

# Ohio Specialty Docket Conference: Family Drug Court Session

Working Together to Improve Outcomes  
for Families Affected by Substance Use Disorders

September 28, 2017

Family Drug Courts

*Improving  
Family  
Outcomes*

*Strengthening  
Partnerships*



Center for Children and Family Futures  
Strengthening Partnerships, Improving Family Outcomes

# Welcome and Introductions



**Dr. Nancy Young**

*Executive Director, Children and Family Futures*

**Alexis Balkey, MPA**

*Senior Program Associate, Children and Family Futures*

**Jane Pfeifer, MPA**

*Senior Program Associate, Children and Family Futures*



# National Perspectives

## Past, Present, and Future of Successful Family Drug Courts

Ohio Specialized Docket Conference | October 23, 2017



# Acknowledgement

**This presentation is supported by:**

The Office of Juvenile Justice and  
Delinquency Prevention Office of Justice  
Programs  
(2016-DC-BX-K003)

*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.*

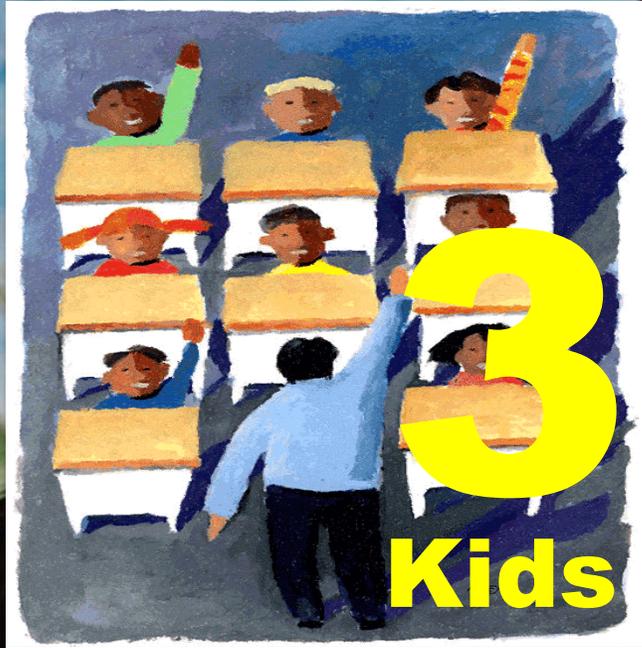
*National  
Leadership*

*Cross-Agency  
Coordination*

*Technical  
Assistance  
Resources*

# The Drug by Decades





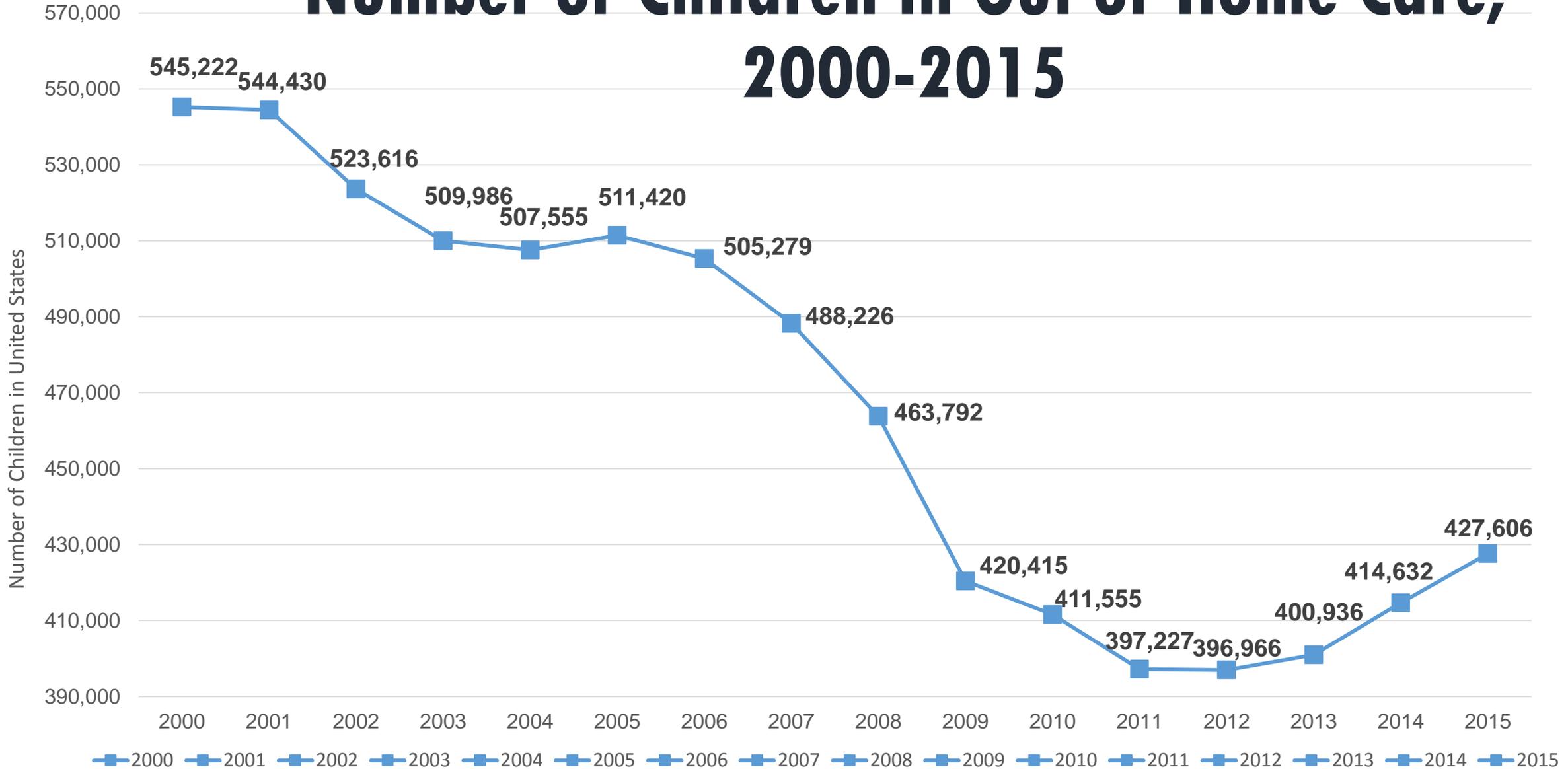
**8,700,000 children**



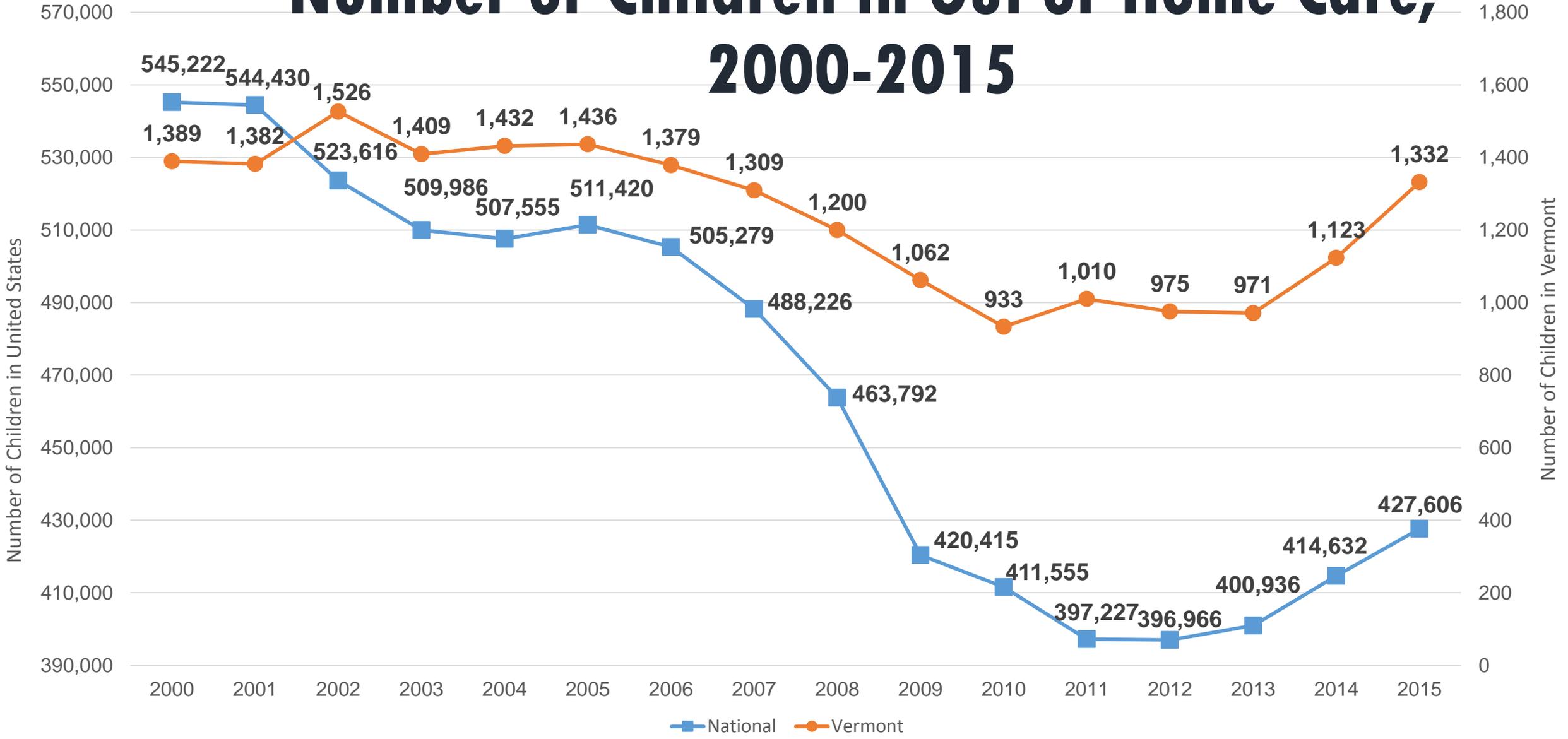
**326,654 children**

[https://www.samhsa.gov/data/sites/default/files/report\\_3223/ShortReport-3223.html](https://www.samhsa.gov/data/sites/default/files/report_3223/ShortReport-3223.html)

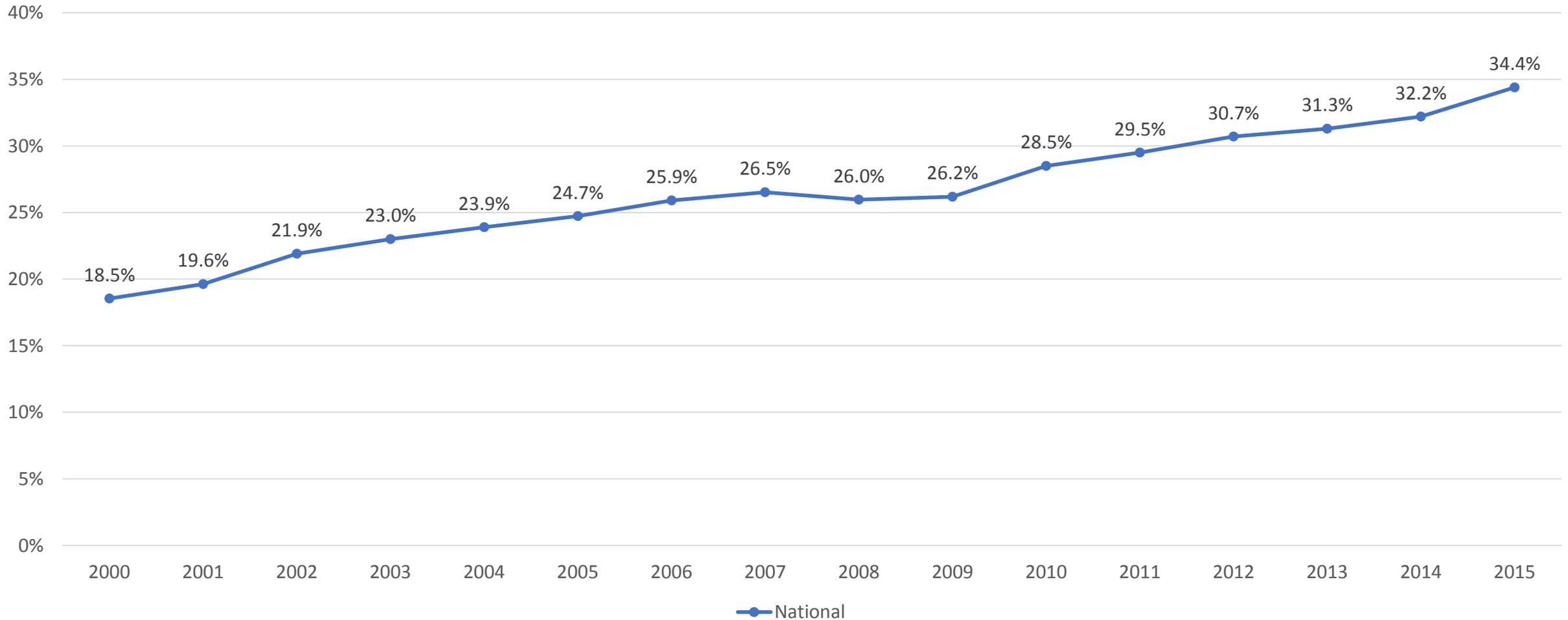
# Number of Children in Out of Home Care, 2000-2015



# Number of Children in Out of Home Care, 2000-2015



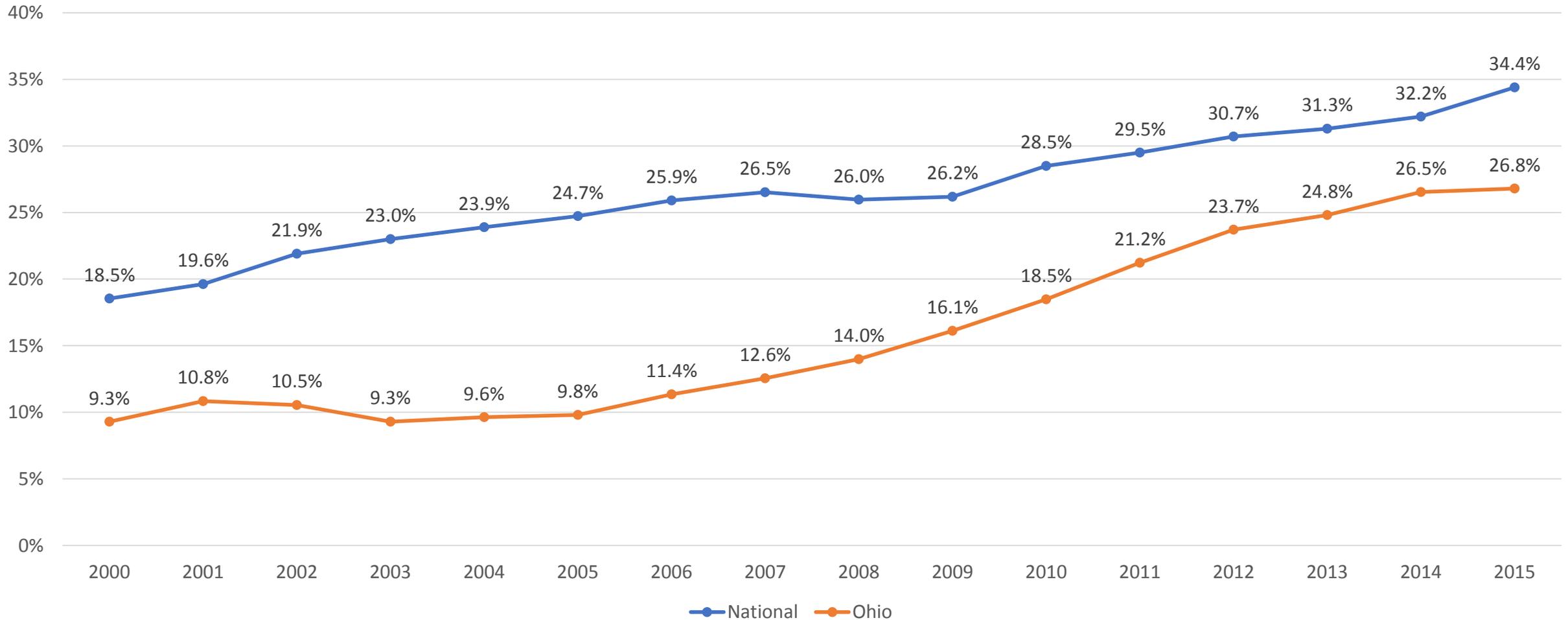
# Prevalence of Parental Alcohol or Other Drug Use as a Contributing Factor for Reason for Removal in the United States, 2000 to 2015



Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2000-2015

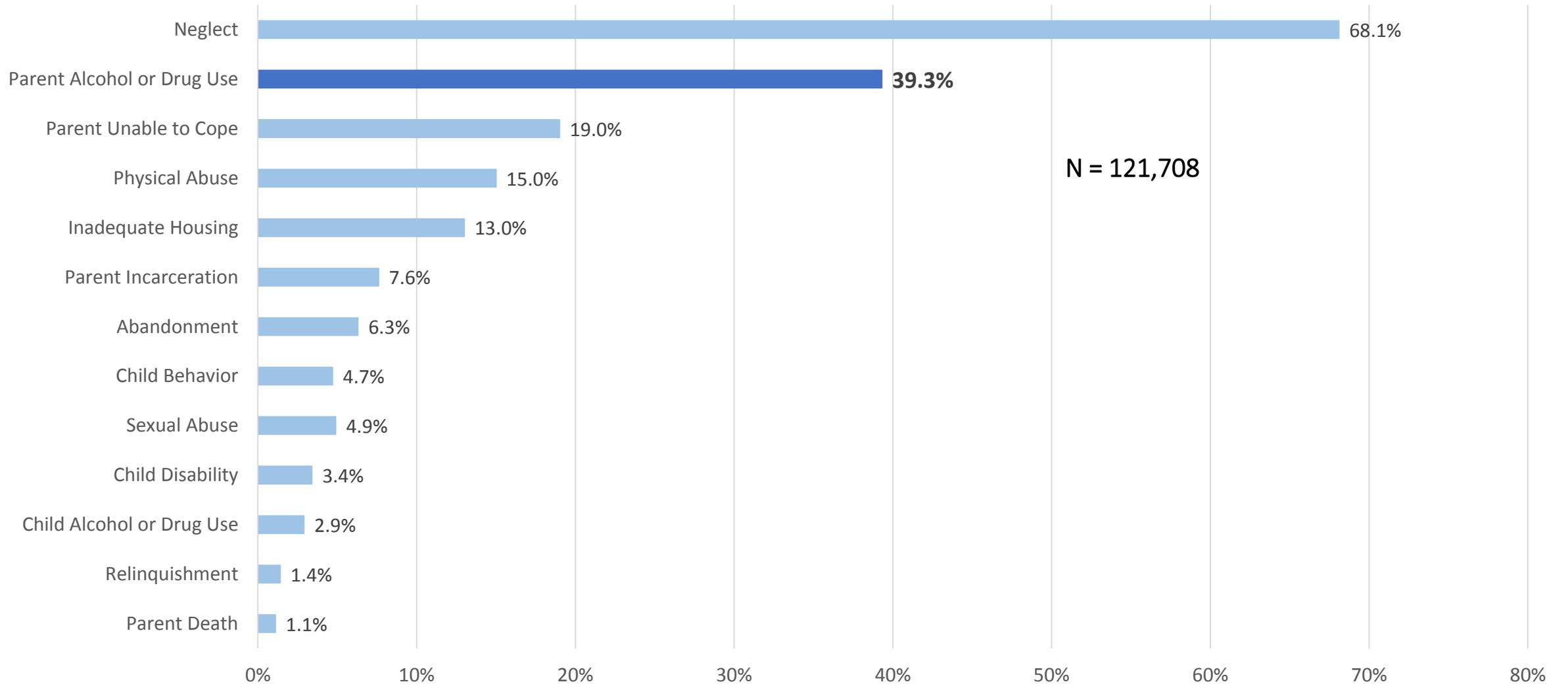
# Prevalence of Parental Alcohol or Other Drug Use as a Contributing Factor for Reason for Removal in the United States and Ohio, 2000 to 2015



Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2000-2015

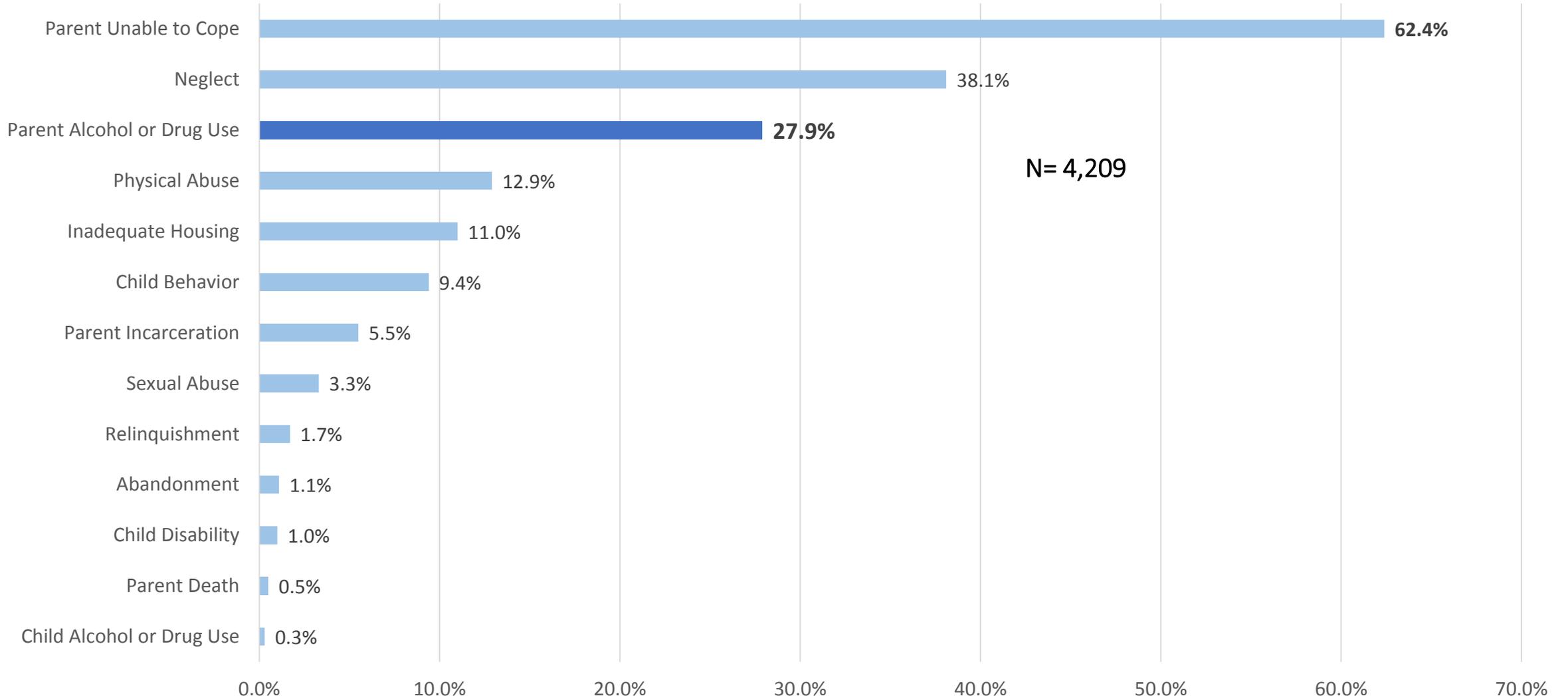
# Percent of Children with Terminated Parental Rights by Reason for Removal in the United States, 2015



*Note: Estimates based on all children in out of home care at some point during Fiscal Year*

*Source: AFCARS Data, 2015*

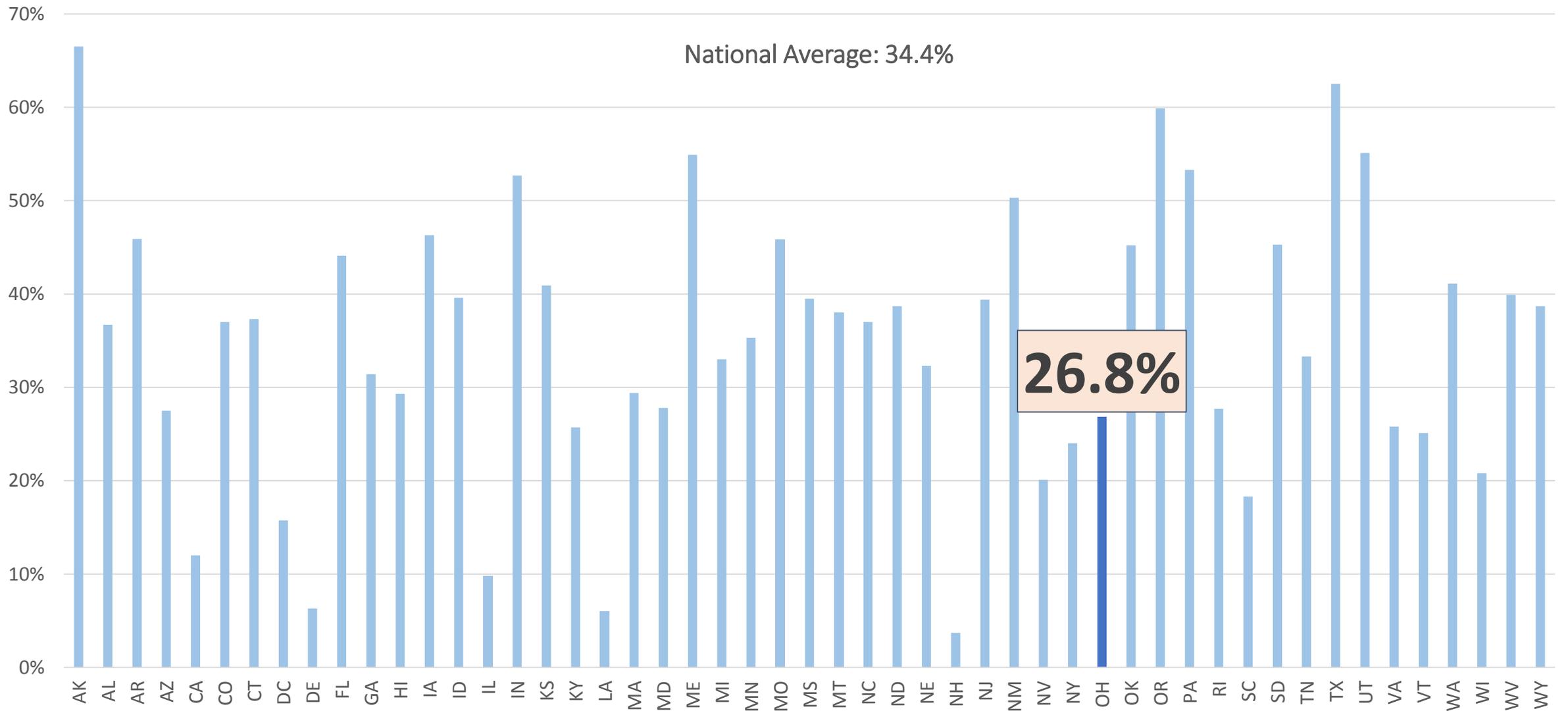
# Percent of Children with Terminated Parental Rights by Reason for Removal in Ohio, 2015



*Note: Estimates based on all children in out of home care at some point during Fiscal Year*

*Source: AFCARS Data, 2015*

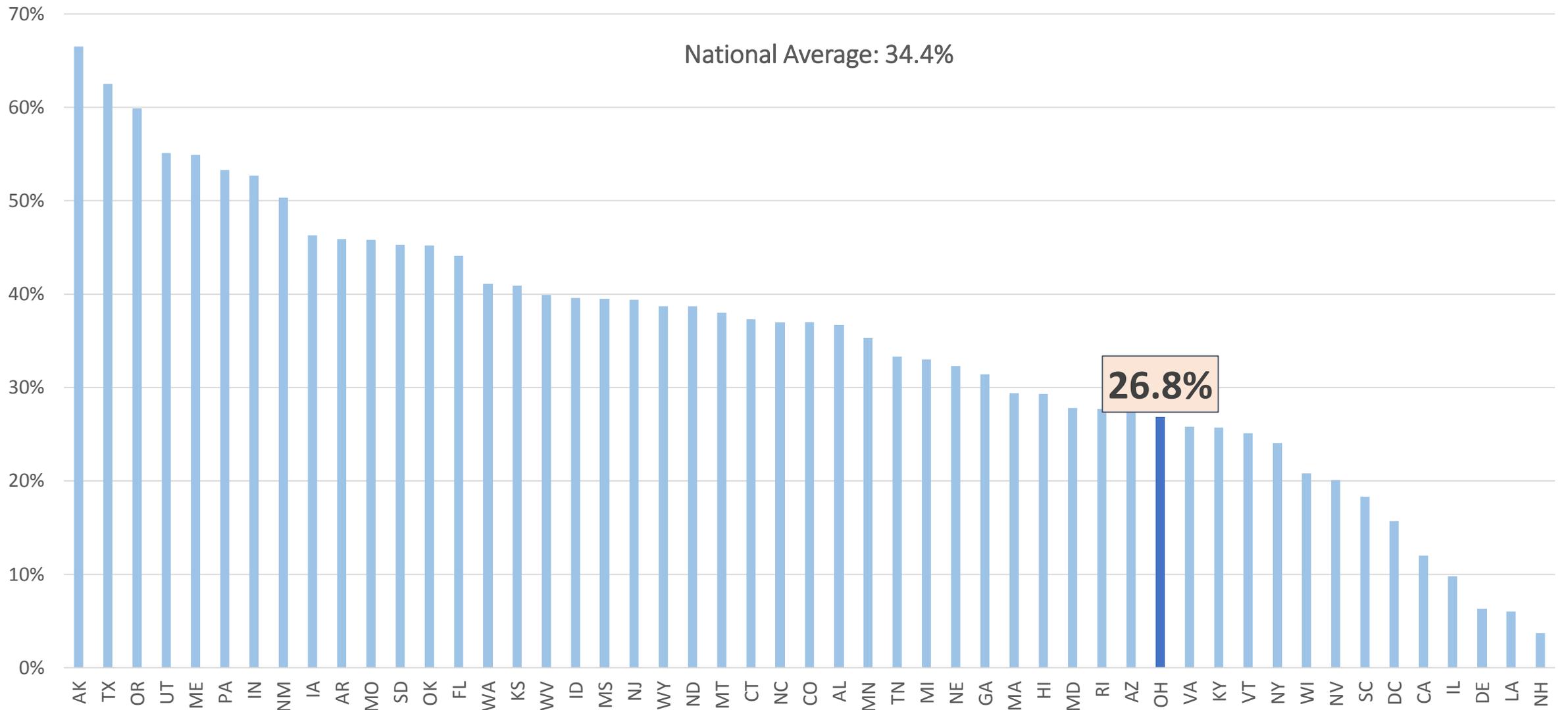
# Parental Alcohol or Other Drug Use as a Reason for Removal by State, 2015



Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2015

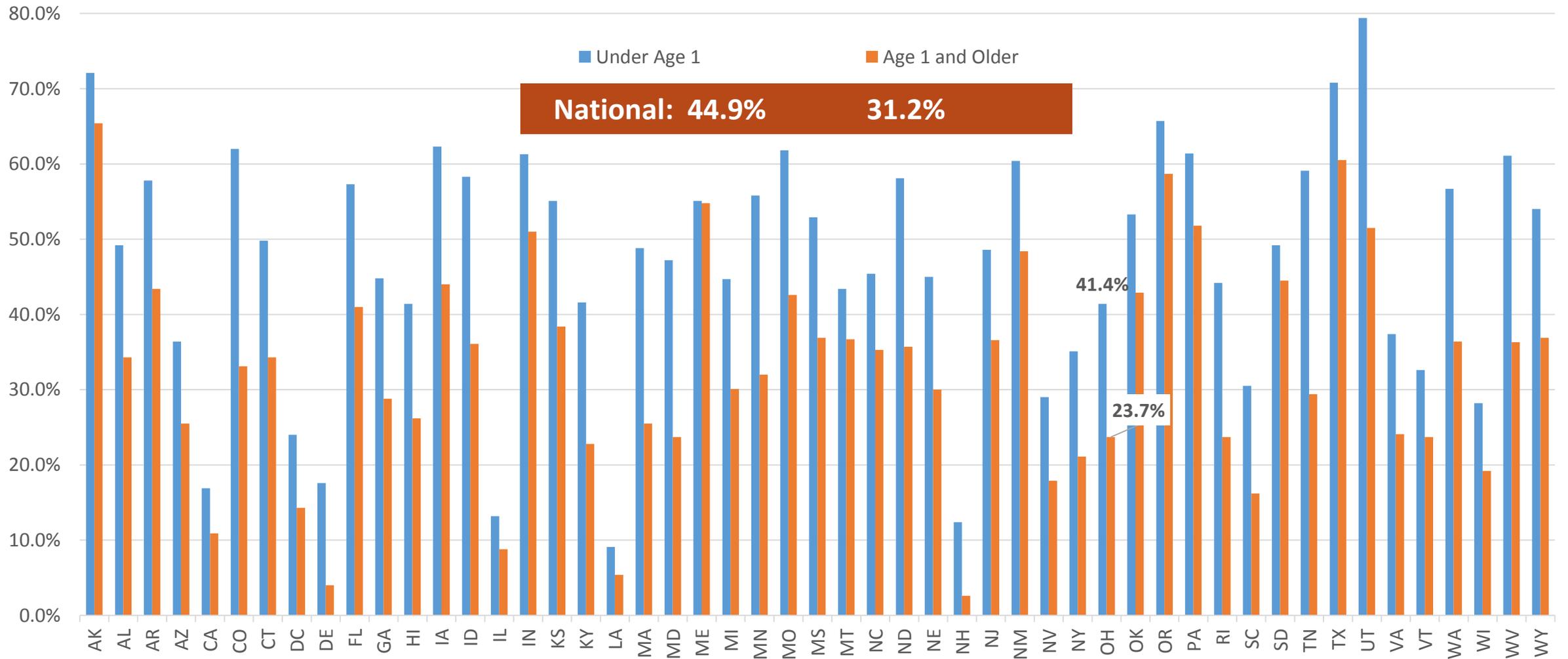
# Parental Alcohol or Other Drug Use as a Reason for Removal by State, 2015



Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2015

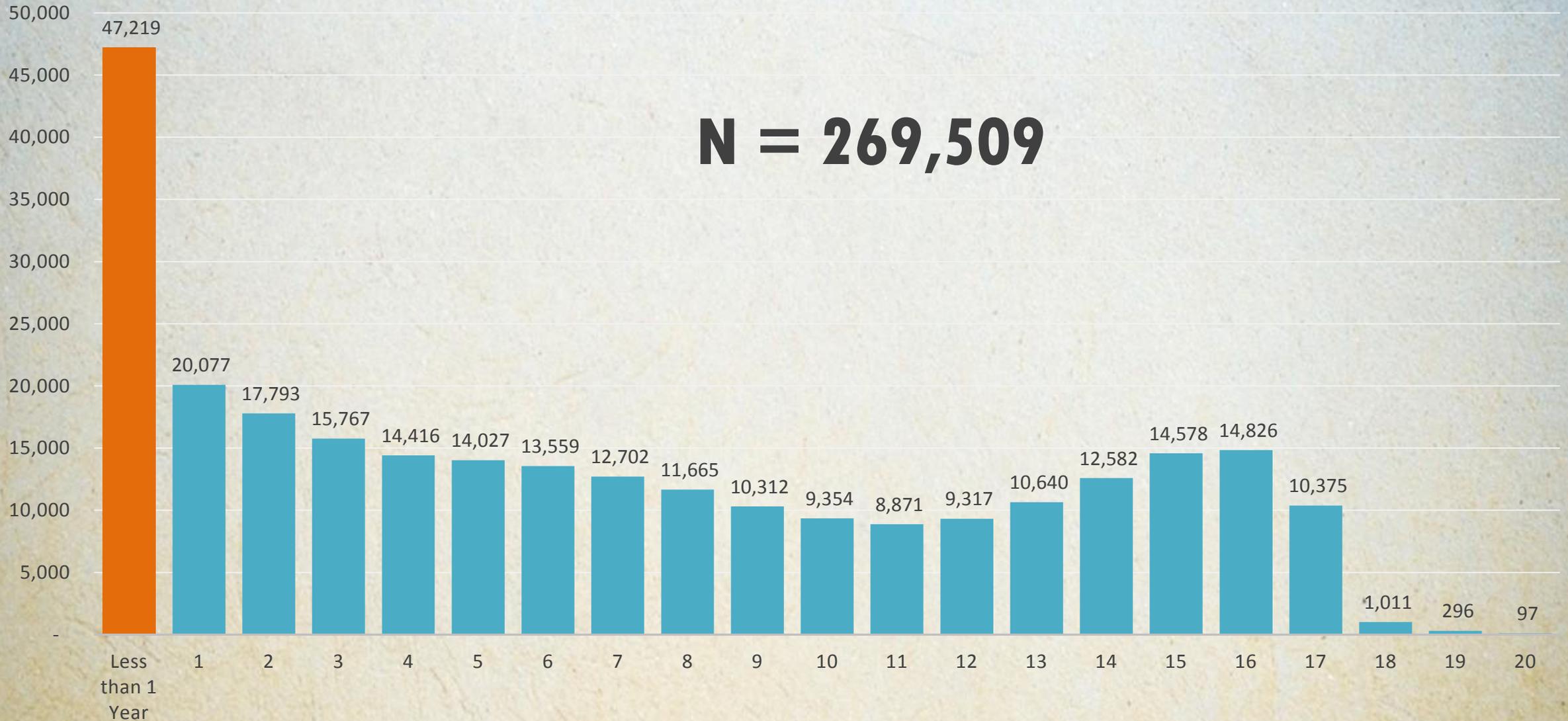
# Percent of Children Removed with Alcohol or Other Drug Use as a Reason for Removal by Age, 2015



Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2015

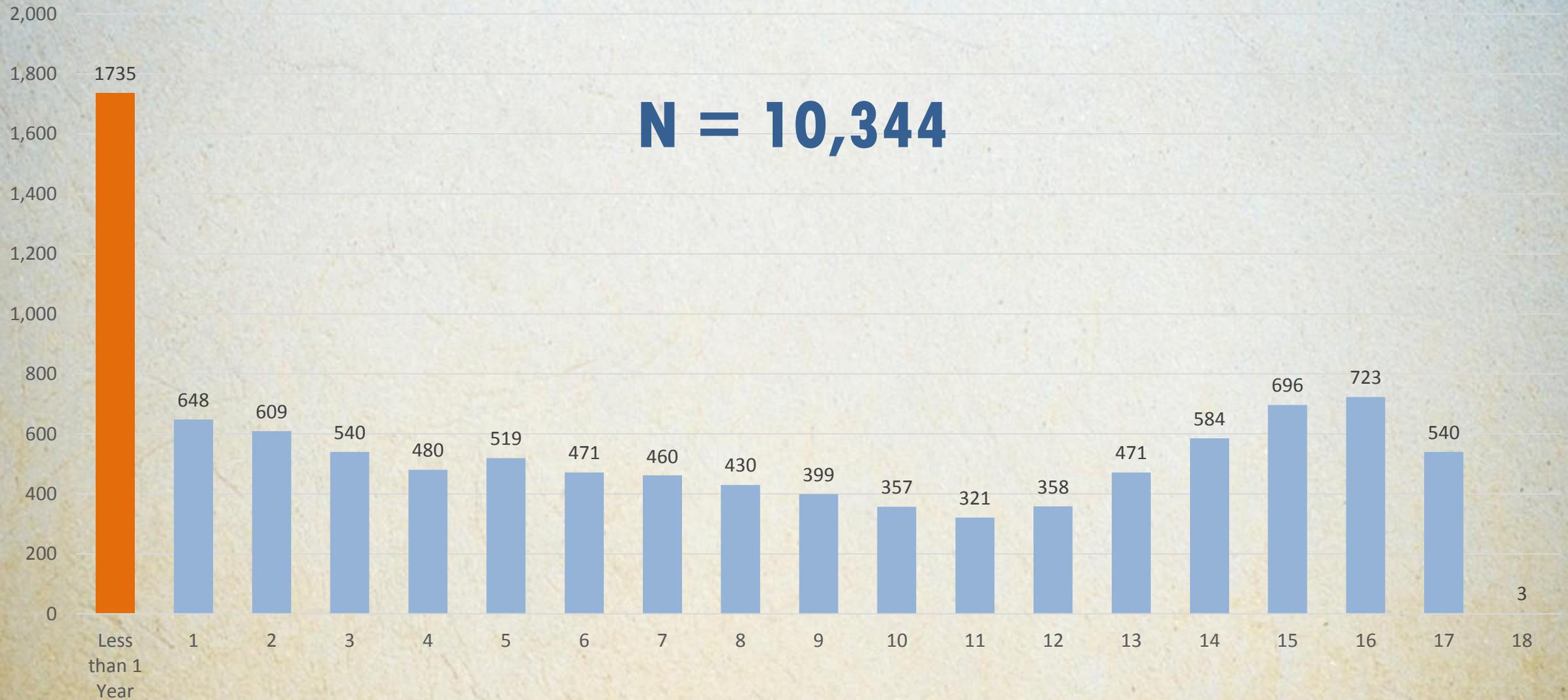
# Number of Children Who Entered Foster Care, By Age in the United States, 2015



Note: Estimates based on all children who entered foster care during Fiscal Year

Source: AFCARS Data, 2016

# Number of Children who Entered Foster Care, by Age at Removal in the Ohio, 2015



Note: Estimates based on children who entered out of home care during Fiscal Year

Source: AFCARS Data, 2016



**Today:**

**Over 730 children** will be removed from their parents

**This hour:**

**30 children** will be removed; **5** of these will be **babies** under age 1



**OHIO**



**Today:**

**11 Ohio** individuals  
will die from opioid  
overdose

**During this  
presentation:**

**4 children** will enter  
out of home placement



OHIO



In 2015, there were:

**896,518**

People in Ohio who **needed treatment.**

**89.6%**

Of those needing treatment services for a substance use disorder **did not receive them.**

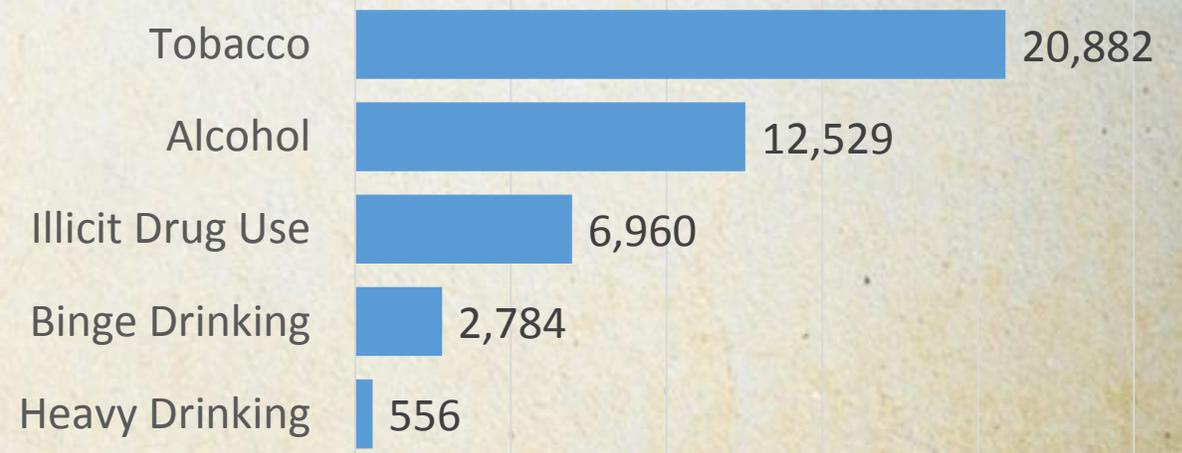


In 2015, there were:

**139,217**

**births** in Ohio

Annual number of babies born with prenatal substance exposure:



# Parental Substance Use & the Child



## CHILD

- Executive functioning problems
- Inability to self-regulate
- Gross and fine motor delays
- Attention problems
- Memory difficulties
- Attachment disorders

## Post-Natal Environment

- Severe, inconsistent or inappropriate discipline
- Neglect of basic needs: food, shelter, clothing, medical care, education, supervision
- Jeopardize child's safety and health
- Chronic trauma
- Disruption of parent/child relationship



# The Need to Do Better for Families



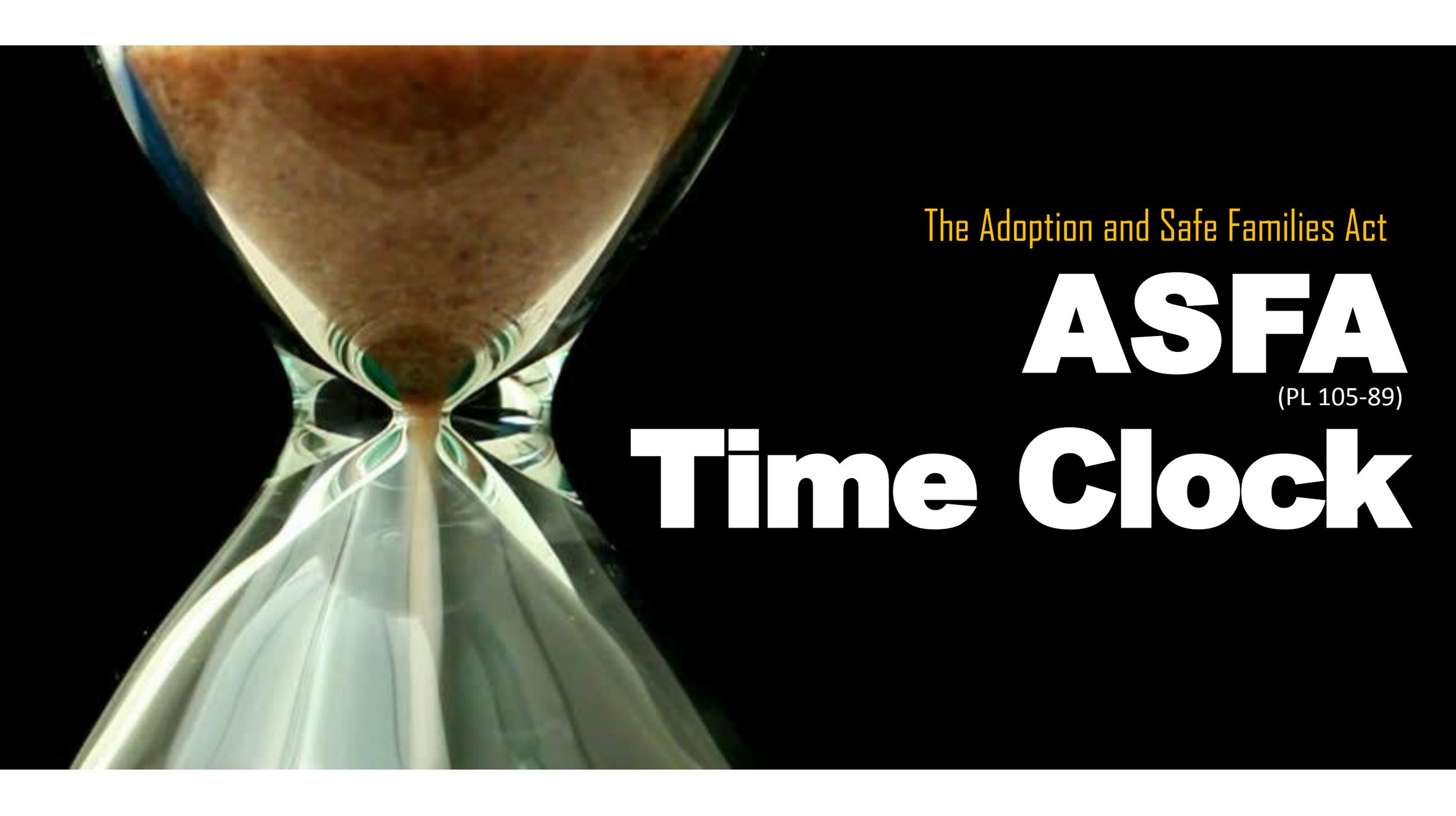
Substance use disorders (SUDs) can negatively affect a parent's ability to provide a stable, nurturing home and environment. **Most children** involved in the child welfare system and placed in out-of-home care **have a parent with a SUD** (Young, Boles & Otero, 2007).



Families affected by parental SUDs have a **lower likelihood of successful reunification** with their children, and their children tend to **stay in the foster care system longer** than children of parents without SUDs (Gregorie & Shultz, 2001).



The **lack of coordination and collaboration** across child welfare, substance use disorder treatment and family or dependency drug court systems has **hindered their ability to fully support these families** (US Dept. of Health and Human Services, 1999).

A close-up, low-angle shot of an hourglass. The top bulb is filled with golden-brown sand, and a stream of sand is falling through the narrow neck into the bottom bulb. The background is dark, making the glass and sand stand out.

*The Adoption and Safe Families Act*

**ASFA**

(PL 105-89)

**Time Clock**

# The Matter of Time

**Child Welfare –  
12-month timetable for  
reunification**

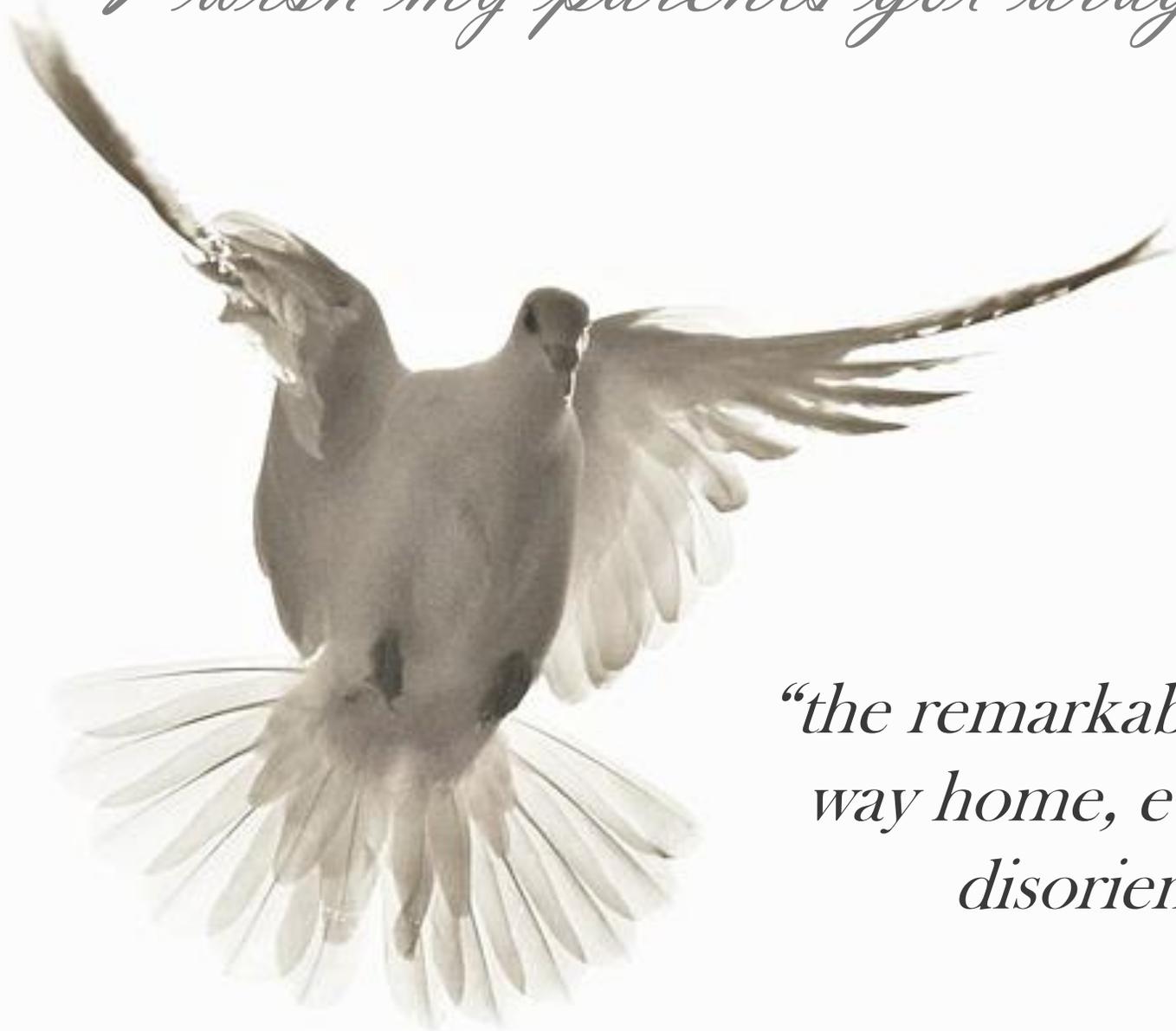
## **Conflicting Clocks**

**Treatment and recovery  
– ongoing process that  
may take longer**

**Child Development – early intervention  
and impact on bonding and attachment**



*“I wish my parents got drug treatment”*

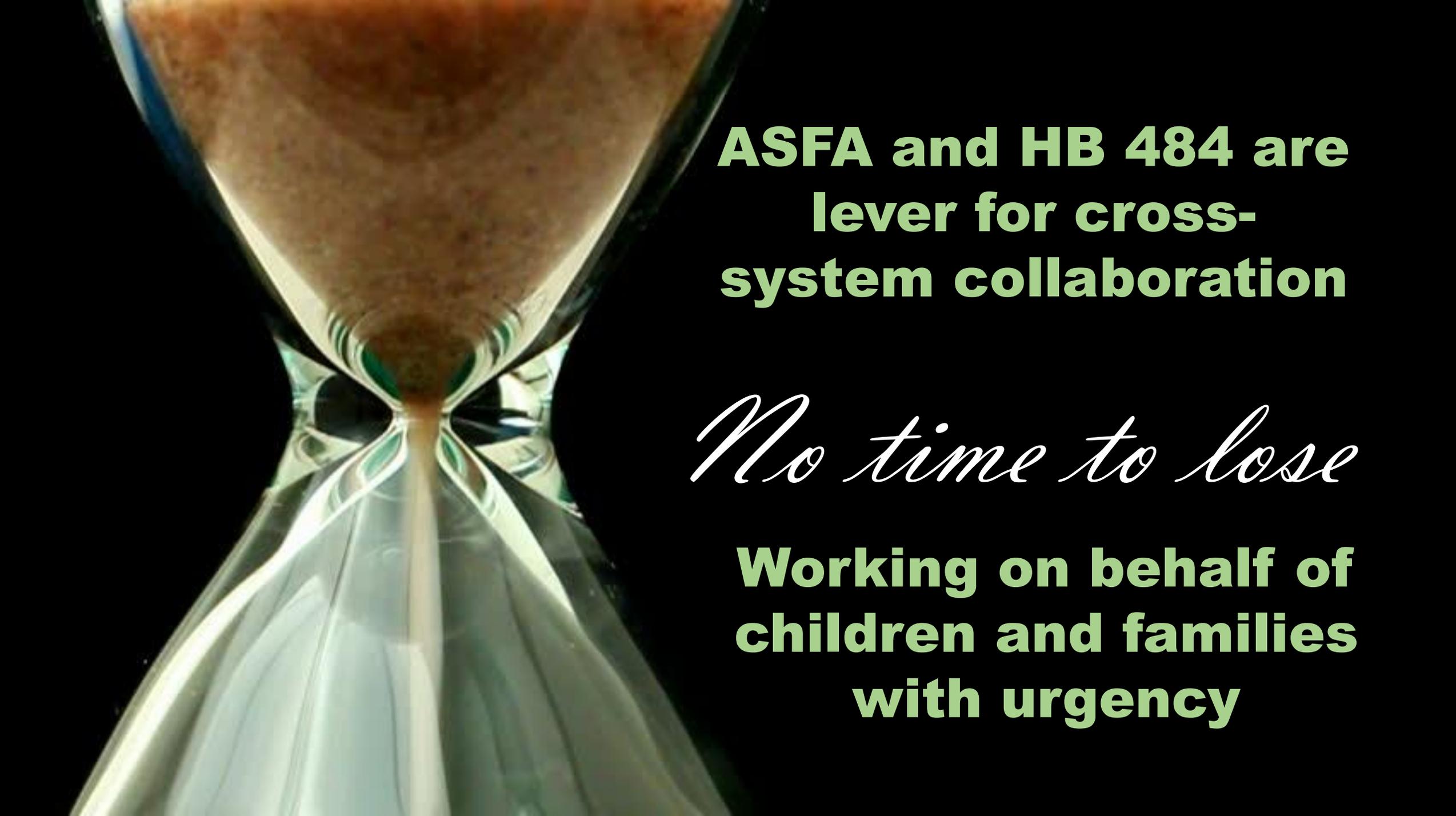


Stay home  
Go home  
Find home

*“the remarkable ability to find their way home, even across huge and disorienting distances”*

# Outcomes for Foster Youth

- More likely to commit a crime (Male 4X, Female 10X)
- 25% experience homelessness within 4 years
- 48% male foster youth unemployed
- 5x more likely to develop PTSD
- 7x rate of drug dependence
- 2x rate of alcohol dependence
- 25% graduate are in college (vs 41% general population)
- 33% male rely on government services to meet basic needs
- 75% female rely on government services to meet basic needs

An hourglass with sand falling from the top bulb to the bottom bulb. The sand is a light brown color and is captured in mid-fall, creating a blurred trail. The hourglass is set against a dark background.

**ASFA and HB 484 are  
lever for cross-  
system collaboration**

*No time to lose*

**Working on behalf of  
children and families  
with urgency**

A top-down view of several people's arms and hands stacked in a circle, creating a central point of convergence. The hands are of various skin tones, and some have painted nails or jewelry. The background is a soft, out-of-focus blue-grey color. The text "No single agency can do this alone" is overlaid on the right side of the image in a white, serif font.

**No single  
agency can  
do this alone**



# How can we do better?

- Can we get parents into treatment sooner?
- Can we keep children home or get them home sooner?
- Can we all work to keep kids safe and families together?
- How do we work together to improve outcomes for children and families?

# FDC Model as a Collaborative Solution

Judicial Oversight

Comprehensive Services



**Drug Court  
Hearings**



**Therapeutic  
Jurisprudence**



**Access to Quality  
Treatment and  
Enhanced  
Recovery Support**



**Enhanced  
Family-Based  
Services**

# 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)**

1994

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

**10 Key Components and Adult Drug Court model**

# FDC Model – Multiple Expertise



**Child Welfare Services** assess child risk and safety, provides for needs of child and family, focus on child permanency and well-being

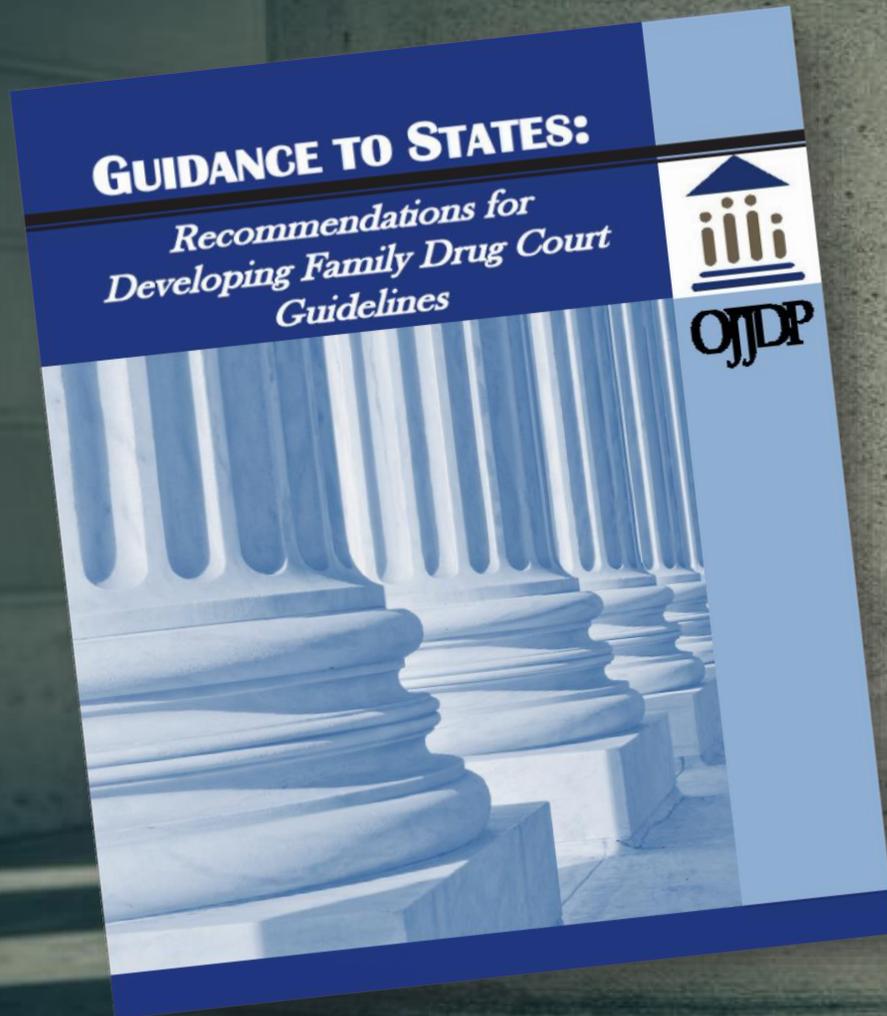


**Treatment** assess parent's need for treatment – level of care, areas of life functioning, recovery supports



**Court** provides oversight, ensures timeliness, child well-being and access to services

# Family Drug Court Guidelines



- **CFF with support from OJJDP, in partnership with Federal and State stakeholders**
- **Based on research, previous publications, practice-based evidence, expert advisers and existing State standards**
- **Resource tool for States and local courts; many have developed State standards and certification protocols**
- **Adopt a systems perspective to create systems changes and lasting impact**

# FDC Recommendations

## Shared Outcomes

### Agency Collaboration

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

### Client Supports

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

## Shared Mission & Vision

# Family Drug Court *National Strategic Plan*

## National Strategic Plan For Family Drug Courts

MARCH 2017



This project is supported by award No. 2015-DU-EX-0002 awarded by the Office of Juvenile Justice and Delinquency Prevention Office of Justice Programs. The opinions, findings, and conclusions or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Department of Justice.

## 3 Goals

1

Ensure Quality  
Implementation

2

Expansion of  
FDC Reach

3

Build Evidence Base

# The Vision – For All Families

*Every family in the child welfare system affected by parental/caregiver substance use disorders will have timely access to comprehensive and coordinated screening, assessment and service delivery for family's success.*

## National Strategic Plan For Family Drug Courts

MARCH 2017



This project is supported by award No. 2015-210-EX-0002 awarded by the Office of Juvenile Justice and Delinquency Prevention Office of Justice Programs. The opinions, findings, and conclusions or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Department of Justice.



**We Know What Works  
For Children and Families**

# 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



# 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

(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

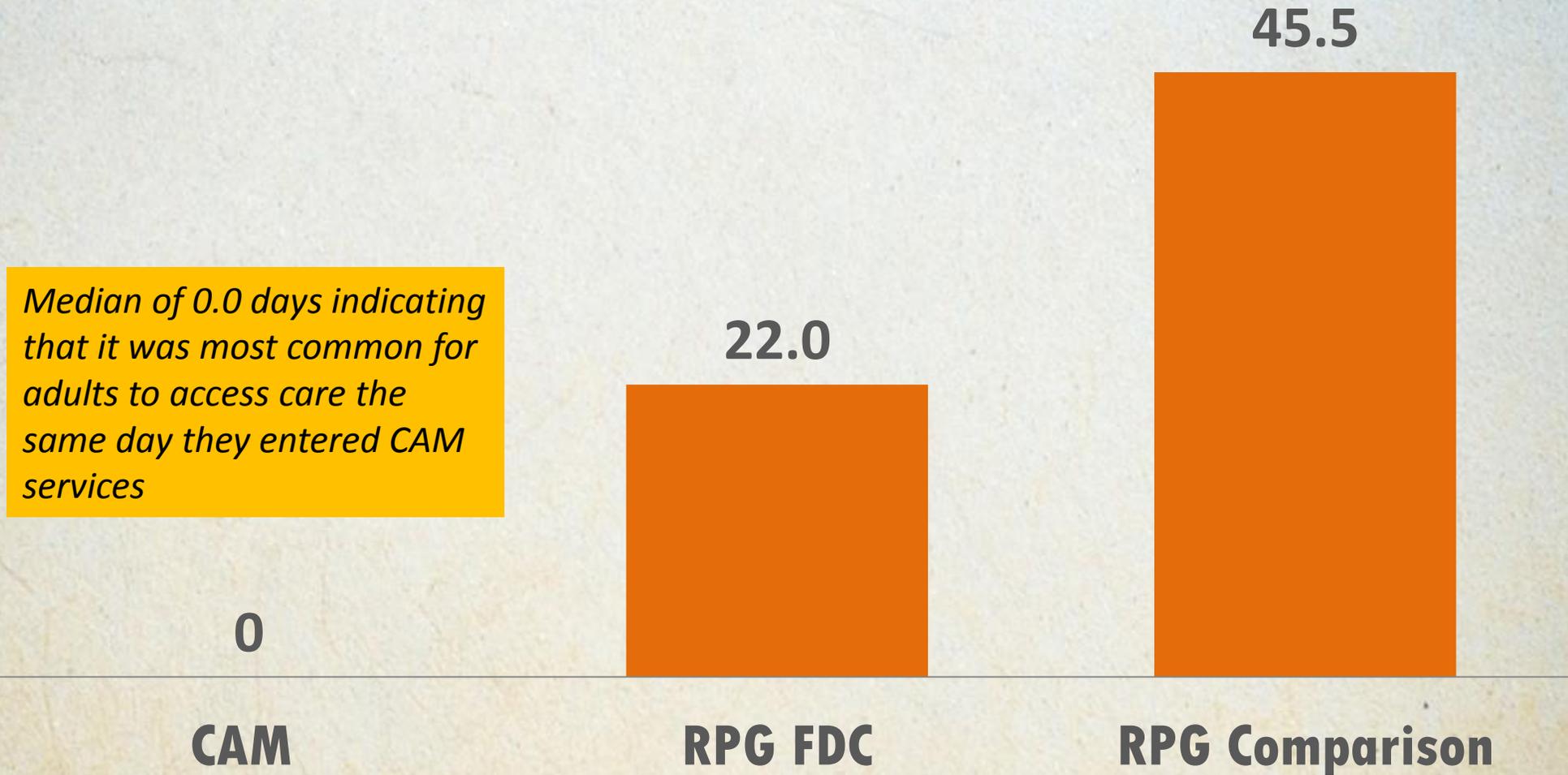
## Children Affected by Methamphetamine Grant (2010 – 2014)

- 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.

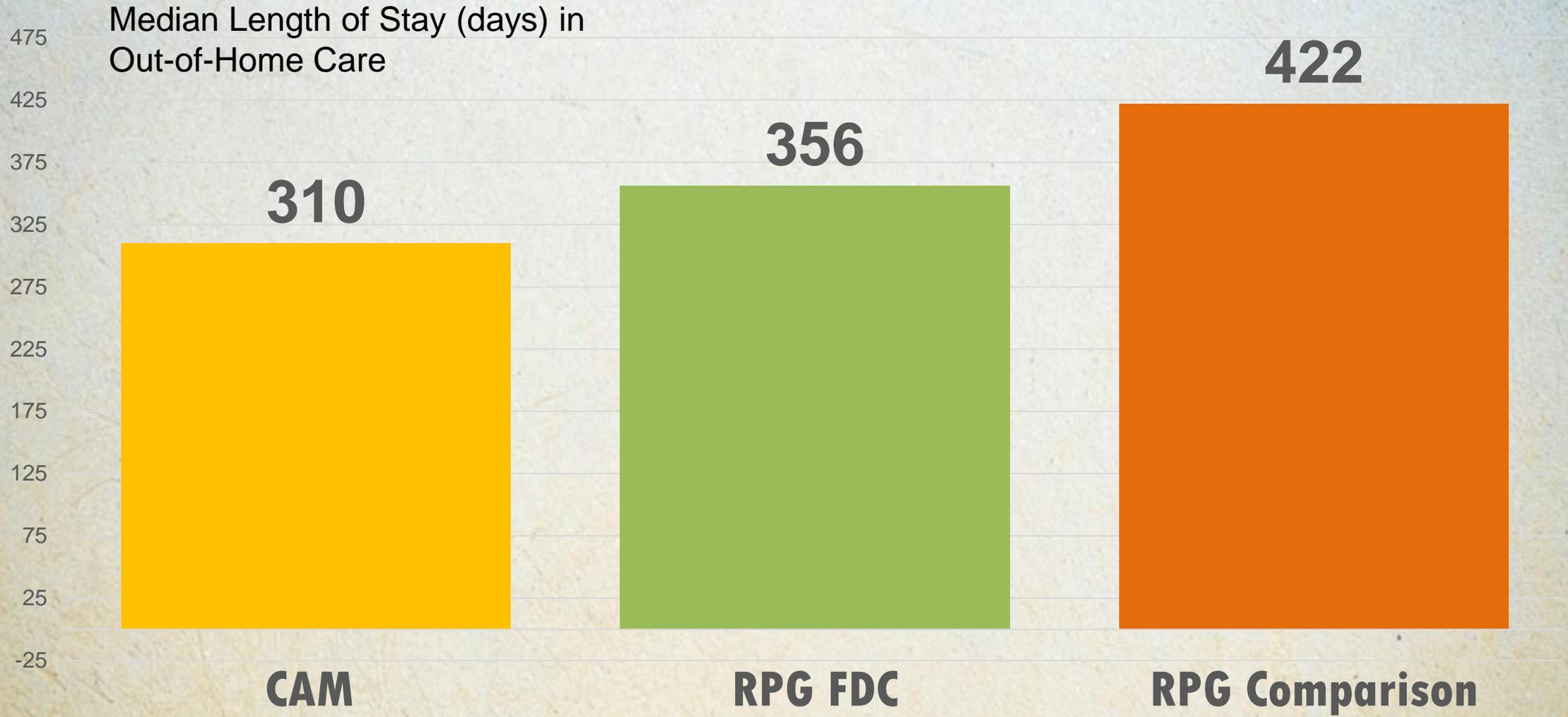


# Access to Treatment

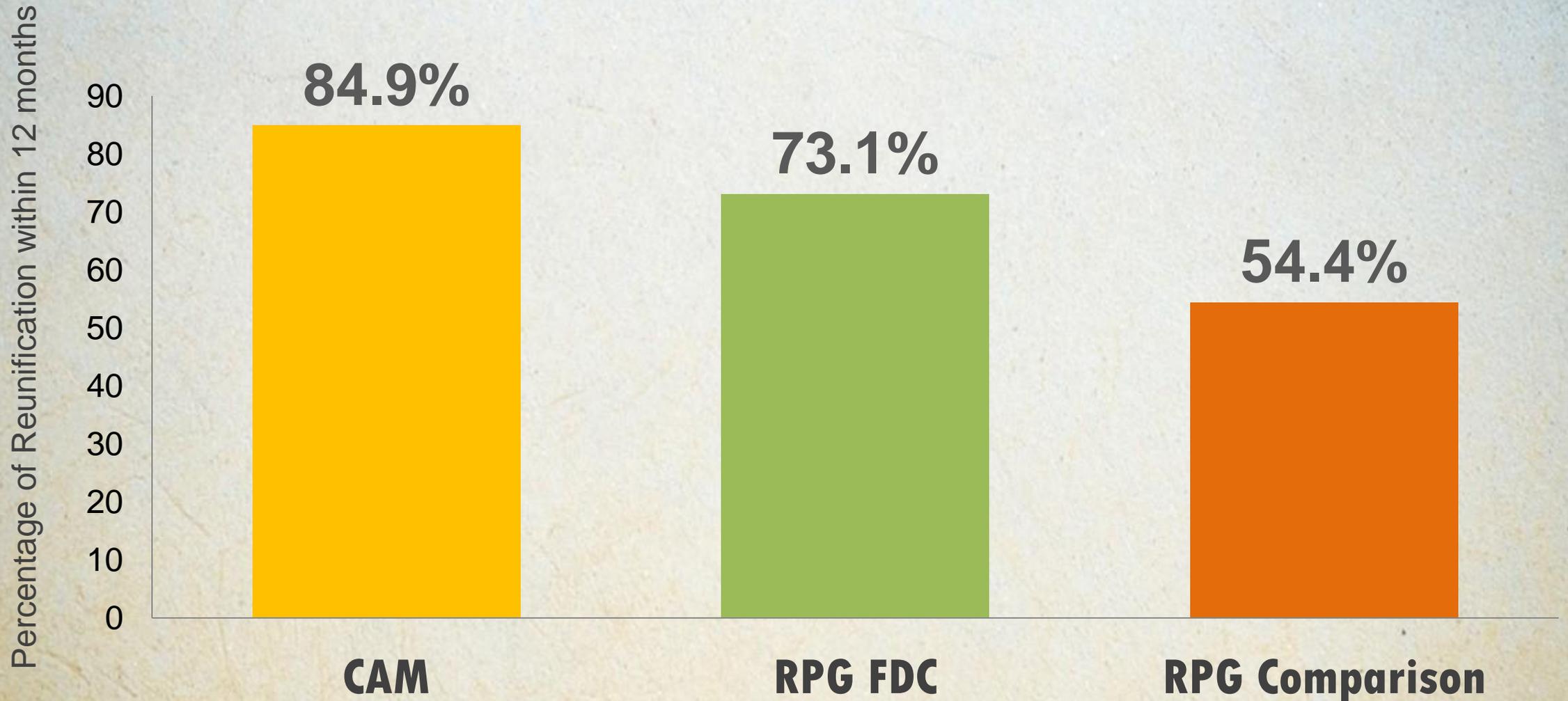
Median # of days to admission



# Days in Foster Care

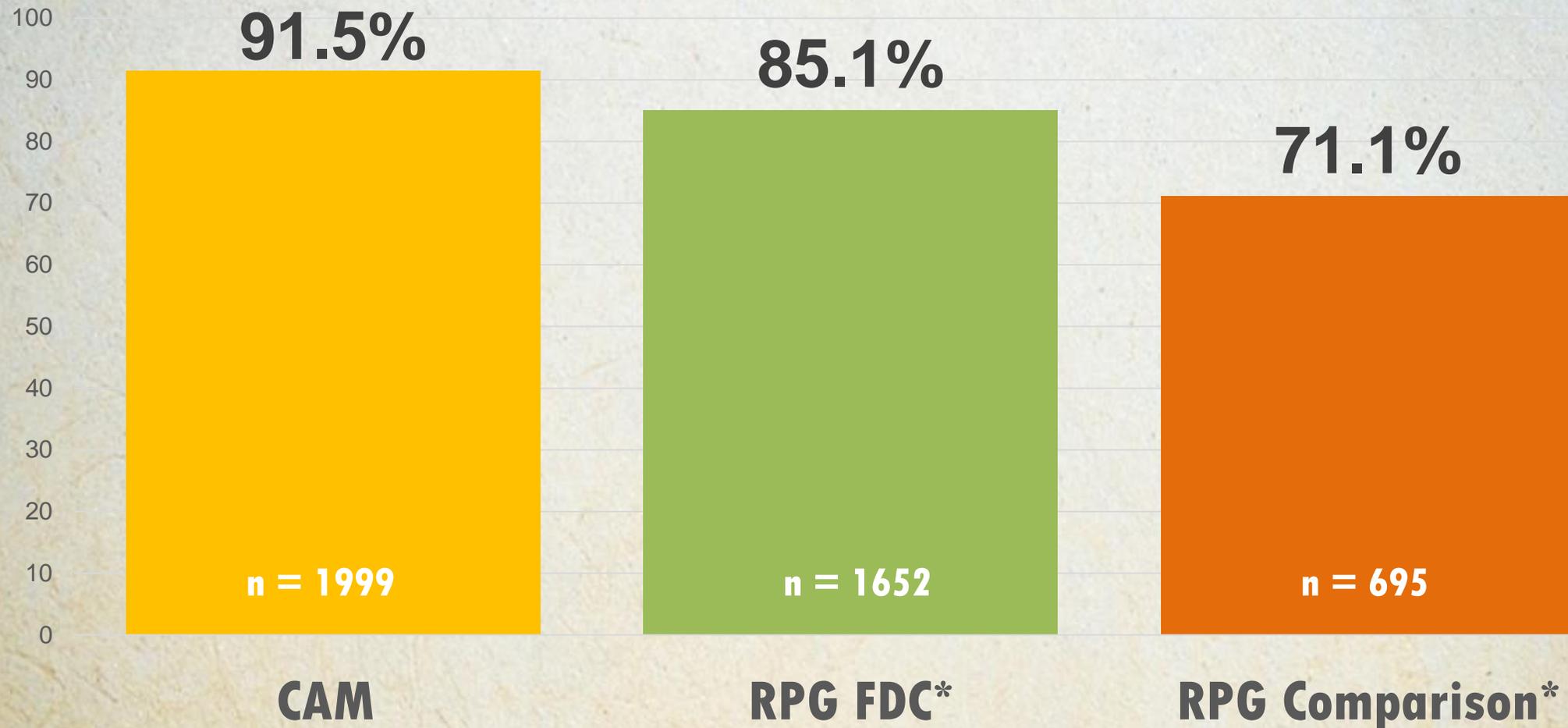


# Reunification Rates within 12 Months



# Remained in Home

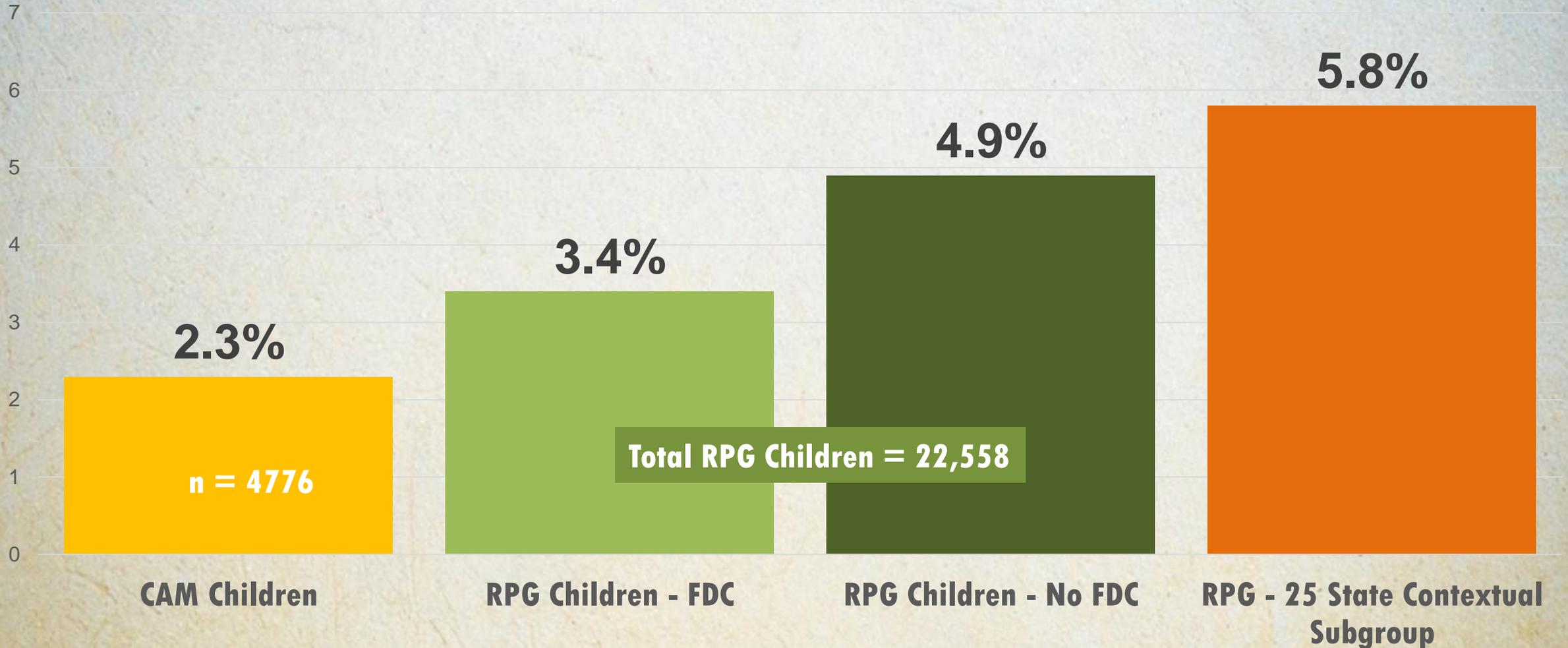
Percentage of children who remained at home throughout program participation



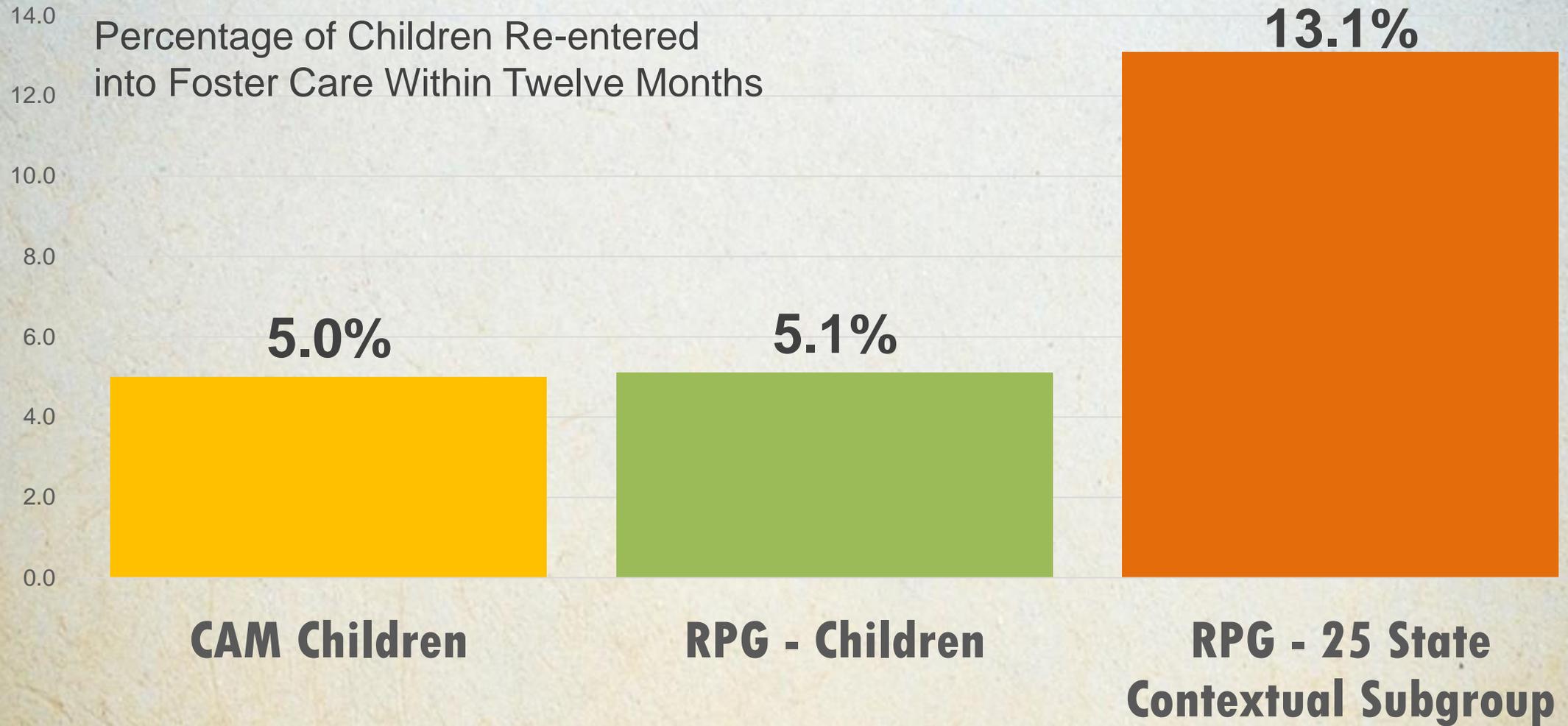
*\* This analysis is based on 8 RPG Grantees who implemented an FDC and submitted comparison group data*

# Recurrence 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

**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

*Timely and structured* screening and identification of parental substance use in child welfare cases is critical.

- 61% of confirmed drug or alcohol dependence among substantiated abuse or neglect cases are missed by front line CWS social workers (Gibbons, Barth, Martin, 2005)
- There is no time to lose given the ASFA - HB 484, recovery, and development time clocks



# Screening & Assessment



Effective FDCs develop joint policies and practice protocols among substance use disorder treatment, child welfare, and the court to: standardize screening and assessment of substance use disorders and risk to children

# Who do FDCs Work For?



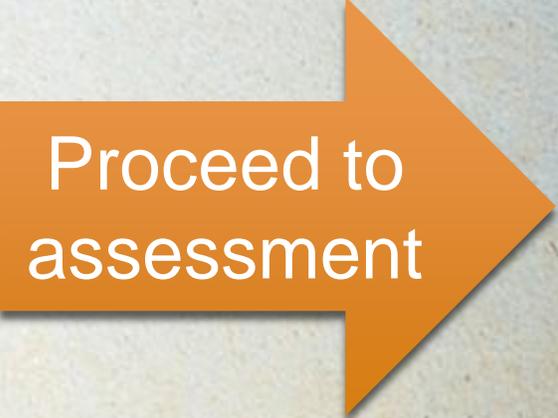
## Studies Show Equivalent or Better Outcomes:

- 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

# 4 Prong – Screening

- Tool
- Signs & symptoms
- Corroborating reports
- Drug screen

**Yes**  
to any



Proceed to  
assessment

# Screening: Is substance use a factor in the case?

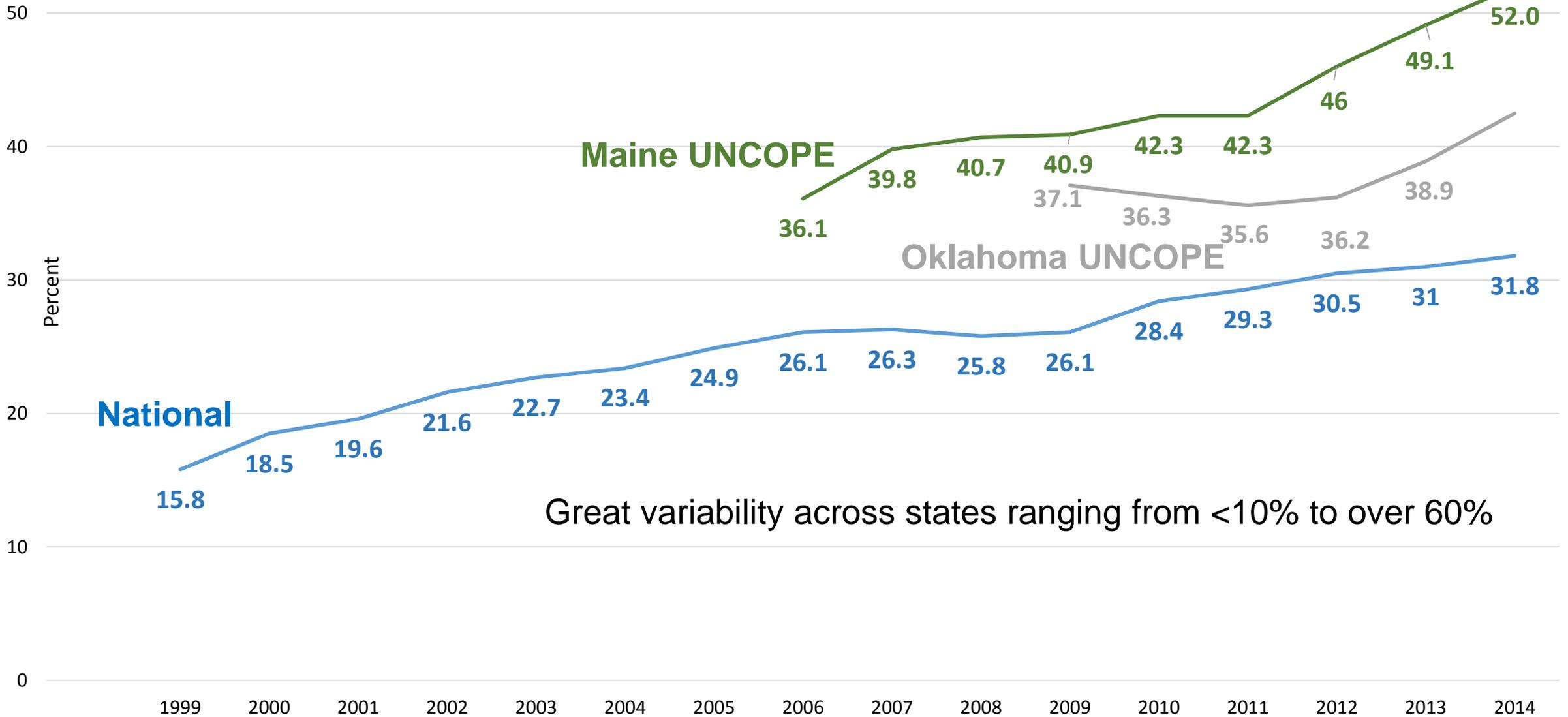
- Generally results in a “yes” or “no”
- Determines whether a more in-depth assessment is needed
- Standardized set of questions to determine the risk or probability of an issue
- Brief and easy to administer, orally or written
- Can be administered by a broad range of people, including those with little clinical expertise
- Examples: UNCOPE; GAIN-SS; AUDIT; CAGE
- Practice Principle – It’s the team, not the tool

# TOOL EXAMPLES

- **GAIN-SS (Global Appraisal of Individual Needs Short Screener):** Composed of 23 items to be completed by the client or staff and designed to be completed in 5 minutes
- **UNCOPE:** 6-item screen designed to identify alcohol and/or drug substance use and designed to be completed in 2 minutes
- **CAGE:** 4-item screen designed to identify alcohol and/or drug substance use and designed to be completed in 2 minutes

*It's the Team, Not the Tool!*

# Percent Parental Alcohol or Other Drug Use as a Reason for Removal in the U.S. 1999-2014



Great variability across states ranging from <10% to over 60%



# Signs & Symptoms

- Physical
- Behavioral
- Psychological

# Substance Use Indicators Checklist

Appendix Two

## SUBSTANCE USE INDICATORS CHECKLIST

Parent's name: \_\_\_\_\_ DOB: (MM/DD/YYYY) \_\_\_\_\_

Intake/SSMIS # \_\_\_\_\_

This checklist is a tool to assist social workers in reviewing specific criteria that are identified as indicators of a parent or primary caregiver's alcohol and/or drug use. Social workers are to check which sign or symptom, observation and awareness of the child(ren) and/or confirmed allegation(s) of alcohol or drug use by the parent or primary caregiver, exist(s). The additional line next to each item is made available for the social worker to record comments that may be helpful in further review.

### A. Signs and Symptoms, Environmental Factors and Behaviors

- Smell of alcohol or drugs: \_\_\_\_\_
- Slurred speech: \_\_\_\_\_
- Lack of Mental focus: \_\_\_\_\_
- Lack of Coordination/Motor Skills: \_\_\_\_\_
- Needle Tracks: \_\_\_\_\_
- Skin abscesses: \_\_\_\_\_
- Lip/tongue burn: \_\_\_\_\_
- Nausea: \_\_\_\_\_
- Euphoria: \_\_\_\_\_
- Hallucinations: \_\_\_\_\_
- Slowed thinking: \_\_\_\_\_
- Lethargy: \_\_\_\_\_
- Hyperactive: \_\_\_\_\_
- Lack of food: \_\_\_\_\_
- Signs of drug manufacturing: \_\_\_\_\_
- Blacked out windows: \_\_\_\_\_
- Aggressive Behavior: \_\_\_\_\_

### B. Observations and awareness of the Child(ren)

- Injury: \_\_\_\_\_
- Lack of Medical Care: \_\_\_\_\_
- Neglect Food, Clothing: \_\_\_\_\_
- Sexual abuse: \_\_\_\_\_
- Inadequate education, such as school enrollment: \_\_\_\_\_
- Appearance or history of prenatal exposure: \_\_\_\_\_
- Noted delays in achieving developmental milestones: \_\_\_\_\_
- Lack of age appropriate care/supervision: \_\_\_\_\_

### Physical signs of substance misuse

- Bloodshot eyes, pupils larger or smaller than usual.
- Changes in appetite or sleep patterns. Sudden weight loss or weight gain.
- Deterioration of physical appearance, personal grooming habits.

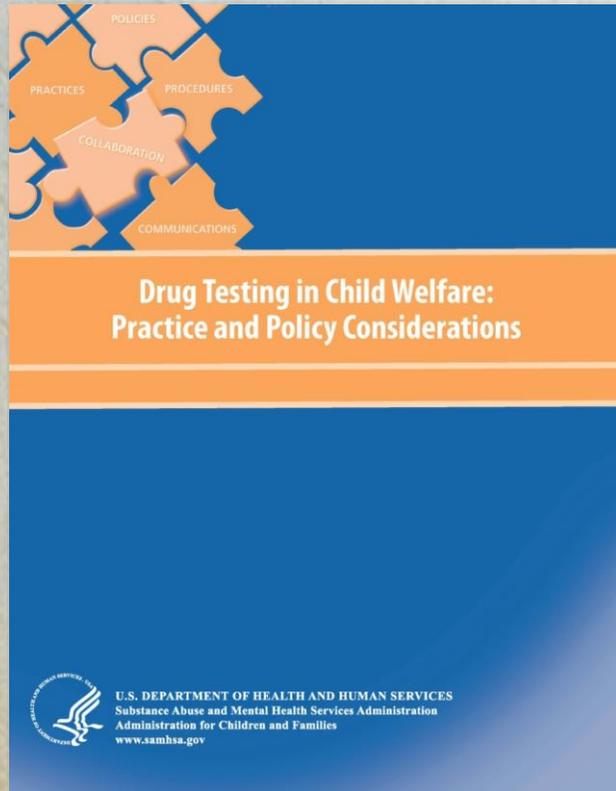
- Assist social workers in **reviewing specific criteria that are identified as indicators** of a parent or primary caregiver's alcohol and/or drug use:
- *Environmental Factors and Behaviors*
  - *Observations and awareness of the Child(ren)*
  - *Physical, behavioral and psychological signs of substance misuse*
  - *Other – Confirmed allegations of a Parent or Primary Caregiver's Drug Use*



# Corroborating Reports

- Police
- CWS
- Hospital

# Drug Testing

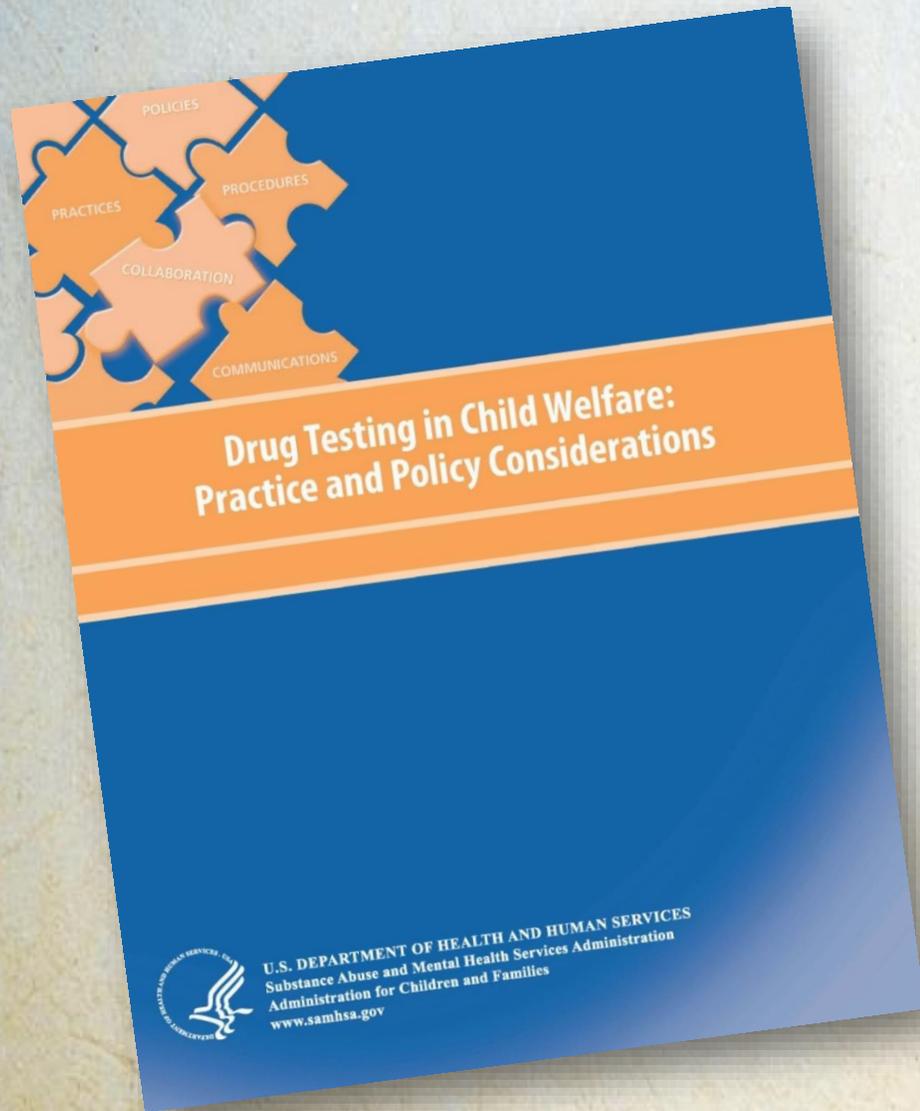


- Drug testing is most frequently used indicator for substance use in CWS practice
- Test results may influence decisions on child removal, reunification, and Termination of Parental Rights
- Courts often order drug testing as a standard protocol for parents in the child welfare system
- Lack of standardized recommendations for drug testing in child welfare practice

# What Questions Can Drug Testing Answer? ...& What Can it Not?

- Whether an individual has used a tested substance within a detectable time frame
- A drug test alone cannot determine the existence or absence of a substance use disorder
- The severity of an individual's substance use disorder
- Whether a child is safe
- The parenting capacity and skills of the caregiver

# Resource: Drug Testing in Child Welfare: Practice and Policy Considerations



To download a copy, please visit:

<http://www.ncsacw.samhsa.gov/files/DrugTestinginChildWelfare.pdf>



OHIO



# Accomplishments

- Universal Screening (UNCOPE, GAIN) in SSRP demonstration counties
- Changes to SACWIS to improve data collection
- Enhanced training on substance use disorders for child welfare professionals



*Key Family Drug Court Ingredients*

# 2

Timely access to assessment  
and treatment services

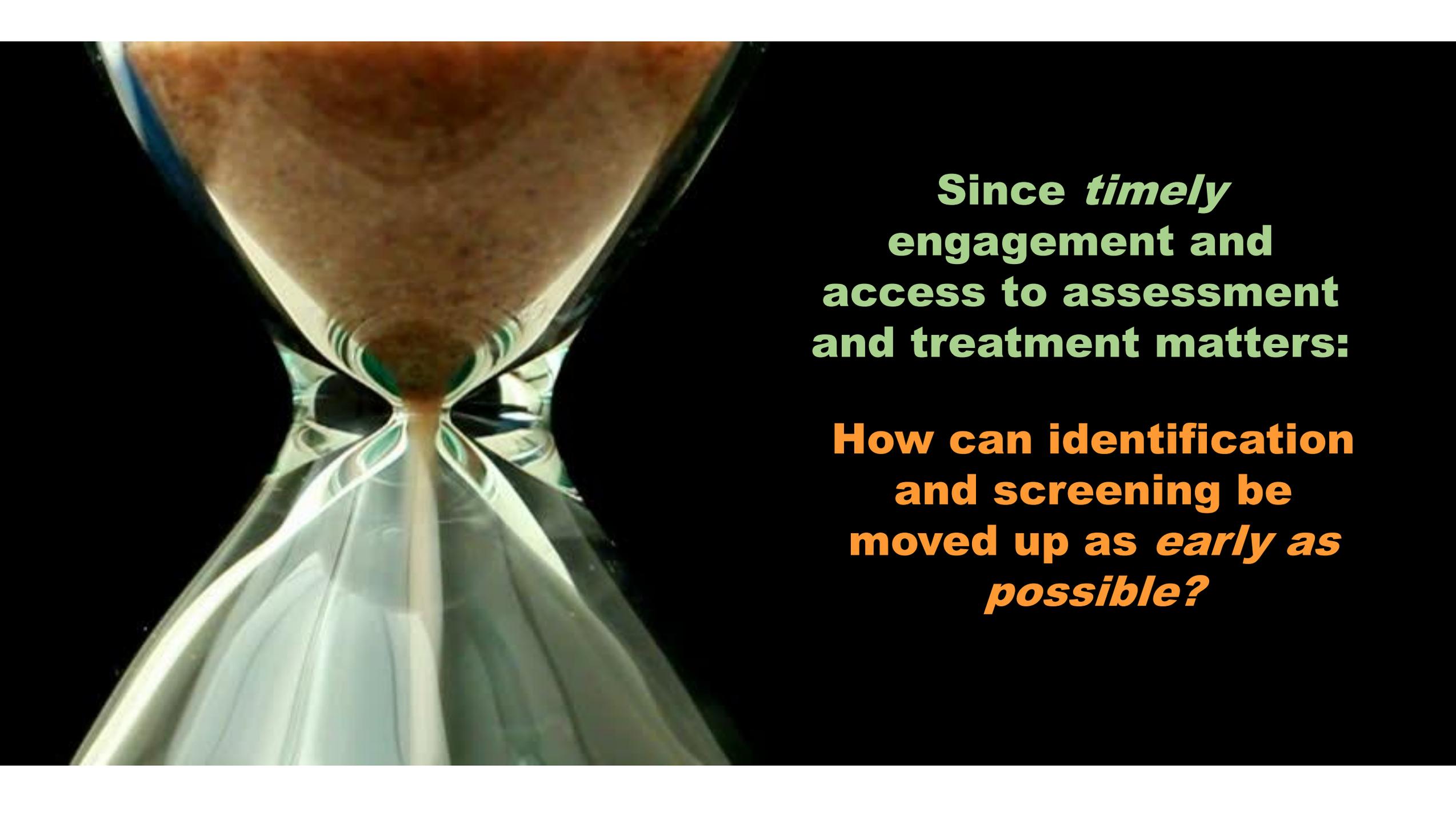
# Assessment:

## What is the nature and extent of the substance use issue?

- Process of information gathering to determine severity of the substance use disorder and to determine treatment needs
- Multidimensional assessment: Standardized set of questions on an individual's functioning, needs, and strengths to determine the level of care (structure) and needed services (comprehensive)
- Conducted by trained staff

# Access to Treatment & Completion

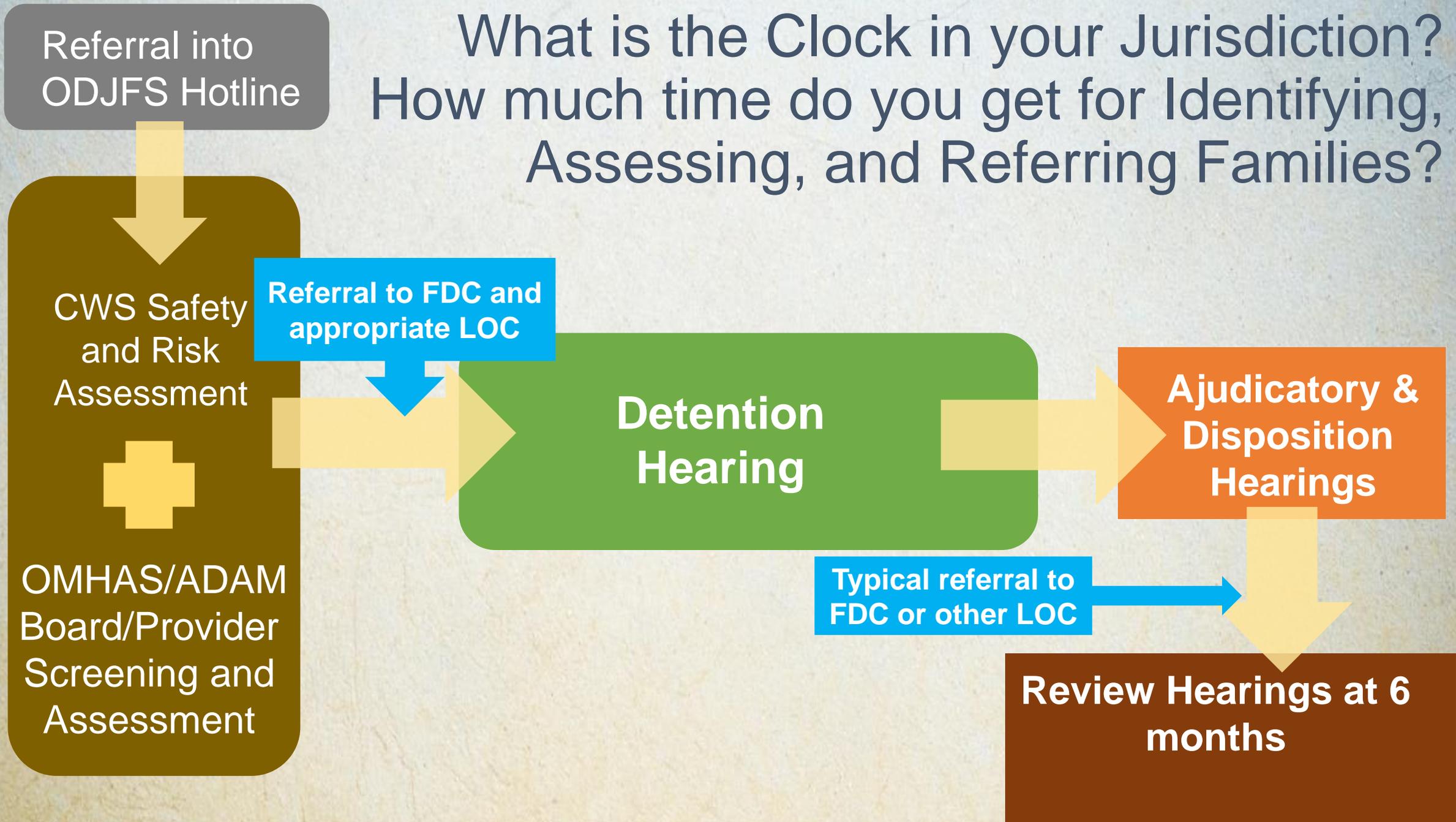
- Despite the prevalence of substance use disorders in CWS, percentage of parents who actually receive services is limited, compared to the need.
- More than 60% of parents in CWS cases do not comply adequately with the conditions to attend substance use disorder treatment, and more than 80% fail to complete treatment successfully (Oliveros & Kaufman, 2011, Rittner & Dozier, 2000; US General Accounting, 1998)

A close-up, low-angle shot of an hourglass. The top bulb is filled with a large amount of golden-brown sand, while the bottom bulb is mostly empty, with a thin stream of sand falling from the narrow neck. The background is dark, making the glass and sand stand out.

**Since *timely*  
engagement and  
access to assessment  
and treatment matters:**

**How can identification  
and screening be  
moved up as *early as  
possible*?**

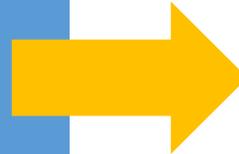
# What is the Clock in your Jurisdiction? How much time do you get for Identifying, Assessing, and Referring Families?



# Time To & Time In Treatment Matters

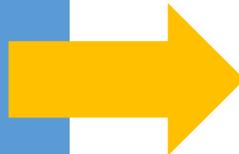
In a longitudinal study of mothers (N=1,911)

Entered substance abuse treatment faster after their children were placed in substitute care

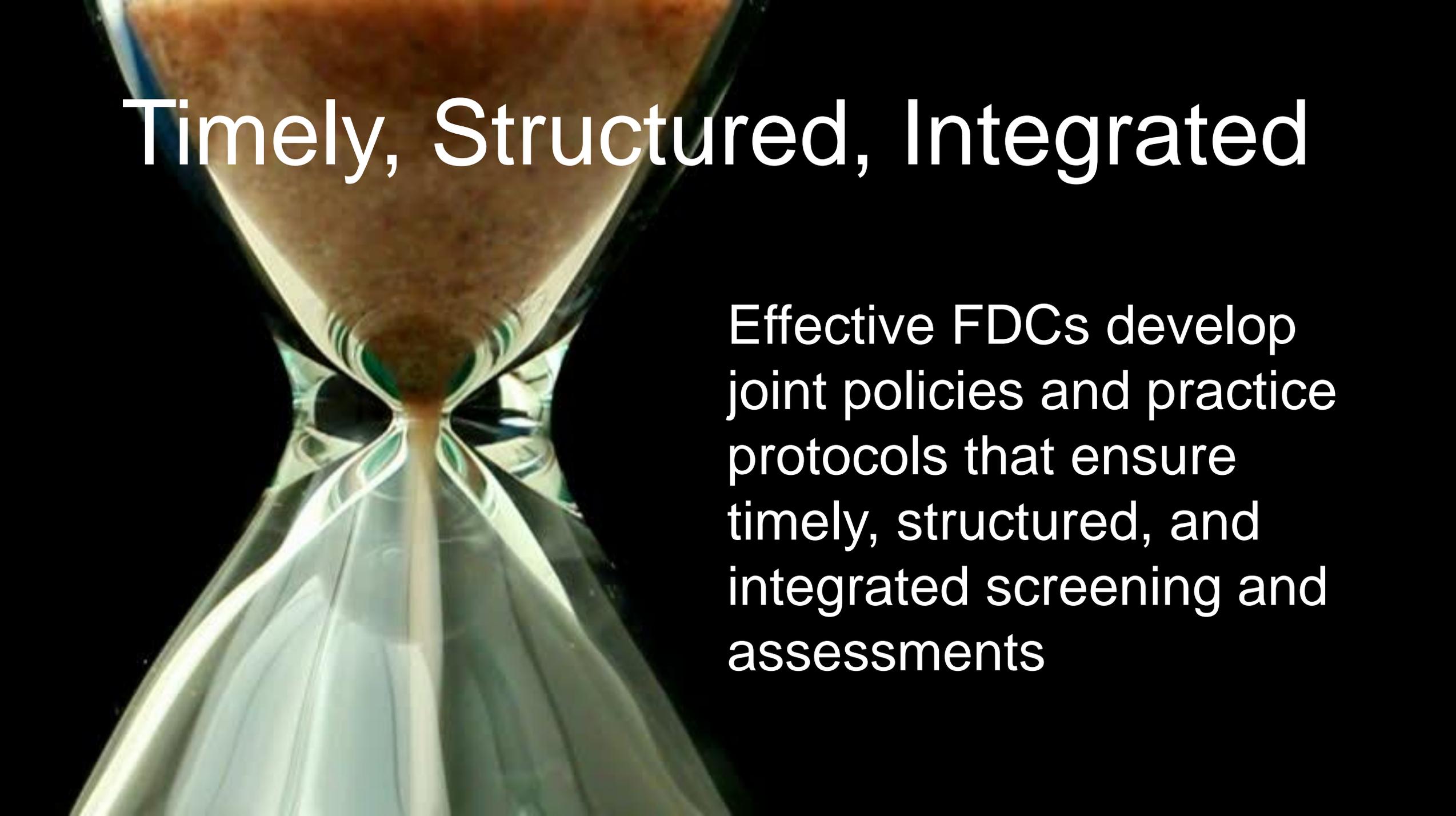


Stayed in treatment longer

Completed at least one course of treatment



Significantly more likely to be reunified with their children

An hourglass with sand falling from the top bulb to the bottom bulb. The sand is a light brown color and is captured in mid-fall, creating a blurred trail. The hourglass is made of clear glass and is set against a dark background.

# Timely, Structured, 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?

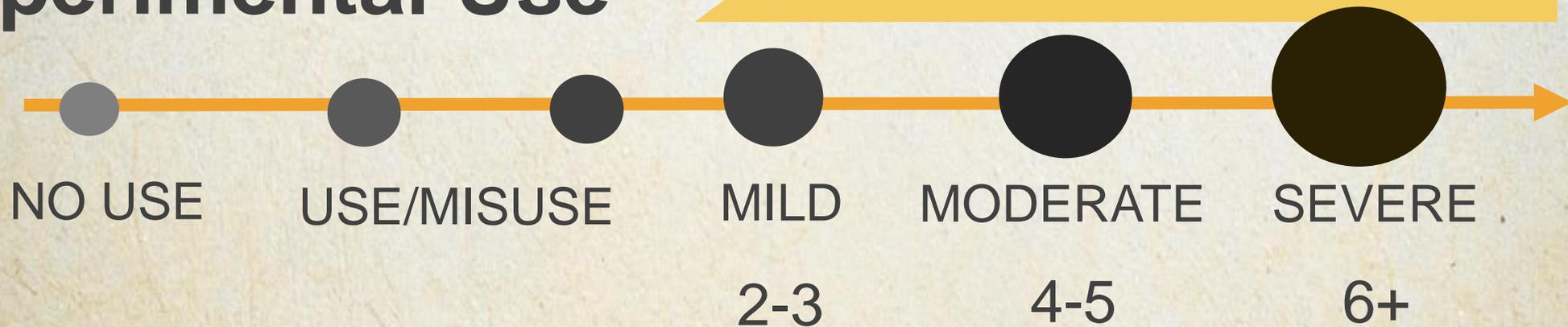
# Diagnosing Substance Use Disorders

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

Substance Use Disorders

DSM V

## Experimental Use



DSM V Criteria (11 total)



**OHIO**



# Accomplishments

- Drop-off analysis – discovering the system gaps
- Improved access to SUD assessments
- Collection of all assessments used to ensure appropriateness
- Engaged in a system walk-through



*Key Family Drug Court Ingredients*

3

Increased management of  
recovery services and  
compliance with treatment

# Better Outcomes for Children and Families:

- Ensure parents enter substance use disorder treatment quickly, ideally within 30-60 days of child welfare petition (Green et al., 2007)
- Retain high-need parents in treatment for at least 15 months (Green et al., 2007; Roche, 2005; Worcel et al., 2007).



# Rethinking Engagement

*If you build it,  
will they come?*

Effective FDCs focus on  
effective engagement





# Rethinking Treatment Readiness & Engagement



Re-thinking “rock bottom”

*Addiction as an elevator*



“Raising the bottom”

# 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

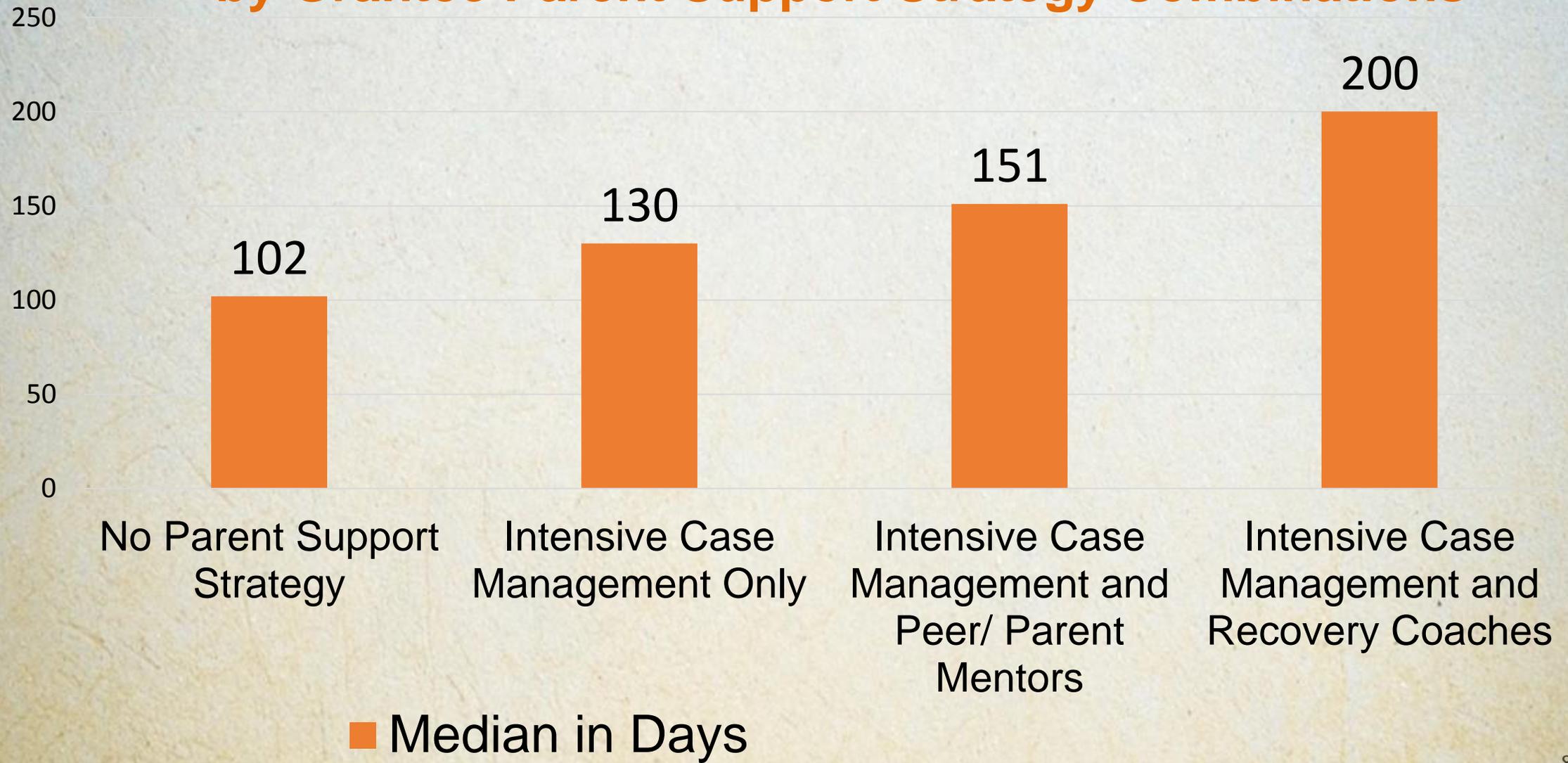
Experiential Knowledge, Expertise  
+ Specialized Trainings

**YOU NEED TO ASK:**

*What does our program and community need?*

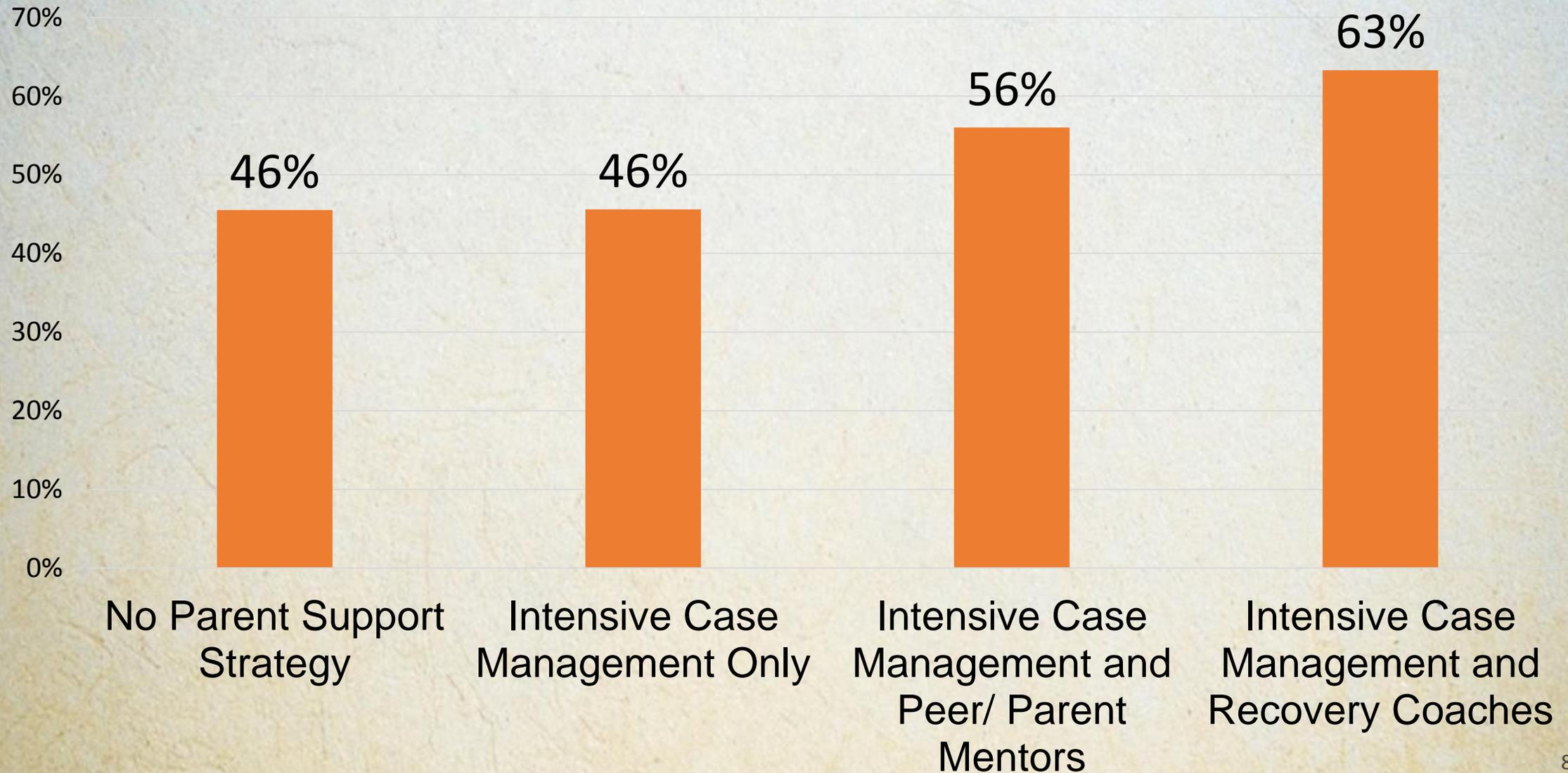


# Median Length of Stay in Most Recent Episode of Substance Use Disorder Treatment after RPG Entry by Grantee Parent Support Strategy Combinations





# Substance Use Disorder Treatment Completion Rate by Parent Support Strategies



# Recovery Support Matters

A Randomized Control Trial – Cook County, IL (n=3440)

**Timely  
Comprehensive  
Assessment**



**Early access  
to treatment**

# Recovery Support Matters

A Randomized Control Trial – Cook County, IL (n=3440)

**Timely  
Comprehensive  
Assessment**



**Recovery  
Coach**



**Early access  
to treatment**



# OHIO



## Accomplishments

- Increased the use of recovery support positions
- Enhanced training about child welfare to substance use disorder specialists
- Tracking time to treatment entry



# *Key Family Drug Court Ingredients*

4

Improved family-centered services and parent-child relationships

# FDC Practice Improvements

*Approaches to child well-being in FDCs are changing*



# Re-Thinking Family Recovery

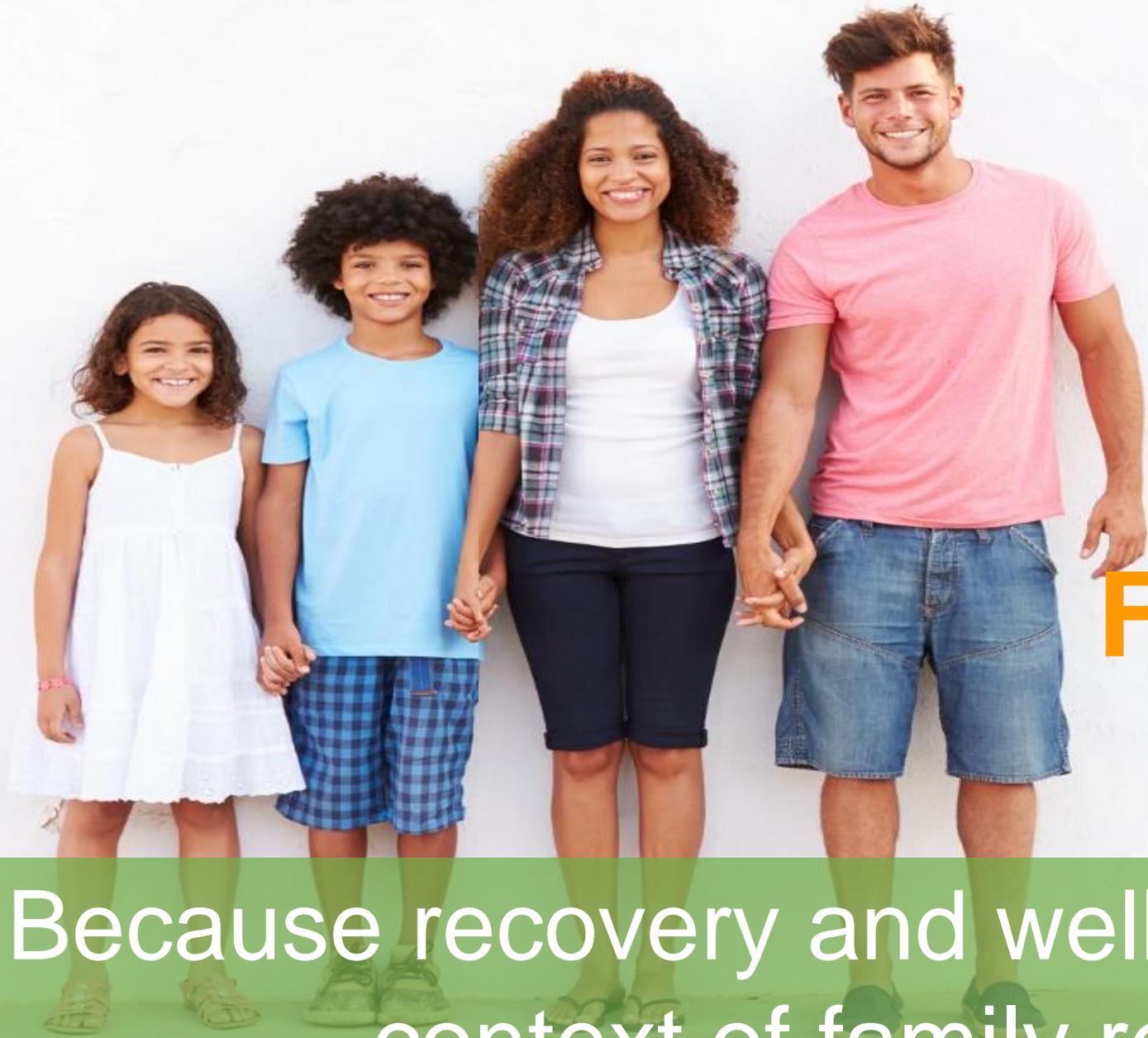
## What does Family Mean to You?

~85% of children in substantiated abuse and neglect cases either stay home or go home

- Stay Home
- Go Home
- Find Home

*Family Recovery is Relationship Based*



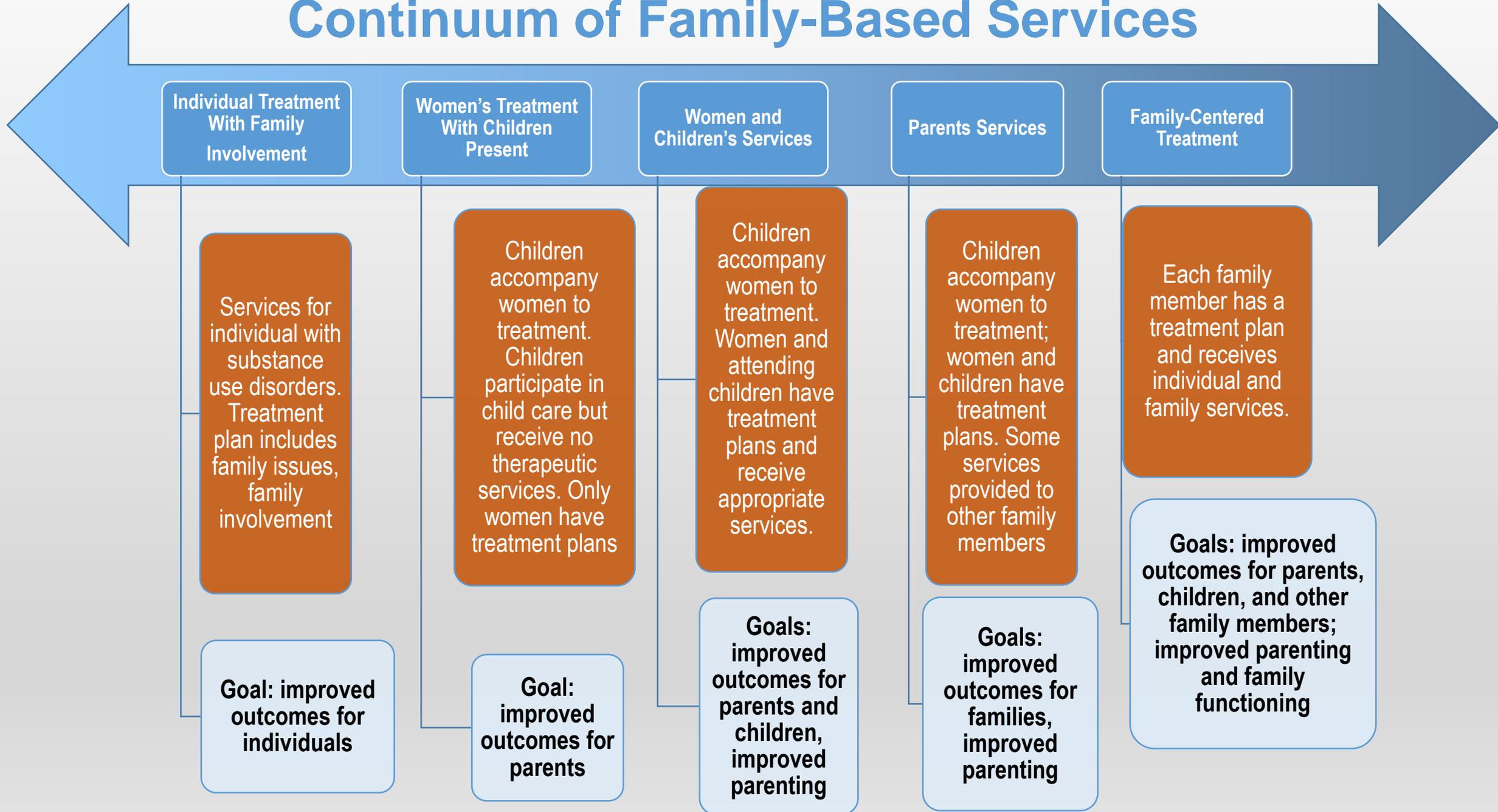


# Parent Recovery & Well-Being

# Family Recovery & Well-Being

Because recovery and well-being occurs in the context of family relationships

# Continuum of Family-Based Services



## Parent Recovery

Parenting skills and competencies  
Family connections and resources  
Parental mental health  
Medication management  
Parental substance use  
Domestic violence

## Child Well-being

Well-being/behavior  
Developmental/health  
School readiness  
Trauma  
Mental health  
Adolescent substance abuse  
At-risk youth prevention

## Family Recovery and Well-being

Basic necessities  
Employment  
Housing  
Child care  
Transportation  
Family counseling  
Specialized Parenting



**Family Recovery – Is not  
Treatment Completion  
Is not a Negative Drug Test**

*Family Centered Treatment for Women with Substance Use Disorders: History, Key Elements and Challenges*

» [http://www.samhsa.gov/sites/default/files/family\\_treatment\\_paper508v.pdf](http://www.samhsa.gov/sites/default/files/family_treatment_paper508v.pdf)

# Parent-Child: Key Service Components

Developmental &  
behavioral screenings  
and assessments

Quality and frequent  
visitation

Early and ongoing  
peer recovery support

Parent-Child  
relationship-based  
interventions

Evidence-based  
parenting

Trauma

Community and  
auxiliary support

# Better Outcomes for Children and Families:

- Provide **frequent and quality contact** while in out-of-home care
- Provide **parenting classes** that teach participants effective child caretaking, supervision, and disciplinary skills (Carey et al., 2012)
- Provide **specialized services** for families affected by methamphetamine, including neuropsychological testing and individualized educational plans for children, in-home support services for parents, and parent-child interaction therapy (Kissick et al., 2015)
- Administer **evidence-based family counseling**

# 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



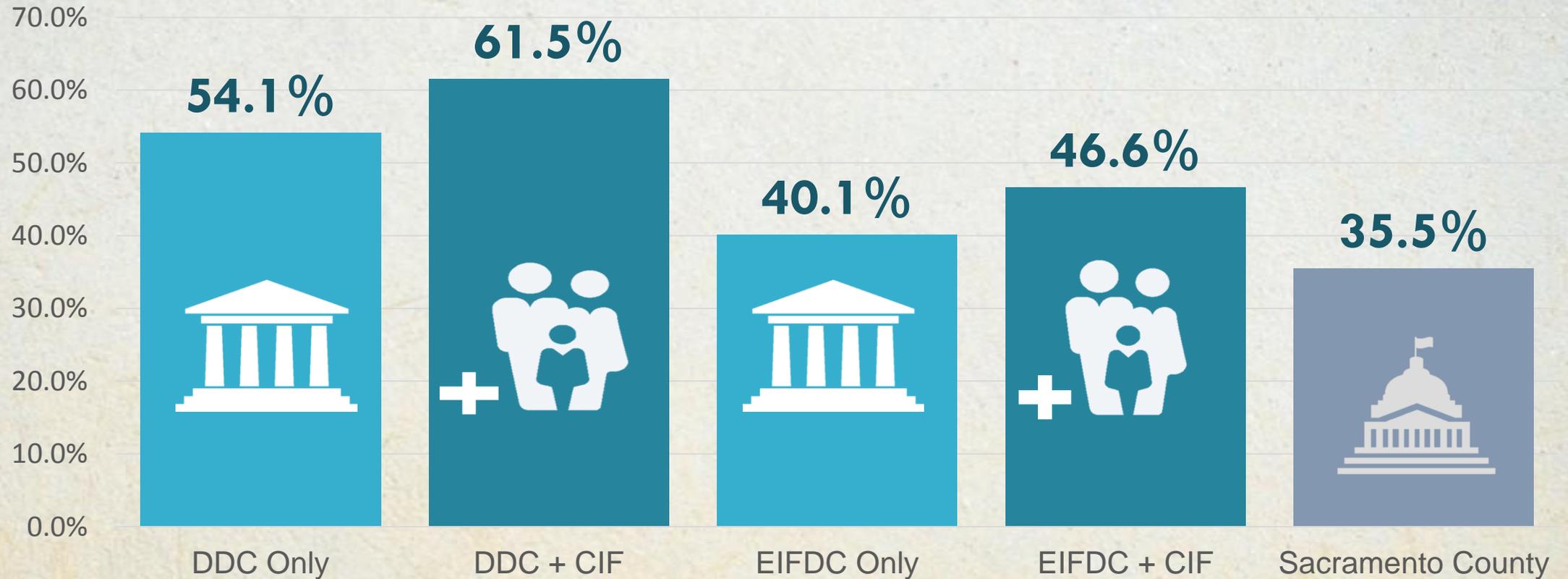
Improved  
outcomes

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

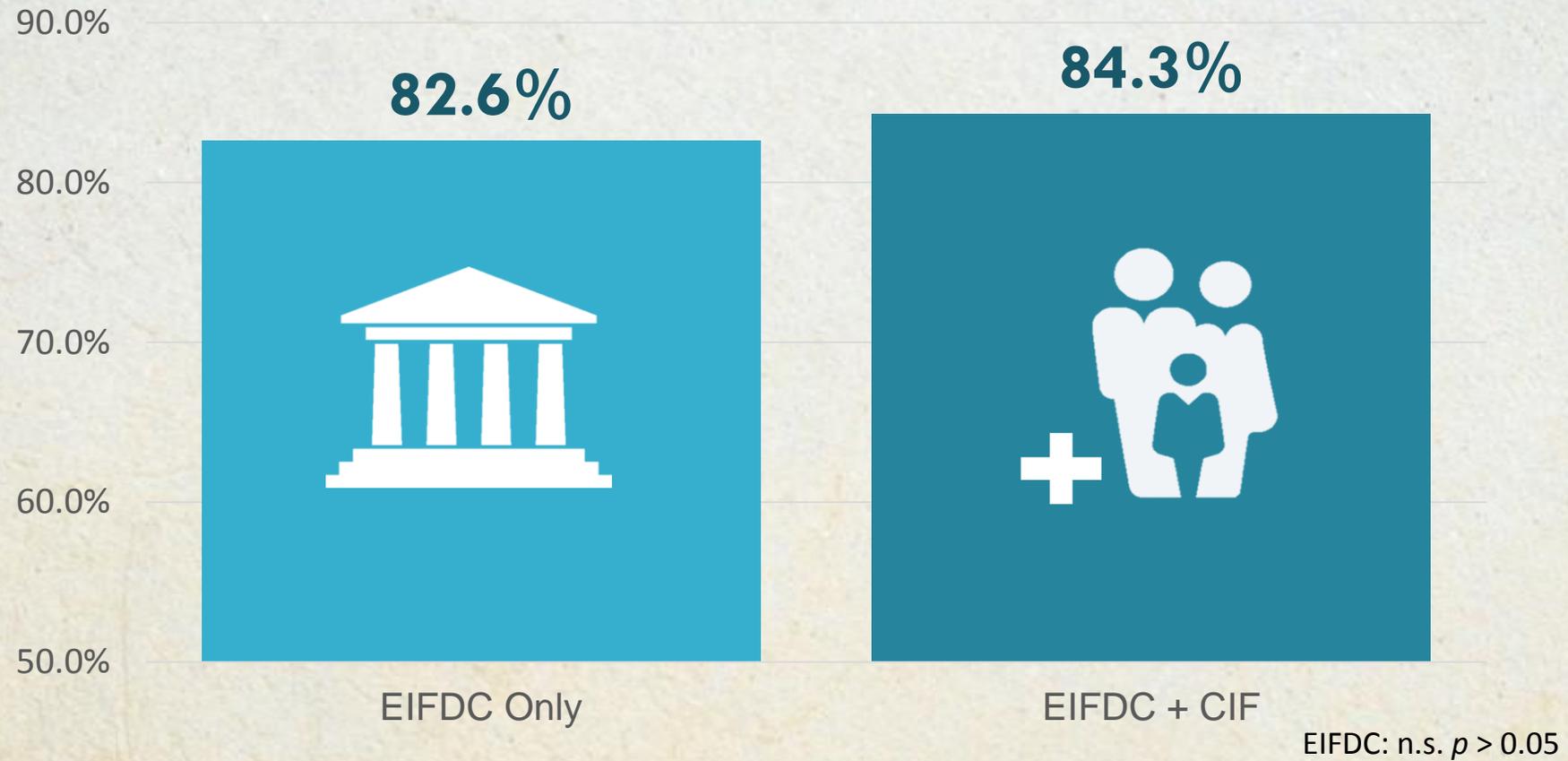


DDC and EIFDC:  $p < 0.05$

*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.*

# Remain at Home

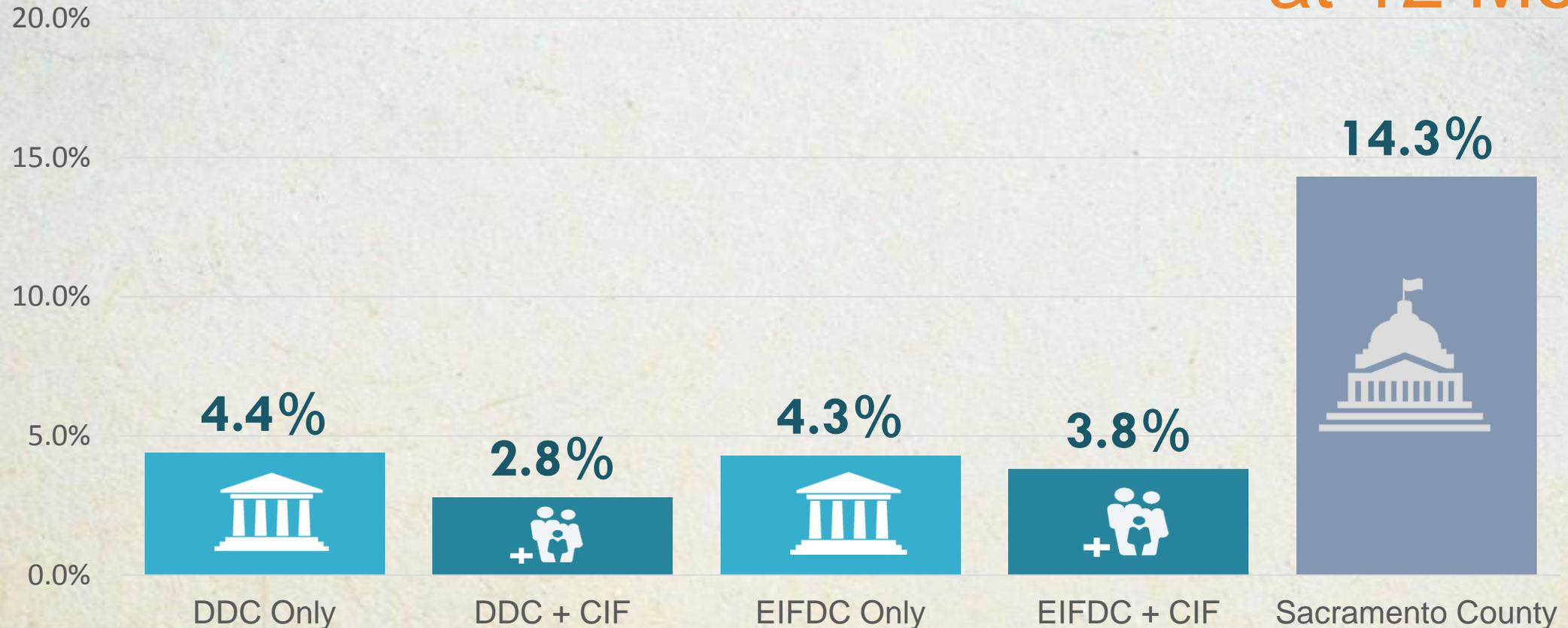
## Percent of Children Remaining at Home



*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.*

# Recurrence

## Recurrence of Maltreatment at 12 Months

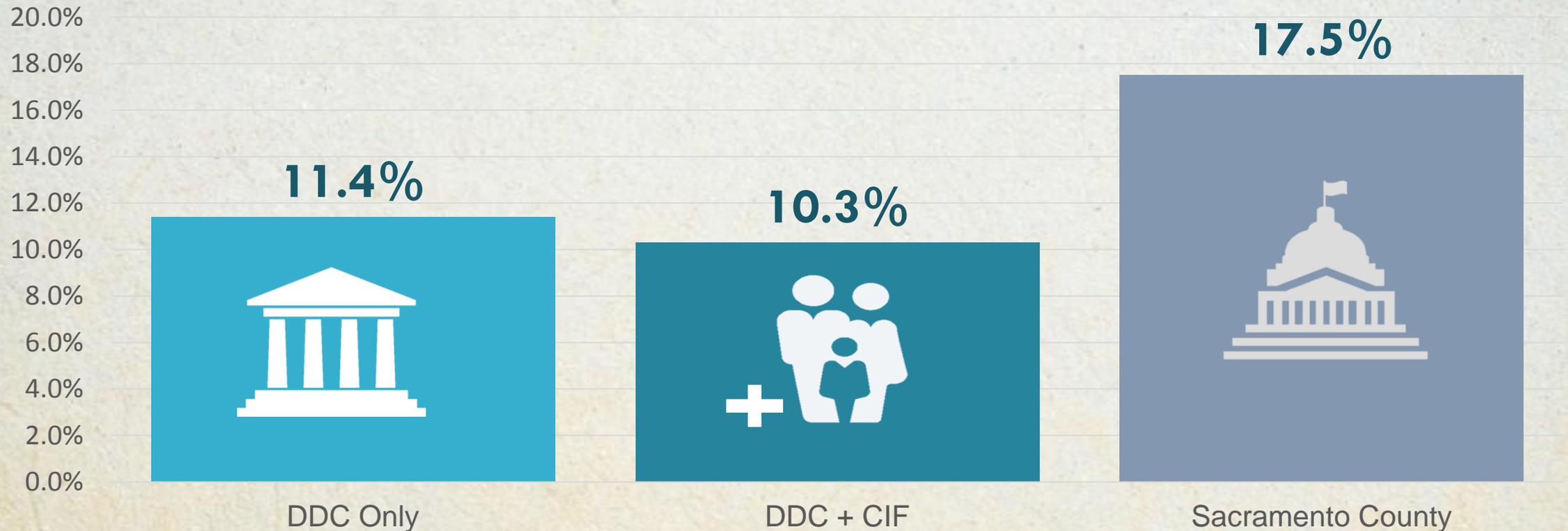


DDC and EIFDC: n.s.  $p > 0.05$

*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.  $p > 0.05$



OHIO



# Accomplishments

- Developed strategies to ensure all children receive developmental assessments
- Engaged in community mapping to identify family focused services
- Re-focus outcomes on full family wellness, not just treatment compliance

# TRANSITIONING TO A FAMILY-CENTERED APPROACH

Best Practices and Lessons Learned from  
Three Adult Drug Courts

JOIN US TOMORROW @ 11:00am!





*Key Family Drug Court Ingredients*

5

Increased judicial oversight

# Better Outcomes for Children and Families:

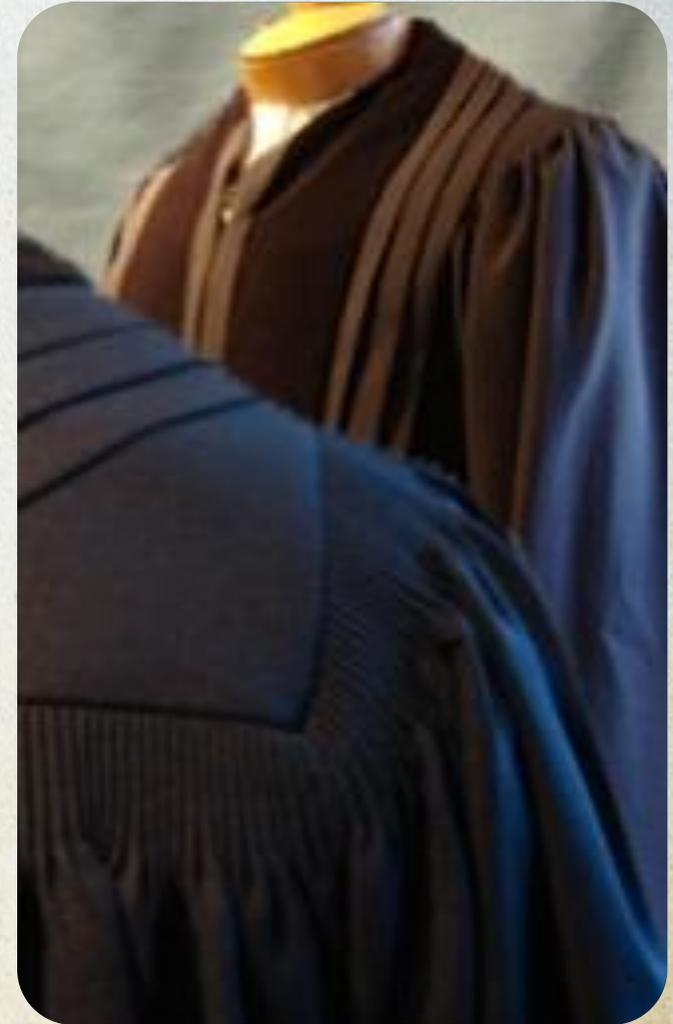
- Schedule frequent status hearings
  - Judicial Officer or Administrative Review
- Ensure judges speak directly to participants in court
- Treats them with respect and dignity
- Expresses support and optimism for their recovery

*Lloyd, M.H., et al., 2014; Somervell et al, 2005; Worcel, et al., 2007*



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



**OHIO**



# Accomplishments

- Schedule more frequent status hearings
- Increased Judicial training opportunities

# *Key Family Drug Court Ingredients*

6

Systematic response for participants – contingency management

# Responses to Behavior

## Safety

- A protective response if a parent's behavior puts the child at risk

## Therapeutic

- A response designed to achieve a specific clinical result for parent in treatment

## Motivational

- Designed to teach the parent how to engage in desirable behavior and achieve a stable lifestyle

# Three Essential Elements of Responses to Behavior

1. Substance use disorders are a disease of the brain.
2. Length of time in treatment is an important 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.

# 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.



# *Key Family Drug Court Ingredients*

7

Collaborative non-adversarial approach grounded in *efficient communication* across service systems and court

# The Collaborative Structure for Leading Change



# 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

## 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*



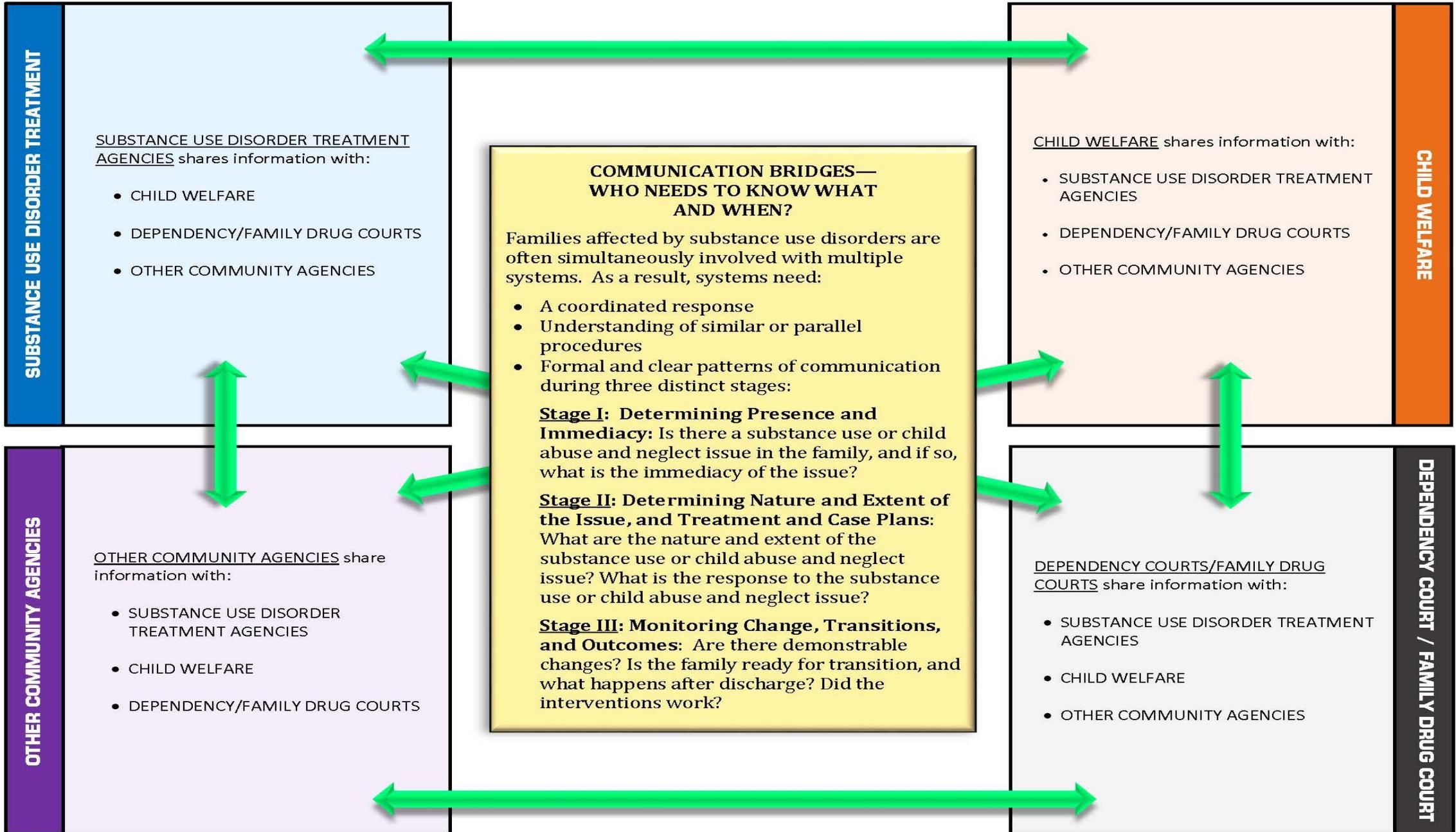
**Is This How we  
Communicate?**





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

# PATHWAYS OF COMMUNICATION



A young girl with braided hair is shown in profile, talking on a mobile phone. The background is dark with a thin white diagonal line.

# Cross-Agency Information Sharing to Improve Outcomes

JOIN US TOMORROW @ 11:00am!



# 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)

6,807 Substantiated cases of neglect and/or abuse due to  
substance use disorders (2012)

Potential participants assessed for treatment (Tx)  
25% drop off = 5,106

Number of participants deemed appropriate  
50% = 2,553

Number admitted to Tx= 1,788  
30% drop off

716 successfully completed  
Tx

- 60% drop off

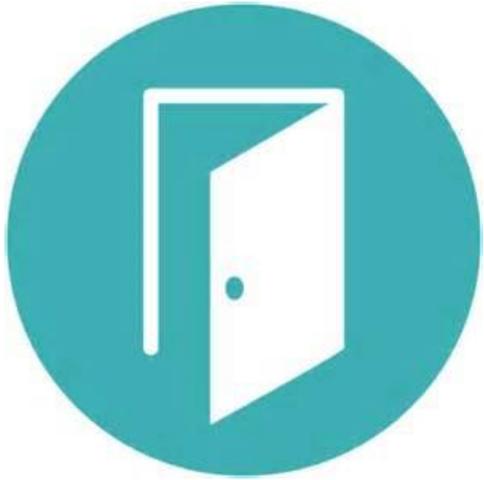
**Payoff**

- Drop off percentages estimated based on previous drop off reports
- To be used only as an example

# Warning Signs of Weak Governance



- Lack of clarity of roles and responsibilities
- Lack of understanding of function of different committees and how they interact
- Loss of momentum and commitment by members over time
- Missing partners or wrong levels of authority at the table
- Ineffective or inadequate information flow



# Opportunities to Build a Strong Infrastructure

- Identify the right people for the right committees and workgroups
- Be crystal clear about functions and membership
- Need strong leadership to pull and keep momentum in between meetings
- Ensure information flow between different committees and FDC Team
- Develop multi-year staff development plan that includes training on working together



OHIO



# Accomplishments

- Formalized governance structure
- Completed a data walk-through
- Developed a data dashboard
- Tracked compliance with administrative data sets for child welfare and SUD providers
- Developing formalized roles and responsibilities

# The Need to Do Better for More Families



**370 FDCs –  
many serving only  
5-10% of eligible  
families**

**The Need > FDC**

- Jurisdictions with largest proportion of out-of-home care
- States experiencing increases in out-of-home care caseloads due to opioid crisis

A blurred high-speed train is crossing a bridge over a field at sunset. The train is moving from left to right, and the background is a bright, hazy sky with a sun low on the horizon. The bridge structure is visible on the right side of the frame.

**What happens for those families?**

**The wrong zip code, county, or state....**

**The other side of the railroad tracks.....**

**Is it fair, Is it Justice?**



A permanent shift in doing business that relies on **relationships** across systems and within the community to secure needed **resources** to achieve better **results** and outcomes for all children and families.

**Systems Change**

A scenic landscape featuring a sunburst sky with rays of light, a range of green mountains, and a dense forest of evergreen trees in the foreground. The scene is framed by a white border.

# Q&A and Discussion



**Lunch**