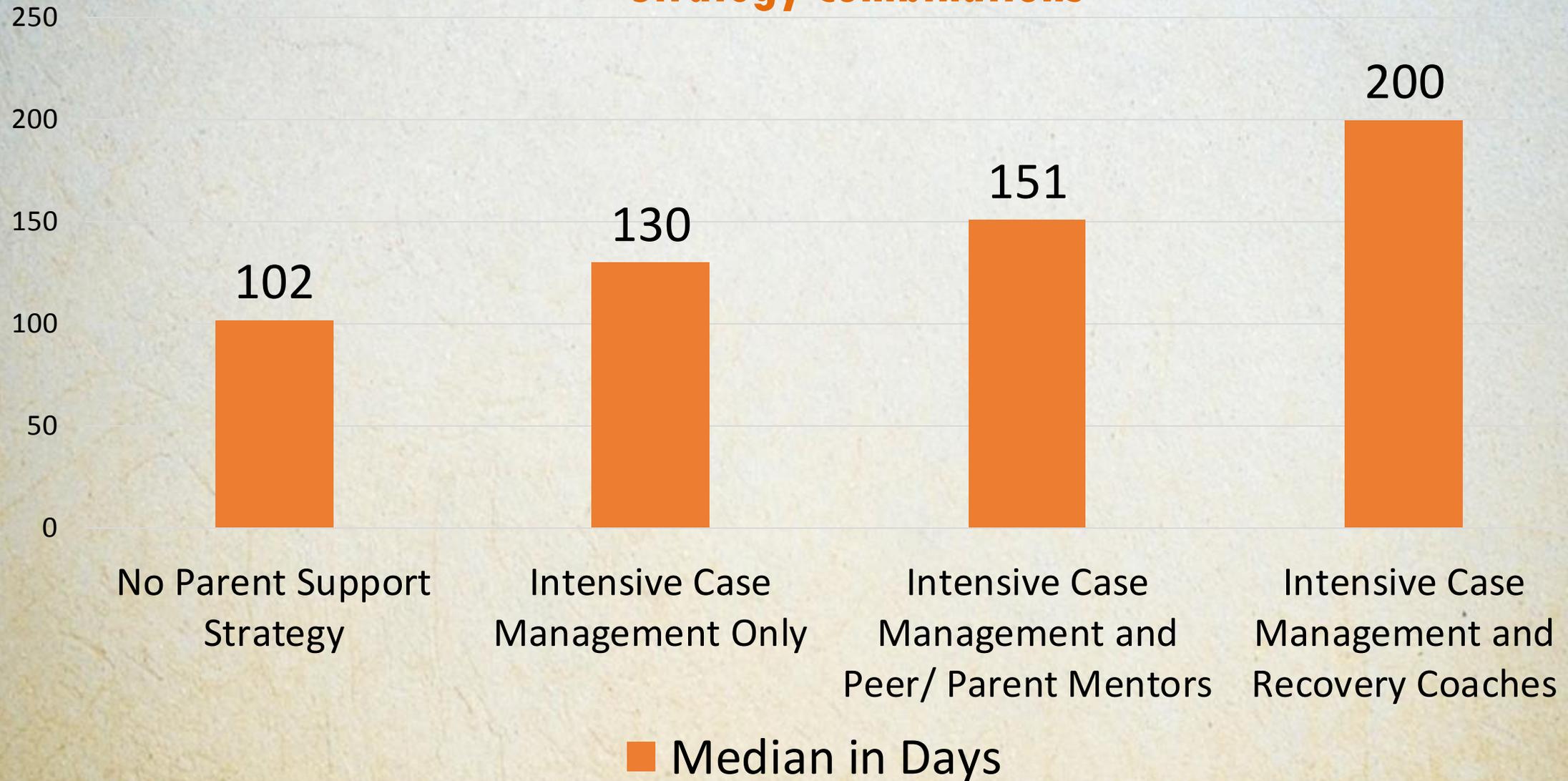
**Experiential Knowledge, Expertise +
Specialized Trainings**

YOU NEED TO ASK:

What do our programs and community need?

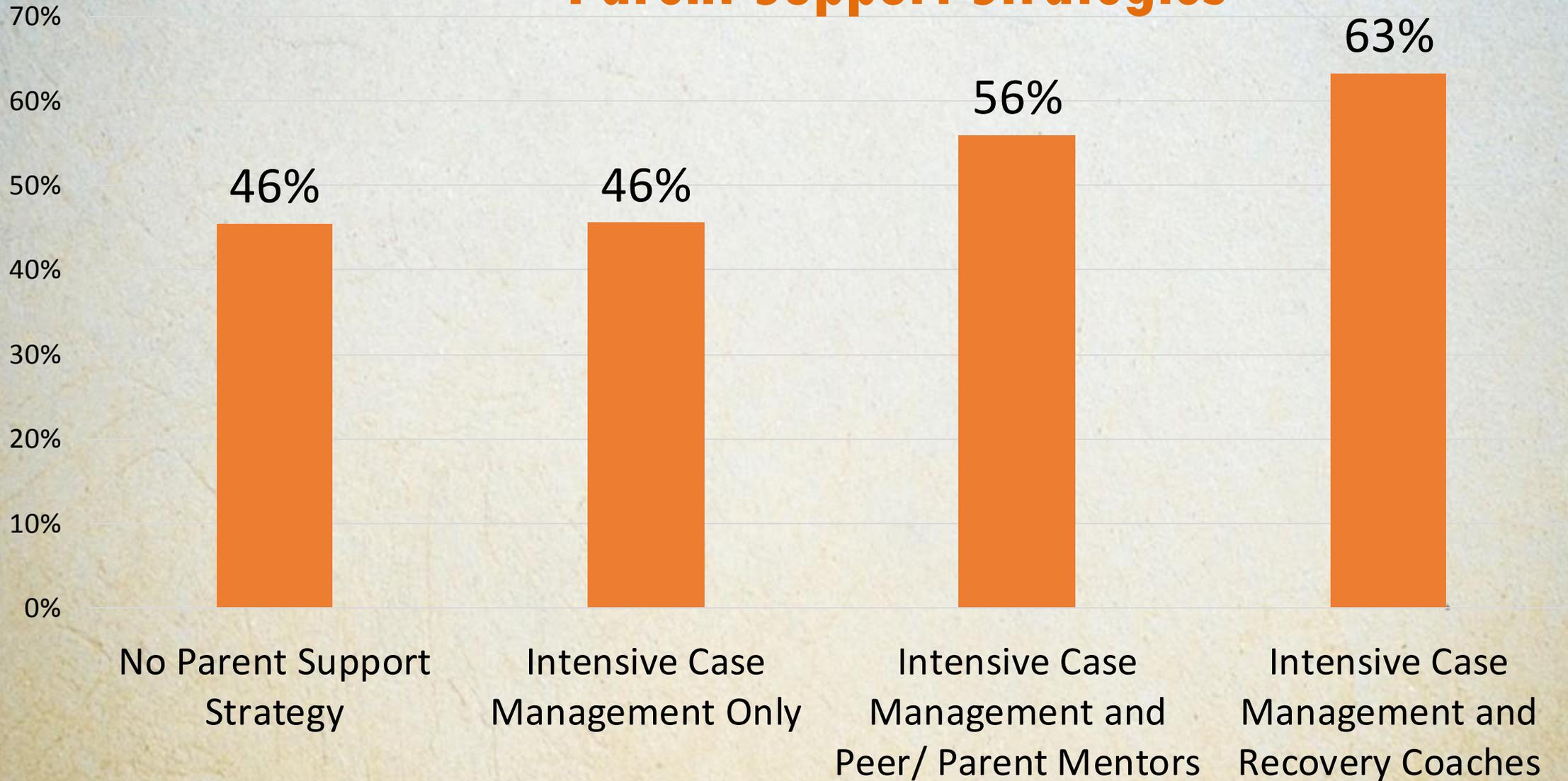


Median Length of Stay in Most Recent Episode of Substance Use Disorder Treatment after RPG Entry by Grantee Parent Support Strategy Combinations





Substance Use Disorder Treatment Completion Rate by Parent Support Strategies





Key Ingredients

4

Improved family-centered services and parent-child relationships



Scope of Services

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

Practice Improvements: From the FDC setting

Lessons Learning—Approaches to child well-being



Sacramento County Family Drug Court Programming



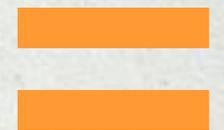
- **Dependency Drug Court (DDC)**
 - Post-File
- **Early Intervention Family Drug Court (EIFDC)**
 - Pre-File



Parent-child
parenting
intervention



Connections
to community
supports



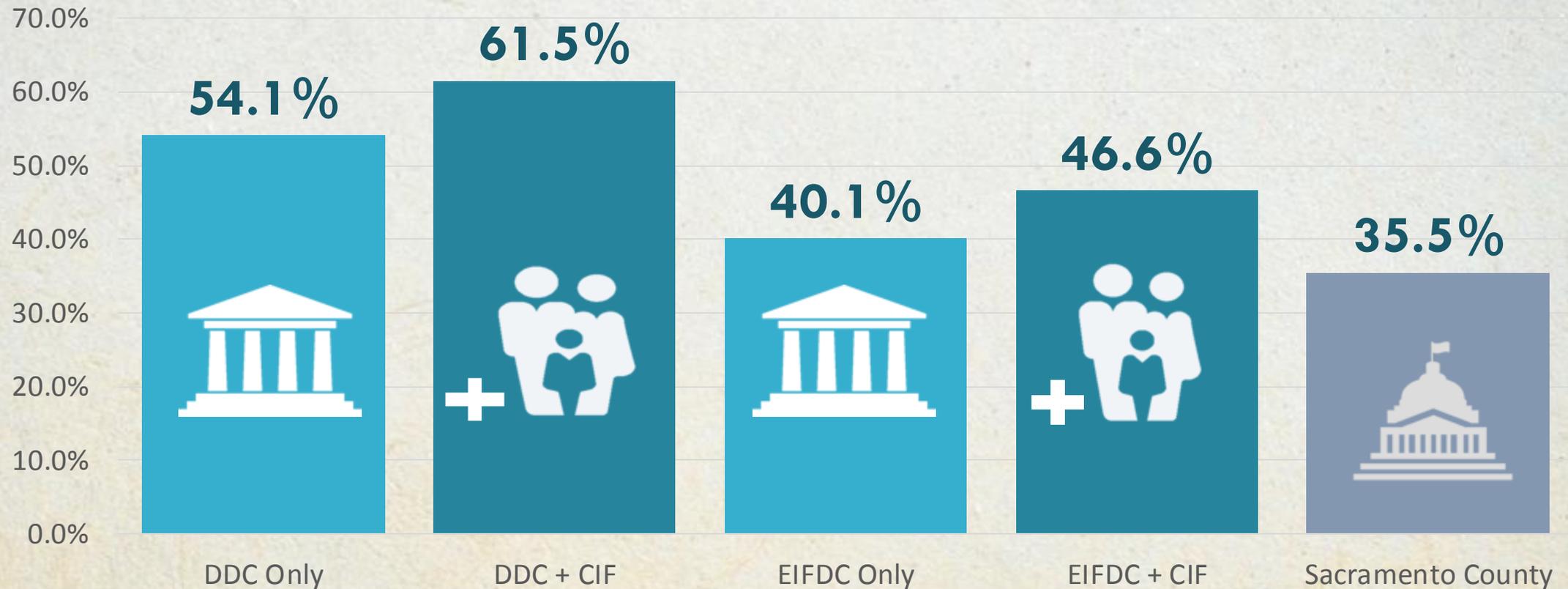
Improved
outcomes

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

Recovery

Treatment Completion Rates

Note: All treatment episodes represented here

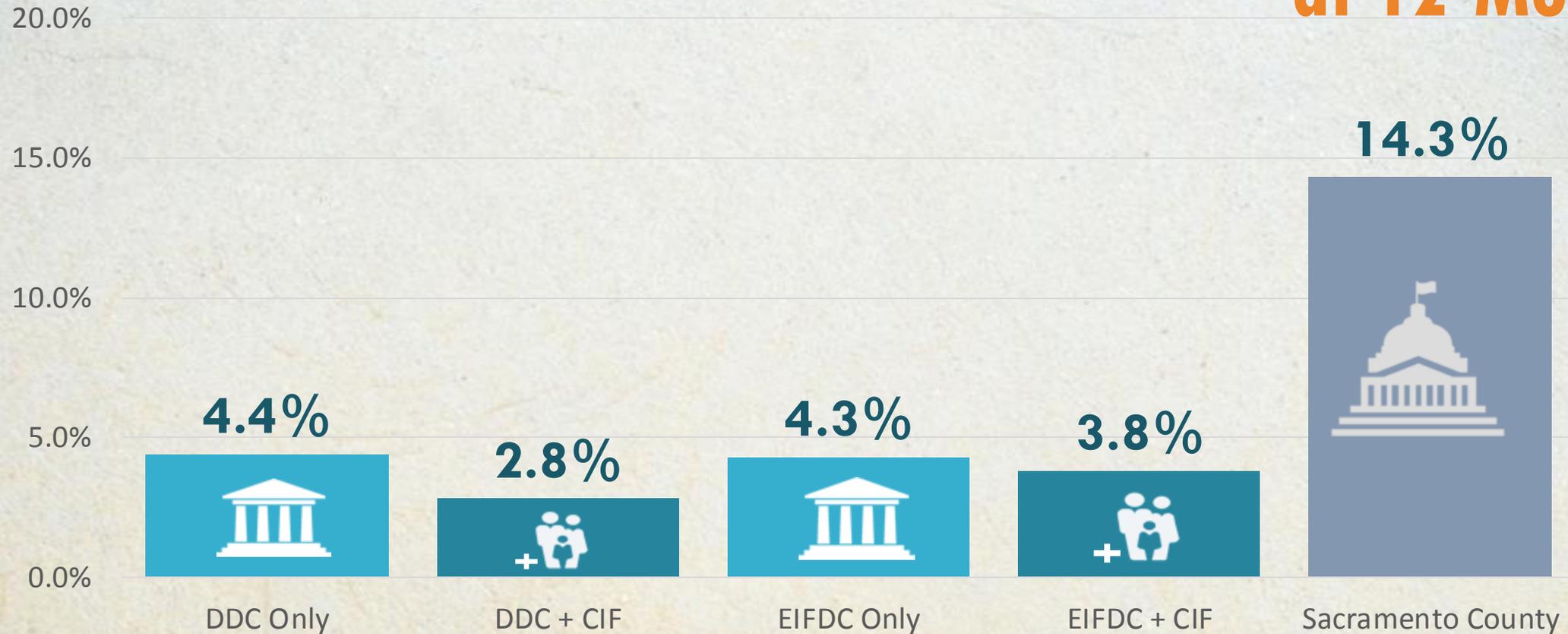


DDC and EIFDC: $p < 0.05$

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.

Re-occurrence

Re-occurrence of Maltreatment at 12 Months

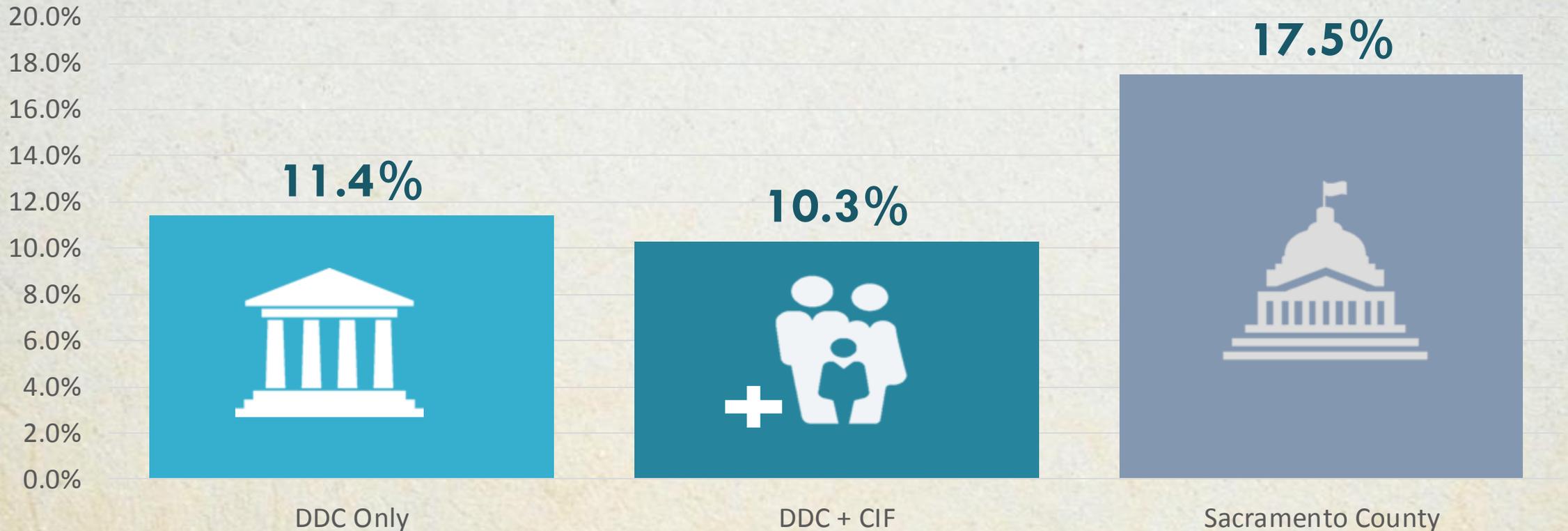


DDC and EIFDC: n.s. $p > 0.05$

Families in DDC or EIFDC were less likely than the larger Sacramento County population to experience reoccurrence of child abuse and/or neglect.

Re-Entry

Re-Entry into Foster Care 12 Months after Reunification



Families in DDC were less likely than the larger Sacramento County population to experience removals of children following reunification.

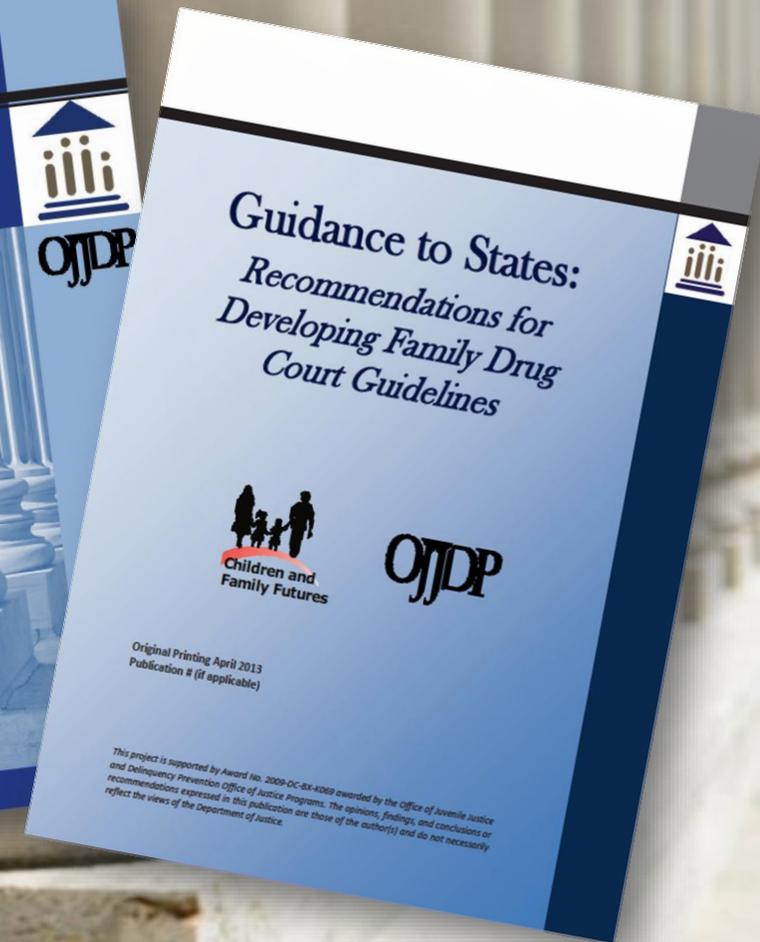
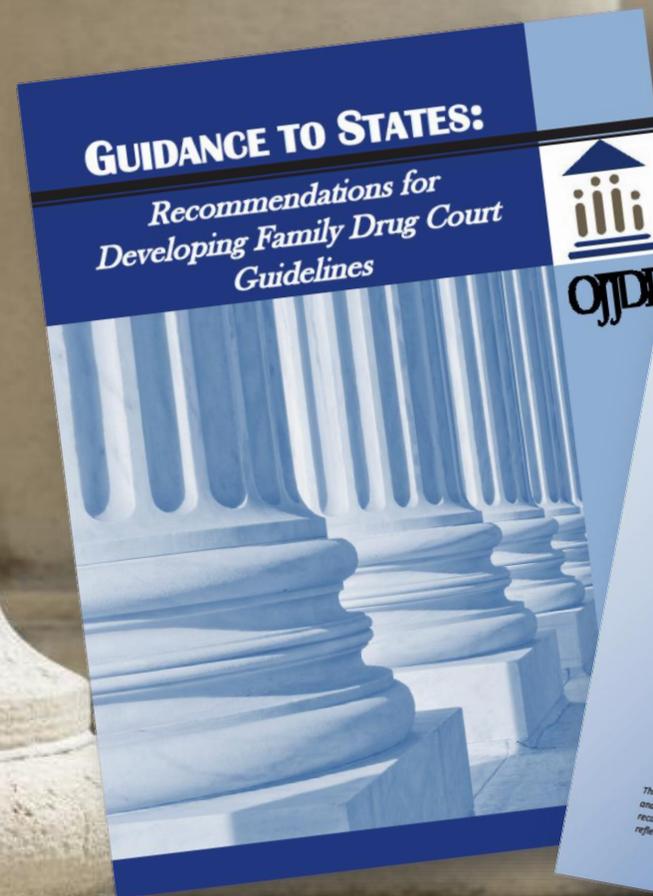
DDC : n.s. $p > 0.05$

The image features a collection of wooden geometric shapes, including squares, triangles, and trapezoids, arranged in two rows on a grey stone surface. The top row consists of four pieces: a large right-angled triangle, a trapezoid, a square, and another right-angled triangle. The bottom row consists of four pieces: a right-angled triangle, a square, a trapezoid, and another right-angled triangle. A horizontal blue band with a textured appearance runs across the center of the image, containing the text 'Q&A Discussion' in white, bold, sans-serif font.

Q&A
Discussion

**2nd Edition –
Research Update**

FDC Guidelines



To download a copy today visit our website:

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



FDC Learning Academy Blog

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

www.familydrugcourts.blogspot.com

Coming soon!

Family Drug Court Online Tutorial



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



★ FAMILY DRUG COURT
PEER LEARNING COURT PROGRAM

CONTACT US FOR MORE INFORMATION: fdc@cffutures.org



Resources

FDC Discipline Specific Orientation Materials

Child Welfare | AOD Treatment | Judges | Attorneys

Please visit: www.cffutures.org/fdc/

FREE CEUs!

Resources

NCSACW Online Tutorials

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: <http://www.ncsacw.samhsa.gov/>



Contact Information

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Collaborative Practice and Policy Improves Outcomes for Families

Recent collaborative projects among child welfare, substance use disorder treatment, dependency courts, and other service systems have achieved **substantially better family outcomes** than systems lacking successful collaborative structures—at times achieving outcomes that are two to three times better than those in standard operations.^{1,2}



KEY INGREDIENTS of improved practice and policy leading to better family outcomes:

- **System of identifying families**
- **Earlier access to assessment and treatment services**
- **Increased management of recovery services and compliance**
- **Improved family-centered services and parent-child relationships**
- **Increased judicial or administrative oversight**
- **Systemic response for participants—contingency management**
- **Collaborative non-adversarial approach across service systems and courts**

Recovery

Remain at Home

Reunification

Re-occurrence

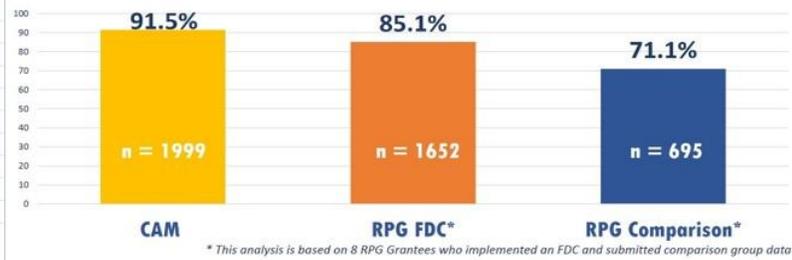
Re-entry

Recovery— Access to Treatment



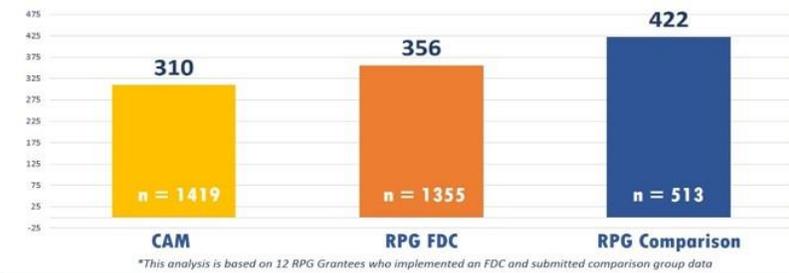
Remain at Home

Percentage of children who remained at home throughout program participation



Remain at Home

Median length of stay (days) in out-of-home care



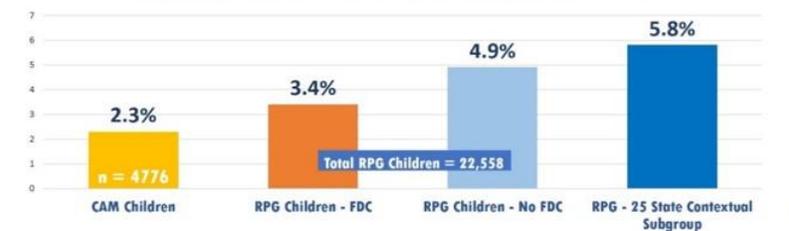
Reunification Rates

Percentage of reunification within 12 months



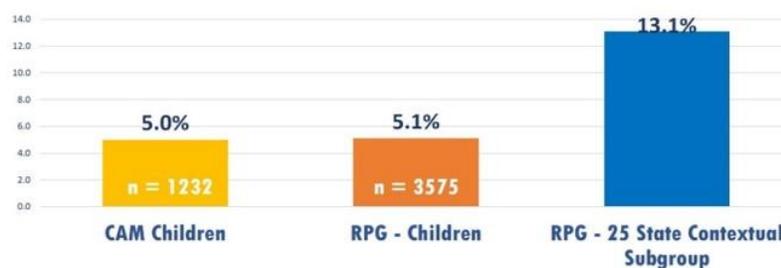
Re-occurrence of Child Maltreatment

Percentage of children who had substantiated/indicated maltreatment within 6 months of program entry



Re-entries into Out-of-Home Care

Percentage of Children Reunified Who Re-entered Foster Care Within 12 Months



¹ From 2010-2014, the Children Affected by Methamphetamine (CAM) grant program included 12 Family Treatment Drug Courts supported by the Substance Abuse and Mental Health Services Administration to expand and/or enhance services to children and improve parent-child relationships.

² From 2007-2012, the Regional Partnership Grant Program (RPG) Round I, administered by the Children's Bureau, funded 53 grantees. These analyses represent a subset of six to twelve RPG grantees who implemented a Family Drug Court and submitted comparison group data.