Oklahoma State
Family Drug Courts:
Engaging and Empowering Families

May 10, 2016

Children and Family Futures
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The Big 7 – Key Ingredients for an Effective Family Dependency Treatment Court

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Acknowledgement

This presentation is supported by:

The Office of Juvenile Justice and Delinquency Prevention Office of Justice Programs
(2013-DC-BX-K002)

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Learning Objectives

- Gain an overview of FDC model and national outcomes, and key common practice ingredients to ensure effective practice
- 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!”
First Family Drug Courts Emerge – Leadership of Judges Parnham & McGee

Six Common Ingredients Identified (7th added – 2015)

Grant Funding – OJJDP, SAMHSA, CB

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

Institutionalization, Infusion, Sustainability

Systems Change Initiatives

Next

2014

2007

2004

2002

1994

FDC Movement
What have we learned?
How Collaborative Policy and Practice Improves

5Rs

Recovery
Remain at home
Reunification
Re-occurrence
Re-entry
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.
Median of 0.0 days indicating that it was most common for adults to access care the same day they entered CAM services.
Treatment Completion Rates

Percentage of retention in SATx through completion or transfer

- CAM: 43.6%
- RPG FDC: 56.6%
- RPG Comparison: 63.7%
Days in Foster Care

Median Length of Stay (days) in Out-of-Home Care

- CAM: 310 days
- RPG FDC: 356 days
- RPG Comparison: 422 days
Reunification Rates within 12 Months

- CAM: 84.9%
- RPG FDC: 73.1%
- RPG Comparison: 54.4%
Remained in Home

Percentage of children who remained at home throughout program participation

- **CAM**: 91.5% (n = 1999)
- **RPG FDC**: 85.1% (n = 1652)
- **RPG Comparison**: 71.1% (n = 695)

*This analysis is based on 8 RPG Grantees who implemented an FDC and submitted comparison group data.*
Re-occurrence of Child Maltreatment

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

- CAM Children: 2.3%
- RPG Children - FDC: 3.4%
- RPG Children - No FDC: 4.9%
- RPG - 25 State Contextual Subgroup: 5.8%

Total RPG Children = 22,558

n = 4776
Re-entries into Foster Care

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

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

$ 5,022  Baltimore, MD  Burrus, et al, 2011
$ 5,593  Jackson County, OR  Carey, et al, 2010
$ 13,104  Marion County, OR  Carey, et al, 2010
Key Family Drug Court Ingredients

The Big 7
Important Practices of FDCs

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

Sources: 2002 Process Evaluation and Findings from 2015 CAM Evaluation
Key Family Drug Court Ingredients

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Increased judicial oversight
The **higher the risk**, the more intensive the supervision and contingencies — and vice versa.

The **higher the need**, the more intensive the treatment and rehabilitation — and vice versa.

The higher the risk to the child in in-home cases and the higher the parents’ need for treatment in out-of-home cases, the more intensive the supervision of parents’ status and compliance is needed — **Six-month review hearings may not be sufficient.**
## Judge’s Role

<table>
<thead>
<tr>
<th>Traditional Court</th>
<th>Family Treatment Court</th>
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<tr>
<td>Judge calls “balls and strikes”</td>
<td>Judge is educated on substance abuse; Engages all the parties; and Leads a multi-disciplinary team focusing on addressing parental substance abuse</td>
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<tr>
<td>Judge seeks evidence of compliance with services and orders of the Court</td>
<td>Judge actively engages parent participants in dialogue; and Uses incentives and interventions to address parent behavior</td>
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<tr>
<td>Judge bases decisions on written reports and evidence presented by counsel</td>
<td>Judge inquires of parents, team, and others regarding parents’ compliance with program requirements</td>
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<tr>
<td>Judge relies on witness testimony offered by the parties</td>
<td>Judge relies on information from participant, the team, and others involved in providing parents a continuum of services</td>
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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

Lens, V. Against the Grain: Therapeutic Judging in a Traditional Court. Law & Social Inquiry. American Bar Association. 2015
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)
Key Family Drug Court Ingredients

6 Systematic response for participants – contingency management
A New Framework

FDC focus is on recovery

Responses are thus recovery oriented

Long-term success is based on motivation rather than coercion
• FDC’s goal is safe and stable permanent reunification with a parent in recovery within time frames established by ASFA

• Responses aim to enhance likelihood that family can be reunited before ASFA clock requires an alternative permanent plan for the child
Three Essential Elements of Responses to Behavior

1. Addiction is a brain disorder

2. Length of time in treatment is the key. The longer we keep someone in treatment, the greater probability of a successful outcome

3. Purpose of sanctions and incentives is to keep participants engaged in treatment
Model for Responding to Behavior

- Target behaviors for each phase of treatment
- Set clear expectations for each target behavior
- Set requirements for advancement based on behavioral change
- Respond to behaviors
- Evaluate Progress
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
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
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
Collaborative non-adversarial approach grounded in efficient communication across service systems and court.
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?
Challenges & Barriers

- Discipline-specific training
- Legal mandates and administrative codes
- Lack of trust between the systems
- Competing timelines
- Caseload volume
- Confidentiality provisions
Two Levels of Information Sharing

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

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

- Case Staffings
- Family Team Meetings
- Judicial Oversight
- More frequent review hearings
- Responses to behavior
Monitoring Outcomes

System Walk-Through
Assess effectiveness of system in achieving its desired results or outcomes

Data and Info Walk-Through
Who collects data, where is it stored, who uses it, who “owns” the data, levels of access
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

- Substantiated cases pulled from Iowa AFCARS data files
- Drop off percentages estimated based on previous drop off reports
- To be used only as an example
The Collaborative Structure for Leading Change

**Primary Functions**

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

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

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

**Membership**

- **Oversight/Executive Committee**
- **Steering Committee**
- **FDC Team**
Partners across systems have:

- Articulated clear and shared mission
- Identified shared goals and values
- Obtained knowledge about their own and each other’s data system capacities
- Established cooperative working relationships to track families’ involvement across systems
- Secured support and buy-in for performance monitoring at all levels and from attorneys
- Agreed that performance monitoring is part of standard best practice
FDCs have the opportunity and responsibility to draw upon the strengths of structured assessment and services of CWS and AOD systems and oversight of the Court to better serve families affected by parental substance use.
Collaborative Practice Implications

What do child welfare staff need from substance use disorder and mental health treatment practitioners to more effectively make decisions about the safety, permanency and well-being of children they are charged to protect?

What do substance use disorder and mental health treatment practitioners need from child welfare staff to more effectively assess and treat parents and children?