Understanding High-Risk High-Need in Family Drug Courts

Facilitated by Theresa Lemus

Doug Marlowe, JD, PhD & Nancy K. Young, PhD
Who should Family Drug Courts be serving?

How should they be identified and assessed?

Today’s Conversation
Q Why is the Discussion Needed? High-Risk High-Need in Family Drug Courts
Criminal Drug Court Model

Provide offenders who are non-violent and have a substance use disorder with a mandatory regimen of substance use treatment in lieu of prosecution or incarceration.

Judge monitors compliance through frequent court appearances and imposes a range of consequences contingent on performance.
Family Drug Court Model

Child Welfare Services assess child risk and safety and needs of child and family

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
How are **High-Risk High-Need** defined in the **Criminal Justice System**?
High-Risk
Greater likelihood of recidivism and poorer prognosis of success in a standard supervision or treatment program

Who to target

High-Need
Clinical disorders or functional impairments that are dynamic and changeable, and if treated decrease likelihood of future involvement in crime

What to target
Prevalent Risk Factors

- Current age < 25 years
- Delinquency onset < 16 years
- Substance abuse onset < 14 years
- Prior convictions
- Prior rehabilitation failures
- History of violence
- Antisocial personality disorder or psychopathy
- Familial history of crime or addiction
- Criminal or substance abuse associations
Prevalent Criminogenic Needs

• Substance dependence (addiction)
• Major Axis I psychiatric disorder + substance use
• Executive disinhibition
• Lack of basic employment skills (≠ unemployed)
• Lack of daily living skills (≠ unstable living arrangements)
How are High-Risk High-Need defined in the Child Welfare System?
Safety  
Risk  
Need
Safety

Current conditions within the family or the home which pose an immediate threat of danger to the child and the protective capacities within the home are insufficient to manage the threats of danger.

Is placement or removal out-of-home necessary?
Assessing Safety

Safety-decision making confronts the questions of:

• Whether or not children can remain safely in their own home (threat to child)
• How any threats will be managed so that safety is reasonably assured (caretaker protective factors)

For families affected by parental substance use:

• Identify correctly the drug-related safety threats and to evaluate the capacity of parents to protect children
• CWS to formulate actions that manage identified threats in least intrusive way.
The **likelihood** that maltreatment will occur or reoccur in the future.

Source: National Resource Center for Child Protective Services
Risk Factors – CWS vs. Criminal

Common Factors
• Severe substance use disorder
• Co-occurring mental health concerns
• Age
• Family history of substance use disorder

Factors unique to CWS
• Child characteristics
• Family characteristics

Risk is risk

Parent–child relationship
Risk

Is CWS supervision necessary?

Need

Service priorities and/or parental deficits in their ability to appropriately and/or adequately care for their children, improve family functioning and safety

Source: North Carolina Family Assessment Scale (NCFAS)

Safety

Is placement or removal out-of-home necessary?
Services to Support Safe Parenting and Family Recovery

**Parent**
- Parenting skills and competences
- Family connections and resources
- Parental mental health; co-occurring
- Medication management
- Parental substance use
- Domestic violence

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

**Family**
- Basic necessities
- Employment
- Housing
- Childcare
- Transportation
- Family counseling
Failure in treatment without increased supervision?

Tools for FDCs?

Safety
Is removal necessary?

Need
Level of treatment based on diagnosed severity

Risk
Is CWS supervision necessary?

Missing?
Target Population
Who Should Drug Courts Be Serving?
Drug Courts should focus resources on people most likely to reoffend and with the highest criminogenic needs.
Drug Courts that focus their efforts on high-risk and high-need offenders reduce crime approximately twice as much as those serving less serious offenders and return approximately 50% greater cost savings to their communities.

• Predictor variables ≠ moderator variables
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 are not sufficient.
CWS risk assessment practice has shown unique child and family risk factors. Risk assessment has also shown that continuum of substance use is not parallel to in-home or out-of-home placement. Consequently, high-risk high-need could include in-home cases.
80-85% of children in substantiated abuse or neglect cases stay home or return home.
How can FDCs serve a larger portion of the risk and need continuum in CWS population?

What are your strategic decisions in expanding the scale of your FDC?
Implications for Assessment

Q How should participants be identified?
Assessment is Critical

• Most of our strongly held beliefs, assumptions and heuristics are flat-out, unabashedly, completely and totally **wrong!**
• Structured assessments are superior to professional judgment
• Assess the **person**, not only the **case**
• Assess prior to entry of conditions
• Locally validated tools; limited and well-justified overrides
• Trained and competent assessors (GIGO)
Structured assessments are always far superior to professional judgment

Structured Assessments are critical

61% — the percentage of confirmed drug or alcohol dependence among substantiated abuse or neglect cases missed by front-line CWS social workers (Gibbons, Barth, Martin, 2005)
Diagnosing Substance Use Disorders

Experimental Use

NO USE  USE/MISUSE  MILD  MODERATE  SEVERE

2-3  4-5  6+

DSM V Criteria (11 total)
Some drug courts postpone clinical assessments until the participants have been admitted into the program. Clients may be at risk of being placed in the wrong treatment intervention.

Assessments should be prompt and timely

Under the Adoption and Safe Families Act of 1997, parents have limited time to comply with reunification requirements and demonstrate recovery and safe parenting. There is no time to lose.
How is your FDC utilizing AOD providers to work with CWS staff to facilitate screening and assessment (i.e. co-location)?

How is your FDC supplementing its child abuse and neglect risk assessments of substance use and impact on family?

How is your FDC ensuring that staff members conducting clinical assessments are properly trained in the administration of an assessment interview and well-versed in DSM-V criteria?
FDCs have the opportunity and responsibility to draw upon the strengths of structured assessment and services of CWS and AOD systems to better serve families affected by parental substance use.
COMPLETE YOUR EVALUATION

Session CG-1

Complete online by August 21st!
COMPLETE YOUR EVALUATION

Session CG-17

Complete online by August 21st!
Contact Information

Nancy K. Young, PhD
Executive Director
Children and Family Futures
nkyoung@cffutures.org

Doug Marlowe, JD, PhD
Chief of Science, Law and Policy
National Association of Drug Court Professionals
dmarlowe@nadcp.org