



Research Outcomes from Dependency Drug Courts Across the U.S

Alexis Balkey, BA, RAS Children and Family Futures
Russ Bermejo, MSW Children and Family Futures

Beyond the Bench Conference — December 2015

Learning Objectives

1. Gain understanding of current direction of national CWS reforms with attention to possible legal implications that enhance the use of Family Dependency Drug Courts as a response to child neglect.
2. Explore FDC outcomes from local evaluation studies including best practices and guidelines to support child welfare outcomes.
3. Explore implications for both judicial and legal professionals working in collaborative courts.
4. Explore the opportunities and challenges ahead for FDCs as a national CWS reform strategy.



Session Overview

- Evolution and History of FDCs
- Overview of RPG & CAM Outcomes (The 5Rs)
- FDC Practice Improvements
- Scale and Prevalence Data
- Systems Change Framework
- FDC Funding Streams & Strategies
- Opportunities for Systems Change
- Q & A Discussion

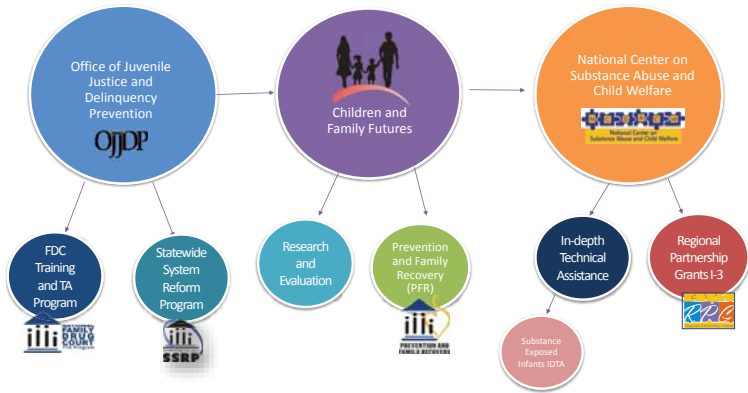


Children and Family Futures

Our Mission

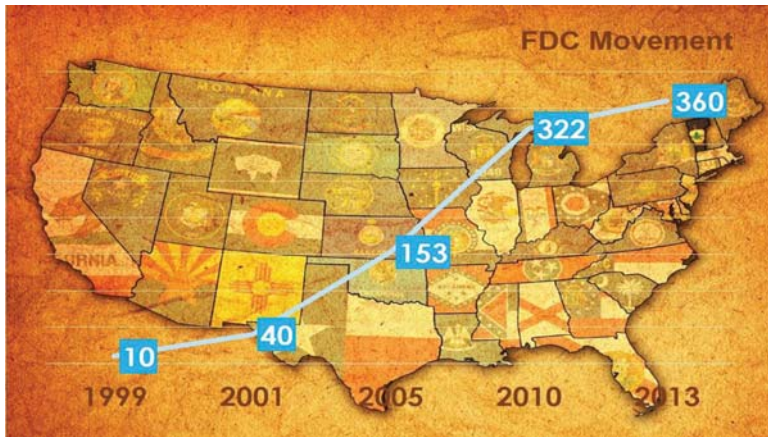
To improve safety, permanency, well-being and recovery outcomes for children, parents and families affected by trauma, substance use and mental health disorders.





1997

Adoption and Safe Families Act



CALIFORNIA REPUBLIC

39 Family Drug Courts

346 FDCs nationwide

Source – NADCP, 2014

Important Practices of FDCs

7

- 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

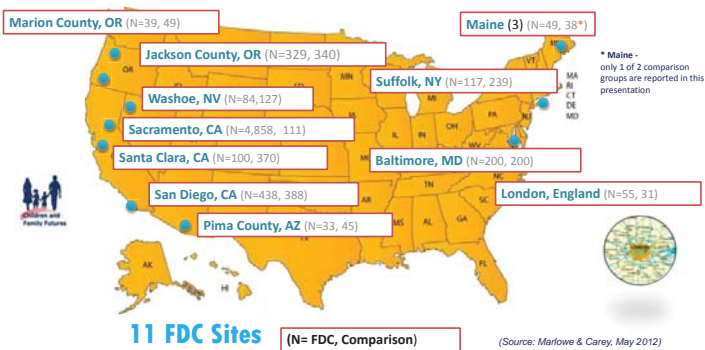
Sources: 2002 Process Evaluation and Findings from 2015 CAM Evaluation

How Collaborative Policy and Practice Impacts



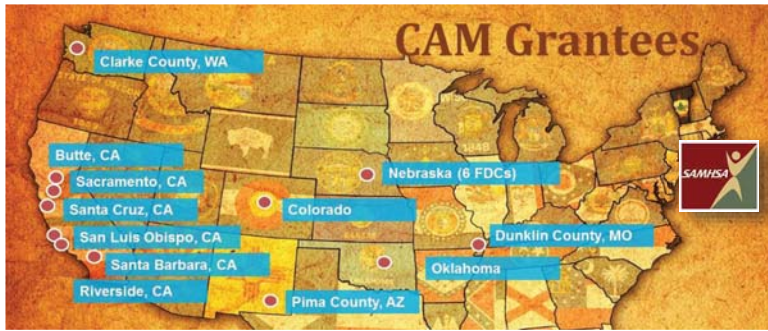
- R**ecovery
- R**emain at home
- R**eunification
- R**ecidivism
- R**e-entry

FDC Local Evaluations

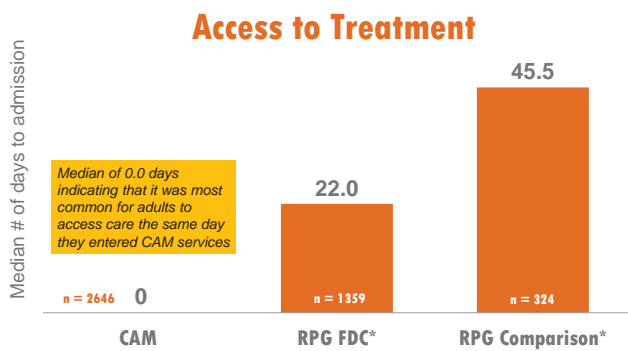


Regional Partnership Grants Family Drug Courts

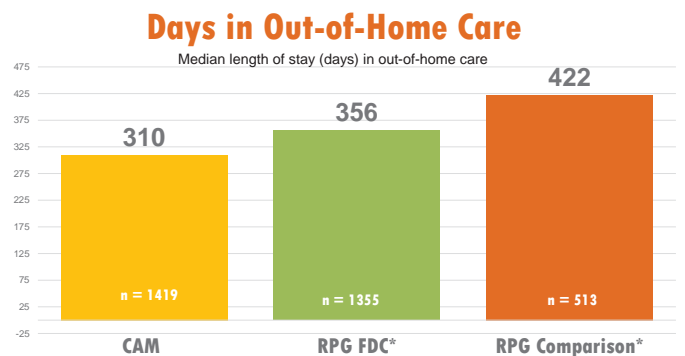




2010 — Children Affected by Methamphetamine Grant — **2014**



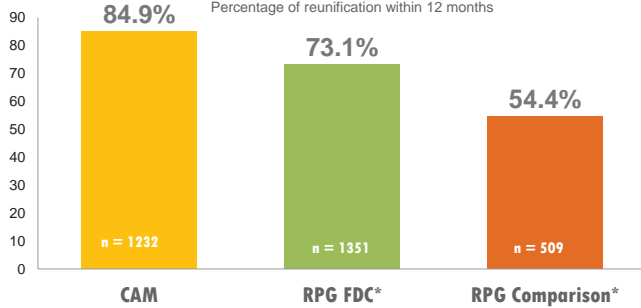
* This analysis is based on 6 RPG Grantees who implemented an FDC and submitted comparison group data



* This analysis is based on 12 RPG Grantees who implemented an FDC and submitted comparison group data

Reunification Rates

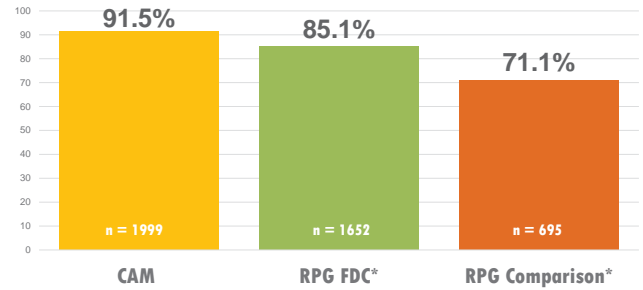
Percentage of reunification within 12 months



* This analysis is based on 12 RPG Grantees who implemented an FDC and submitted comparison group data

Remained in Home

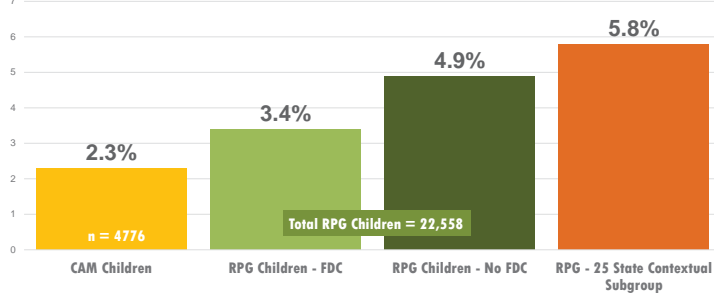
Percentage of children who remained at home throughout program participation



* This analysis is based on 8 RPG Grantees who implemented an FDC and submitted comparison group data

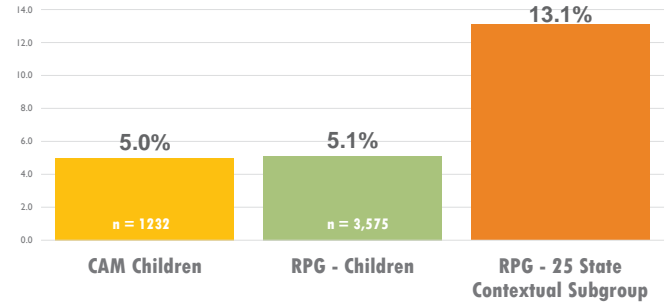
Recurrence of Child Maltreatment

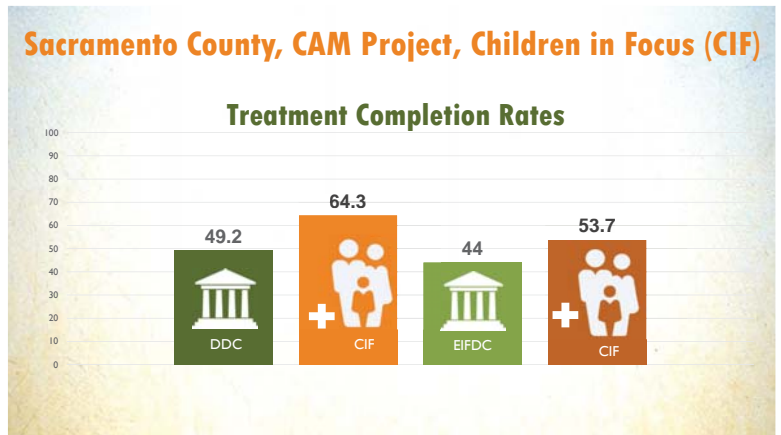
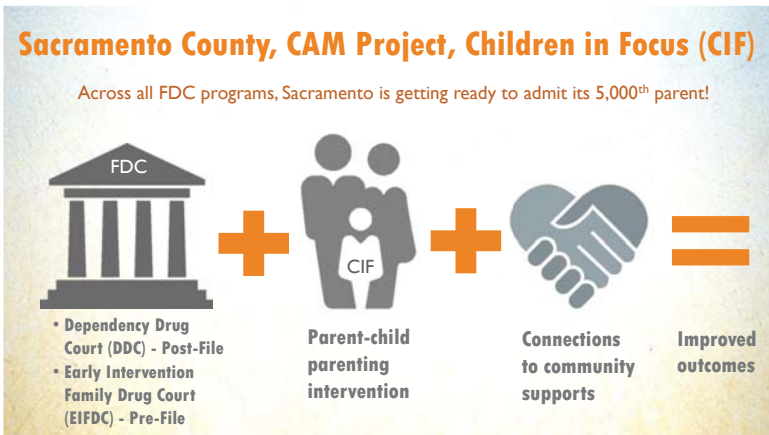
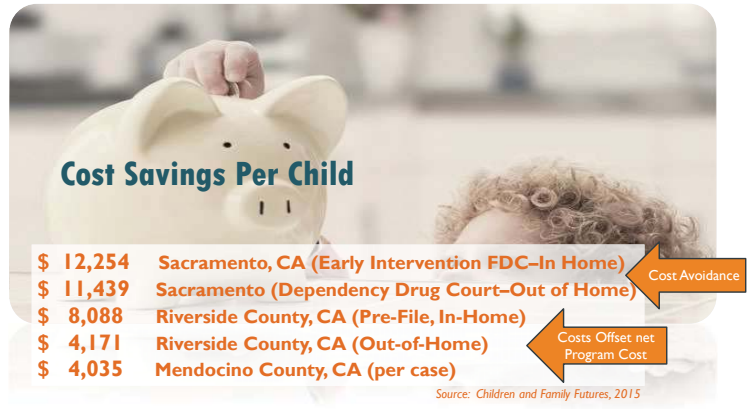
Percentage of children who had substantiated/indicated maltreatment within 6 months



Re-entries into Out-of-Home Care

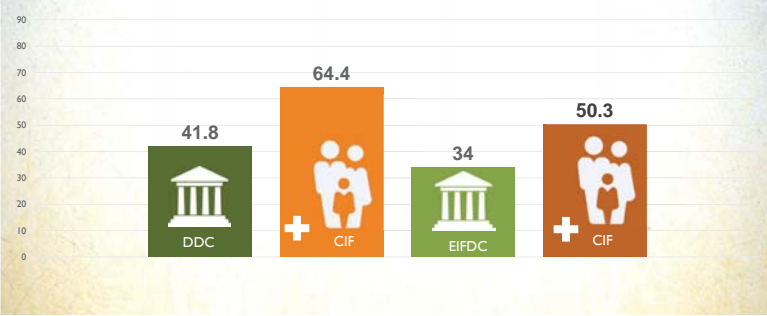
Percentage of children re-entered into foster care within 12 months





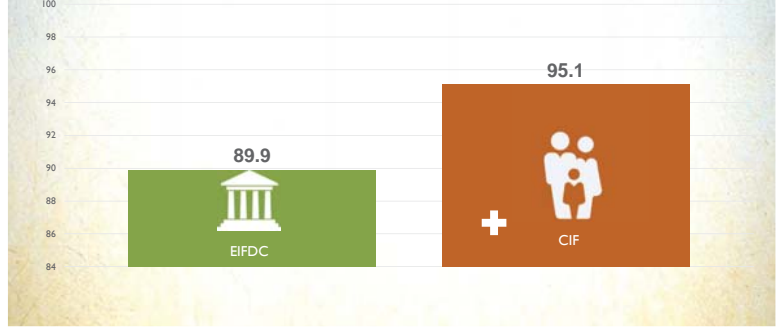
Sacramento County, CAM Project, Children in Focus (CIF)

Rate of Positive Court Discharge/Graduate



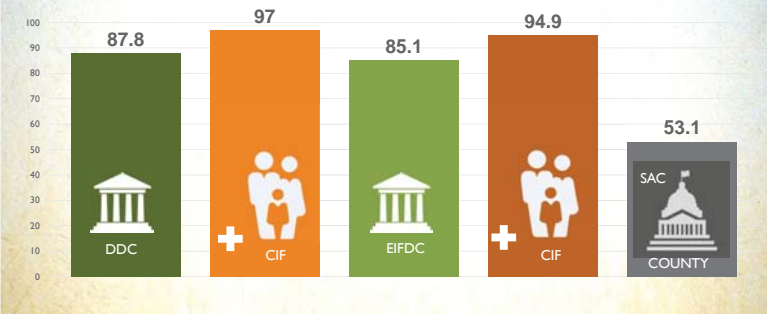
Sacramento County, CAM Project, Children in Focus (CIF)

Remained at Home



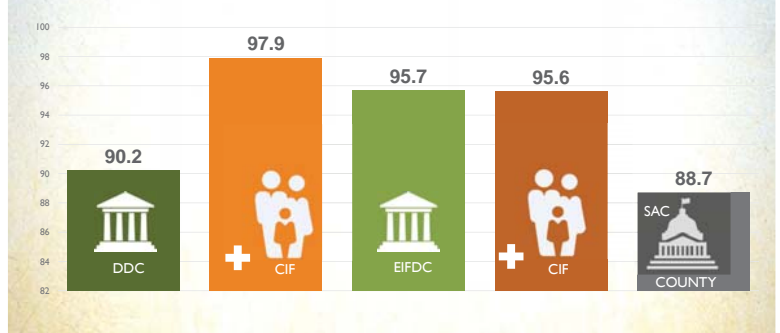
Sacramento County, CAM Project, Children in Focus (CIF)

Reunification Rates



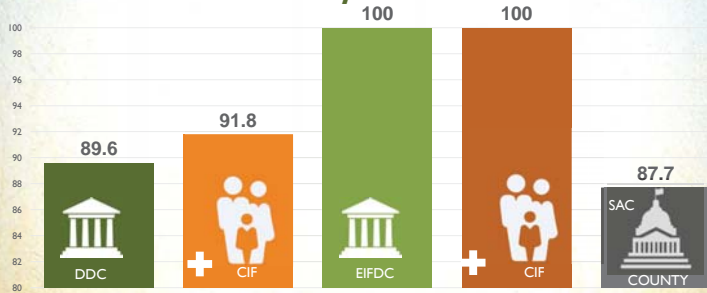
Sacramento County, CAM Project, Children in Focus (CIF)

No Recurrence of Maltreatment at 12 Months



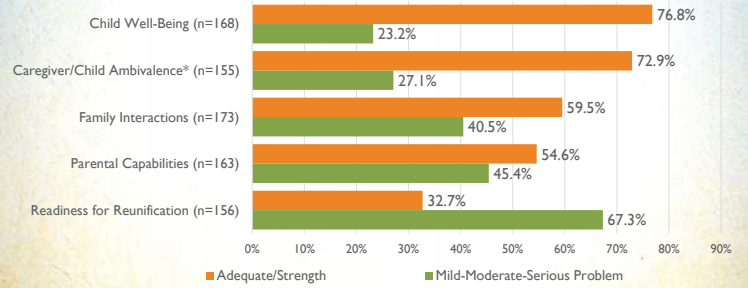
Sacramento County, CAM Project, Children in Focus (CIF)

No Re-Entry at 12 Months

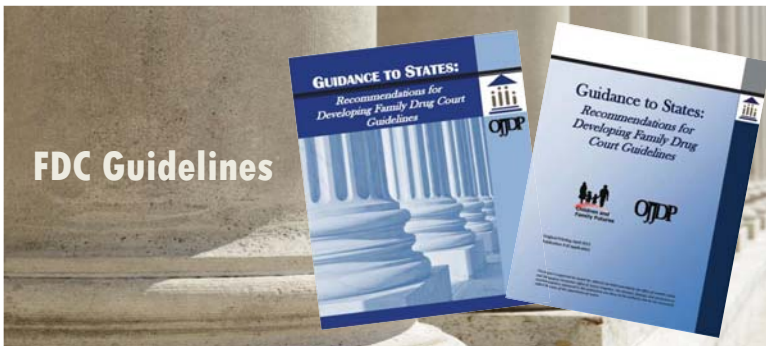


NORTH CAROLINA FAMILY ASSESSMENT SCALE (NCFAS) INTAKE RESULTS

Percentage of families by rating category (overall domain item)



*This domain is for reunification cases only and addresses both the child's and caregiver's desire to reunite and the nature of their relationship with one another.



FDC Guidelines

2012



A FRAMEWORK: BUILT ON A FOUNDATION OF **SHARED MISSION AND VISION**, SUPPORTED BY **CLIENT SERVICES AND AGENCY COLLABORATION**, ACHIEVED BY **SHARED OUTCOMES**

FDC Guidelines

- CFF with support from OJJDP, in partnership with Federal and State stakeholders
- Crafted guidance document to States for developing FDC guidelines
- Based on research, previous publications, practice-based evidence, expert advisers and existing State standards
- Resource tool for States to clarify FDC principles and develop State guidelines reflecting local and unique needs

TEN RECOMMENDATIONS

- Description
- Research findings
- **Effective strategies**

FDC Recommendations

Shared Outcomes

Agency Collaboration

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

Client Services

- Early Identification & Assessment
- Needs of Adults
- Needs of Children
- Community Support

Shared Mission & Vision

Common Challenges and Barriers for FDCs

- Collaboration challenges
- Screening and assessment – referral processes
- Engaging and retaining clients
- Comprehensive programs – children's services
- Performance measures/data collection
- Budget/sustainability – scale and scope

Collaboration Challenges – Policies and Procedures

- Lack of or inconsistent participation or buy-in from one or more critical partners: child welfare, substance abuse treatment, judges, attorneys
- Confidentiality issues not resolved; information and data sharing problems
- Competing timeframes, lack of coordinated case planning
- Time to meet as a team
- Lack of appropriate community resources
- Issues of collaboration among agencies in understanding and working toward shared outcomes



#1 Recommendation

Create a Shared Mission and Vision

FDC partners must have a shared mission and vision to define their joint work. Agreement on values and common principles is an essential foundation for collaborative FDC relationships.

Key Component 1: Integrate treatment services with justice system case processing

Key Component 2: Using a non-adversarial approach



Court
Child Welfare
Drug Treatment

3

Systems with multiple:
• Mandates • Timing
• Training • Methods
• Values

Values - Why are We here? Why are You Here?



Rescue
Protection



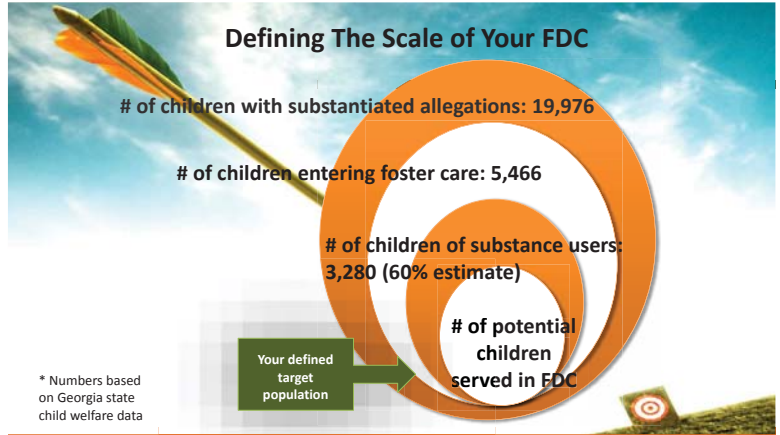
Justice
Equal Protection



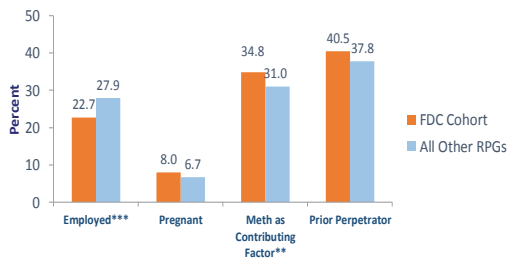
Hope
Recovery

Screening and Assessment – Referral Processes

- Target population and process for identifying FDC clients is often unclear or inconsistently applied
- No standardized screening for substance use disorders prior to referral to FDC
- Sites are not at capacity and/or it is unclear how capacity rates have been established
- Sites have exclusion criteria for serious mental health issues, felonies, and domestic violence; others deal with these as co-occurring issues



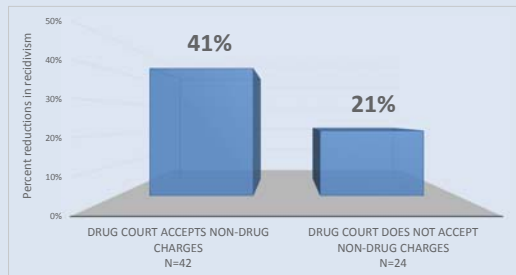
Adult Baseline Characteristics Preliminary Data



p<.01; *p<.001



Drug Courts That Accepted Participants With Non-Drug Charges Had Nearly Twice the Reductions in Recidivism and 30% higher cost savings



Note 1: Difference is significant at p< .05

Note 2: Non-drug charges include property, prostitution, violence, etc.

Statement of the Problem

How many children in the child welfare system have a parent in need of treatment?

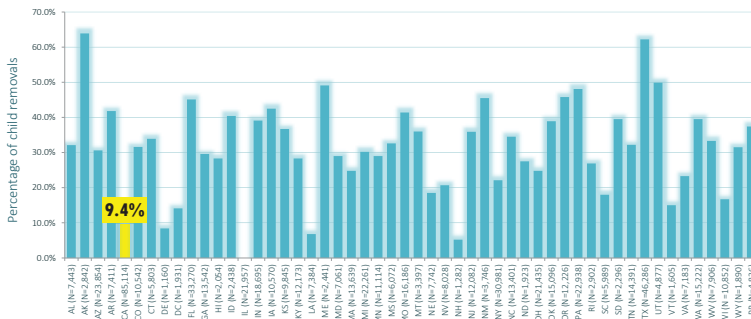
- Between 60–80% of substantiated child abuse and neglect cases involve substance use by a custodial parent or guardian (Young, et al, 2007)
- 61% of infants, 41% of older children who are in out-of-home care (Wulczyn, Ernst and Fisher, 2011)
- 87% of families in foster care with one parent in need; 67% with two (Smith, Johnson, Pears, Fisher, DeGarmo, 2007)

The Need – Missed and Invisible

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)

86.5% - rate of misdiagnosis and missed diagnoses of FASD among population of foster and adopted youth (Chasnoff, 2015)

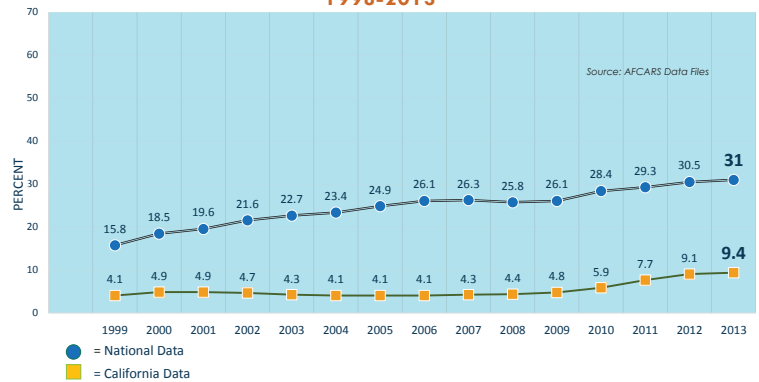
Parental AOD Abuse as Reason for Removal, 2013



Source: AFCARS, 2013

5

PARENTAL AOD AS REASON FOR REMOVAL IN THE UNITED STATES 1998-2013

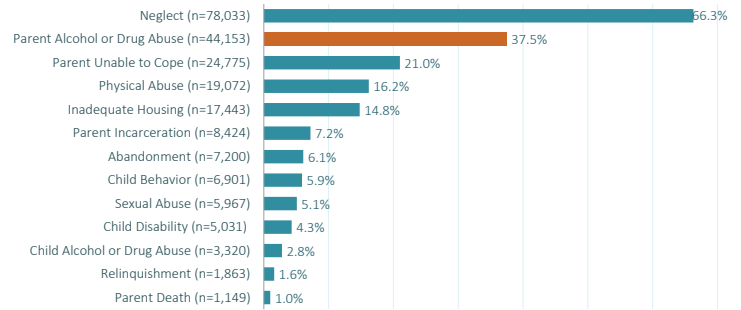


Source: AFCARS Data Files

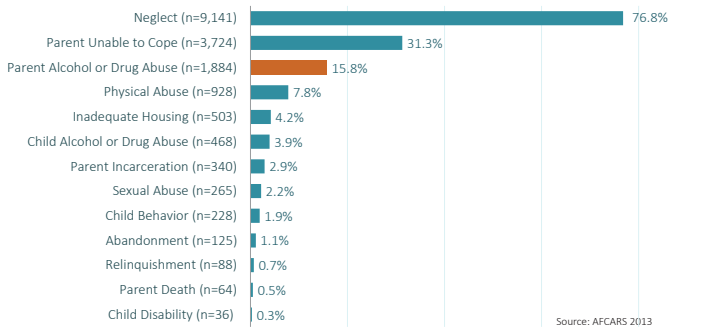
No state is able to track all CWS clients into treatment and determine their total recovery and reunification outcomes annually



Parent and Number of Children with Terminated Parental Rights by Reason for Removal - 2013



Parent and Number of Children with Terminated Parental Rights by Reason for Removal in California - 2013



#5 Recommendation

Develop an Early Identification and Assessment Process

FDCs identify participants early in the dependency case process, use screening and assessment to determine the needs and strengths of parents, children and families and identify the most appropriate treatments and other services based on these needs and strengths.

Key Component 3: Early identification and immediate placement

Engaging and Retaining Clients

- Clients are given phone numbers or lists of resources and instructed to call for assessment
- Clients report lack of understanding with FDC requirements and expectations - especially in the beginning
- Lack of consistency in responses to client behavior
- No clear incentives for client participation
- Time of groups; competing priorities (e.g. work vs. FDC requirements)
- Issues of treatment availability and quality



#6 Recommendation

Address the Needs of Parents

FDC partner agencies encourage parents to complete the recovery process and help parents meet treatment goals and child welfare and court requirements. Judges respond to parents in a way that supports continued engagement in recovery. By working toward permanency and using active client engagement, accountability and behavior change strategies, the entire FDC team makes sure that each parent that the FDC serves has access to a broad scope of services.

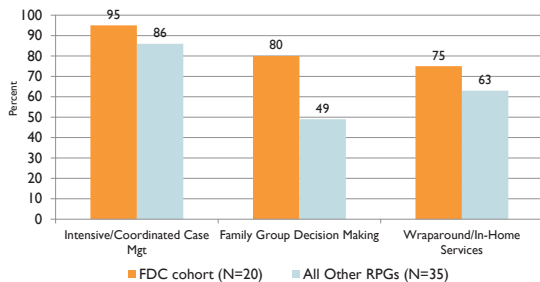
Key Component 2: Using a non-adversarial approach

Key Component 4: Access to a continuum of treatment services

Key Component 5: Drug testing



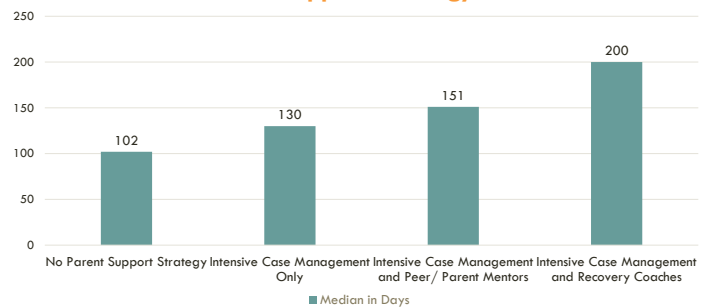
Case Management, Case Conferencing And Wraparound/In-home Strategies



Note: The total N does not add to 53 as two grantees have both a FTDC program and a non-FTDC intervention; their non-FTDC program is included in "All Other RPGs" count.

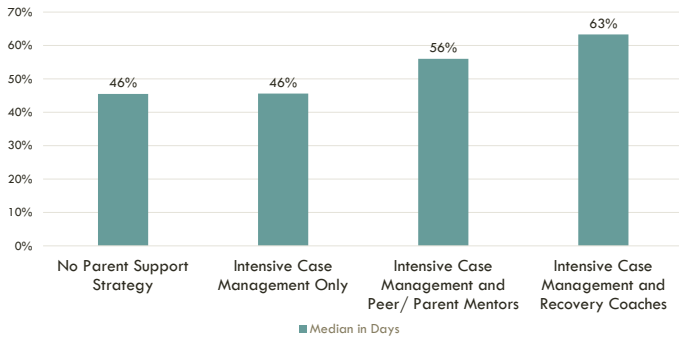


Median Length of Stay in Most Recent Episode of Substance Abuse Treatment after RPG Entry by Grantee Parent Support Strategy Combinations

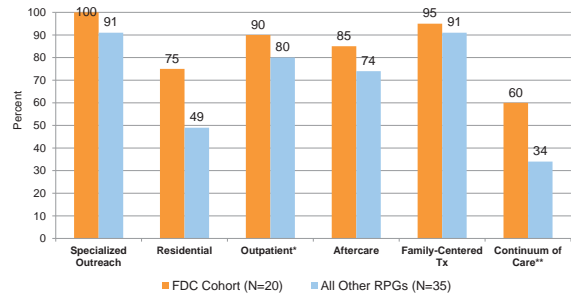




Substance Abuse Treatment Completion Rate by Parent Support Strategies



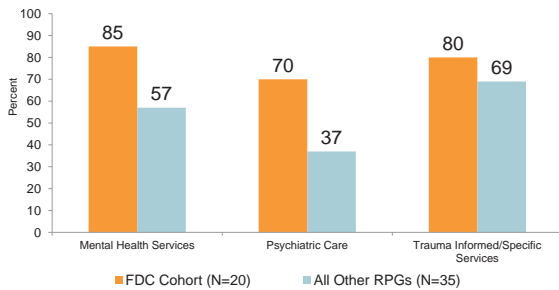
Substance Abuse Treatment for Adults



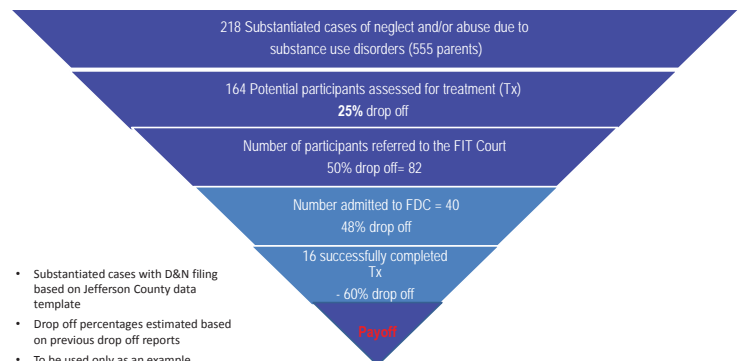
* Outpatient includes: partial hospitalization, intensive outpatient and/or non-intensive outpatient.
 ** Continuum of Care captures grantees doing all of the following: Specialized Outreach + Residential + Outpatient + Aftercare



Mental Health and Trauma



Defining Your Drop off Points (Example)



- Substantiated cases with D&N filing based on Jefferson County data template
- Drop off percentages estimated based on previous drop off reports
- To be used only as an example



#7 Recommendation

Address the Needs of Children

FDCs must address the physical, developmental, social, emotional and cognitive needs of the children they serve through prevention, intervention and treatment programs. FDCs must implement a holistic and trauma-informed perspective to ensure that children receive effective, coordinated and appropriate services.

Key Component 2: Using a non-adversarial approach

Key Component 4: Access to a continuum of treatment services

Comprehensive Programs – Children’s Services

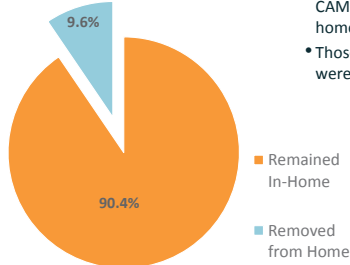


- Very little mention of services to children, though serving the family is one of primary differences between adult and family drug courts
- A few sites focus on 0-3, 0-5 and Substance Exposed Newborns with partnerships that focus on parent/child interaction and developmental/health programs for young children
- Utilizing CAPTA and Part C partners



Preliminary Findings: Children Remaining in Home

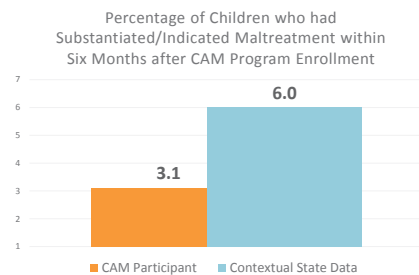
Children Remain At Home



- Nearly all children in-home at CAM entry remained in the home
- Those who were out-of-home were reunified more quickly



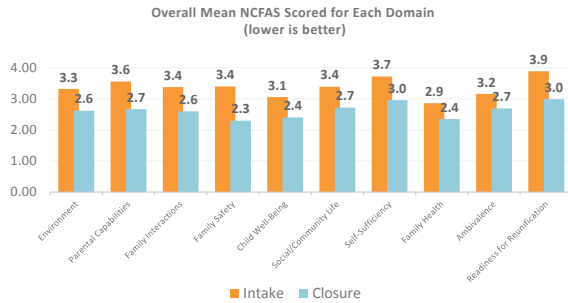
Preliminary Findings: Safety



- No substance-exposed births after CAM entry
- Lower occurrence of maltreatment within six months compared to the average among the six states where CAM grantees are located



Preliminary Findings: Family Functioning



#3 Recommendation

Create Effective Communication Protocols for Information Sharing

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.

Key Component 2: Using a non-adversarial approach

Key Component 4: Access to a continuum of treatment services

Key Component 6: Responses to behavior

Key Component 7: Judicial interaction

Why do Systems Need to Communicate and Coordinate?



- To improve and enhance the collective systems' response to meeting families' needs
- To more effectively identify, engage and retain families
- To establish agreement on and shared accountability among system partners for improving families' outcomes
- To provide formal processes for assessing the collaborative's progress and addressing policy and practice challenges as they arise
- To help leverage and maximize the use all available resources
- To develop and sustain an integrated, coordinated approach to serving the whole family

Barriers to Effective Cross-Systems Communication

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

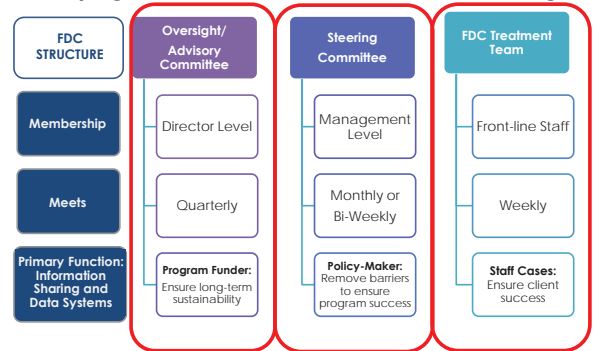


Key Steps to Building an Effective Communication Infrastructure

- Establish individual and cross-system roles and responsibilities
- Establish joint policies for information sharing
- Develop integrated case plans
- Develop shared indicators of progress
- Monitor progress and evaluate outcomes



Building Cross-System Collaboration: Developing the Structure to Create and Sustain Change



Understanding Current Operations

Partners need an in-depth understanding of each other's systems and how they impact each other

- Who does what? When? Why? And How?
- How does that affect the families you serve?

In developing this understanding, partners:

- Raise awareness about unknown processes
- Clarify misunderstood processes
- Develop a shared, common language
- Identify opportunities for improvements



Information Needed by Child Welfare Workers and Court Professionals



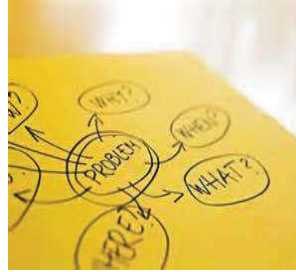
- Level of involvement of parents in a treatment program
- Barriers to treatment
- Support systems being developed around the parent and family
- When parents are experiencing relapse or have left treatment
- The continuing care plan of the parents, if they are in residential treatment

Information Needed by Substance Abuse Professionals



- If the child is in the home or has been removed
- If some children were removed while others not
- If it is a voluntary case or is court mandated
- The permanency goal for the child
- If reunification is a goal
- If there are concurrent plans for both foster care and adoption
- Specific case plan goals requiring treatment professional involvement Court requirements and deadlines for specific hearings and achieving necessary outcomes

Information Needed by Substance Abuse Professionals, Continued...



Changes that might create stress for parents or affect participation in treatment:

- Increased visitation or unmonitored visits with children
- Meetings scheduled with social workers
- The family's case is being transferred to a new child welfare worker or to a different unit
- Unanticipated changes in any services in the case plans
- Schedule of court hearings or in the court calendar

Systems Walk-Through – A Tool to Increase Understanding

What is it?

- A virtual or actual client walk-through of current systems processes to capture all actions, tools, decisions and data points from referral to case closure to follow up

Why do it?

- To identify any problems with, for example, referrals, treatment access, service gaps, client retention, follow-up support, communication
- To generate recommendations to improve system processes and increase coordination
- To prioritize issues and develop a scope of work



Collaborative Case Planning

1. Incorporate objectives in the child welfare case plan related to a parent's treatment and recovery.
2. Ensure that child welfare case plans and treatment plans do not conflict.
3. Joint reviews of case plans with treatment staff and family.
4. Share case plans with treatment providers.
5. Regularly review a parent's progress to meet goals in the case plan, especially after critical events.
6. Identify indicators of a parent's capacity to meet the needs of their children and outcomes of the case plans.
7. Regularly monitor progress and share it with treatment staff.



Confidentiality Procedures for Sharing Information



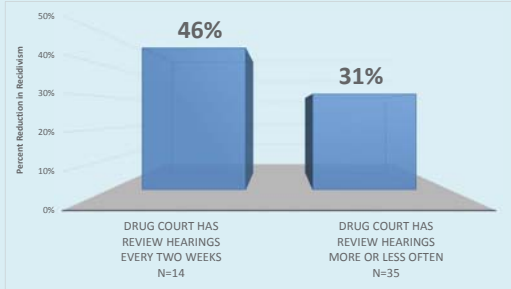
Treatment professionals, child welfare workers and attorneys require parent permission to share information with other agencies/providers.

Treatment consent forms must address key treatment requirements and conform to Federal Government regulations:

- 42 CFR, Part 2
- Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rules



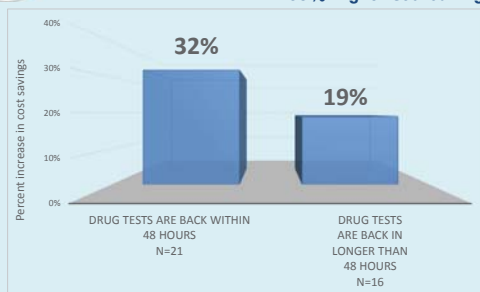
Drug Courts That Held Status Hearings Every 2 Weeks During Phase 1 Had 50% Greater Reductions in Recidivism



Note: Difference is significant at $p < .1$



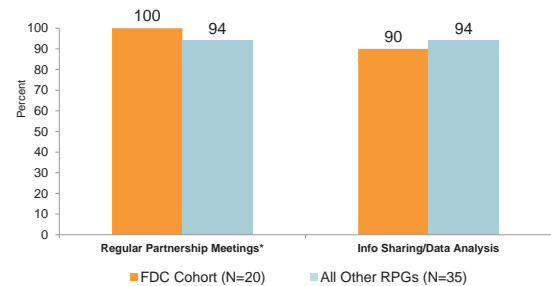
Drug Courts Where Drug Test Results are Back in 48 Hours or Less had 68% Higher Cost Savings



Note 1: Difference is significant at $p < .05$



Cross-Systems Communication



* Includes meetings to discuss program and policy and/or management or administrative issues



#10 Recommendation

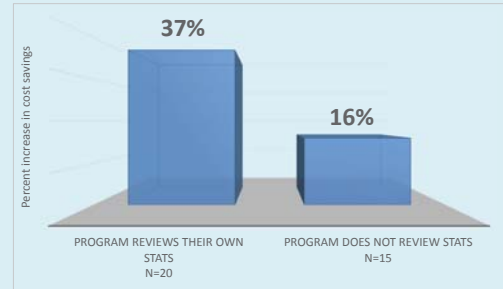
Evaluate Shared Outcomes to Ensure Accountability

FDCs must demonstrate that they have achieved desired results as defined across partner agencies by agreeing on goals and establishing performance measures with their partners to ensure joint accountability. FDCs develop and measure outcomes and use evaluation results to guide their work. FDCs must continually evaluate their outcomes and modify their programs accordingly to ensure continued success.

Key Component 8: Monitoring and evaluation



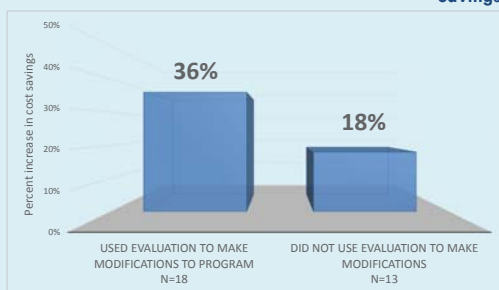
#1 Drug Courts Where Review of The Data and Stats Has Led to Modifications in Drug Court Operations had a 131% Increase in Cost Savings



Note 1: Difference is significant at $p < .05$



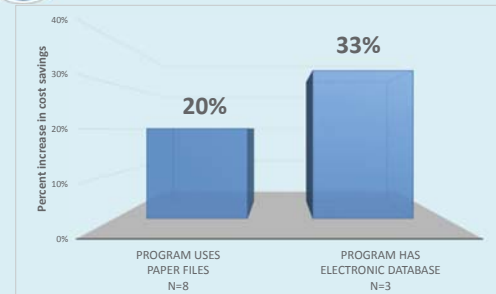
#2 Drug Courts Where the Results of Program Evaluations Have Led to Modifications in Drug Court Operations Had a 100% Increase in Cost Savings



Note 1: Difference is significant at $p < .05$



Drug Courts That Used Paper Files Rather Than Electronic Databases Had 65% LESS Savings



Note: Difference is significant at $p < .05$



#9 Recommendation

Implement Funding and Sustainability Strategies

Sustainability planning must address financial needs as well as support from a broad range of stakeholders. FDCs must have access to the full range of funding, staffing and community resources required to sustain its innovative approaches over the long term. FDCs need a governance structure that ensures ongoing commitment from policy makers, managers, community partners and operational staff members.

Key Component 9: Continuing interdisciplinary education

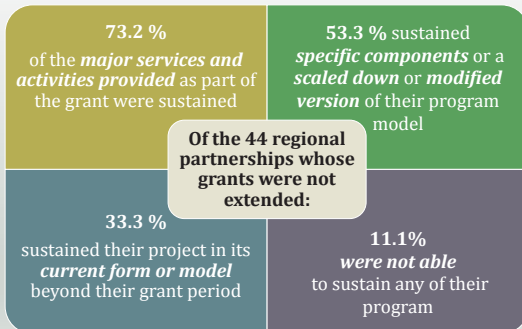
Key Component 10: Forging partnerships

Budget and Sustainability

- Need for ongoing champions; challenge with turnover of judges
- Some FDCs operate as “projects” or “boutique courts”
- Inherent limitations on scale and scope in some FDC models
- No standardized cost analysis of total program cost or cost savings
- Lack of sufficient data on program effectiveness
- Resource problems worsened by State and local fiscal crises



Sustainability Results



Successful Financing Strategies

Widening the definition of available or potential resources	Connecting with other related grants or initiatives
Changing the business as usual practices to incorporate RPG innovations	Incorporating RPG efforts within their own agency
Integrating with other child welfare systems improvements	Transitioning services and staff to other partner organizations
Negotiating third party payments for what the grant had initiated	Joining with larger health care reform and care coordination efforts
Institutionalizing RPG practices into existing systems of care	Third-party billing, Medi-caid
Redirecting existing, currently funded resources to adopt new case management and client engagement strategies	

Potential Funding for Expansion

Federal Direct Funding (FY 2012): **\$22.6 million**

\$13.6 billion

Primarily Title IV-E, TANF, SSBG, Medicaid, IV-B

\$350 billion

Children's Programs - (Urban Institute, 2012)



Contact Information

Alexis Balkey, BA, RAS
Program Manager
abalkey@cffutures.org

Russ Bermejo, MSW
Senior Program Associate
rbermejo@cffutures.org

Children and Family Futures
25371 Commercentre Drive,
Suite 140
Lake Forest, CA 92630
Phone: 714-505-3525
www.cffutures.org