A National Look at the Past, Present, Future of Family Drug Courts
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The Past
How did the FDC movement get here? Why the rapid growth? What happened?

The Birth of the FDC Movement

First FDCs convened in Reno, Nevada and Florida in 1994-1995
- Judges Charles McGee & John Parnham
- Judges Pach, Edwards, Milliken, Cohen, Ray, Thomas Merrigan and Commissioner Molly Merrigan

The Birth of the FDC Movement

First FDCs took concepts developed in criminal and then juvenile drug courts applying a collaborative approach to therapeutic jurisprudence

The study of the role of the law as a therapeutic agent. It focuses on the law’s impact on emotional life and on the psychological well-being of the individual — the impact on the “whole person.”

David Wexler — Therapeutic Jurisprudence: An overview. Paper delivered to the National Institute of Mental Health in 1987. Along with Professor Bruce Winick, University of Miami School of Law, who originated the concept with Wexler.

The Birth of the FDC Movement

“The family drug court, although similar to the adult drug court in terms of services and protocols, usually focuses on the “best interests of the child” … and this focus is the court’s paramount consideration in responding to the progress -- or lack thereof -- of the parent.”

Caroline S. Cooper, Coordinator, 1995 SJI National Symposium on the Implementation & Operation of Drug Courts; and Director, OJP Drug Court Clearinghouse and Technical Assistance Project School of Public Affairs/American University June 2000

The Birth of the FDC Movement

- Focused on early intervention and treatment based on a comprehensive needs assessment and case plan
- Client and system accountability for compliance through frequent court appearances
January 1994

“Call Me Tuesday”

The FDC Movement

The need for immediate and efficient intervention became overwhelming important in the face of implementing the Adoption and Safe Families Act.

Key Initial FDC Concepts

- Treatment protocol
- Random urinalysis
- Intensive treatment
- Incentives and sanctions
- Weekly court appearances
- Intensive accountability

Common Vision Extraordinary Effort

Three Systems with multiple:
- Mandates
- Training
- Values
- Timing
- Methods

Implications of ASFA (1997)

- Adoption and Safe Families Act, enacted in 1997 sought to address:
  - Cases lingering in the court system as parents cycled in and out of treatment
  - Children left in foster care for months or even years – (aka foster care drift)
  - Emphasis on establishing permanency within federally mandated timeframes
  - Created a need to find effective responses to substance abuse and child maltreatment within families
AFSA Clock

- In general, FDC’s strive to provide safe and stable permanent reunification with a parent in recovery within the time frames established by ASFA
- Responses aim to enhance the likelihood that the family can be reunited before the ASFA clock requires an alternative permanent plan for the child

The Most Important Clock

- The one that’s ticking on us
- How long do we have to act if our families have
  - 24 months to work and
  - 12 months to reunify?
- Taking this clock seriously means that we take aggressive action to reconcile the clocks on children and families

Blending Perspectives and Building Common Ground

- Report to Congress in response to the Adoption and Safe Families Act (AFSA) 1999
- Five National Goals established
  1. Building collaborative relationships
  2. Assuring timely access to comprehensive substance abuse treatment services
  3. Improving our ability to engage and retain clients in care and to support ongoing recovery
  4. Enhancing children’s services
  5. Filling information gaps

Leadership of Federal Government on Substance Abuse & Child Welfare Issues

- 1999 Report to Congress: Blending Perspectives and Building Common Ground
- 2000-2001 National Center on Substance Abuse and Child Welfare
- 2002-2007 Regional State Team Forums
- 2007-2012 Re-funding National Center on Substance Abuse and Child Welfare
- 2007-2012 OJP / OJJDP FDCP Grants
- 2000-2014 SAMHSA / CSAT CAM Grants

Common Ingredients of Family Drug Courts in 2002 Process Evaluation

- System of identifying families
- Earlier access to assessment and treatment services
- Increased management of recovery services and compliance
- Responses to participant behaviors (sanctions & incentives)
- Increased judicial oversight

Common FDC 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 (AODS)
  - Increase engagement and retention in treatment
  - Increase number of negative UA’s
  - Increase number of graduates
The Present

What do we know now? Where are we? What's being done? What are the needs?

Family Drug Courts - Nationwide

- California - 56
- New York - 55
- Florida - 22

13 States report no FDCs
- California, New York, Florida

40% of all FDCs in US

Source: National Drug Court Institute (NDCI) Survey, 2010

Family Drug Court Models

- Dependency matters
- Recovery management
- Same court, same judicial officer during initial phase
- Non-compliant case transferred to specialized judicial officer

INTEGRATED

DUAL TRACK

PARALLEL

HOME COURT INTENSIVE

Family Drug Courts - Nationwide

Source: National Drug Court Institute (NDCI) Survey, 2010

Federal-Funded FDC Projects

Family Drug Court Models

- Dependency matters
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HOME COURT INTENSIVE

2009-10 OJJDP FDCP Training and Technical Assistance Program

- Online Survey - 86 responses
- Site Interviews - 14 interviews
- Stakeholder Interviews - 9 interviews
- Review of FDC TTA Requests

FDC Needs Assessment Process
A Snapshot of Challenges and Barriers Faced by Family Drug Courts

- FDC Needs Assessment
- Site visits, data, and observation
- Technical assistance requests

FDCP Needs Assessment Findings: Challenges and Barriers

- Screening and Assessment - referral processes
- Engaging and retaining clients
- Comprehensive programs – Children’s Services
- Collaboration challenges
- Performance measures/data collection
- Budget and sustainability

Recent Drug Court Evaluations*

- Majority (32 or 67%) of states report lack of recent evaluation*
- 16 or 33% states report having done recent evaluations*:
  - Alaska and Maine reported specific evaluations of family dependency courts
  - 14 other states reported general evaluations such as process, outcome, and cost-benefit evaluations, juvenile delinquency court evaluations, and statewide evaluation programs (without specifying for which specialty court)*

*Not Family Drug Court specific
Source: National Drug Court Institute (NDCI) Survey, 2010

Common Factors: Success in Enrollment into FDC

- Strengthening of existing collaborative relationships or establishing new collaborative relationships with new partners or referral sources
- Strong pre-existing collaboration or established presence in the community

Larger Contextual/Community Events Impacting FDC Programs

- Legislative or policy changes
- State, County or other agency budget cuts or layoffs
- State, County or other agency personnel turn-over
- Service provider changes or issues
- Broader economic climate in target communities – Unemployment and job-related issues
- Changes in child welfare trends/caseloads
- New grant or related initiative in community/region

Key Issues & Challenges Facing FDC

Scale vs. Scope
Project vs. System
Scale and Scope Challenges

**Scale:**
To what extent can FDCs respond to the full range of treatment needs among the child welfare population—as opposed to remaining marginal to the whole system or “boutique courts”?

**Scope:**
To what extent can FDCs respond to the full range of co-occurring needs among the child welfare population—mental illness, family violence, family income and employment issues, developmental delays?

**Current Scale: Do We Know?**
- In most states with multiple FDCs, the average size is under 50 clients
- A few larger FDCs may serve as many as 400-500 clients annually in large counties
- The lack of a national database and in-depth data in most states on FDC scale means there is no accurate total of FDC clients

**The Project vs The System**
Some FDCs focus so heavily upon their project that they become isolated from the larger child welfare system, resulting in:
- Inability to track impact on the larger system
- Inability to develop to large enough scale to impact larger system

**Drop off Points**
15,029 cases referred for SA assessment
11,469 received SA assessment
24% drop off = 3,560
Number referred to SA treatment 7,022
Number made it to SA treatment 2,744
61% drop off = 844 successfully completed SA tx*

* This # may increase slightly as some clients are still enrolled in tx & may successfully complete in the future

The lack of Integrated or Coordinated Data and Information systems results in:
- Insufficient in-depth documentation of treatment and child welfare outcomes to enable evaluation of scale issues over time
- Lack of comparison between FDC child welfare outcomes to the entire child welfare caseload
- Lack of accurate data on caseload overlap among child welfare, treatment, mental health, child development, and other agencies
- Inability to determine if FDC results are able to “move the needle” in the larger child welfare system
Barriers to Going to Scale

• Preference for manageable caseloads and project-level scale
• Time requirements of intensive client case management
• Lukewarm buy-in from child welfare and treatment agencies, resulting in low referrals or screened-out clients due to narrowed eligibility requirements
• Desire to retain fidelity to an FDC model that may not have been developed at scale
• Inability to sustain funding for an FDC model beyond the level of single project

Barriers to Going to Scale

• Lack of resources or ability to redirect resources.
• Historically, lack of national FDC standards and performance standards; few states have FDC standards
• Limited national data on the number of FDC clients, and FDC outcomes
• Limited technical assistance available to FDCs

Barriers to Expanding FDC Scope

• Resistance to engaging with other systems
  – Work load and effort – The “It's Just one more Thing” Syndrome
• Other agencies' resistance to coordination with a caseload defined by child welfare
• Clarity in roles and responsibilities
  – Assessment of substance use disorders
  – Referral to treatment
  – Coordination of services (mental health, housing, vocational training, etc.)
• Gaps in resources

So How Did the Big ones Get so Big?

• Judicial leadership in convening interagency players and tracking outcomes over time
• Child welfare and treatment agency buy-in based on recognition that FDCs could directly improve their own outcomes
• Data systems and case management tracking that focused on both FDC project and larger system
• Annual evaluations that included cost offset data powerful enough to convince policy leaders to expand FDCs

Getting Better at Getting Along: Four Stages of Collaboration

FDC Project

Joint Projects

Information Exchange

Changing The System

Changing The Rules

Better Outcomes for Children and Families

Shared Data

Universal Screening

Shared Case Plans

“We have a program, but you don’t qualify” – December 2010

• “It doesn’t matter to me if she goes to treatment right away”
  – Child’s attorney
• “She can’t go to drug court, she’s charged with child endangerment”
  – Public Defender
• “She won’t qualify for family drug court because she is was in jail”
  – CWS Program Manager
“We have a program, but you don’t qualify” – December 2010

- “She can’t go to family drug court if she goes to residential”
  – CWS Program Manager

- “She can’t go to the residential women and children’s program that is funded for CWS families because her child will be 6 years old next October and it’s a year program for mothers with children 5 and under”
  – Residential Treatment Program Director

Focusing on Institutional Change

While many FDCs are able to “collaborate” at the level of FDC “project,” the ingredients for real systems change may not yet be present:

- Shared outcomes
- Universal substance abuse screening for all parents involved with child welfare
- Universal child maltreatment screening for parents involved in substance abuse treatment
- Joint (SA/CW) case planning and monitoring
- Shared data systems

Getting Better at Getting Along: Four Stages of Collaboration

Questions and Discussion

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FOR RESOURCES
Please visit our website:
http://www.cffutures.org/projects/family-drug-courts