Moving Beyond Guidance: A Sneak Preview of the Upcoming National FDC Standards

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Acknowledgement

This presentation is supported by:
Grant #2016-DC-BX-K003 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice.
Learning Objectives

1. Explore the need and development of National FDC Standards and how they align with the National FDC Strategic Plan

2. Gain understanding of how National FDC Standards are aimed at both practice-level and systems-level change

3. Learn how states and local jurisdictions can use National FDC Standards to improve FDC practice
A Road Map for the Movement

Family Drug Court

National Strategic Plan

1. Ensure Quality Implementation
2. Expansion of FDC Reach
3. Build Evidence Base
What is the Need for National FDC Standards?
FDC Movement

1999 10
2001 40
2005 153
2010 322
2013 360
2015 340
2016 370
2017 495
Family Drug Court Movement

1994
First FDCs established in Florida & Nevada

10 Key Components (1997)

2002
6th added in 2015

2004
Grant Funding OJJDP, SAMHSA, CB

2007
Practice Improvements

2007
FDC Guidelines

2007
Systems Change Initiatives

2007
National Strategic Plan

2013
Updated 2015

2014
Expansion Infusion Evidence Base

2017
495

2018
FDC Standards

2018
Coming Soon

Regional Partnership Grants, Children Affected by Meth, FDC Enhance & Expansion

Children’s Services, Trauma, Evidence-Based Programming
Supported by the Office of Juvenile Justice and Delinquency Prevention

Center for Children and Family Futures

National Family Drug Court Standards

National Association of Drug Court Professionals

Related organizations:
- OJDP
- National Association of Drug Court Professionals
- Center for Children and Family Futures
- National Family Drug Court TTA Program
GOAL

To create model standards to guide the daily operations of family drug courts
FDC Guidelines as a Framework
Progress on Developing National FDC Standards

157 Effective Strategies
FDC Guidelines

73 Selected for potential inclusion in FDC Standards

Advisory Group Kick-Off Meeting
July 2017
Create Advisory Group
June 2017

Advisory Group Meeting, in Washington, DC
September 2017
Review Matrix for Selected Research-Based Strategies and Practice-Based Wisdom from the FDC Guidelines
August 2017

Advisory Group Meeting, in Alexandria, VA
March 2018
Development of First Drafts
January 2018

Advisory Group Meeting, in Houston, TX
May 2018

FDC Standards Completed by Fall 2018
## Advisory Group Leadership

<table>
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<th>NAME</th>
<th>AFFILIATION</th>
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<tbody>
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National Family Drug Court Standards

1. Organization and Structure
2. The Role of the Judge
3. Equity and Inclusion
4. Effective Communication Protocols for Information Sharing
5. Early Identification and Assessment
6. Quality Substance Use and Co-Occurring Disorder Treatment
7. Comprehensive Services and Supports for Parents, Children, and Families
8. Case Management and Monitoring
9. Responding to Participant Behavior
10. Data Collection, Analysis, and Evaluation
I. [Name of Standard]
   [Descriptive Paragraph]
   A. Specific Provision #1
      [Insert text here]
   B. Specific Provision #2
      [Insert text here]

RATIONAL
A. Specific Provision #1
   [Insert text here]
B. Specific Provision #2
   [Insert text here]

KEY CONSIDERATIONS
A. Specific Provision #1
   [Insert text here]
B. Specific Provision #2
   [Insert text here]

REFERENCES
1. Organization and Structure

[descriptive paragraph pending]

*Example Provisions:*

A. Key partners from the court, child welfare and substance use disorder treatment have developed shared mission and vision statements

B. The FDC has a governance structure in place with representatives from key partner agency leadership that sets policy for the FDC
Best Practice Highlight

- Ensure information flow within FTC Team and Governance Structure
- Develop data dashboard/Monitor case and program outcomes
The Collaborative Structure for Leading Change

**Membership**
- Meets
  - **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 or Bi-Weekly
        - Staff cases; ensuring client success

**Information flow**

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**Primary Functions**
- **Oversight/Executive Committee**
- **Steering Committee**
- **FDC Team**
Five Standing Agenda Items for Steering Committee Meetings

1. Data dashboard
2. Systems barriers
3. Funding and sustainability
4. Staff training and knowledge development
5. Outreach efforts
2. The Role of the Judge
Judicial leadership is critical to effective collaboration, planning, implementation and the ongoing operations of the family drug court (FDC). The role of the Judge to develop rapport with participants is often cited as one of the important components of the FDC. The judge also has the unique ability to bring together core systems leaders, stakeholders and community partners to ensure that all participate in the development, implementation and ongoing operations of the FDC. The judge works with the leaders, stakeholders and community partners to convene meetings in which they identify shared values, voice concerns and find common ground. The judge also works with agency leaders and partners to establish clear roles, and a shared vision and mission of the court, and works with core stakeholders to develop a governance structure in the form of a steering or stakeholders committee and operational team.

Example Provisions:
A. The FDC judge consistently attends pre-court staffing meetings with the FDC team and service providers to discuss current information critical to the participant’s progress. Interagency Collaboration
B. The FDC judge attends training events on legal and constitutional issues in drug courts, mental health, substance abuse and child welfare.
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 accolodes, and “tough love” when warranted and reasonable, helped them stick with court-ordered treatment (Farole and Cissner, 2005, see also Satel 1998)
3. Equity and Inclusion

Drug courts are first and foremost courts, and the fundamental principles of due process and equal protection apply to their operations (Meyer, 2011). All types of drug courts have an affirmative legal and ethical obligation to provide equal access to their services and equivalent treatment for all citizens.

*Example Provisions:*

A. Equivalent Retention: The family drug court should regularly monitor demographic data to ensure participants of minority groups complete the program at equivalent rates.

B. The family drug court should administer responses to behavior equally and fairly. They should regularly monitor the delivery of incentives and sanctions to ensure they are administered equivalently to all participants.
System Walk-Through

Data and Info Walk-Through

Measuring and Monitoring Equity

Assess effectiveness and fairness of system in achieving its desired results or outcomes for all participants

Who collects data, where is it stored, who uses it, who “owns” the data, levels of access
4. Effective Communication Protocols for Information Sharing

The FDC model provides for the coming together of agencies, departments, and jurisdictions that do not traditionally collaborate. The benefits of regular collaboration are immense, but requires diligent accountability from each team member and their agency for effective communication. To ensure communication is continually provided, is accurate, and is in compliance with all of the team member agencies confidentiality protections, information sharing protocols should be established at the outset of the FDC.

*Example Provisions:*

A. The FDC team has formal working agreements/memoranda of understanding that establish protocols for sharing clinical and case information about parents, children, and families in treatment, including the type and level of participant information that can be ethically and legally communicated.

B. The FDC team’s information-sharing protocols follow the confidentiality provisions of child welfare, substance use disorder treatment, and the dependency court.
Administrative Level (macro)
• Baselines and Dashboards
• Outcomes
• Sustainability

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

Two Levels of Information Sharing

Client

Program
5. Early Identification and Assessment

Families entering the child welfare system are promptly and systematically identified for potential eligibility. Eligibility and exclusion criteria for the Family Drug Court are predicated on best available evidence indicating which families can be treated safely and effectively in Family Drug Courts. FDC eligibility is confirmed using evidence-based assessment tools and procedures. Validated assessment instruments are promptly used to refer FDC participants for appropriate level of substance use disorder treatment. Validated child, parent, and family assessments of barriers to treatment completion and reunification continue throughout the case.

Example Provisions:

A. FDC has objective eligibility and exclusion criteria.

B. FDC team annually reviews eligibility and exclusion criteria and updates when necessary to improve FDC quality and inclusion.
What Do We Mean by Timely?
A Model for Early Identification, Assessment, and Referral

- Referral into CWS Hotline
- CWS Safety and Risk Assessment
- AOD Screening & Assessment
  - Referral to FDC or Appropriate LOC
  - Warm Hand-off (at multiple points)
  - Referral to FDC or Other LOC
- Detention Hearing
- Jurisdictional-Dispositional Hearing
- Status Review Hearing

- Typical Referral to FDC or Other LOC
A Systematic Approach

Objective & Systematic

- Clearly defined protocols and procedures, with timelines and communication pathways (who needs to know what and when)
- Eligibility criteria based on clinical and legal assessments
- Match appropriate services to identified needs

Subjective & Informal

- I refer all my clients to FTC because I know the people there
- I only refer clients who really want to participate
- Let me know when you get in the program
- I prefer to refer clients who are doing well on their CWS case plan
- I refer all my clients with a drug history to the FTC
6. Quality Substance Use and Co-Occurring Disorder Treatment

[descriptive paragraph pending]

Example Provisions:

A. FDC participants should have access to the five levels of treatment services across the continuum of care.

B. Substance use disorder treatment should address the needs of the parent(s) and the children, individually and as a family unit.
Diagnosing Substance Use Disorders

The FDC should ensure that structured clinical assessments are congruent with DSM-5 diagnostic criteria.

Experimental Use

- NO USE
- USE/MISUSE
- MILD
  - 2-3
- MODERATE
  - 4-5
- SEVERE
  - 6+

DSM-5 Criteria (11 total)
Levels of Treatment Services Across A Continuum of Care

Source: American Society of Addiction Medicine, 2016
7. Comprehensive Services and Supports for Parents, Children, and Families

[descriptive paragraph pending]

*Example Provisions:*

**A.** The FDC provides an array of comprehensive services and supports for parents, children and families to address identified needs.

**B.** The FDC develops family centered case plans for each family that integrate treatment, parenting interventions, children’s services, housing, employment/school, domestic violence and other services that match families’ identified needs.
Progression Towards Becoming Family-Centered

- Focus on Drug Court Model – focusing on Parent Recovery
- Focus on Child-focused assessments and services
- Focus on Family-centered Treatment includes parent-child dyad
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
8. Case Management and Monitoring
The FDC has a dedicated trauma-informed multidisciplinary team of professionals knowledgeable about child welfare, substance use disorders, mental health, domestic violence and child development and safety who use the results of assessments and reassessments to identify parent and child needs, develop case plans and refer parents and children to treatment and other complementary services and supports.

**Example Provisions:**

A. FDCs should employ dedicated and trauma informed recovery coaches or substance abuse specialists who are assigned to each parent for the duration of the case.

B. The case manager or other case management provider should develop case plans that cover a continuum of care beginning with the assessment and entry into treatment through aftercare and reunification. The case plan should be comprehensive in order to address all of the parent and child needs and should be modified by the FDC team and its partners over the life of the case.
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

**Practice Innovation: Recovery Support**

**Alameda County, CA:**

- All petitions reviewed for substance use by specialized trained court clerks
- Recovery Support Specialist attends hearings
- Engagement at the earliest point improves treatment outcomes
What Is Recovery?

SAMHSA’s Working Definition

Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.

Access to evidence-based substance use disorder treatment and recovery support services are important building blocks to recovery.

Recovery is not treatment!
**What is Recovery? SAMHSA’s Four Major Dimensions**

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<thead>
<tr>
<th><strong>Health</strong></th>
<th><strong>Home</strong></th>
<th><strong>Purpose</strong></th>
<th><strong>Community</strong></th>
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<tr>
<td>Overcoming or managing one’s disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being</td>
<td>Maintaining a stable and safe place to live</td>
<td>Conducting meaningful daily activities, such as a job, school, or volunteerism, and having the independence of income and resources to participate in society</td>
<td>Having relationships and social networks that provide support, friendship, love, and hope</td>
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9. Responding to Participant Behavior

FDCs should employ evidence-based principles of behavior modification to respond to participant behaviors and sustain their engagement in treatment and other support services.

*Example Provisions:*

A. The FDC team considers how responses to behavior may impact the participants’ dependency case and family connections.

B. The FDC team understands proximal and distal goals and how to relate that concept to incentivizing behavior. The FDC includes incentives that support improved family relationships.
Three Essential Elements of Responses to Behavior

Addiction is a brain disorder

The longer time in treatment, the greater probability of a successful outcome

Purpose of sanctions and incentives is to keep participants engaged in treatment
Setting Range of Responses

Consistent for individuals similarly situated (phase, length of sobriety time)

Avoid singular responses, which fail to account for other progress

Aim for “flexible certainty”
Proximal vs. Distal Responses

- Timing is everything; delay is the enemy
- Intervening behaviors may mix up the message
- Brain research supports behavioral observation; dopamine reward system responds better to immediacy
10. Data Collection, Analysis, and Evaluation

The FDC routinely monitors its adherence to best practice standards and employs scientifically valid and reliable procedures to evaluate its effectiveness. Evaluation and performance information is shared with stakeholders and used to improve practice and policy.

*Example Provisions:*

A. The FDC’s child welfare partner is asked to document the percentage of cases in which parental substance use is an identified problem. The FDTC collects and uses referral and admission data to monitor if families who are referred participate, and works with child welfare partners to assure all eligible families are referred.

B. Where such information is available, new maltreatment allegations, substantiation and case dispositions (including new removals, reunification and adoption) are monitored for at least three years following parental/caregiver entry into the FDC.
• What needles are you trying to move?
• What outcomes are the most important?
• Is there shared accountability for “moving the needle” in a measurable way, in FTC and larger systems?
• Who are we comparing to?
Q&A and Feedback Discussion
Resources and Next Steps
Contact Information

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