

National Strategic Plan For Family Drug Courts

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Overview

The National Strategic Plan for Family Drug Courts (FDC), written by Children and Family Futures (CFF) through a training and technical assistance cooperative agreement with the Office of Juvenile Justice and Delinquency Prevention (OJJDP), outlines a coordinated national strategy to enhance and expand the use of FDCs to reach more children and families. When implemented well, FDC oversight and coordination can support parents through the treatment and recovery process while also keeping families together and ensuring children are safe and thriving. This national strategic plan lays out the key goals, strategies, and activities to improve the health of existing FDCs, engage state champions in FDC expansion, and ensure that all FDC stakeholders have the



most up-to-date information about best practices and cost considerations to support quality implementation.

OJJDP has played an important role in elevating FDCs as an effective strategy to meet the unique needs of children and families who are affected by parental substance use disorders and involved with the child welfare system. In 2015, OJJDP sponsored a National FDC Listening Session in Washington, DC to discuss the current state of FDCs, including barriers to further expansion. Participants in the listening session included state leaders, practitioners, and national experts representing FDCs, child welfare, and substance use disorder treatment agencies. Subsequently, OJJDP provided support to CFF for the development of a *National Strategic Plan for Family Drug Courts* to improve and expand FDCs through coordinated efforts at the federal, state and local levels.

The *National Strategic Plan for Family Drug Courts* was developed with input from broad cross-section of public and private stakeholders from across the country. As written, the plan belongs to all policymakers, practitioners, researchers, foundations and advocates who are committed to improving child welfare and substance use disorder treatment outcomes for children and parents. Achieving the goals envisioned in the plan will require the collective leadership of all of these stakeholders to be successful.

The Strategic Plan is organized as follows:

1. Provides the rationale for a National Strategic Plan for FDCs;
2. Outlines federal support for FDC expansion;
3. Summarizes the history and current status of FDC implementation; and
4. Shares future goals, strategies and activities for a more coordinated approach to FDC quality improvement and expansion

Rationale

Data on parental substance use confirm the need for effective strategies to support children and families with substance use disorders. Approximately 11% of children live with one or more parent who is dependent on alcohol or needs treatment for illicit drug abuse.¹ Between 2007 and 2014, the numbers of persons who misused prescription drugs, new users of heroin, and people with heroin dependence increased significantly.² Rates of dependence on heroin have doubled and overdose deaths increased 286% between 2002 and 2013.³

Substance use and child welfare involvement are intertwined and the data on families involved with the child welfare system who are affected by parental substance use disorders are troubling. Research indicates that an estimated 60 to 80 percent of substantiated child abuse and neglect cases involve substance use by a custodial parent or guardian.⁴ According to data from the Federal Adoption and Foster Care Analysis and Reporting System (AFCARS)⁵, parental alcohol and other drug use is the second most frequent reason children are removed from their parents. In addition, the percentage of children entering out-of-home care reporting parental drug use as a reason for removal increased from 22.1% in 2009 to 29.7% in 2014.⁶ This rise represents the largest increase of any reason for removal during the same time period.⁷

The evidence is clear that the current opioid crisis is having a dramatic impact on families nationwide and that child welfare and substance use treatment systems have a dire need for interventions to address child and family needs. Yet the impact of the opioid crisis on children and families must be placed in the broader context of parental substance use disorders generally, and what the nation has learned about how to comprehensively address treatment needs. FDCs are one strategy among many that have improved outcomes in the past, and can be improved and expanded to address this current crisis, as well as future shifts in drug use patterns.

Approximately 370 FDCs across the country have entered into collaborative partnerships among the courts, child welfare services, substance use disorder treatment agencies, and other community agencies. FDCs provide families involved with the child welfare system affected by substance use disorders with earlier access to comprehensive services, increased case management and judicial oversight for parent, children and families.

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Several evaluations have shown positive gains for families who participate in FDCs, including longer stays in treatment, higher treatment completion rates, greater numbers of children remaining at home, higher rates of family reunification, and fewer re-occurrences of child maltreatment and re-entries into out-of-home care.⁸ These results speak to the critical need for increasing access to FDC interventions for these families, particularly as child welfare agencies struggle to address the rising number of children entering out-of-home care as a result of the opioid crisis, the resurgence of methamphetamine and other drugs.

Communities across the country seek proven strategies to help parents and their children when substance use is a factor for involvement in the child welfare system. FDCs show promise, but more strategic direction is needed to ensure they are implemented as effectively as possible, expand with integrity to the model, and are targeted to the families they are most likely to help. The National Strategic Plan for FDC lays out a three-year path for moving the field toward these goals.

Funding Support

OJJDP and other federal partners have been essential leaders in efforts to enhance and expand FDCs. As a result of federally funded initiatives, the number of FDCs has increased nationwide from 10 in 1999 to 370 in 2016. Since 2009, OJJDP has provided grants to develop or enhance FDC programs in 45 states, localities, and tribes. In addition, OJJDP funds the FDC Peer Learning Court Program, which supports nine mentorship courts who lend their expertise to jurisdictions in the process of building or enhancing FDCs. Peer Learning Courts were chosen because of their use of evidence-based practices and demonstration of strong collaborative partnerships. More recently, OJJDP funded the Statewide Systems Reform Program (SSRP) to help states develop policies to standardize and institutionalize FDC practices across state systems so they can serve more families affected by parental substance use disorders who are involved in the child welfare systems. OJJDP's leadership and support of FDCs is consistent with its overall mission to reduce the effects of violence on children and youth through two-generation approaches.

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The Substance Abuse and Mental Health Services Administration (SAMHSA) is also a funder of FDCs. From 2010 to 2014, SAMHSA provided grants to over 30 FDCs across the country to expand and enhance their substance use disorder treatment capacity. SAMHSA also funded the Children Affected by Methamphetamine (CAM) program from 2010 to 2014. The CAM program focused on expanding and enhancing services to children and families, with the goal of improving

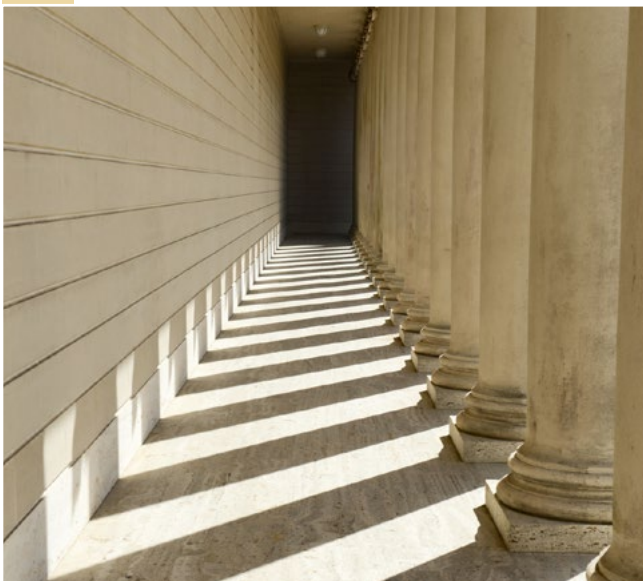


the safety, permanency, well-being, and treatment and recovery outcomes for children and parents involved with the child welfare system as a result of parental methamphetamine or other substance use disorders.

The Administration for Children and Families' Children's Bureau is another essential partner in the expansion of FDCs through its support of the Regional Partnership Grant (RPG), a competitive grant program created by the Child and Family Services Improvement Act of 2006. RPGs helps states, tribes and communities enhance interagency collaborations, expand access to comprehensive family-centered treatment, and implement evidence-based practices to improve child welfare and substance use disorder treatment outcomes. Many of the RPGs are operating FDCs as part of their continuum of strategies to support families involved with the child welfare system as a result of parental

7 Essential Practices to Improving Child Welfare and Substance Use Disorder Treatment

- 1 A system to identify families
- 2 Earlier access to assessment and substance use disorder treatment services
- 3 Increased management of recovery services and treatment compliance
- 4 Improved family-centered services and parent-child relationships
- 5 Increased judicial oversight
- 6 Systematic response for participants (sanctions, incentives and therapeutic adjustments)
- 7 Collaborative partnerships across child welfare and substance use disorder treatment agencies, courts and other community service systems essential to child development and parental recovery



substance use. The Children’s Bureau also administers the Court Improvement Program (CIP), which has been instrumental in promoting and supporting FDCs in some states.

Foundations have also contributed to improving the quality of and evidence base for FDCs. The Duke Endowment and the Doris Duke Charitable Foundation, for instance, are supporting the Prevention and Family Recovery (PFR) Initiative, which provides grants to experienced FDCs to integrate evidence-based parenting services and developmental and therapeutic services for children into the larger FDC system of care. The goals of the PFR Initiative are to improve family well-being and prevent the recurrence of child maltreatment.

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Despite the support that federal agencies and foundations have provided for FDCs, their combined funding represents only a fraction of the resources necessary to maintain a robust and effective network of FDCs nationwide. For FDCs to serve as a viable and long-term solution, it’s critical that state and local jurisdictions, private funders and other partners commit the leadership and resources necessary to expand the capacity of FDCs to meet the needs of children and families affected by parental substance use disorders who have come to the attention of the child welfare system.

Status of the FDC Model

The FDC model is a promising approach to improving outcomes for children and families affected by parental substance use disorders.

FDCs are an outgrowth of the adult drug court movement and emerged in 1994 to address the significant strain that rising caseloads were placing on child welfare and court systems. Early pioneers of FDCs began experimenting with more holistic and collaborative approaches to assessing and treating the unique needs of children and parents affected by substance use disorders.

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Since their inception, FDCs have helped child welfare agencies meet their core safety and permanency outcomes for children by helping parents gain access to substance use disorder treatment, achieve recovery, and reunify with their children in a timely manner.⁹ FDCs have since evolved to include the coordination of a full range of services and supports to keep families together and prevent the need for placements in out-of-home care. More recently, FDC partners are incorporating evidence based and evidenced informed programs that address the developmental needs of children, which is consistent with the field's broader focus on child well-being.

Over the years, FDCs have continued to incorporate practices that reflect a greater understanding of what works on the ground. FDC process evaluations have led to consensus on *7 Essential Practices* to improving child welfare and substance use disorder treatment outcomes through the FDC collaborative.¹⁰ In addition to the

7 Essential Practices, the recently published *Guidance to States: Recommendations for Developing Family Drug Court Guidelines (Guidance to States)* outlines the 10 essential components of effective FDCs.¹¹ First published in 2013, this publication was updated in 2015 to reflect findings from the research on effective strategies to achieve improved safety, permanency and well-being outcomes for children and effective treatment and recovery outcomes for parents.

The number of FDCs has grown in response to the need, but existing FDCs are serving only a fraction of the families who could benefit from the interventions and services.¹² The *National Strategic Plan for Family Drug Courts* sets a direction for improving and expanding FDCs in a way that is consistent with *Guidance to States*, while continuously refining the FDC model to build the evidence-base about what works for children and families affected by substance use disorders.



Goals

VISION

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.

The vision statement of the National Strategic Plan for FDCs articulates the values and beliefs of key leaders in the field and represents what the field would look like if FDCs were brought to scale to achieve their full potential.

The National Strategic Plan for FDCs envisions three primary and interrelated goals that can be addressed simultaneously to meet the needs of children and parents affected by substance use disorders.

1

Improve the effectiveness of the existing FDC network by assuring it operates with fidelity to the FDC Model

*Guidance to States*¹³ outlines the core values, principles, and implementation steps that every FDC should follow. However, too many FDCs are not operating in alignment with the recommendations embodied in the Guidance to States framework. There is also a need to move beyond this framework towards the development of national FDC standards, similar to the standards for adult drug courts. Challenges to quality implementation of FDCs include:

- Barriers to leveraging the full array of services and supports that families need to successfully stay together or reunify;
- Inadequate systems for identifying, screening and assessing families for treatment needs;
- Inability to provide long term recovery monitoring and aftercare services for families post-graduation or dependency case closure;
- More focus on the punitive aspects of drug testing than family supports, substance use disorder treatment services and recovery supports; and
- Lack of robust data systems for continuous quality improvement and evaluation to ensure the intervention is leading to the expected outcomes and enable the field to make the case for sustained funding.

Additionally, some FDCs may adhere to the core values and principles but are not serving the number of children and families they have the capacity to serve because of lack of buy-in from key stakeholders such as child welfare agencies, substance use disorder treatment agencies, judges, and attorneys. Many child welfare agencies are unaware of the potential for FDCs to help them achieve

their federally mandated child welfare outcomes of safety, permanency and well-being. As a result, families affected by substance use disorders who are involved with the child welfare system are not being referred to existing FDCs with the capacity to serve this population. Similarly, many parents are not receiving timely access to treatment, recovery supports, and other services that recognize the need for family-centered approaches to treat the unique needs of this population of families.

The existing national network of FDCs must be held to the highest possible standards to ensure they are effectively serving children and their parents. Over the next three years, the field will need to assess the effectiveness of existing FDCs to understand where improvements are most needed and provide the technical assistance and training for quality implementation.

Core strategies for quality FDC improvement include:

STRATEGY #1: Develop model standards to guide the daily operations of Family Drug Courts

- ▶ Convene an advisory group of FDCs, state systems stakeholders, and researchers to develop model standards similar to those being used by adult drug courts.¹⁴ The standards will cover daily operations of the courts (i.e. caseloads, frequency of drug testing, frequency of hearings, etc.), interagency service coordination, data and evaluation, resource allocation, and more.

STRATEGY #2: Conduct a national study and use results to design and coordinate technical assistance and training for quality improvement

- ▶ Conduct a national study to assess the strength of the existing network of FDCs and identify strategies to help all FDCs come into alignment with Guidance to States and the 7 Essential Practices.
- ▶ Based on results of the study, develop tools to help state teams fully assess their strengths and weaknesses and develop a plan for improvement.
- ▶ Develop targeted technical assistance and training packages that are aligned with findings of the study and target them to states that are highly motivated to make needed improvements to their FDCs. Additionally, identify opportunities for state and tribal teams to convene at regularly-scheduled judicial, child welfare, and substance use disorder treatment conferences.

STRATEGY #3: Convene FDCs annually to incorporate new knowledge about quality implementation and continue to assess the FDC model

- ▶ Host annual meetings of leaders in the FDC field to share innovative practices, hear about new policies and programs, and learn about new research. Future meetings should include all the leaders from the key partners needed for FDC success—courts, substance use disorder treatment agencies and child welfare.
- ▶ Coordinate FDC Policy Academies that bring together state leaders representing courts, child welfare and substance use disorder treatment agencies, and other key service providers to discuss strategies for improving the quality of FDCs across their state. Participants in the FDC Policy Academy will engage in strategic action planning that includes strategies to address the quality and the scale of their FDCs and a mechanism for ongoing monitoring.

Expand the reach of FDCs to keep families together and reduce child maltreatment

Currently, there are approximately 370 FDCs operating in the United States, serving just a fraction of the children and families who could benefit from them. Many large jurisdictions with the highest proportion of the out-of-home care caseload do not have a FDC in their community. Many of the states experiencing increases in out-of-home care caseloads have not yet considered FDCs as an effective intervention to address the current opioid/heroin crisis that is associated with the rising numbers of children in out-of-home care.

Additionally, numerous rural, suburban, and small tribal communities are struggling to address the prevalence of substance use disorders among families but may not have the volume of families needed for a full FDC model. For these jurisdictions, it might be more realistic to infuse elements of the FDC model into existing dependency court systems.

While further promotion of FDCs as a strategy will require continued national leadership and coordination, the next phase of expansion will be dependent on greater state and local commitment to their success. In particular, the *National Plan for Family Drug Courts* envisions a greater emphasis on cultivating the state leadership needed to prioritize FDCs as an effective strategy and leverage the federal, state, and private resources needed to achieve their full potential.

STRATEGY #1: Coordinate national leadership and strategies to promote FDC expansion

- ▶ Create “making the case” primers for governors, legislators, child welfare directors, substance use disorder treatment coordinators, and the courts to promote FDCs as a strategy to improve child and family outcomes and address the opioid and heroin crisis.
- ▶ Develop a national initiative for FDC expansion that is targeted to jurisdictions experiencing the largest increases in rates of out-of-home care caseloads and repeat child maltreatment. States can leverage a coordinated pool of federal, state and philanthropic funding to support this initiative.
- ▶ Engage philanthropic partners to promote FDCs and invest in training, technical assistance, and research and evaluation.

STRATEGY #2: Elevate opportunities for states to leverage ongoing federal, state, and private funding for FDC services

- ▶ Develop a primer that outlines strategies FDC stakeholders can use to leverage funding, including increases in and access to substance use disorder treatment and recovery services and funding for early childhood development, quality parenting, mental health, child welfare and other resources to keep families together and reduce child maltreatment.

STRATEGY #3: Infuse FDC strategies into dependency court and child welfare systems

- ▶ Engage the courts and the legal community as advocates for integrating effective FDC practices into the dependency court systems.
- ▶ Engage child welfare leaders in efforts to leverage federal and state funds that can be used to infuse effective FDC practices into the child welfare system.
- ▶ Engage state substance use disorder treatment coordinators to leverage federal and state funds that can be used to infuse effective FDC practices into the treatment system.

3

Continue to build the evidence base about what works for FDCs to improve outcomes for children and their parents

Findings from FDC evaluations clearly establish that they are effective in improving child welfare and substance use disorder treatment outcomes. These evaluations prove that FDCs work for both children and their parents. Additionally, the first generation of evaluations has helped to inform the key frameworks that guide FDC expansion and quality improvement in the field – *Guidance to States* and the *7 Essential Practices*.

The field is now ready for the next generation of research that will continue to build the evidence base for FDCs. This “second generation” research will examine FDC efficacy with much more specificity about the combination of program components that work for specific populations of children and parents. More specifically, the next generation of research will help the field better understand:

- ▶ Best practices, including for whom FDCs are most effective;
- ▶ Whether good outcomes are equally distributed across all groups and identities represented among actual and potential FDC participants;
- ▶ Essential practices for success;
- ▶ Fidelity issues;
- ▶ Any negative side effects from the FDC intervention;
- ▶ Cost considerations/standardization and the implications for sustainable funding; and
- ▶ Core components necessary for infusion of FDC strategies into dependency court and child welfare systems.

STRATEGY #1: Develop a “second generation” research agenda for FDCs to strengthen implementation science, evidence-based practice, and understanding of cost considerations

- ▶ Convene a research consortium with two primary responsibilities: (1) to make recommendations for a meta-analysis of FDC outcome studies and cross-site analyses of FDC operations research; and (2) to inform future directions in FDC evaluation, including options for funding research.
- ▶ Use the next wave of research findings to guide ongoing development of operational standards, future implementation science research, and state and local implementation.
- ▶ Understand the impact of FDCs on specific populations including historically disadvantaged groups.
- ▶ Build the capacity of FDCs to collect and analyze data for self-evaluation.

Summary

Our nation faces serious challenges in addressing the increasing number of children in out-of-home care as a result of parental substance use disorders. The evidence is strong that FDC participation provides families with access to promising interventions to reduce child maltreatment, reduce lengths of stay for children in out-of-home care, and help families achieve reunification while improving substance use disorder treatment and recovery outcomes for parents. Given recent and significant federal investments in FDCs, it is imperative that existing FDCs reach as many families as possible, and incorporate current knowledge about FDC best practices to achieve the positive outcomes for children and their parents. New FDCs are also desperately needed, particularly in communities with large numbers of children in out-of-home care as a result of parental substance use disorders.



“I love my children more than anything else, that’s why I stayed in Family Drug Court.”

– FAMILY DRUG COURT PARTICIPANT

The goals and strategies outlined above are designed to elevate FDCs in a more proactive, coordinated, and intensive way than ever before. This will require active engagement of multiple stakeholders, including:

- Federal agencies that are already invested in the success of FDCs;
- State leaders who are not yet fully aware of the potential to adopt FDCs;
- State leaders who understand the benefit of FDCs to provide funding and associates resources to assist in monitoring the quality and reach of current FDCs;
- Researchers who can continue to advance the evidence base for FDCs;
- Foundations who can support quality implementation and evaluation of FDCs;
- National organizations that stand ready to promote awareness about the FDC intervention.

Most importantly, FDCs hold promise to engage and motivate families in a way that gives hope for future generations. In the words of a family drug court participant, *“I love my children more than anything else, that’s why I stayed in Family Drug Court.”*

Endnotes

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- 13 Children and Family Futures (2013 rev 2015). *Guidance to States: Recommendations for Developing Family Drug Courts Guidelines*. Prepared for the OJJDP (OJJDP) Office of Justice Programs. Retrieved from: www.cffutures.org/files/publications/FDC-Guidelines.pdf.
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