Acknowledgement

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Grant #2016-DC-BX-K003 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice.
8,700,000 children

Number of Children in Out of Home Care at End of Fiscal Year in the United States, 2000 to 2016

Note: Estimates based on children in foster care as of September 30

Source: AFCARS Data, 2000-2016
Number of Children in Out of Home Care at End of Fiscal Year in Vermont and the United States, 2000 to 2016

Note: Estimates based on children in foster care as of September 30

Source: AFCARS Data, 2000-2016
Number of Children who Entered Foster Care, by Age at Removal in the United States, 2016

N = 273,506

Note: Estimates based on children who entered out of home care during Fiscal Year

Source: AFCARS Data, 2016
Number of Children Under Age 1 who Entered Out of Home Care in the United States, 2000 to 2016

Note: Estimates based on children who entered out of home care during Fiscal Year

Source: AFCARS Data, 2000-2016
Number of Children Under Age 1 who Entered Out of Home Care in the United States and in Vermont, 2000 to 2016

Note: Estimates based on children who entered out of home care during Fiscal Year

Source: AFCARS Data, 2000-2016
Prevalence of Parental Alcohol or Other Drug Use as a Reason for Removal in Vermont and the United States, 2000 to 2016

Note: Estimates based on *all children in out of home care at some point* during Fiscal Year

Source: AFCARS Data, 2000-2016
Note: Estimates based on *all children in out of home care at some point* during Fiscal Year
Percent of Children Under Age 1 with Parental Alcohol or Other Drug Use as a Factor for Removal in the United States, 2000 to 2016

Note: Estimates based on children under age 1 who entered out of home care during Fiscal Year

Source: AFCARS Data, 2000-2016
Percent of Children Under Age 1 with Parental Alcohol or Other Drug Use as a Factor for Removal in the U.S., 2000 to 2016

Note: Estimates based on children under age 1 who entered out of home care during Fiscal Year

Source: AFCARS Data, 2000-2016
Parental Alcohol or Other Drug Use as a Reason for Removal by State, 2016

National Average: 35.3%

Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2016
Prevalence of Parental Alcohol or Other Drug Use as a Reason for Removal by State, 2016

Efforts in data collection have improved in recent years, but significant undercount remains in some states.

Note: Estimates based on all children in out-of-home care at some point during Fiscal Year

Source: AFCARS Data, 2016

- **Neglect**: 68.1%
- **Parent Alcohol or Drug Use**: 39.5%
- **Parent Unable to Cope**: 17.5%
- **Physical Abuse**: 14.1%
- **Inadequate Housing**: 13.0%
- **Parent Incarceration**: 7.5%
- **Abandonment**: 6.1%
- **Sexual Abuse**: 4.7%
- **Child Behavior**: 4.3%
- **Child Disability**: 3.0%
- **Child Alcohol or Drug Use**: 2.7%
- **Relinquishment**: 1.3%
- **Parent Death**: 1.1%

N = 129,377

**Note:** Estimates based on all children in out of home care at some point during Fiscal Year.

Source: AFCARS Data, 2016

- Neglect: 59.7%
- Parent Alcohol or Drug Use: 26.8%
- Parent Unable to Cope: 16.4%
- Physical Abuse: 8.0%
- Inadequate Housing: 7.8%
- Child Behavior: 5.2%
- Abandonment: 3.6%
- Sexual Abuse: 3.6%
- Relinquishment: 2.3%
- Parent Incarceration: 1.9%
- Child Disability: 0.6%
- Child Alcohol or Drug Use: 0.0%
- Parent Death: 0.0%

N = 477

Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2016
Number of Children in Foster Care at End of Fiscal Year by Age in the United States, 2016

N = 437,453

Note: Estimates based on children in foster care as of September 30, 2016

Source: AFCARS Data, 2016
Assistant Secretary on Planning and Evaluation (ASPE)  
Study on Substance Misuse and Child Welfare

• Quantitative
  • Identify the effect of substance use prevalence and drug death rates on child welfare caseloads, including:
    • Total reports of child maltreatment
    • Substantiated reports of child maltreatment
    • Foster care entries

• Qualitative
  • Interviews with over 170 professionals to understand barriers and practice challenges

ASPE, 2018
Assistant Secretary for Planning and Evaluation (ASPE) Study Findings: March 2018

Sources: CDC/NCHS, National Vital Statistics System, Mortality; HHS/ACF, Adoption and Foster Care Analysis and Reporting System.
Assistant Secretary for Planning and Evaluation (ASPE)
Study Findings: Relationship of Substance Use and Child Welfare Indicators

10% increase in the overdose death rate corresponds with

- Drug deaths: 10%
- Reports of maltreatment: 2.3%
- Substantiated Reports: 2.6%
- Foster Care Placements: 4.5%
Counties where Rates of Drug Overdose Deaths and Foster Care Entries were both above the National Median in 2015

Sources: ASPE Study Findings; CDC/NCHS, National Vital Statistics System, Mortality; HHS/ACF, Adoption and Foster Care Analysis and Reporting System.
The Need to Do Better for Families

Substance use disorders (SUDs) can negatively affect a parent's ability to provide a stable, nurturing home and environment. Most children involved in the child welfare system and placed in out of home care have a parent with a SUD (Young, Boles & Otero, 2007).

Families affected by parental SUDs have a lower likelihood of successful reunification with their children, and their children tend to stay in the foster care system longer than children of parents without SUDs (Gregorie & Shultz, 2001).

The lack of coordination and collaboration across child welfare, substance use disorder treatment and family or dependency drug court systems has hindered their ability to fully support these families (US Depart. of Health and Human Services, 1999).
The lack of coordination and collaborative approaches across child welfare, substance use disorder treatment, and family or dependency court systems has hindered their ability to fully support these families.
Addiction is not a choice. It’s a disease that can happen to anyone. Let’s welcome those struggling with addiction into treatment and support them in recovery.
Child Welfare

Treatment

Courts

Working together to improve the outcomes for families affected by child abuse and parental substance use
No single agency can do this alone
FDC Model as a Collaborative Solution

Judicial Oversight

Drug Court Hearings

Therapeutic Jurisprudence

Access to Quality Treatment and Enhanced Recovery Support

Comprehensive Services

Enhanced Family-Based Services
Since 2009, has provided TA and learned from over 325 FDC programs.
Family Drug Court Movement

1994 - First FDCs established in Florida & Nevada
10 Key Components (1997)

2002 - 7th added in 2015
6 Common Ingredients

2004 - Grant Funding
OJJDP, SAMHSA, CB

2007 - Practice Improvements
FDC Guidelines

2013 - Updated 2015
Systems Change Initiatives

2014 - National Strategic Plan

2015 - Expansion Infusion
Evidence Base

2017 - Coming Soon
FDC Standards

2018 - 450 Children's Services, Trauma, Evidence-Based Programming

Regional Partnership Grants, Children Affected by Meth, FDC Enhance & Expansion
When Systems Work Together, Families Do Better

5Rs

Recovery
Remain at home
Reunification
Repeat maltreatment
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.
Access to Treatment

Median # of days to admission

CAM

RPG FDC

RPG Comparison

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
- RPG FDC: 356
- RPG Comparison: 422

Days in Foster Care
Reunification Rates within 12 Months

Percentage of Reunification 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
Repeat Maltreatment

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

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAM Children</td>
<td>2.3%</td>
</tr>
<tr>
<td>RPG Children - FDC</td>
<td>3.4%</td>
</tr>
<tr>
<td>RPG Children - No FDC</td>
<td>4.9%</td>
</tr>
<tr>
<td>RPG - 25 State Contextual Subgroup</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

Total RPG Children = 22,558

n = 4776
Re-entries into Out-of-Home 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
- $5,593 Jackson County, OR
- $13,104 Marion County, OR

**Per Child**
- $16,340 Kansas
- $12,254 Sacramento, CA
Federal Legislative Changes

1. Comprehensive Addiction and Recovery Act (CARA) amendments to the Child Abuse Prevention and Treatment Act (CAPTA)

2. Omnibus Budget 2018 Funding for CAPTA

3. Families First Prevention Services Act (FFPSA)
Primary Changes in CAPTA Related to Infants with Prenatal Substance Exposure

- **1974**: Child Abuse Prevention and Treatment Act (CAPTA)
- **2003**: The Keeping Children and Families Safe Act
- **2010**: The CAPTA Reauthorization Act
- **2016**: Comprehensive Addiction and Recovery Act (CARA)
CARA’s Primary Changes to CAPTA

1. Further clarified population to infants “born with and affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder,” specifically removing “illegal”

2. Specified data to be reported by States

3. Required Plan of Safe Care to include needs of both infant and family/caregiver

4. Specified increased monitoring and oversight by States to ensure that Plans of Safe Care are implemented and that families have access to appropriate services
Prior appropriation for CAPTA was $20 Million

Omnibus Budget for 2018

Appropriated $60 million for CAPTA with a priority for implementing plans of safe care

Bill passed out of House yesterday authorizing $60 million/year for five years
Families First Prevention Services Act
Historic changes to federal **child welfare financing**

- Information memo was released by the Children’s Bureau April, 2018

- Allows title IV-E foster care payments for up to 12 months for an eligible child placed with a parent in a licensed residential family-based substance abuse treatment facility.

  - **Implementation Date: October 1, 2018**
  
  - Facility services must include parent skills training, parent education, individual and family counseling and services must be trauma-informed
• Provides optional Title IV-E funding for time-limited (one year) prevention services for mental health/substance abuse and in-home parent skill-based programs for families and the children who are candidates for foster care.

  • **Implementation Date: October 1, 2019**
  
  • Programs or services used must be on ACF’s public clearinghouse of evidence based programs as promising, supported, well supported practices.

• Reauthorization of Regional Partnership Grants

  • **FY 2019 Grants**

  • State Child Welfare and SSA must be a Partner in the Application, and if RPG is to serve children in out-of-home care, the Court is a required partner and requires grants be dispersed in two phases: planning and implementation.
Both major legislative changes have a common theme: **FAMILY CENTERED CARE**

How does this movement align with your current practices?

“I wish my parents got drug treatment”

“the remarkable ability to find their way home, even across huge and disorienting distances”
Break
Family Drug Court National Strategic Plan

3 Goals

1. Ensure Quality Implementation
2. Expansion of FDC Reach
3. Build Evidence Base

National Strategic Plan For Family Drug Courts
MARCH 2017

This project is supported by the David Z. 191.000.000 awarded by the Office of Community, Justice and Delinquency Prevention, Office of Juvenile Justice and Delinquency Prevention. This grant is subject to transmission agreements to the grantee as well as subject to the terms of the Department of Justice.
The Vision — For All Families

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.
We Know What Works For Children and Families
Family Drug Court Models

**INTEGRATED**
- Dependency matters
- Recovery management
- Same court, same judicial officer

**PARALLEL**
- Recovery matters
- Specialized court services offered before noncompliance occurs
- Compliance reviews and recovery management heard by specialized court officer

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

**INFUSION**
- Dependency matters
- Recovery management
- Infusion of the seven key ingredients in place for all families within regular dependency process
Is there a continuum of FDC Interventions?

**In-Home Services**
- Judicial or Administrative Reviews
- Petition held in abeyance contingent on participation

**Infusion of 7 Key Ingredients for All Families affected by Substance Use Disorders**

**Family Treatment Court**
- Child in Protective Services
- Reviews customized to Respond to Family Needs
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
Family Drug Court Guidelines 2016

- CCFF with support from OJJDP, in partnership with Federal and State stakeholders
- Based on research, previous publications, practice-based evidence, expert advisers and existing State standards
- Resource tool for states and local courts; many have developed State standards and certification protocols
- Adopt a systems perspective to create systems changes and lasting impact

Shared Mission & Vision

Shared Outcomes

Agency Collaboration
- Interagency Partnerships
- Information Sharing
- Cross System Knowledge
- Funding & Sustainability

Client Supports
- Early Identification & Assessment & Access
- Needs of Adults
- Needs of Children
- Community Support

FDC Recommendations
National Standards for Family Drug Courts

COMING SOON

NATIONAL FAMILY DRUG COURT
TTA Program

Children and Family Futures
Strengthening Partnerships, Improving Family Outcomes
Collaborative Governance Structure

Information Flow

Levels of Governance

Oversight/Executive Committee

Steering Committee

CCCT Team

Ensure long-term sustainability and final approval of practices and policies

Remove barriers to ensure program success and achieve project's goals

Staff cases; ensure client success

Director Level

Quarterly

Monthly/Bi-weekly
Collaborative Governance Structure

Levels of Governance

Oversight/Executive Committee

Steering Committee

Court Team

Membership

Director Level

Management Level

Front-line Staff

Information Flow
Collaborative Governance Structure

Levels of Governance:
- Oversight/Executive Committee
- Steering Committee
- CCCT Team

Membership:
- Director Level
- Management Level
- Front-line Staff

Meeting Frequency:
- Quarterly
- Monthly/Bi-weekly
- Weekly/Bi-weekly

Ensure long-term sustainability and final approval of practice and policy changes.

Remove barriers to ensure program success and achieve project's goals.

Staff cases; ensure client success.

Information Flow

Collaborative Governance Structure
Collaborative Governance Structure

Levels of Governance

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

Steering Committee
- Management Level
  - Monthly/Bi-weekly
  - Remove barriers to ensure program success and achieve project’s goals

CCCT Team
- Front-line Staff
  - Weekly/Bi-weekly
  - Staff cases; ensure client success
## Collaborative Governance Structure

<table>
<thead>
<tr>
<th>Levels of Governance</th>
<th>Membership</th>
<th>Meeting Frequency</th>
<th>Primary Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oversight/Executive Committee</td>
<td>Director Level</td>
<td>Quarterly</td>
<td>Ensure long-term sustainability and approval of practice and policy changes</td>
</tr>
<tr>
<td>Steering Committee</td>
<td>Management Level</td>
<td>Monthly/Bi-weekly</td>
<td>Remove barriers to ensure program success and achieve project’s goals</td>
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<tr>
<td>CCCT Team</td>
<td>Front-line Staff</td>
<td>Weekly/Bi-weekly</td>
<td>Staff cases; ensure client success</td>
</tr>
</tbody>
</table>

Subcommittees/Working Groups – to address specific, emerging issues (e.g., data, recruitment)
Sacramento County
Early Intervention and Dependency Drug Court Model

- Child in Custody
  - In-Home Care
  - Detention Hearing
  - Jurisdictional Hearing
    - Early Intervention Specialist (EIS) Assessment & Referral to STARS
    - Disposition Hearing
      - Referral to Treatment
        - Level 1 DDC Hearings
          - 30 Days
          - 60 Days
          - 90 Days
        - Level 2 Weekly or Bi-Weekly Hearings
          - 180 Days Graduation
        - Level 3 Monthly Hearings
  - Six Month reviews
  - Permanency Hearing at 12 Mos

EIFDC: Petition held, Administrative Reviews with Retired Judge, if not successful, petition filed

- STARS Voluntary Participation
- STARS Case Plan/Voluntary Participation
1. Early Assessment, Identification and Referral

Families do better when they are identified, assessed and engaged in treatment as soon as possible

• Respond to the crisis and moment of opportunity
Access to Treatment & Completion

• Despite the prevalence of substance use disorders in CWS, percentage of parents who actually receive services is limited, compared to the need.

• More than 60% of parents in CWS cases do not comply adequately with the conditions to attend substance use disorder treatment, and more than 80% fail to complete treatment successfully (Oliveros & Kaufman, 2011, Rittner & Dozier, 2000; US General Accounting, 1998)
In a longitudinal study of mothers (N=1,911)

- Entered substance abuse treatment faster after their children were placed in substitute care
- Stayed in treatment longer
- Completed at least one course of treatment
- Significantly more likely to be reunified with their children

Source: Green, Rockhill & Furrer (2007)
2. Enhanced Recovery and Family-Centered Support

Families do better when they receive enhanced recovery support and services to heal the parent-child relationship.
Better Outcomes for Children and Families:

• Ensure parents enter substance use disorder treatment quickly, ideally within 30-60 days of child welfare petition (Green et al, 2007)
• Retain high-need parents in treatment for at least 15 months (Green et al., 2007; Roche, 2005; Worcel et al, 2007).
Rethinking Treatment Readiness & Engagement

- Re-thinking "rock bottom"
- Addiction as an elevator
- "Raising the bottom"
Titles and Models

- Recovery Support Specialist
- Substance Abuse Specialist
- Recovery Coach
- Recovery Specialist
- Parent Recovery Specialist

You need to ask:
What does our program and community need?

Experiential Knowledge, Expertise

Experiential Knowledge, Expertise + Specialized Trainings

- Peer Mentor
- Peer Specialist
- Peer Providers
- Parent Partner
Recovery Support Matters

A Randomized Control Trial of Recovery Coaches in Child Welfare
Cook County, IL (n=3440)

Comprehensive Screening & Assessment + Early Access to Treatment

Consistently High Reunification Rate

(Ryan et al., 2017)
Recovery Support Matters
A Randomized Control Trial – Cook County, IL (n=3440)

Comprehensive Screening & Assessment + Early Access to Treatment = 31% increase in reunification

(Ryan et al., 2017)
Because recovery and well-being occur in the context of family relationships.
FDC Practice Improvements

In the context of parent’s recovery

Child-focused assessments and services

Family-centered treatment (includes parent-child dyad)
Families did better when there was frequent, quality visitation.

Families did better when parent and children were involved in case planning.
Recovery occurs in the context of relationships

- Substance use disorders affect the whole family
- Adults (who have children) primarily identify themselves as parents
- The parenting role and parent-child relationship cannot be separated from treatment
- Adult recovery should have a parent-child component
What Research and Practice Tell Us:

- Attachment-based treatment practices have produced **positive outcomes for women and children** in both residential and outpatient settings.

- Family-focused treatment has produced **improvements in treatment retention, parenting attitudes, and psychosocial functioning**.

- Post-partum women who had their infants living with them in treatment had **highest treatment completion rates and longer stays in treatment**.
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 Informed and Trauma Specific
- Community and auxiliary support
Continuum of Family-Based Services

Parent’s Treatment With Family Involvement
- Services for parent(s) with substance use disorders
- Treatment plan includes family issues and family involvement

Goal: Improved outcomes for parent(s)

Parent’s Treatment With Children Present
- Children accompany parent(s) to treatment
- Children participate in child care but receive no therapeutic services
- Only parent(s) have treatment plans

Goal: Improved outcomes for parent(s)

Parent’s and Children’s Services
- Children accompany parent(s) to treatment
- Parent(s) and attending children have treatment plans and receive appropriate services

Goals: Improved outcomes for parent(s) and children, better parenting

Family Services
- Children accompany parent(s) to treatment
- Parent(s) and children have treatment plans
- Some services provided to other family members

Goals: Improved outcomes for parent(s) and children, better parenting

Family-Centered Treatment
- Each family member has a treatment plan and receives individual and family services

Goals: Improved outcomes for parent(s), children, and other family members; better parenting and family functioning
Factors for Successful Reunification

- Family-centered approach to services
- Collaborating with agencies across systems to build a family-centered model
- Coordinated case work
- Parenting and sibling time
- Supporting reunification, post-reunification and preventing re-entry

Sources: Supporting Reunification and Preventing Reentry Into Out-of-Home Care (February 2012) and Family Reunification: What the Evidence Shows (June 2011) - Child Welfare Information Gateway, Children’s Bureau/ACYF
Impact of Visitation on Reunification Outcomes

- Children and youth who have regular, frequent contact with their families are more likely to reunify and less likely to reenter foster care after reunification (Mallon, 2011).

- Visits provide an important opportunity to gather information about a parent’s capacity to appropriately address and provide for their child’s needs, as well as the family’s overall readiness for reunification.

- Parent-Child Contact (Visitation): Research shows frequent visitation increases the likelihood of reunification, reduces time in out-of-home care (Hess, 2003), and promotes healthy attachment and reduces negative effects of separation (Dougherty, 2004).
Facilitating Quality Visitation

• Rethink language - *Parenting time or Family time* (vs. visitation)
• Recognize visitations as a right and need (vs. privilege, reward, incentive)
• Ensure frequency and duration is guided by needs of child and family (vs. capacity of CWS, logistics)
• Provide concrete feedback on parent-child interaction (vs. observation, surveillance)
• Affirm permanency as the goal – (vs. good visits) – Is the visitation plan moving family closer to achieving reunification? Are real-life parenting and reasons for removal being addressed?
• Maintain collaboration and communication with family, treatment providers, service providers, and foster parents
Strategies to Ensure Quality and Frequent Parenting Time

- Involve parents in planning
- Elicit foster parents or kinship caregiver support
- Invite parents to join child’s appointments
- Enlist natural community settings
- Focus on strengths and positive interactions
- Provide parenting support and coaching
Key Service Components

- Implementation of Celebrating Families
  - 16-week curriculum for families affected by parental substance use and child maltreatment and/or neglect
- Linkage to local Family Resource Center
- Warm-hand offs and case management support provided by Recovery Resource Specialists
Sacramento County Family Drug Court Programming

- Dependency Drug Court (DDC)
  - Post-File
- Early Intervention Family Drug Court (EIFDC)
  - Pre-File

Parent-child parenting intervention + Connections to community supports = Improved outcomes

DDC has served over 4,200 parents & 6,300 children
EIFDC has served over 1,140 parents & 2,042 children
CIF has served over 540 parents and 860 children
Sacramento County, CAM Project, Children in Focus (CIF)

Treatment Completion Rates

- DDC: 49.2%
- CIF: 64.3%
- EIFDC: 44.0%
- CIF: 53.7%
Sacramento County, CAM Project, Children in Focus (CIF)

Rate of Positive Court Discharge/Graduate

DDC: 41.8
CIF: 64.4
EIFDC: 34.0
CIF: 50.3
Sacramento County, CAM Project, Children in Focus (CIF)

Remained at Home

89.9
EIFDC

95.1
CIF
Sacramento County, CAM Project, Children in Focus (CIF)

Reunification Rates

87.8  97.0  85.1  94.9  53.1

DDC  CIF  EIFDC  CIF  SAC

COUNTY
Sacramento County, CAM Project, Children in Focus (CIF)

No Recurrence of Maltreatment at 12 Months

- DDC: 90.2
- CIF: 97.9
- EIFDC: 95.7
- CIF: 95.6
- SAC COUNTY: 88.7
Sacramento County, CAM Project, Children in Focus (CIF)

No Re-Entry at 12 Months

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>DDC</th>
<th>CIF</th>
<th>EIFDC</th>
<th>CIF</th>
<th>SAC COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>89.6</td>
<td>91.8</td>
<td>100.0</td>
<td>100.0</td>
<td>87.7</td>
</tr>
</tbody>
</table>
3. Judicial Oversight, Monitoring & Responses

Families do better with enhanced judicial oversight and accountability
Better Outcomes for Children and Families:

- Schedule frequent status hearings
  - Judicial Officer or Administrative Review
- Ensure judges speak directly to participants in court
- Treats them with respect and dignity
- Expresses support and optimism for their recovery

Lloyd, M.H., et al., 2014; Somervell et al, 2005; Worcel, et al., 2007
Barriers to Implementation:

• Judicial rotation
• Attitudes toward specialty dockets and finding time
• The shift towards therapeutic jurisprudence
4. Cross-System Collaboration

Families do better when agencies work together
Ensure cross-system communication and information sharing for effective coordinated service delivery
What Information Should Be Shared?

• Strong communication and information sharing are a cornerstone of effective coordinated service delivery.

• Information should include:
  - **Case level data** – to assess participant progress and case management. *(How are families doing?)*
  - **Administrative data** – for program performance. *(How is our program doing?)*

• Communication pathways - *who needs to know what and when*
Specialized Treatment and Recovery Services (STARS)

- Twice Monthly Progress reports and Regular Consultation with the Social Worker

has been compliant. (Report period beginning 4/16/2018)

<table>
<thead>
<tr>
<th>Treatment:</th>
<th>Contacts:</th>
<th>Tests:</th>
<th>Support Groups:</th>
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<td>Face-to-Face Contacts: 4</td>
<td>Required Tests: 4</td>
<td>Required Support Groups: 6</td>
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<td>Treatment Attended: 7</td>
<td>Missed Contacts: 0</td>
<td>Negative Tests: 4</td>
<td>Support Groups Attended: 8</td>
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<td>Treatment Excused: 1</td>
<td>Required Contacts: 4</td>
<td>Positive Tests: 0</td>
<td>Missed Support Groups: 0</td>
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<td>Treatment Unexcused: 0</td>
<td>Phone Contacts: 0</td>
<td>Pending Tests: 0</td>
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<tr>
<td></td>
<td></td>
<td>Failures to Test: 0</td>
<td></td>
</tr>
</tbody>
</table>
**Non-Compliant**

**Client Information**

| Birthdate: | 01/06/1988 |
| Client #: | 17381 |
| Petition #: | 876 |
| Stars Track: | 1 |
| AdmitDate: | 11/06/2017 |

| Social Worker: | 453-1 ext4 |
| Client Status: | Voluntary |
| EIFDC Start: | 11/15/2017 |
| EIFDC End: | |

**Treatment History (STARS file contains complete and detailed history):**

| Entered: | 11/8/2017 |
| Program: | Stars Recovery Fundamentals |

| Discharged: | 11/8/2017 |
| Reason for Discharge: | Completed |

<table>
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<tr>
<th>AOD Testing</th>
<th>Current Treatment</th>
<th>S.T.A.R.S. Contacts</th>
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<tbody>
<tr>
<td>Total tests requested: 4</td>
<td>Strategies for Change - South</td>
<td>Contacts Required: 4</td>
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<tr>
<td>Negative tests: 0</td>
<td>Admitted: 11/13/2017</td>
<td>Face to Face: 4</td>
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<td>Positive tests: 4</td>
<td>Tx sessions required 9</td>
<td>Missed: 0</td>
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<td>Pending results: 0</td>
<td>Tx sessions attended 9</td>
<td>Support Groups</td>
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<td>Failures to test: 0</td>
<td>Excused absences 0</td>
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<td>Unexcused absences 0</td>
<td>Attended: 4</td>
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</table>

*Client is not enrolled in Celebrating Families*

| Test Results: | 12/5/2017 Positive: Presumed Residual Marijuana |
| 12/7/2017 Positive: Presumed Residual Marijuana |
| 12/15/2017 Positive: Presumed Residual Marijuana |

**Non-Compliant**

Non-compliance due to: Failure to attend the required number of support groups. Level check on 12/7 was 79 ng THC-COOH/mg Creat, falling within STARS residual guidelines.
How are families doing?
- Doing good vs. harm?
- What’s needed for families?

Monitor and improve performance?
- Demonstrate effectiveness?
- Secure needed resources?
Since families have multiple and complex needs, serving these needs will require more resources. Build collaborative partnerships and seek out existing resources. Focus on shared outcomes and shared resources to achieve sustainable funding.
Which Piece of the Pie

Federal - Child Programs

$470 billion

Public Child Welfare

$30 billion

FDCs

$25
Redirection of Resources Already Here

The “Real” Resources Already in the Community

Do any of these entities share and serve the same families?

Pilots, Demos, and Grant-funded Projects

Drug Courts

TANF

Domestic Violence

Hospitals

Courts

Families

Schools

Medicaid

Police

Mental Health

Housing

Substance Use Disorder Treatment
Take the Next Steps
1. Examine Data to Identify Desired Outcomes
2. Governance Structure
3. Practice — Communication
4. Sustainability
Things to Consider

- Review publicly available information
- Need to have a structure for comparing potential programs
- Pairing the model to the needs and realities of target population
- How will it help achieved desired outcomes?
Things to Consider

• What resources already exist in the community to serve children and families?
• Have you identified shared outcomes to make the case for shared resources?
• What steps can be taken to develop community partnerships to expand comprehensive services to meet the needs of the entire family?
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<th>Eligibility Requirements</th>
<th>Additional information regarding referral process, capacity issues, use of EBP, fees or co-pays etc.</th>
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Develop a Plan for Cross-System Training
Things to Consider

• How can we provide cross-system training to ensure that partners understand the needs of parents, children, and families affected by substance use disorders?
• What topics are the most needed?
Potential Cross-System Training Topics

• Child Welfare System 101; Juvenile Probation 101
• Impact of parental substance use on child development and family relationships
• Child development; attachment and bonding
• Family well-being domains
• Evidence-based practices and programming - parenting
• Facilitating quality and frequent visitation
Develop a Sustainability Plan
Highlighted Resources
2015 Special Issue

Includes four Family Drug Court specific articles presenting findings on:

- Findings from the Children Affected by Methamphetamine (CAM) FDC grant program
- FDC program compliance and child welfare outcomes
- Changes in adult, child and family functioning amongst FDC participants
- Issues pertaining to rural FDCs

www.cwla.org
Family Drug Court Guidelines

2nd Edition – Research Update

www.cffutures.org/fdc/
Family Drug Court Learning Academy

- Over 40 webinar presentations
- 5 Learning Communities along FDC development
- Team Discussion Guides for selected presentations

www.cffutures.org
Family Drug Court Blog

- Webinar Recordings
- FDC Resources
- FDC News

www.familydrugcourts.blogspot.co
Family Drug Court Online Tutorial

- Self-paced learning
- Modules cover basic overview of FDC Model
- Certificate of Completion

www.cffutures.org
NCSACW Online Tutorials

- Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals
- Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals

Please visit:  http://www.ncsacw.samhsa.gov/
Q&A and Discussion
Contact Information

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nkyoung@cffutures.org