



Leading Change – **Transforming, Expanding, and Advancing the Family Treatment Court Movement**
to Better Serve Children and Families

**California Association of
Collaborative Courts Conference**

Phil Breitenbucher, MSW

Theresa Lemus, MBA, RN, LADC

Children and Family Futures

September 12, 2018



Acknowledgement

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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.



Center for Children and Family Futures
Strengthening Partnerships, Improving Family Outcomes

Center for Children and Family Futures—Initiative Inventory



**National FDC
Training and TA
Program**



**Statewide System
Improvement Program**



**Peer Learning Court
Program**

Funded by OJJDP



**Prevention and
Family
Recovery
Program**

*Funded by DDCF
and TDB*



**National Center on
Substance Abuse
and Child Welfare**

Children Affected by
Methamphetamine

In-Depth
Technical Assistance (IDTA)



Regional Partnership Grants
Rounds 1-4

Substance-Exposed
Infants IDTA

*Funded by
ACF/CB, SAMHSA*

**Quality
Improvement
Center for
Collaborative
Community
Court Teams**

*Funded by
ACF/ACYF, CB*

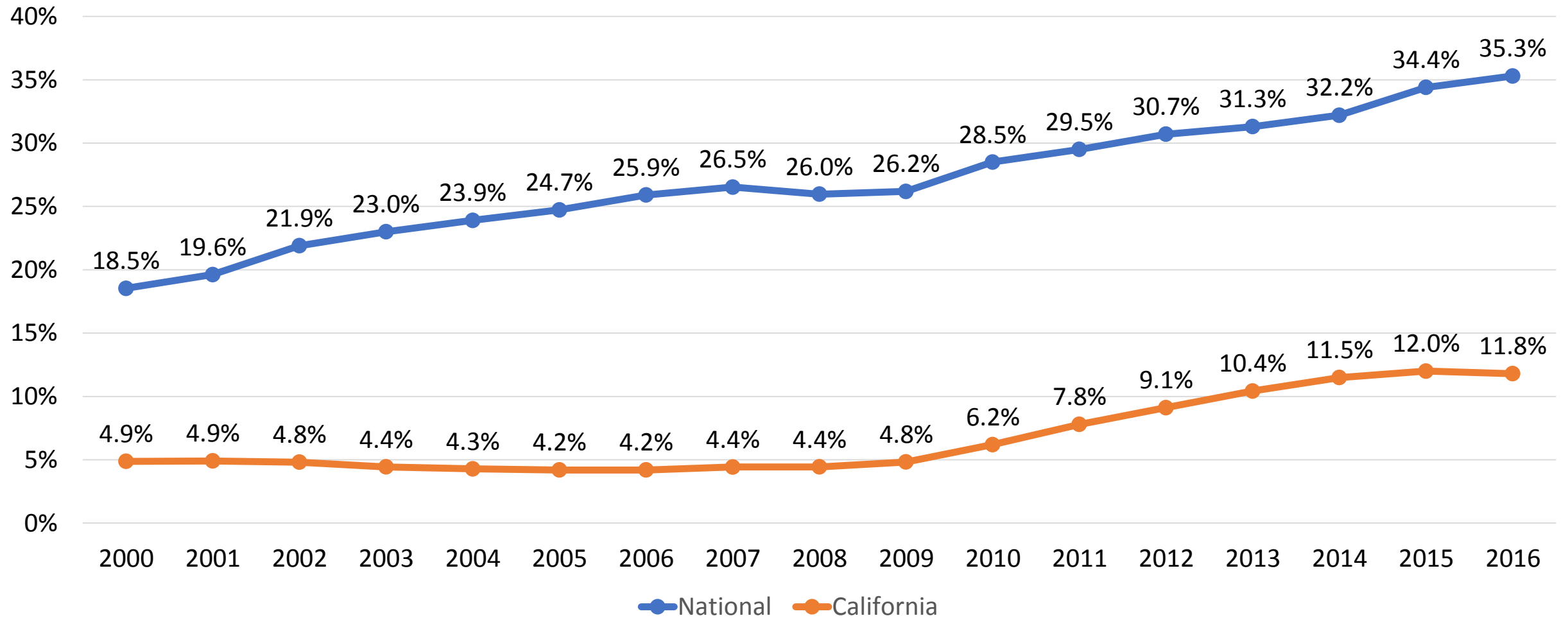
**Research
and
Evaluation**



8,700,000 children

** 2002 – 2007 SAMHSA National Survey on Drug Use and Health (NSDUH)*

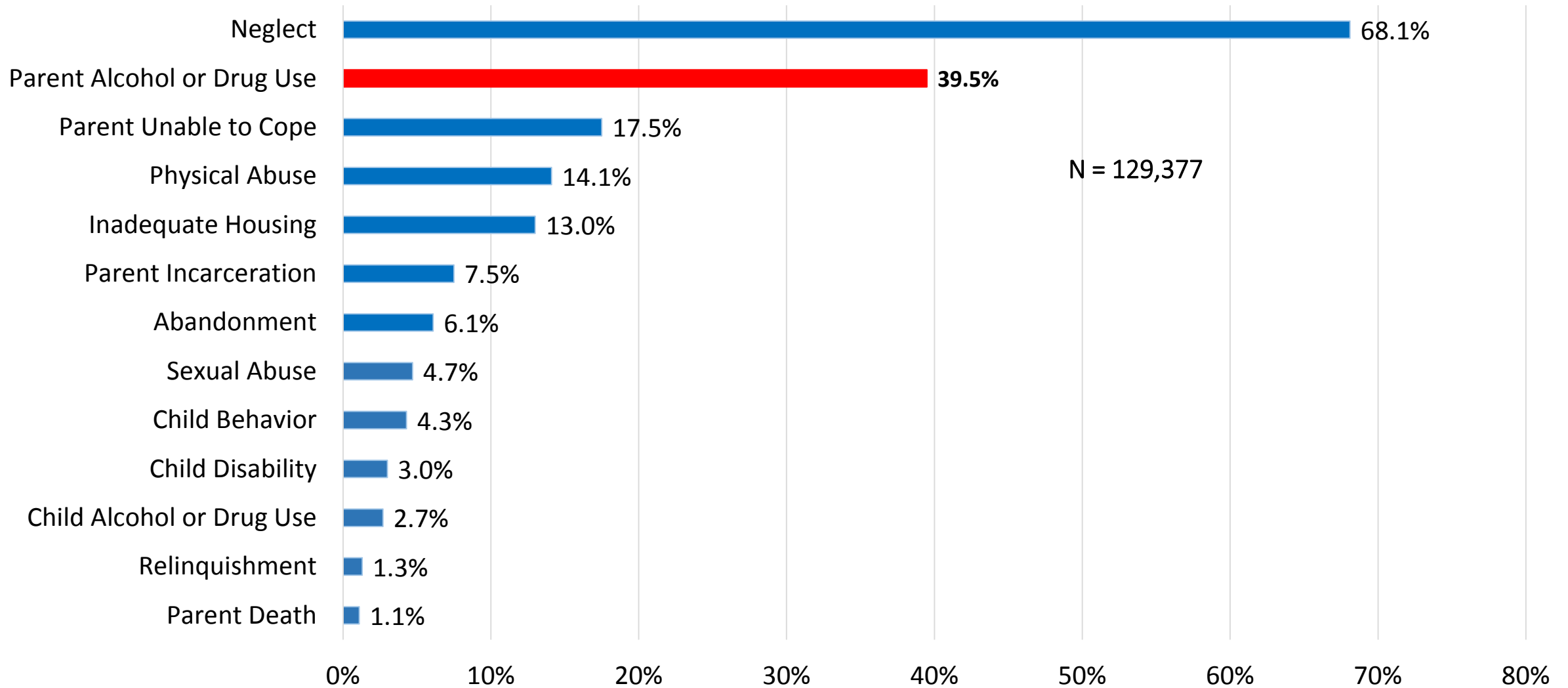
Prevalence of Parental Alcohol or Other Drug Use as a Reason for Removal in the United States, 2000 to 2016



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

Source: AFCARS Data, 2000-2016

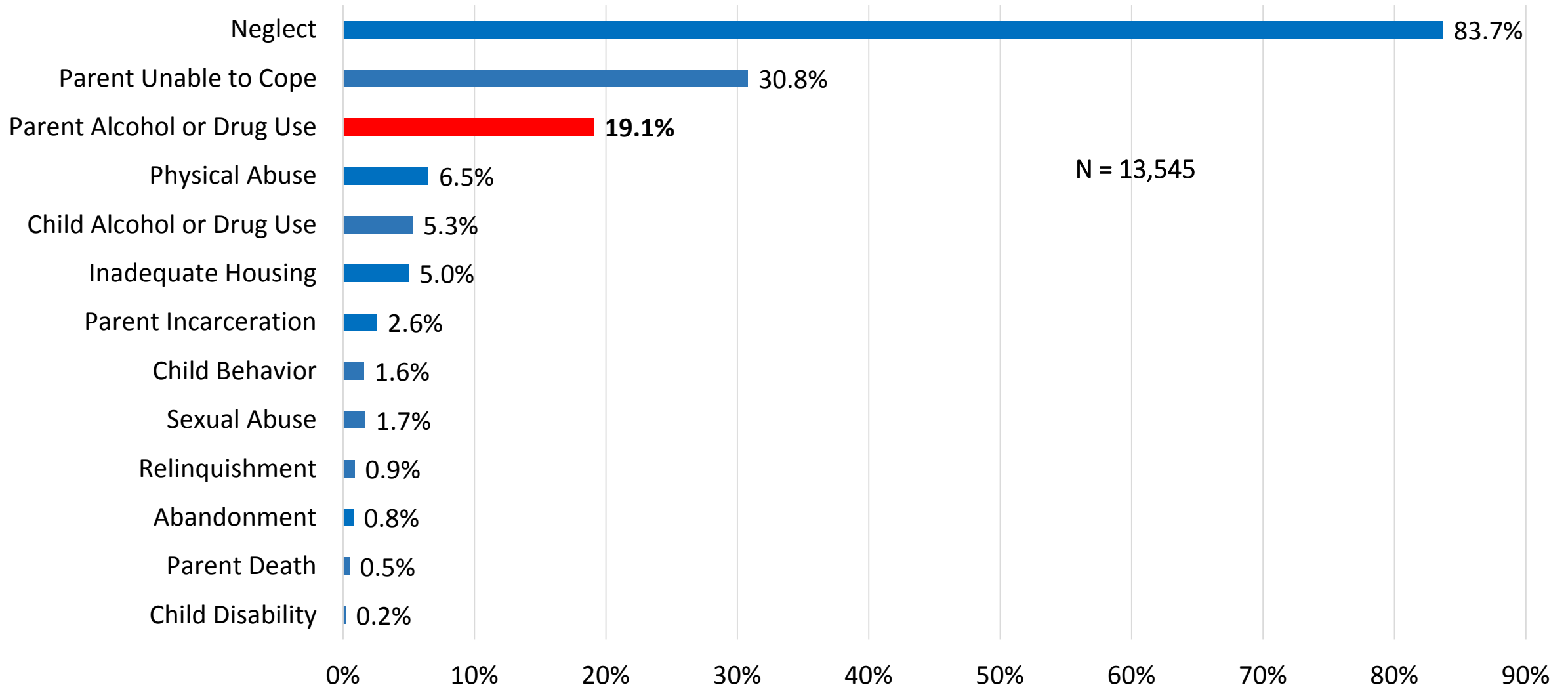
Percent of Children with Terminated Parental Rights by Reason for Removal in the United States, 2016



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

Source: AFCARS Data, 2016

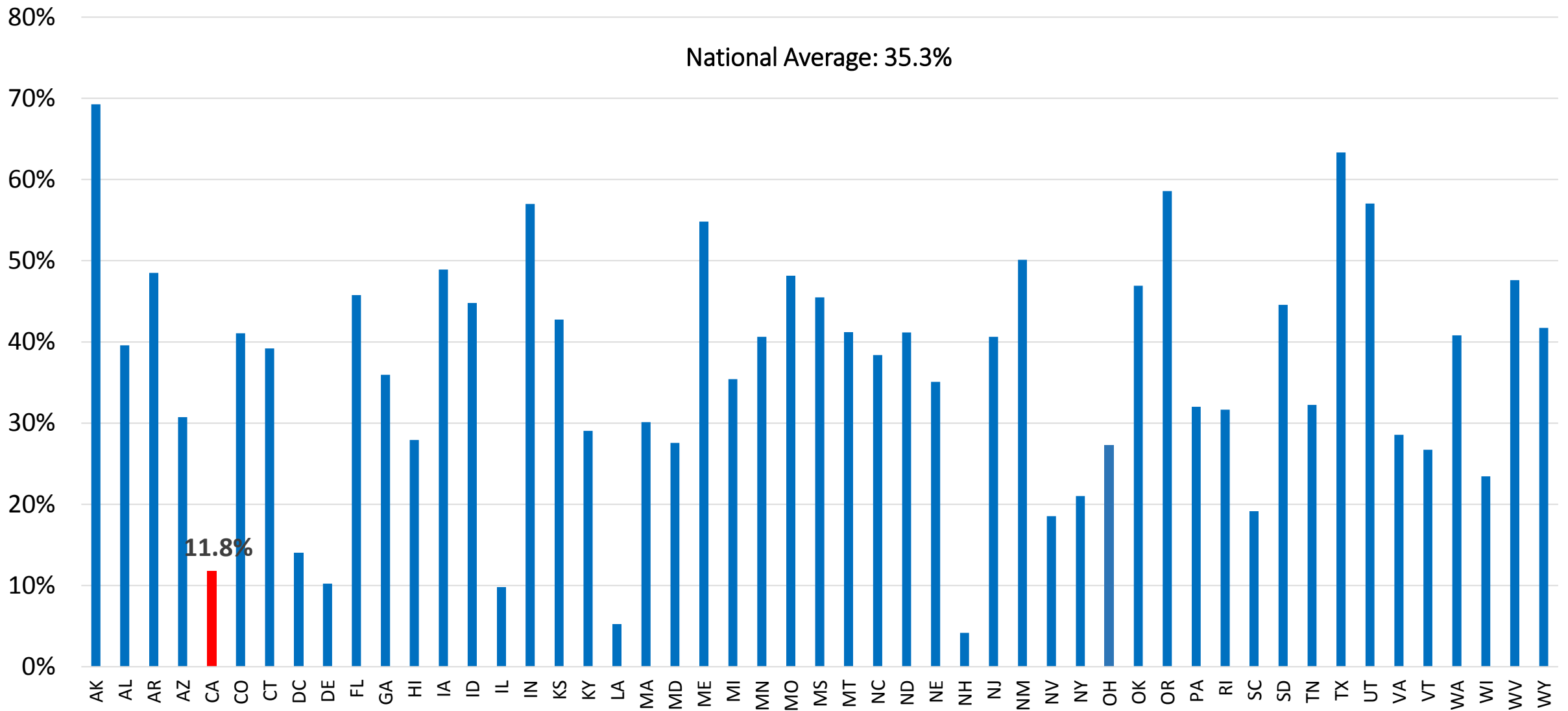
Percent of Children with Terminated Parental Rights by Reason for Removal in California, 2016



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

Source: AFCARS Data, 2016

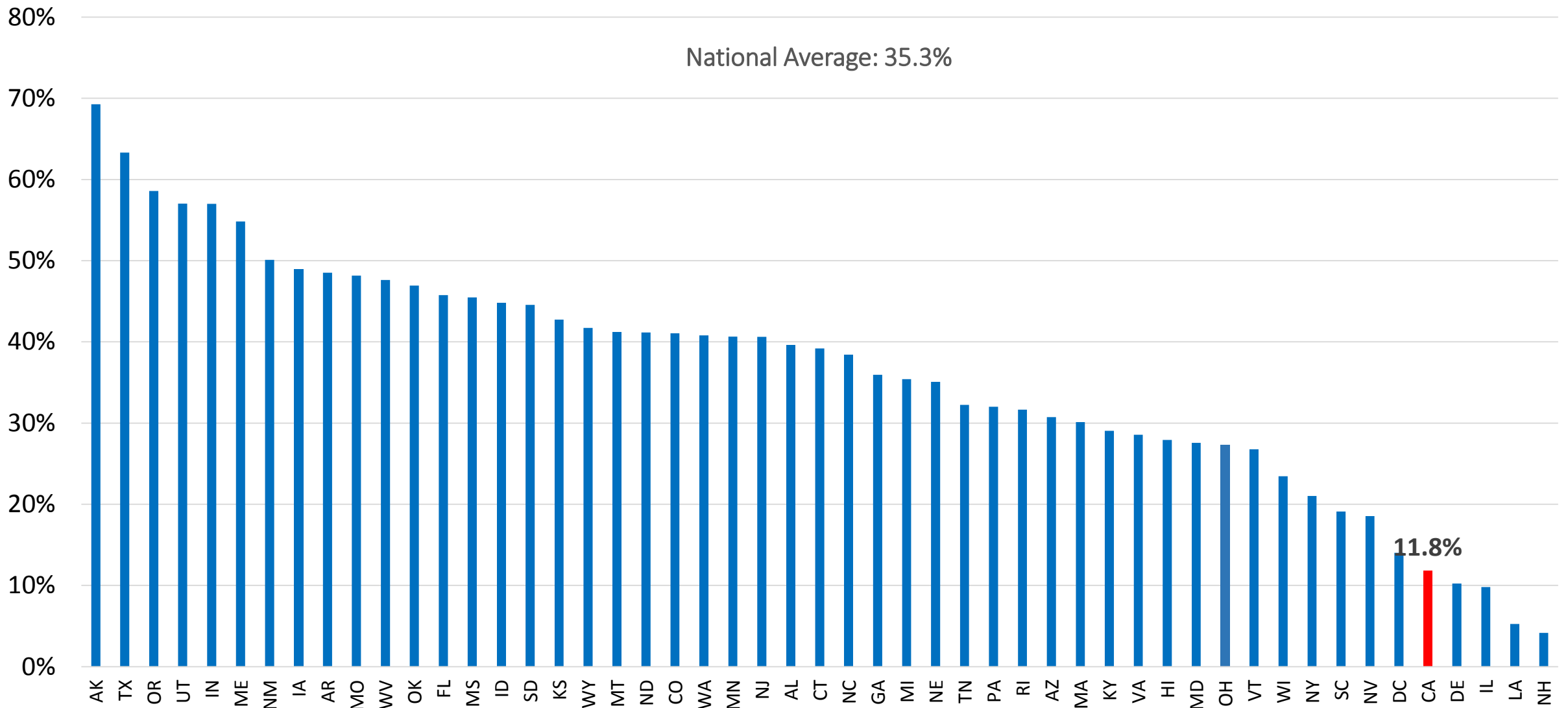
Parental Alcohol or Other Drug Use as a Reason for Removal by State, 2016



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

Source: AFCARS Data, 2016

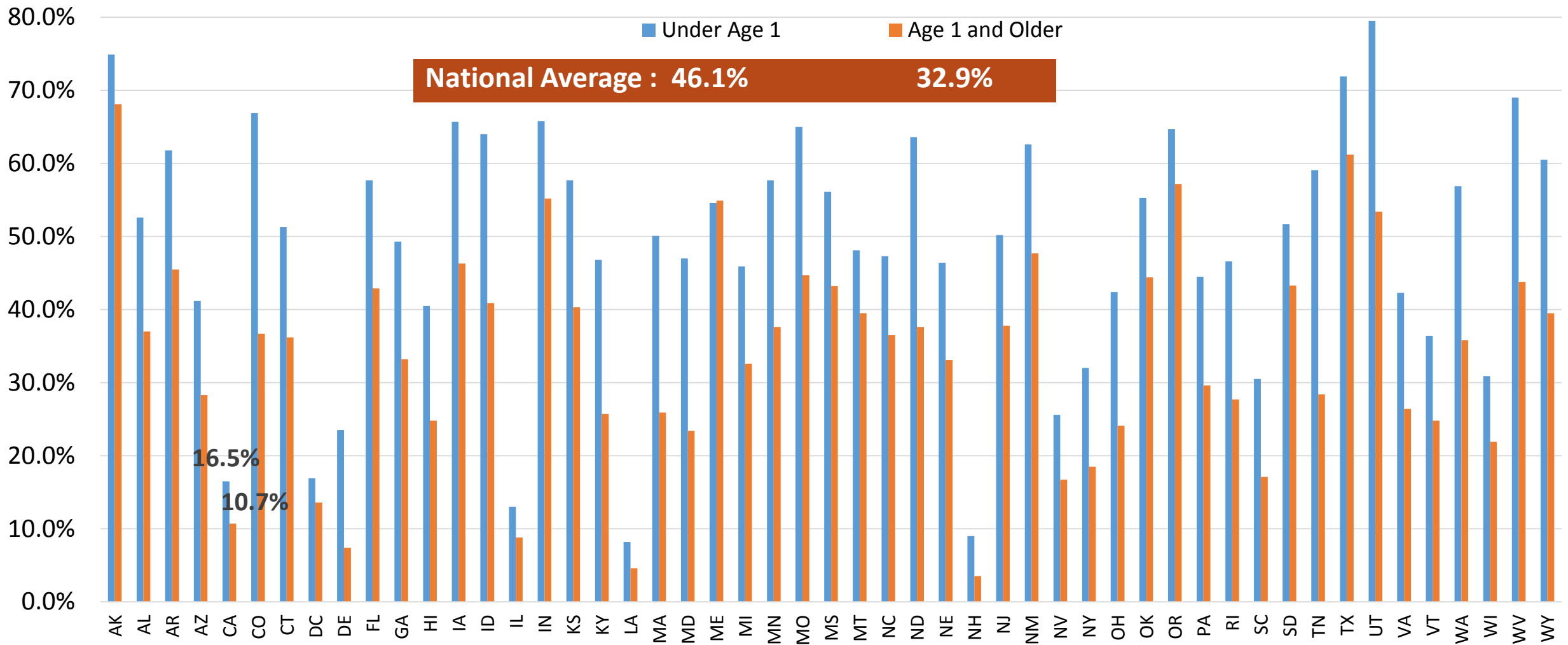
Parental Alcohol or Other Drug Use as a Reason for Removal by State, 2016



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

Source: AFCARS Data, 2016

Percent of Children Removed with Alcohol or Other Drug Use as a Reason for Removal by Age, 2016

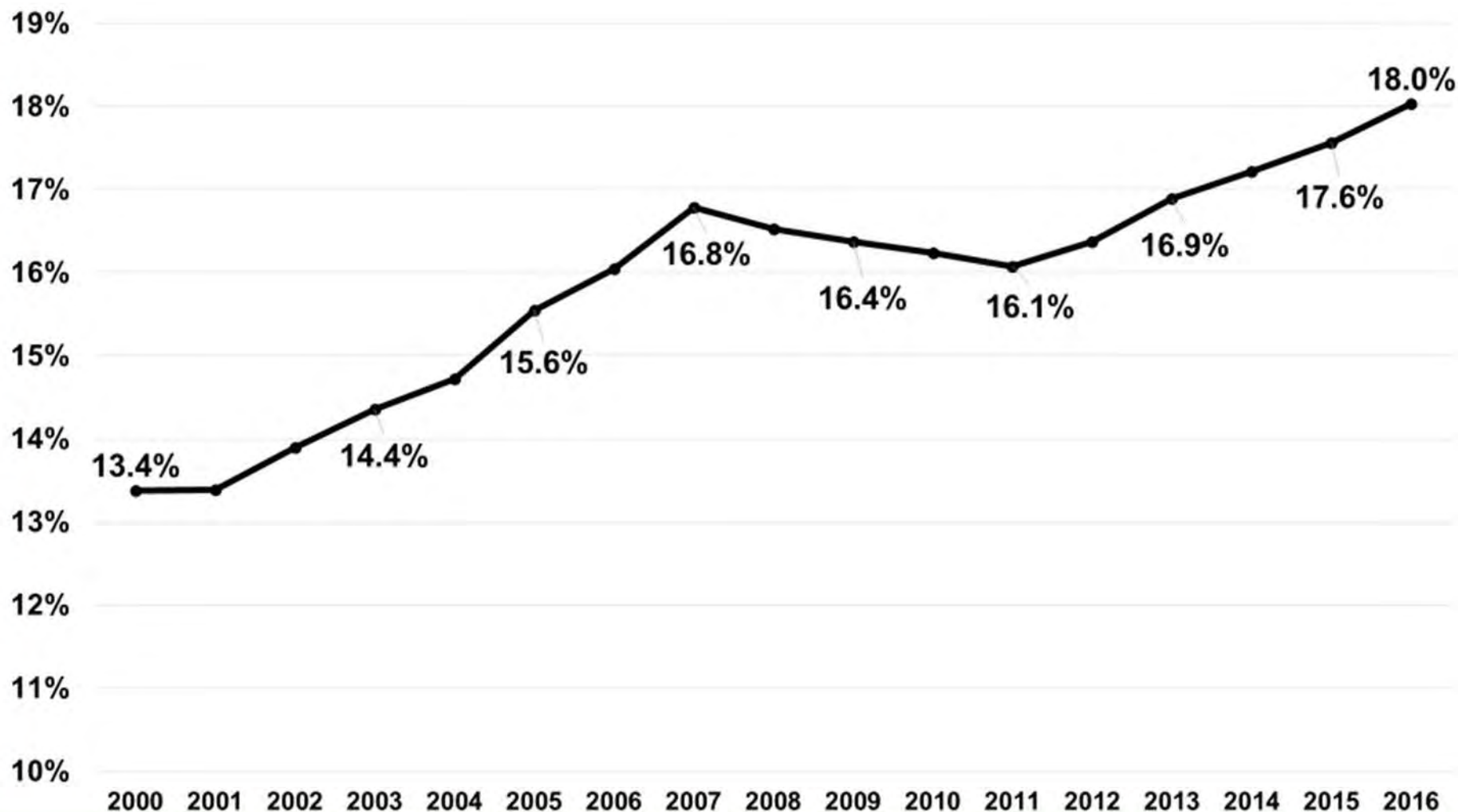


Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2016

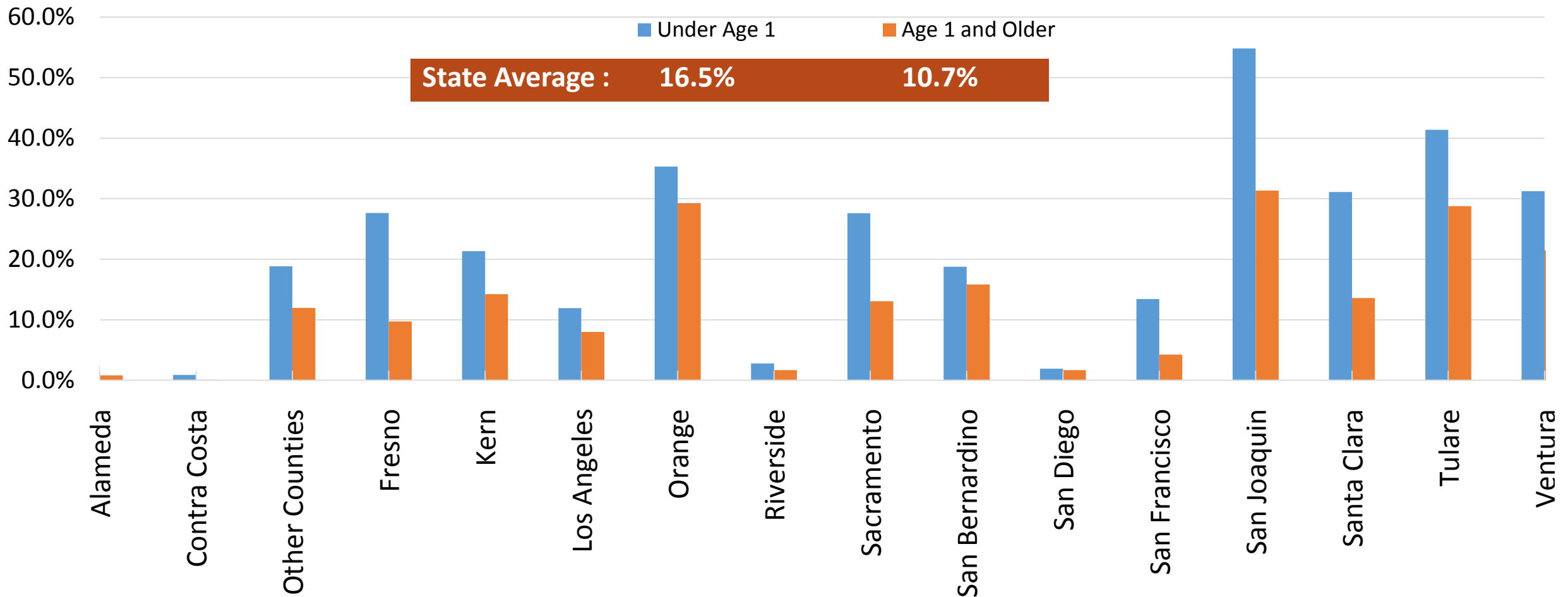
OF ALL CHILDREN WHO ENTERED OUT-OF-HOME CARE, PERCENT WHO WERE UNDER AGE ONE 2000-2016

Children under age one are a growing percentage of children who enter out of home care each year.



(AFCARS, 2000-2016)

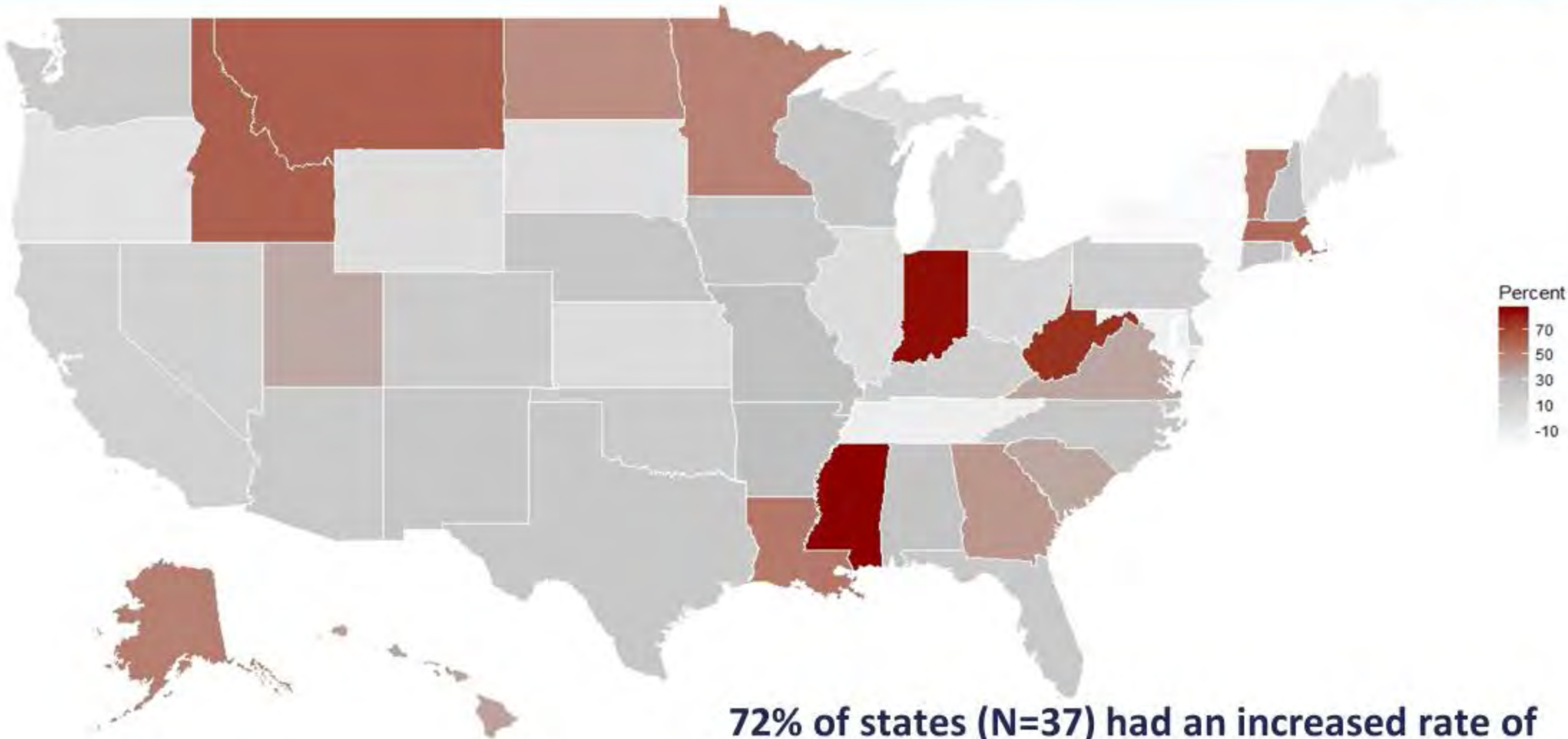
Percent of Children Removed with Alcohol or Other Drug Use as a Reason for Removal by Age, 2016



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

Source: AFCARS Data, 2016

Percent Change of Children Under Age 1 Placed in Out of Home Care by State, 2012-2016

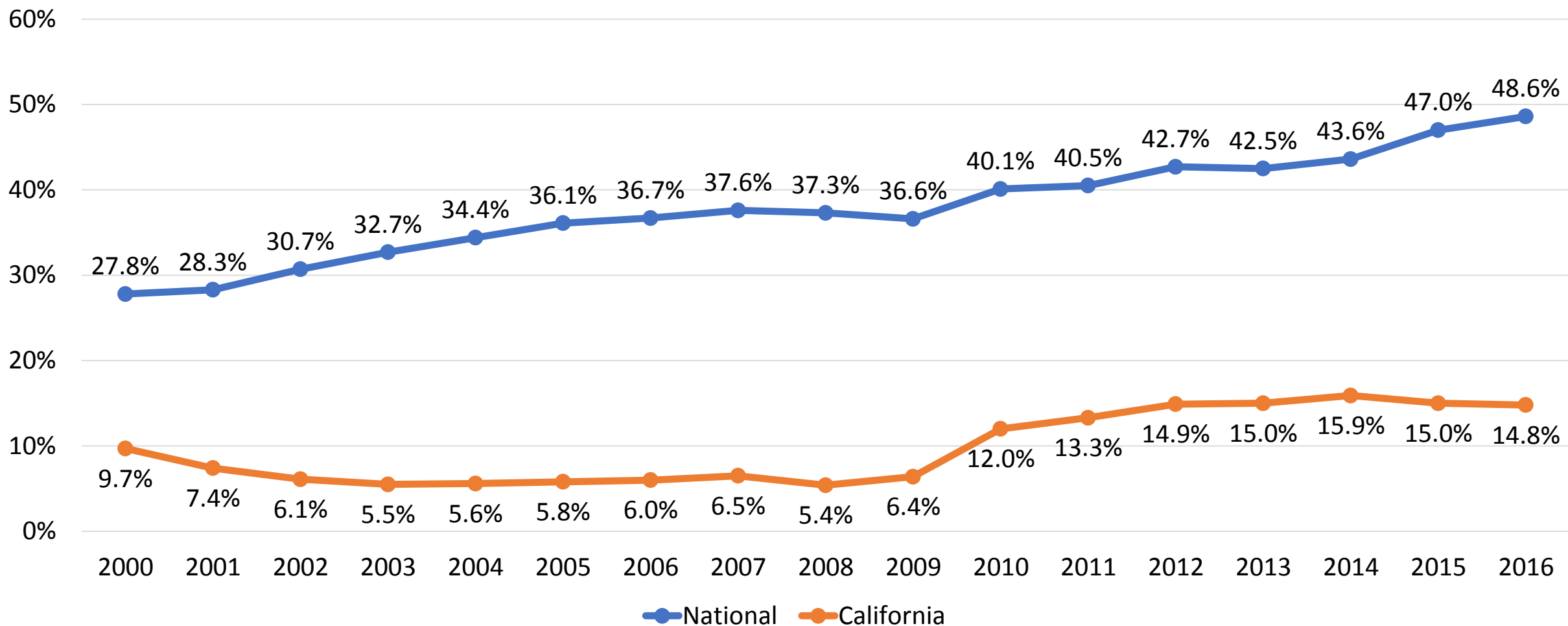


72% of states (N=37) had an increased rate of children under Age 1 placed in OOHC from 2012 to 2016

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

(AFCARS, 2012-2016)

Percent of Children Under Age 1 with Parental Alcohol or Other Drug Use as a Reason for Removal in the United States, 2000 to 2016



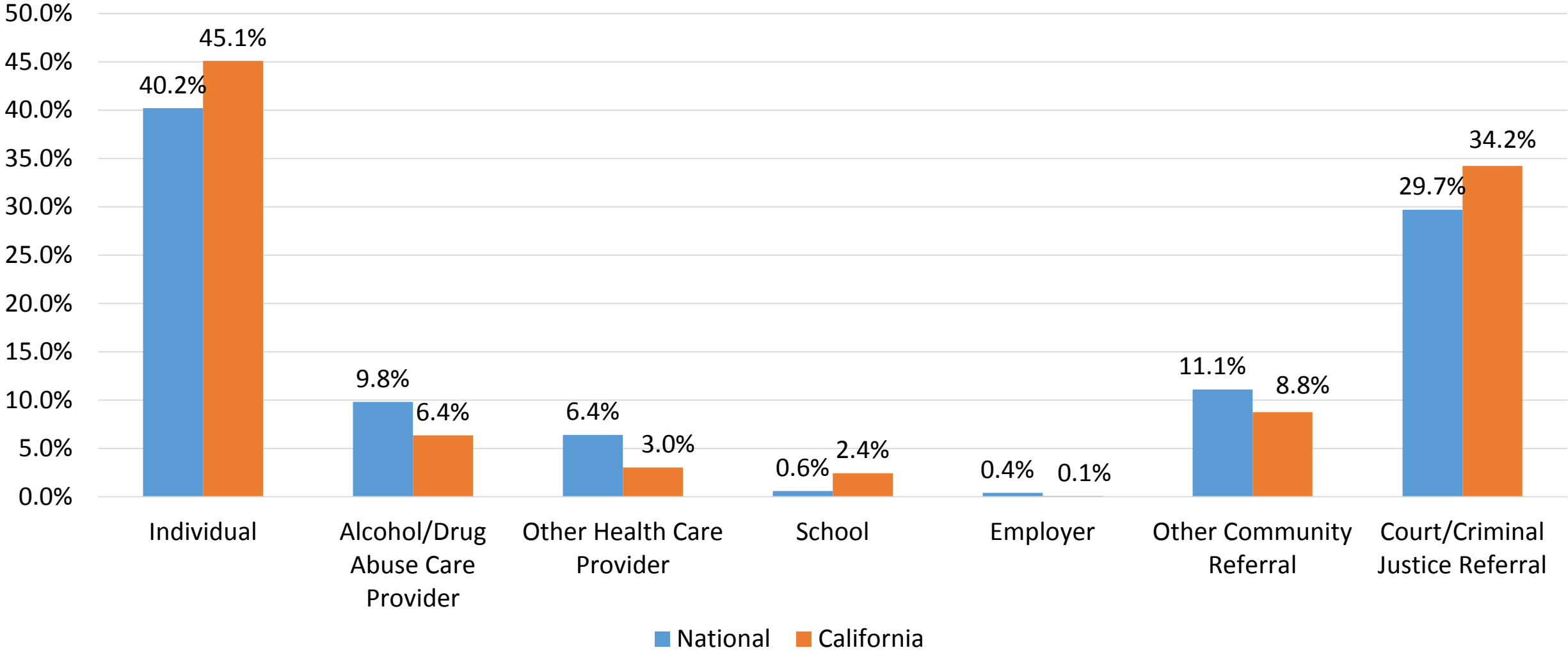
Note: Estimates based on children under age 1 who entered out of home care during Fiscal Year

Source: AFCARS Data, 2000-2016

Substance Abuse Treatment Admissions in the United States and California, 2015^[1]

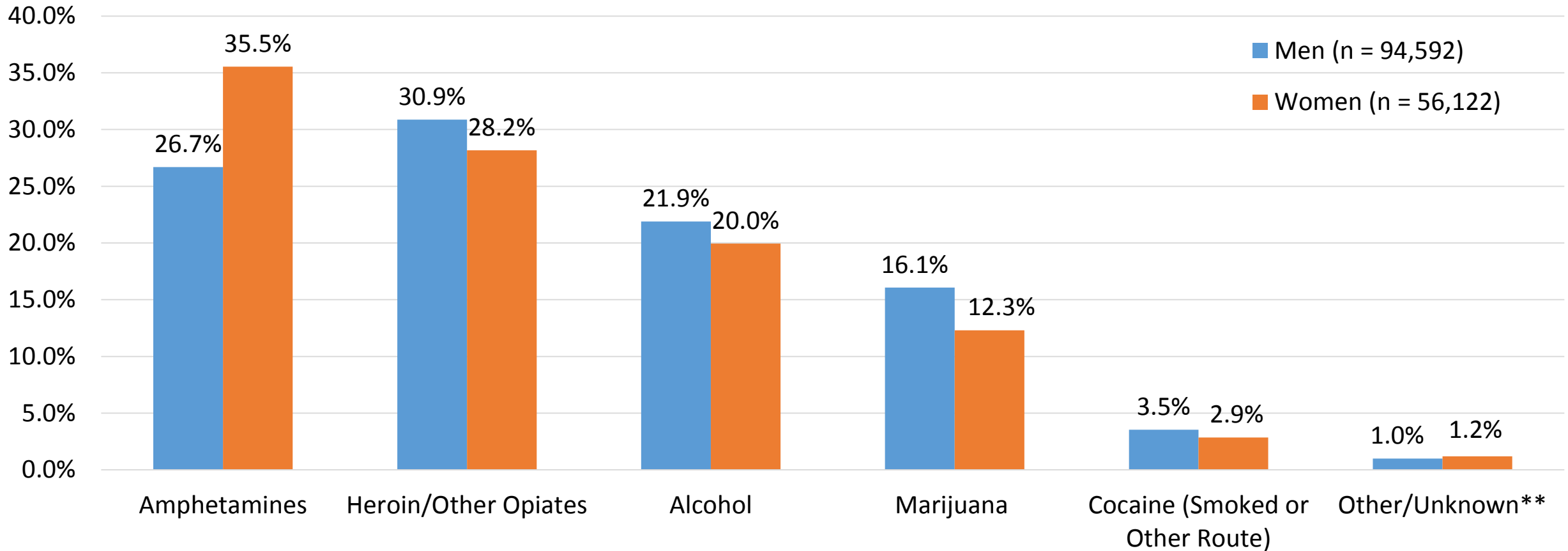
Demographics	National (n = 1,645,968)	California (n = 150,865)
Gender	Male: 65.5%, Female: 34.5%	Male: 62.7%, Female: 37.2%
Age At Admission (years)	Under 20: 8.5% 21-30: 32.2% 31-40: 25.7% 41-50: 18.4% 51+: 15.2%	Under 20: 12.1% 21-30: 30.5% 31-40: 25.6% 41-50: 15.0% 51+: 14.8%
Race	American Indian or Alaska Native: 2.5% Asian or Native Hawaiian or Other Pacific Islander: 1.2% Black or African American: 18.8% White: 65.6% Other: 7.8% Unknown: 4.1%	American Indian or Alaska Native: 1.7% Asian or Native Hawaiian or Other Pacific Islander: 2.6% Black or African American: 11.6% White: 54.4% Other: 24.4% Unknown: 5.3%
Ethnicity	Hispanic or Latino: 14.1%	Hispanic or Latino: 36.4%

Primary Referral Source for Substance Abuse Treatment Admissions in the United States and California, 2015^[2]



Source: TEDS-Admission Data, 2015

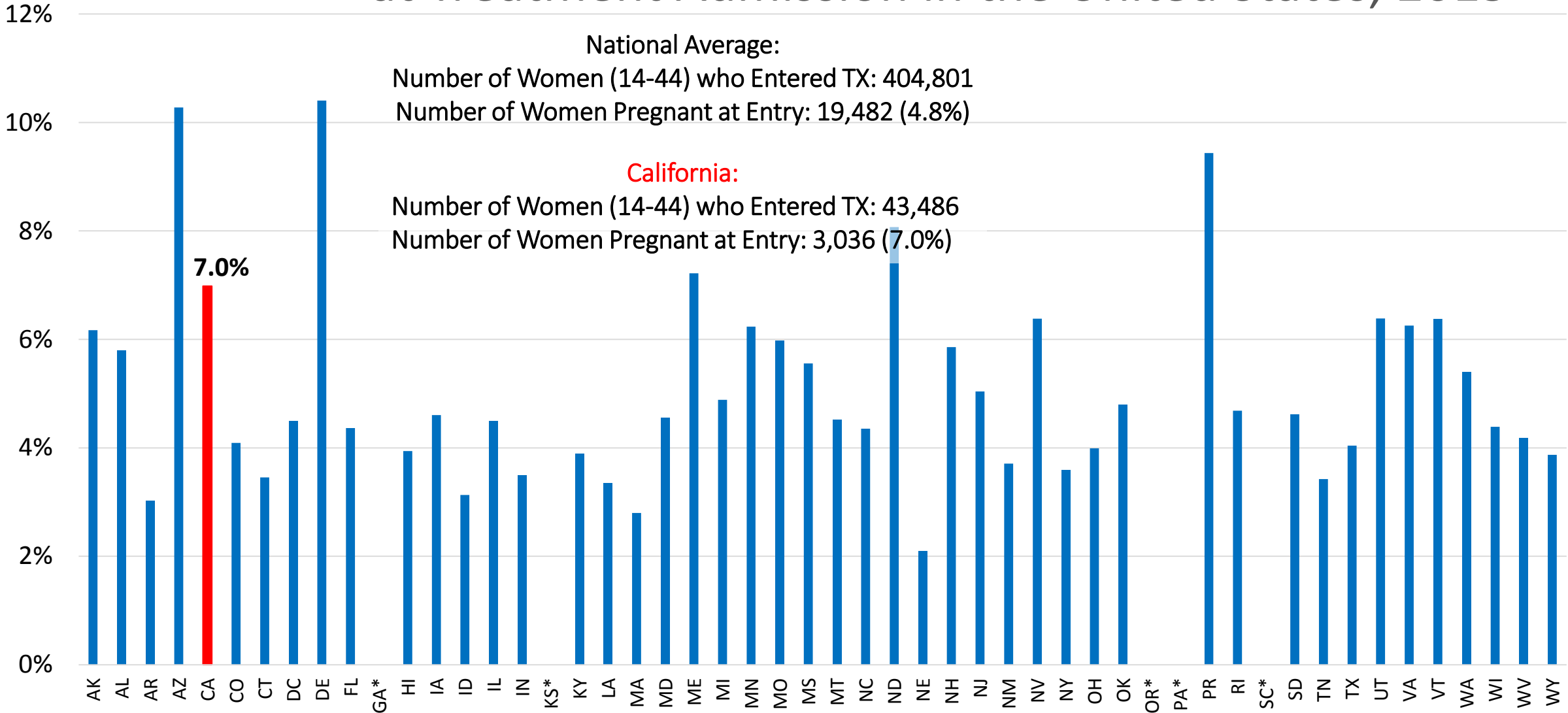
Substance Abuse Treatment Admissions by Primary Substance and Gender in California, 2015



* This category includes admissions for non-prescription use of methadone, codeine, morphine, oxycodone, hydromorphone, meperidine, opium, and other drugs with morphine-like effects.

** This category includes tranquilizers, other stimulants, inhalants, sedatives, PCP, and hallucinogens.

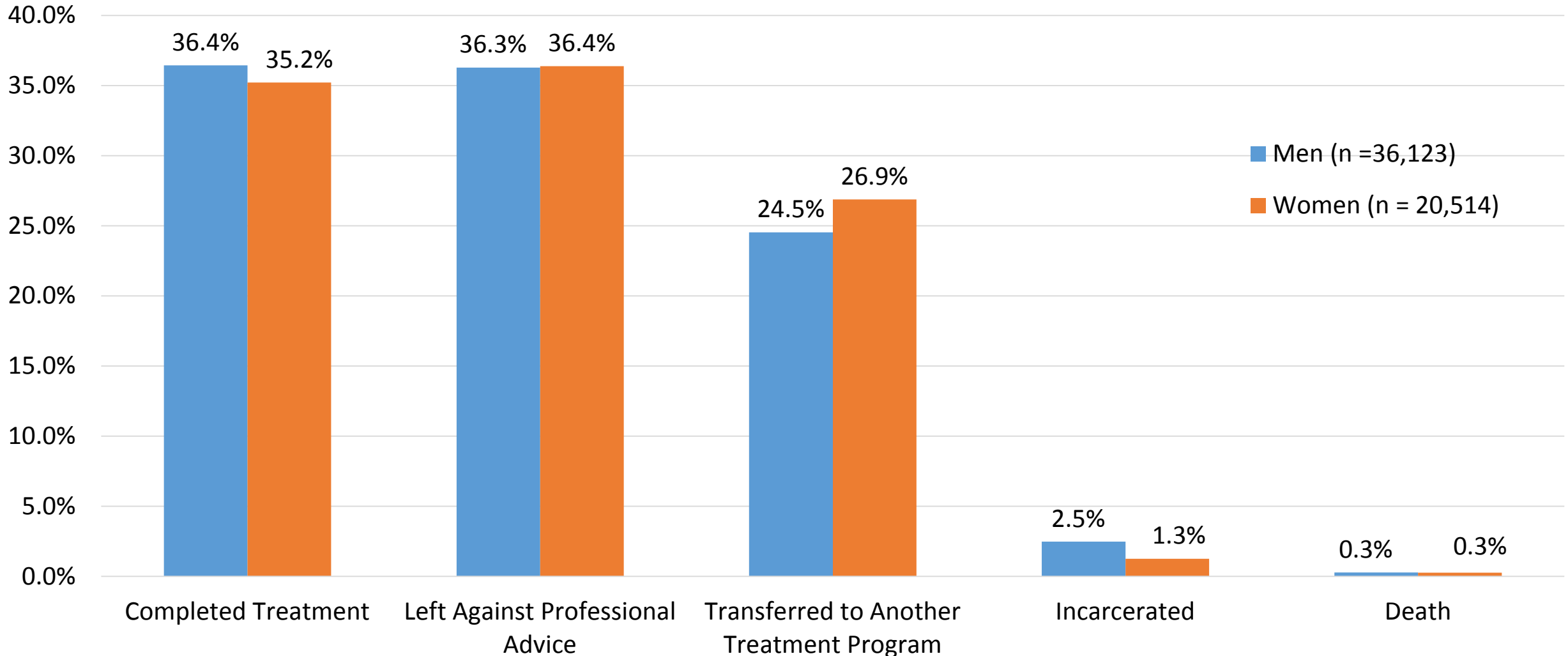
Women of Childbearing Age (Ages 15-44) Who Were Pregnant at Treatment Admission in the United States, 2015^[3]



*2015 TEDS Data was not available for South Carolina, Georgia, Kansas, Oregon, and Pennsylvania.

Source: TEDS-Admission Data, 2015

Substance Abuse Treatment Discharge Reasons by Gender in California, 2014^[4]



* This category includes moved, illness, hospitalization, or other reason somewhat out of client's control.

Source: TEDS-Discharge Data, 2014

Notes

1. National-level information on substance use treatment admissions is not currently available for the 2016 and 2017 fiscal years.
2. Information on primary referral source for substance abuse treatment admissions is currently not available for any fiscal year after 2015.
3. Information on pregnancy status at substance abuse treatment admission is currently not available for any fiscal year after 2015.
4. Information on substance abuse treatment discharge is currently not available for any fiscal year after 2014.

References

- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. State Summaries for of Client Admissions Data (2015). Available from <https://wwwdasis.samhsa.gov/webt/newmapv1.htm>
- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. The Treatment Episode Data Set: Admissions (2015). Available from <https://www.datafiles.samhsa.gov/study-series/treatment-episode-data-set-admissions-teds-nid13518>
- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. The Treatment Episode Data Set: Discharges (2014). Available from <https://www.datafiles.samhsa.gov/study-series/treatment-episode-data-set-discharges-teds-d-nid13520>

- 1. Identification:** Only a handful of states have **universal screening or standardized screening tools** that are used to detect parental substance use during investigations of child abuse and neglect.
- 2. Data Collection:** Few states have standardized protocols for **recording the data** in their information system.

Resulting in **state by state variation** in estimated prevalence of parental substance use as factors in child removals

The most recent studies on prevalence were published over a decade ago!

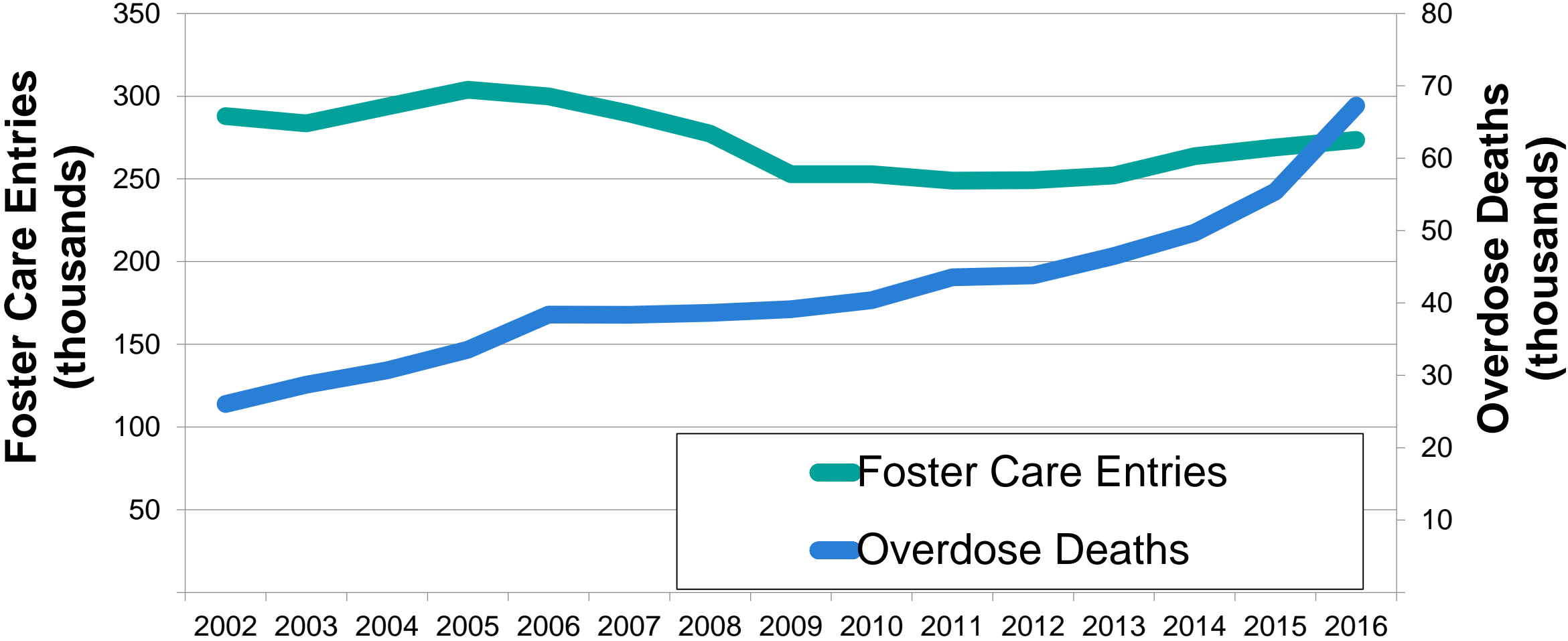
Assistant Secretary on Planning and Evaluation (ASPE) Study on Substance Misuse and Child Welfare



Identify the effect of substance use prevalence and drug death rates on child welfare caseloads, including:

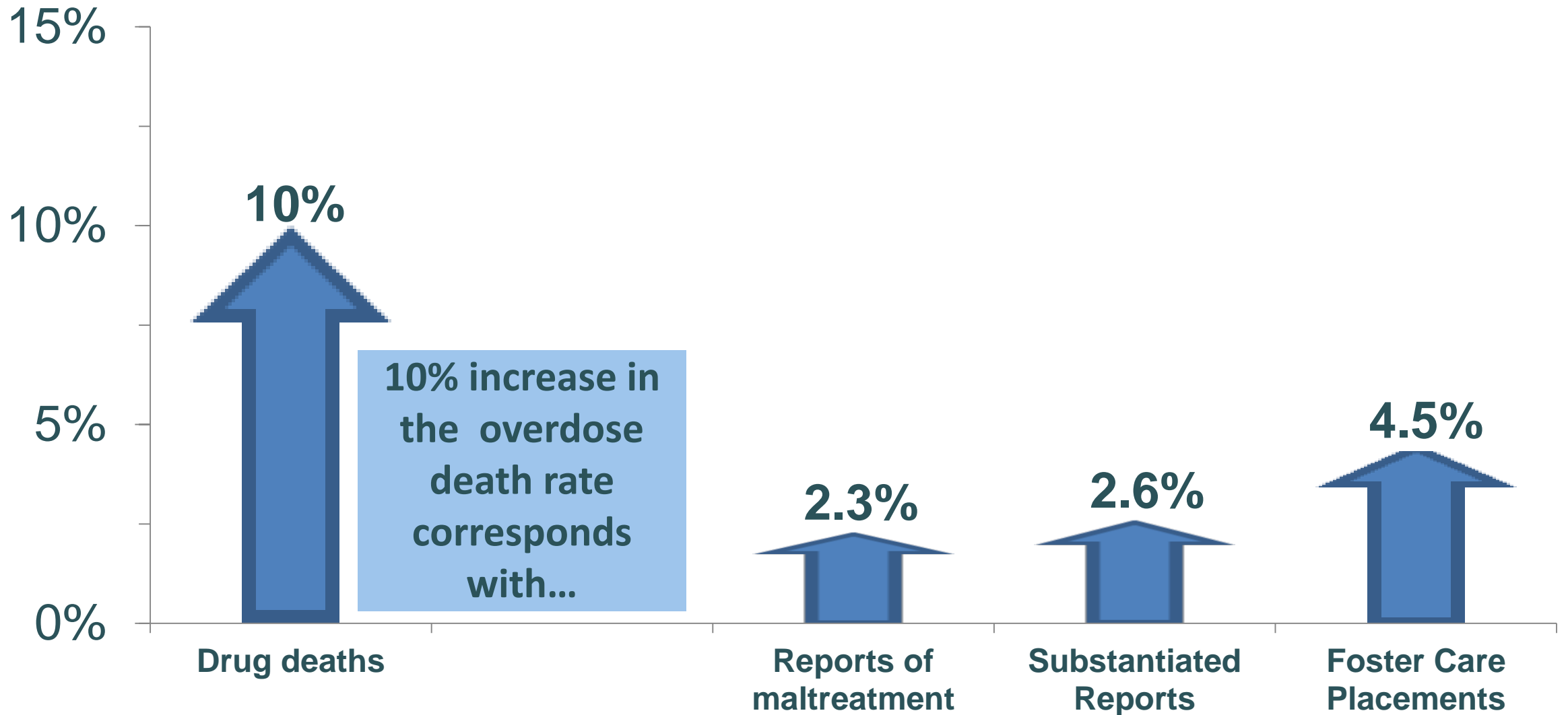
- Total reports of child maltreatment
- Substantiated reports of child maltreatment
- Foster care entries

Comparison of Overdose Deaths and Foster Care Entries 2002-2016

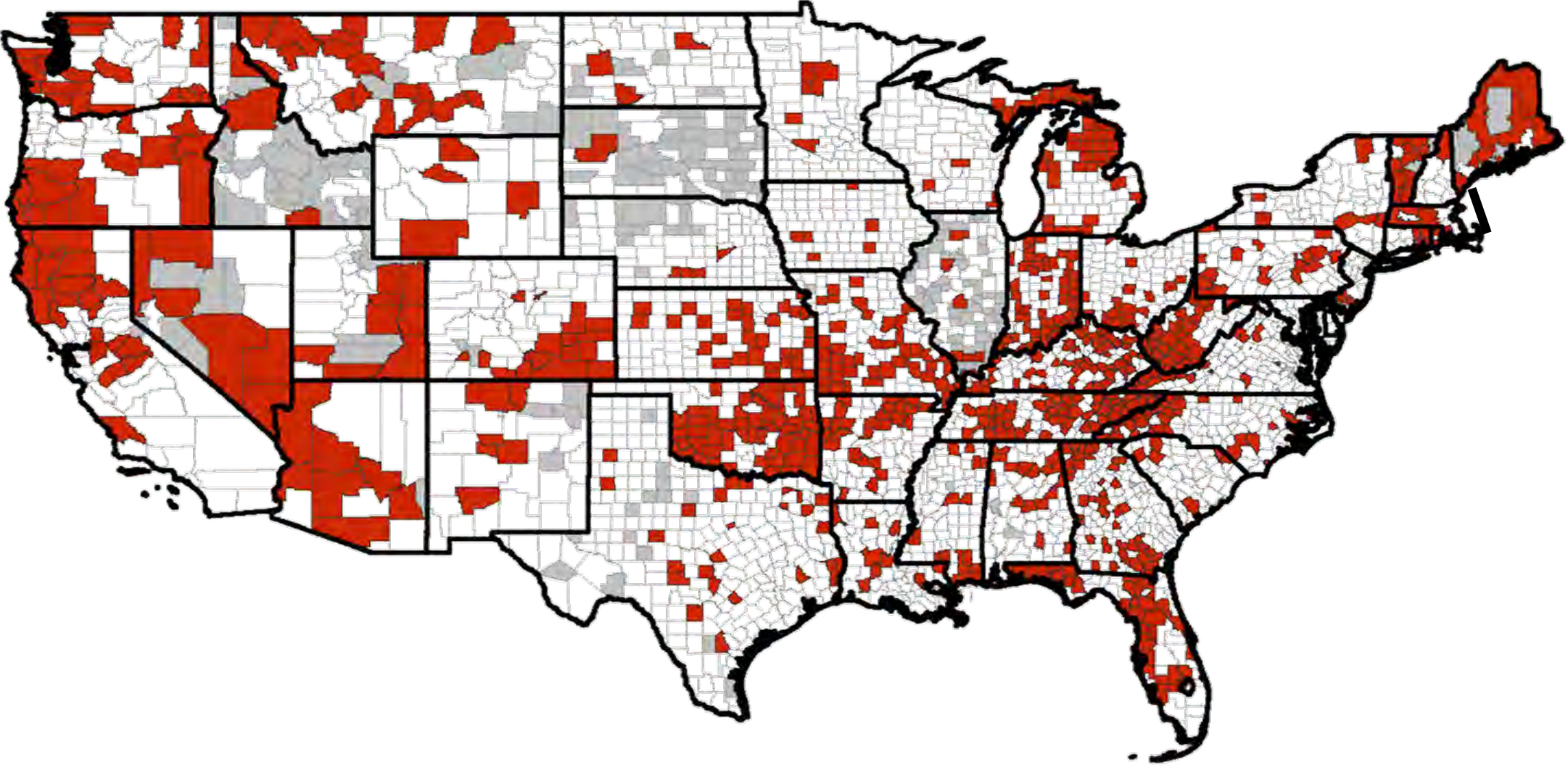


(Radel et al., 2018)

Relationship of Substance Use and Child Welfare Indicators



Counties Where Rates of Drug Overdose Deaths and Foster Care Entries Were Both Above the National Median, 2015



(Radel et al., 2018)

■ Opioids High, Foster Care High □ Other ■ Missing Data



Today:

Over 730 children will be removed from their parents

This hour:

30 children will be removed; **5** of these will be **babies** under age 1

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 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).

A close-up, low-angle shot of an hourglass. The top bulb is filled with golden-brown sand, which is falling through the narrow neck into the bottom bulb. The sand is captured in motion, creating a blurred, dynamic effect. The background is dark, making the hourglass stand out.

The Adoption and Safe Families Act

ASFA

(PL 105-89)

Time Clock

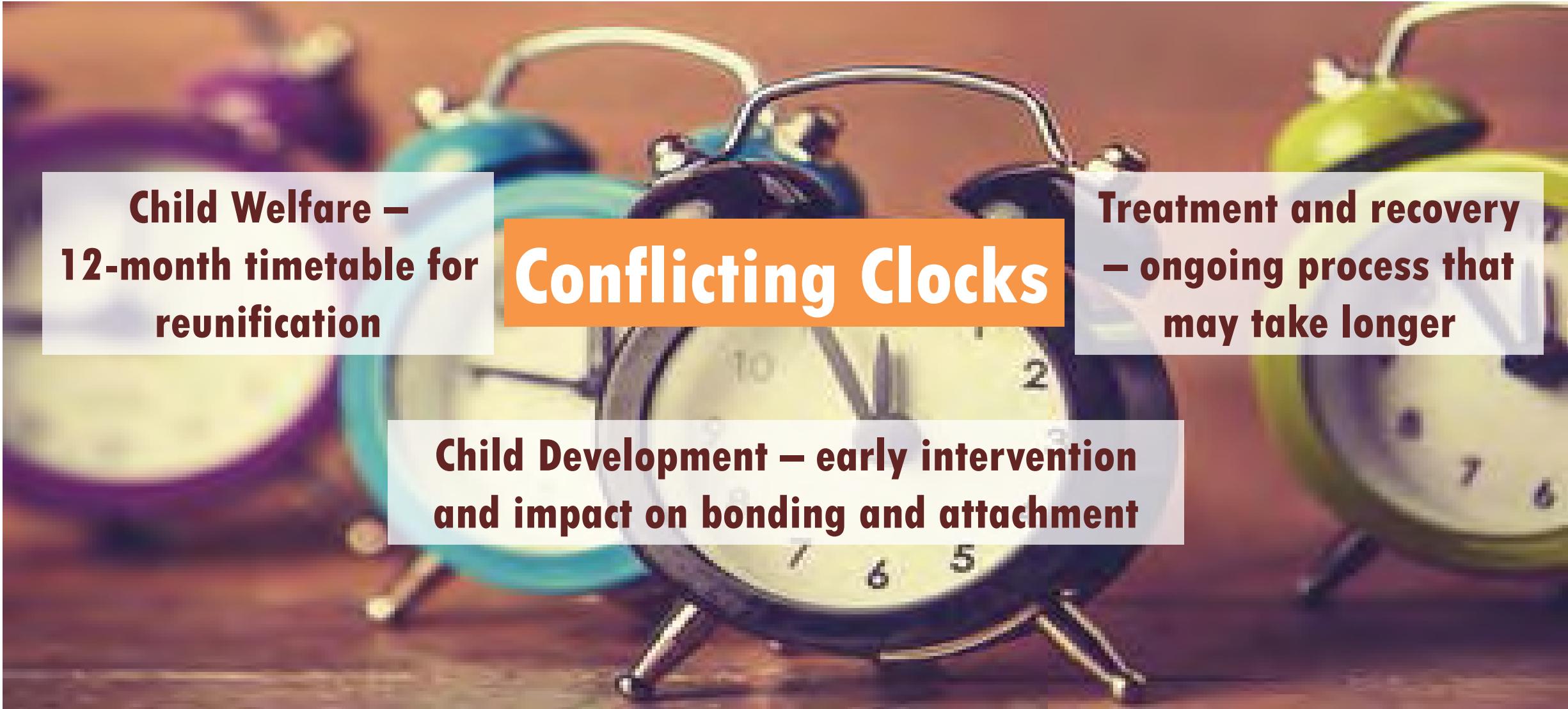
The Matter of Time

**Child Welfare –
12-month timetable for
reunification**

Conflicting Clocks

**Treatment and recovery
– ongoing process that
may take longer**

**Child Development – early intervention
and impact on bonding and attachment**



A Broken System: Why Child and Family Services Don't Work for Children and Families

- We've created a system that **pays more attention to money and services** than it pays to children and families.
- In those few cases where children and families do get all the help they need, it's most likely because **someone working inside the system bends or breaks the rules that get in the way when you try to help.**
- **Inventing ways to get around the barriers** that prevent you from helping kids and families - may be the **most important work** people do in the system today.



~ Gray, D. (2005)

“I wish my parents got drug treatment”



Stay home
Go home
Find home

“the remarkable ability to find their way home, even across huge and disorienting distances”



How can we do better?

- How can we get parents into treatment sooner?
- How can we get them home sooner?
- How can keep kids safe and families together?
- Work together to improve outcomes for children and families?

FDC Model as a Collaborative Solution

Judicial Oversight

Comprehensive Services



**Drug Court
Hearings**




**Therapeutic
Jurisprudence**



**Access to Quality
Treatment and
Enhanced
Recovery Support**



**Enhanced
Family-Based
Services**



**No single
agency can
do this alone**

When Systems Work Together, Families Do Better

Recovery

Remain at home

Reunification

Repeat maltreatment

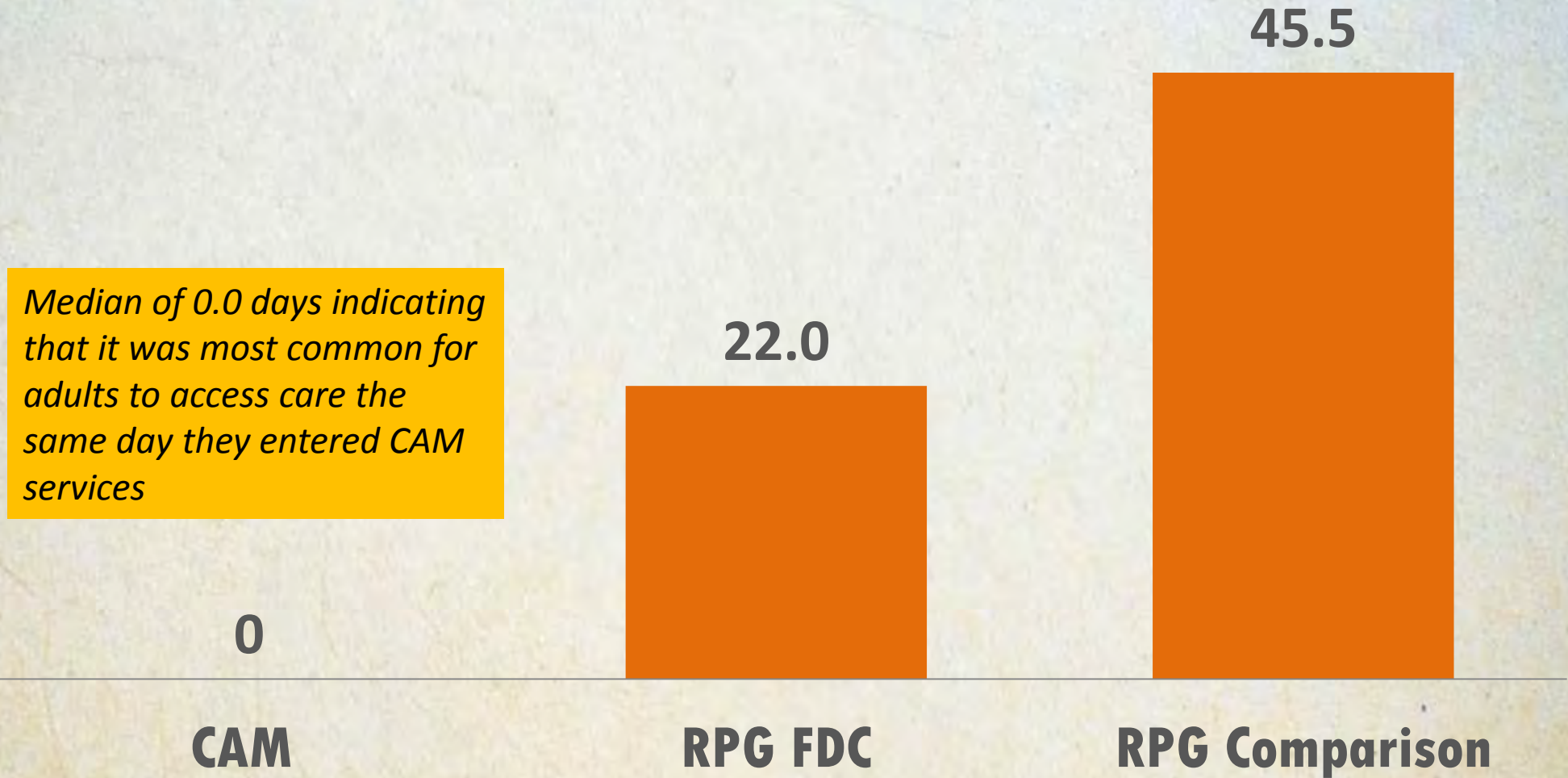
Re-entry

5Rs

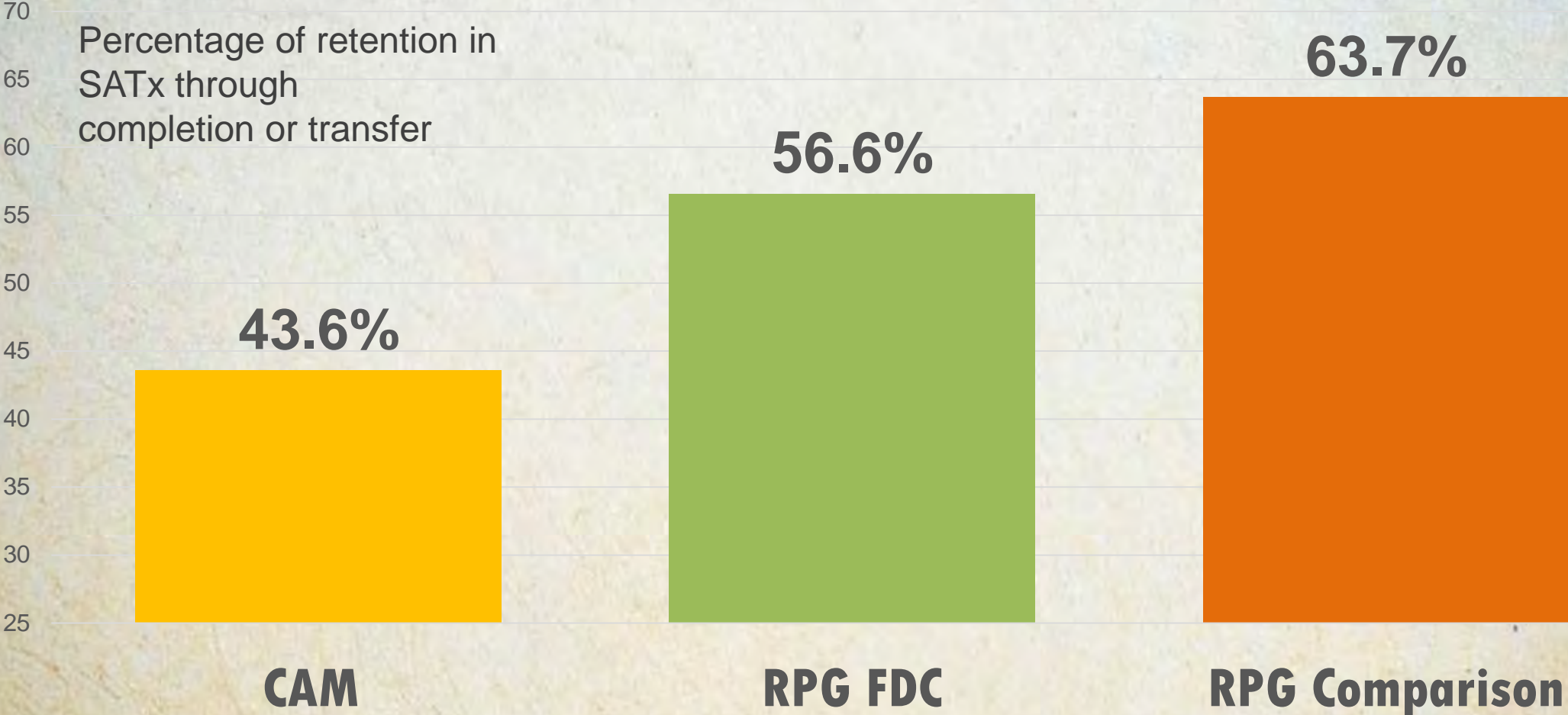
A silhouette of a young child with long hair, seen from the side, holding the hand of an adult. The background is a bright, hazy sunset or sunrise, creating a warm, golden glow. The child's hair is illuminated by the light, and the overall scene conveys a sense of support and connection.

Access to Treatment

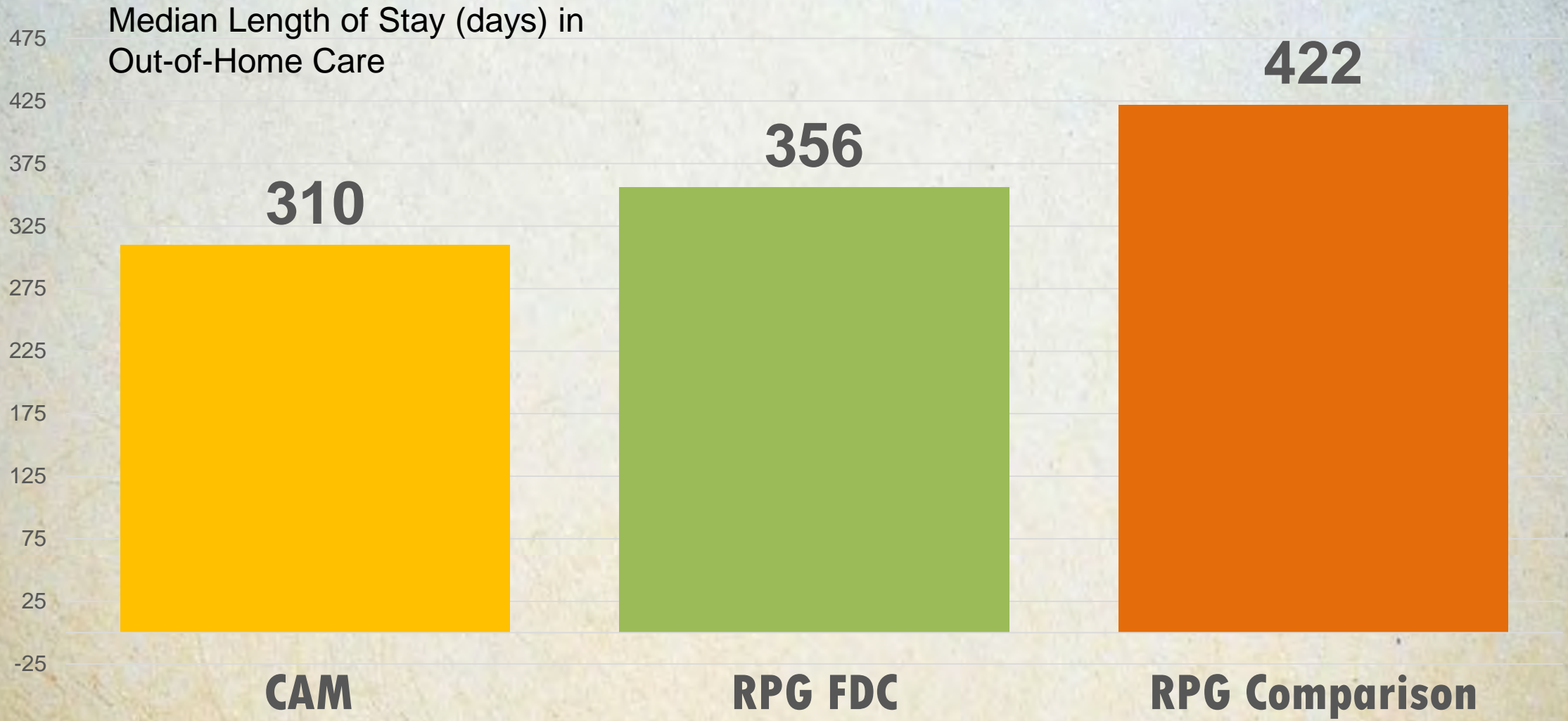
Median # of days to admission



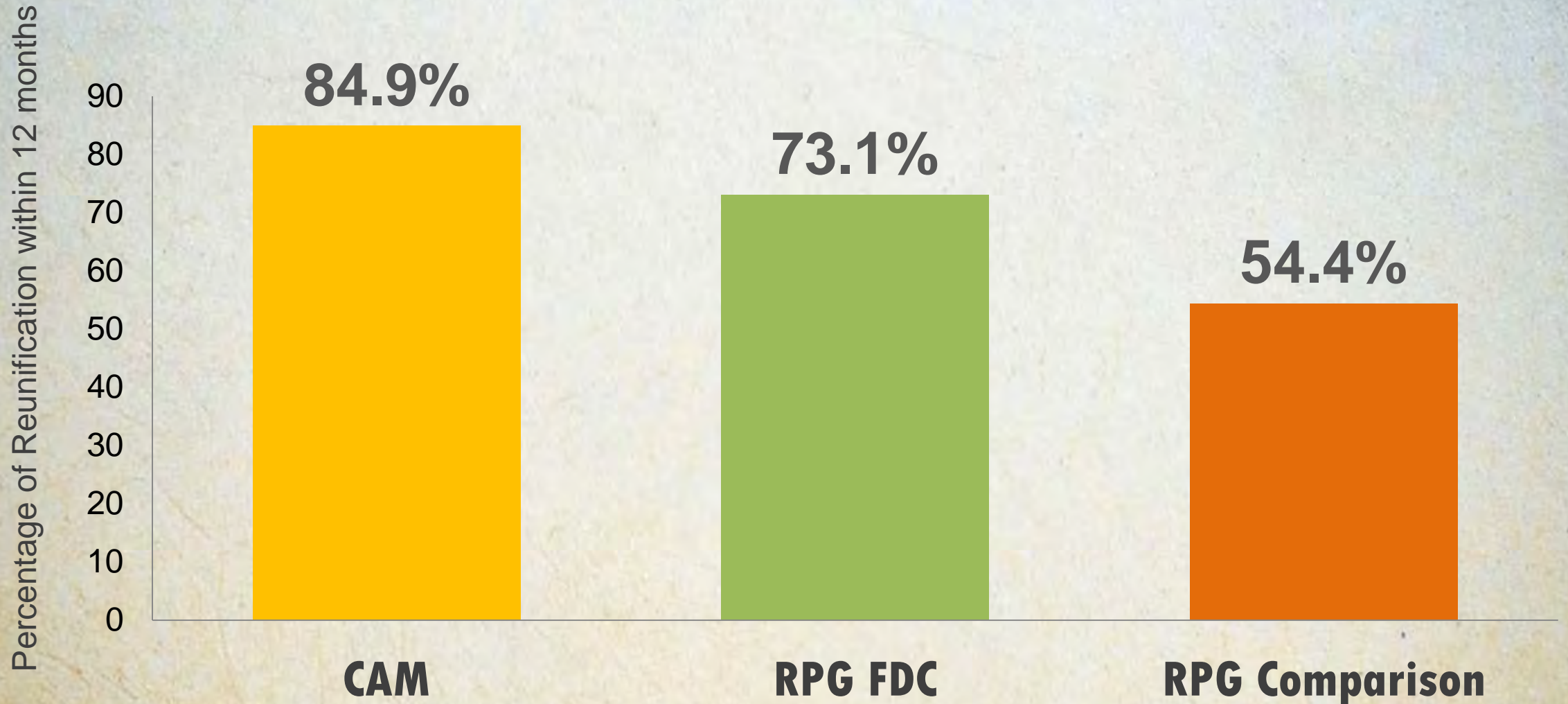
Treatment Completion Rates



Days in Foster Care

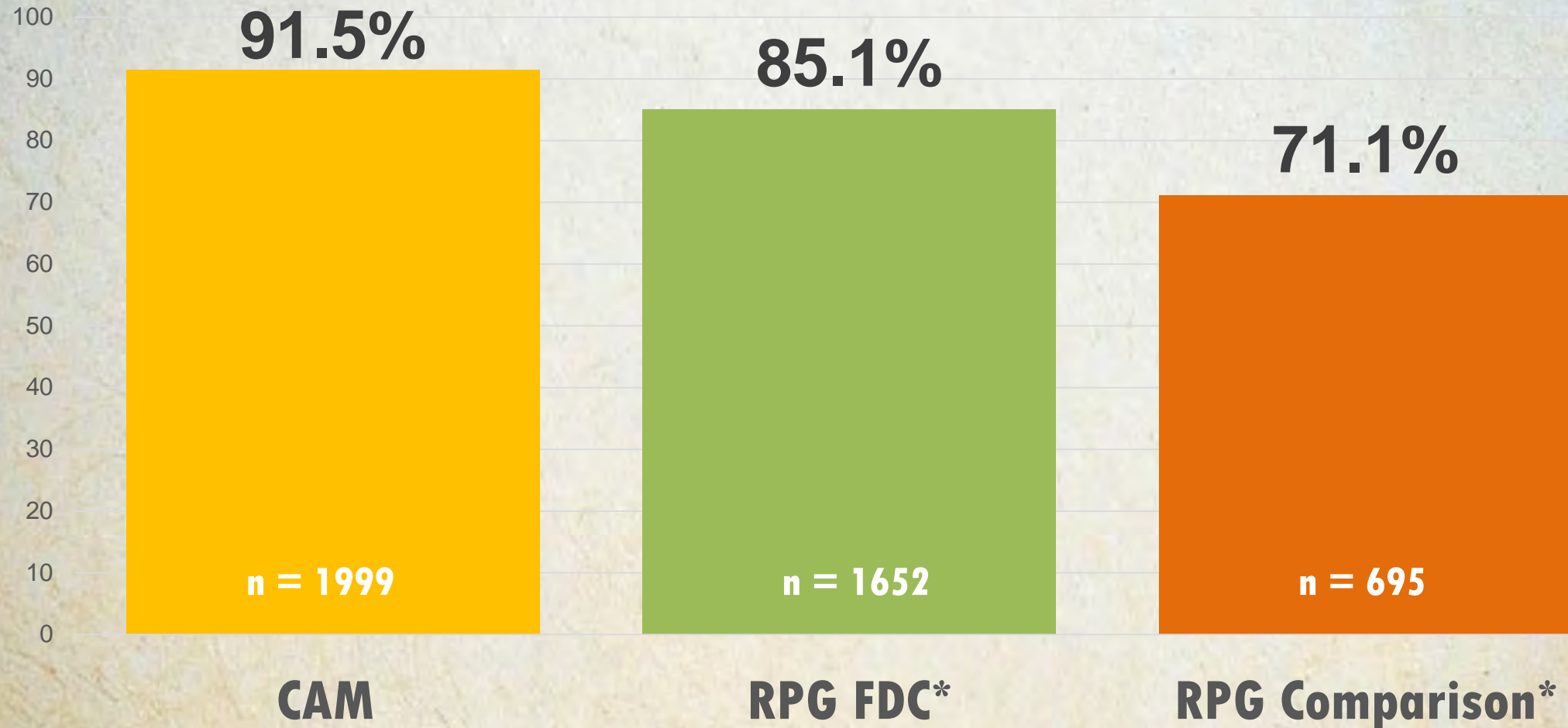


Reunification Rates within 12 Months



Remained in Home

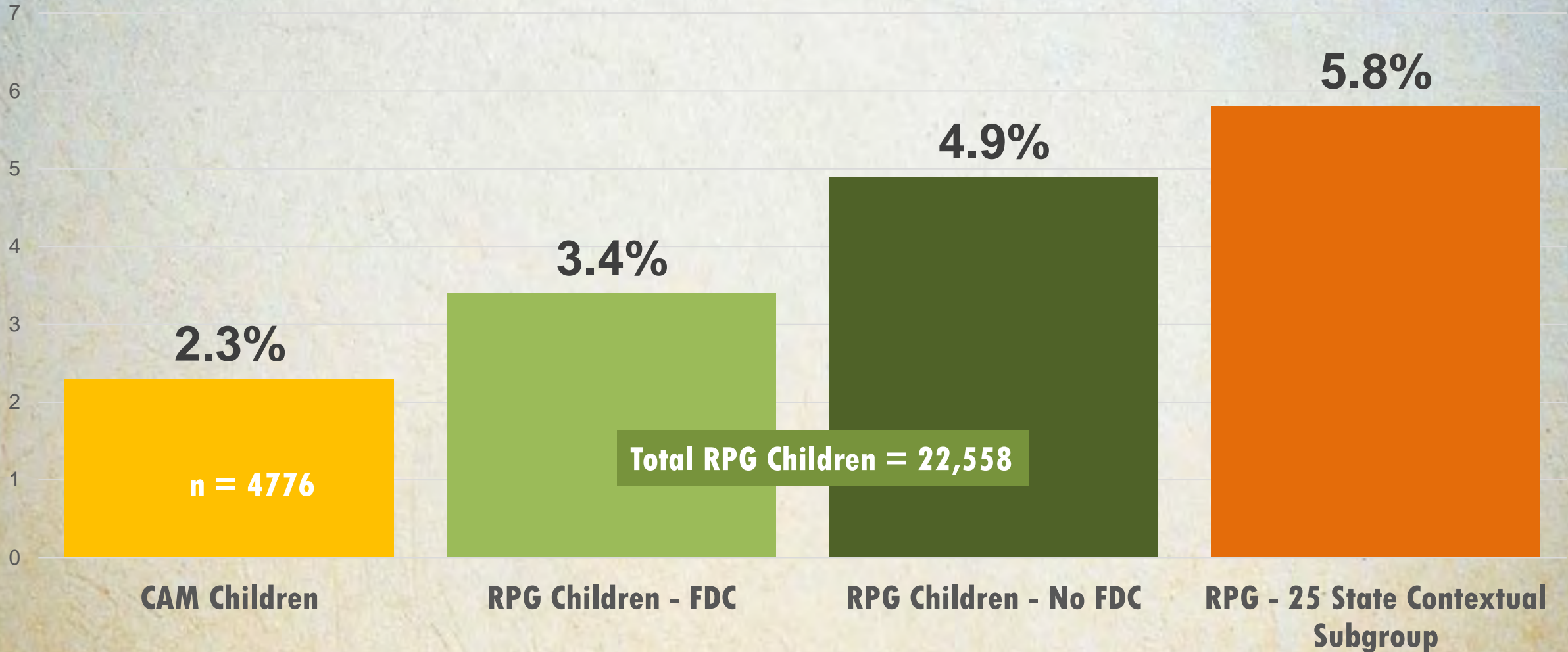
Percentage of children who remained at home throughout program participation



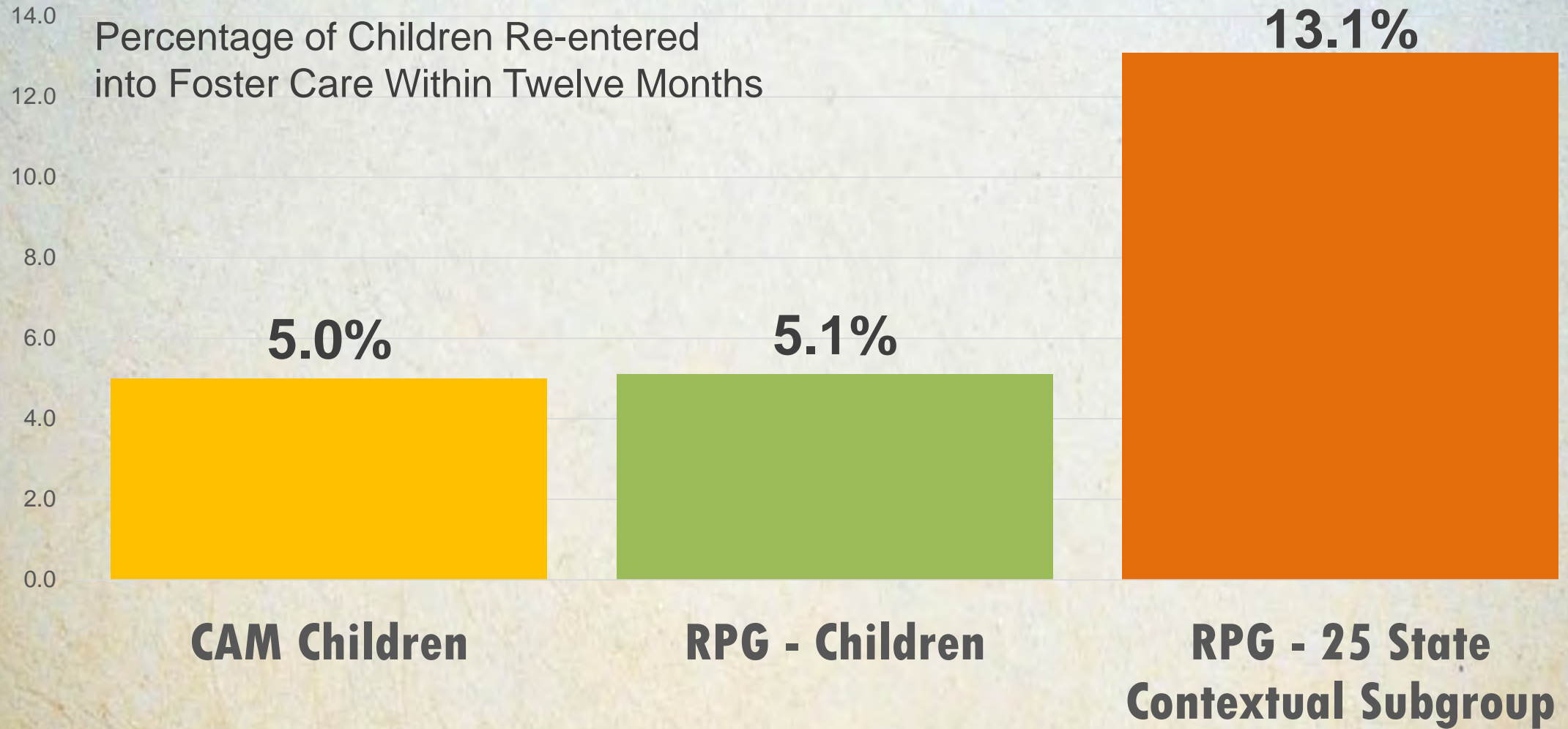
** This analysis is based on 8 RPG Grantees who implemented an FDC and submitted comparison group data*

Re-occurrence of Child Maltreatment

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



Re-entries into Foster Care





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

Who Do FDC's Work For?

Studies show equivalent or better outcomes:

- Co-occurring mental health problems
- Unemployed
- Less than a high school education
- Criminal history
- Inadequate housing
- Risk for domestic violence
- Methamphetamine, crack cocaine, or alcohol
- Prior CWS history



**What does the
research say
about successful
and timely
reunification?**

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

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

A Reflection

Hope

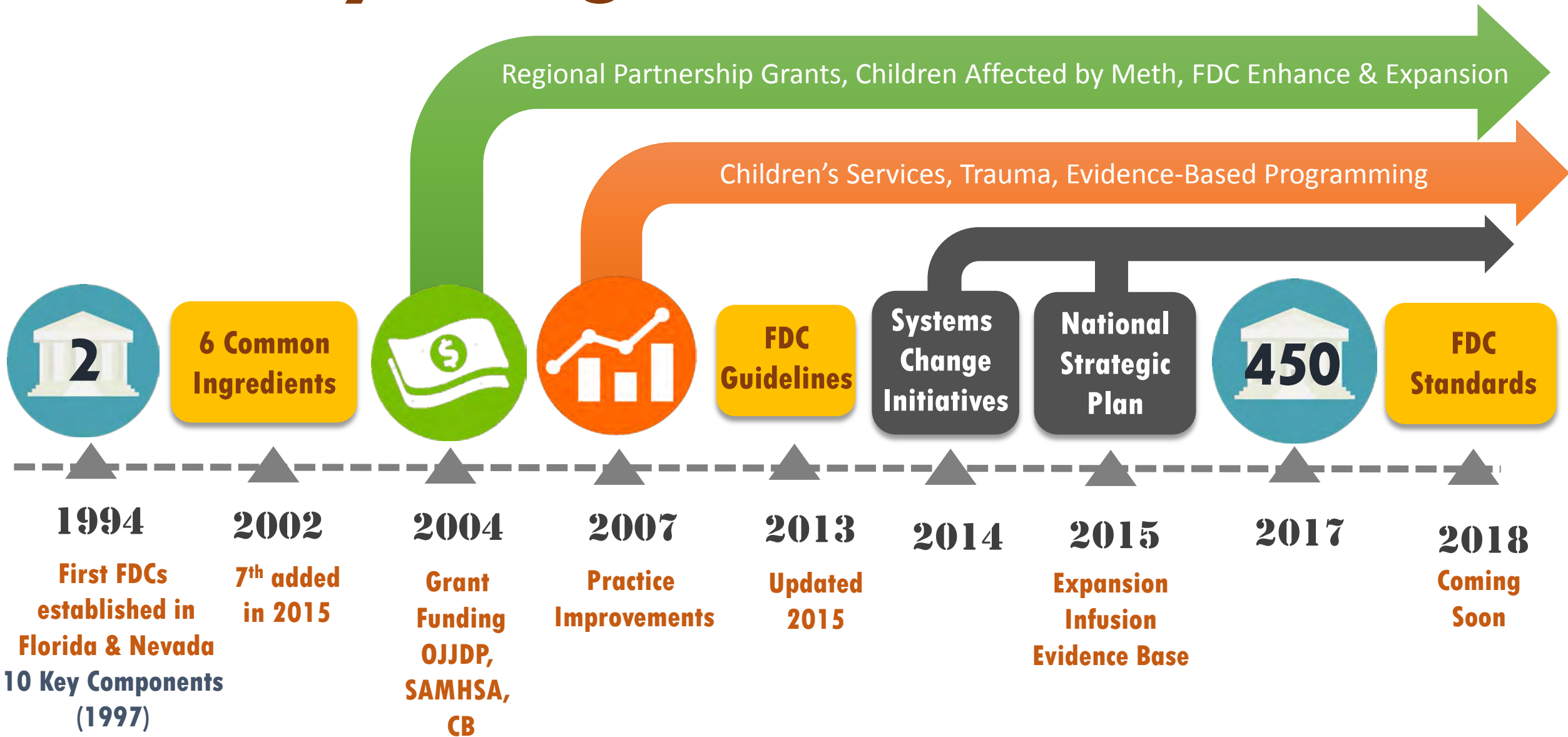
Strengthening Partnerships | Improving Outcomes



Family Drug Court Movement



Family Drug Court Movement



A Road Map for the Movement

Family Drug Court National Strategic Plan

National Strategic Plan For Family Drug Courts

MARCH 2017



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

Available at <https://www.cffutures.org/report/national-strategic-plan/>

National 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.

Part of Greater Whole

FTCs are part of larger systems

How can the FTC be a catalyst for change?

Do you know the total need or the scale of the problem?

Do you know how these systems work for all children and families?

A Road Map for the Movement

Family Drug Court National Strategic Plan

National Strategic Plan For Family Drug Courts

MARCH 2017



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

Available at <https://www.cffutures.org/report/national-strategic-plan/>

Top **3** Threats to the FDC Movement

1

Accountability to the FDC Model

2

Being Apart from Systems Change vs. Being A Part of Systems Change

3

Disproportionality and Equity



What is Leadership?



Providing the **vision** and the **drive** to use resources to get results while **building trusted relationships** within staff and amongst partners

Client-Centered and Empathetic

What is Leadership?

Influence

Persuasion, Trust, Commitment—

Illustrating the Vision, Building Relationships, and Gaining Commitment

Barrier Busting & Results-Based Accountability—

Transform

Ensuring Adequate Information Flow & Data-Driven Decision-Making

Cultivate

Building Champions and Growing Resources—

Develop New and Existing Leaders and Increase Resources

Top **3** Threats to the FDC Movement



1

Accountability to the FDC Model

National Strategic Plan for FDCs

Goal #1

Ensure Quality Implementation



SOLUTIONS

and

OPPORTUNITIES



**Building Capacity
for Quality
Implementation**

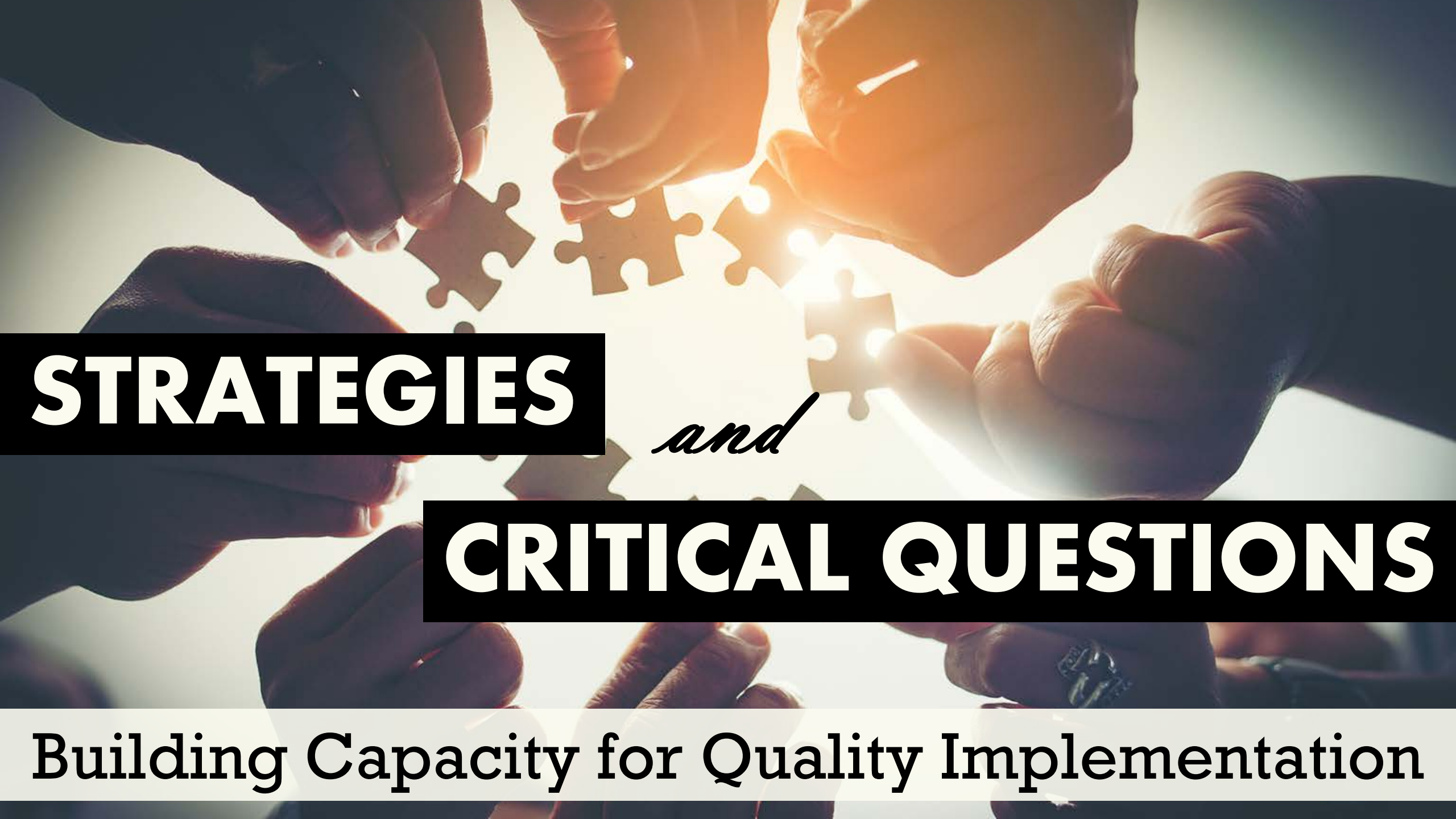
National Standards for Family Drug Courts



COMING SOON



Center for Children and Family Futures
Strengthening Partnerships, Improving Family Outcomes



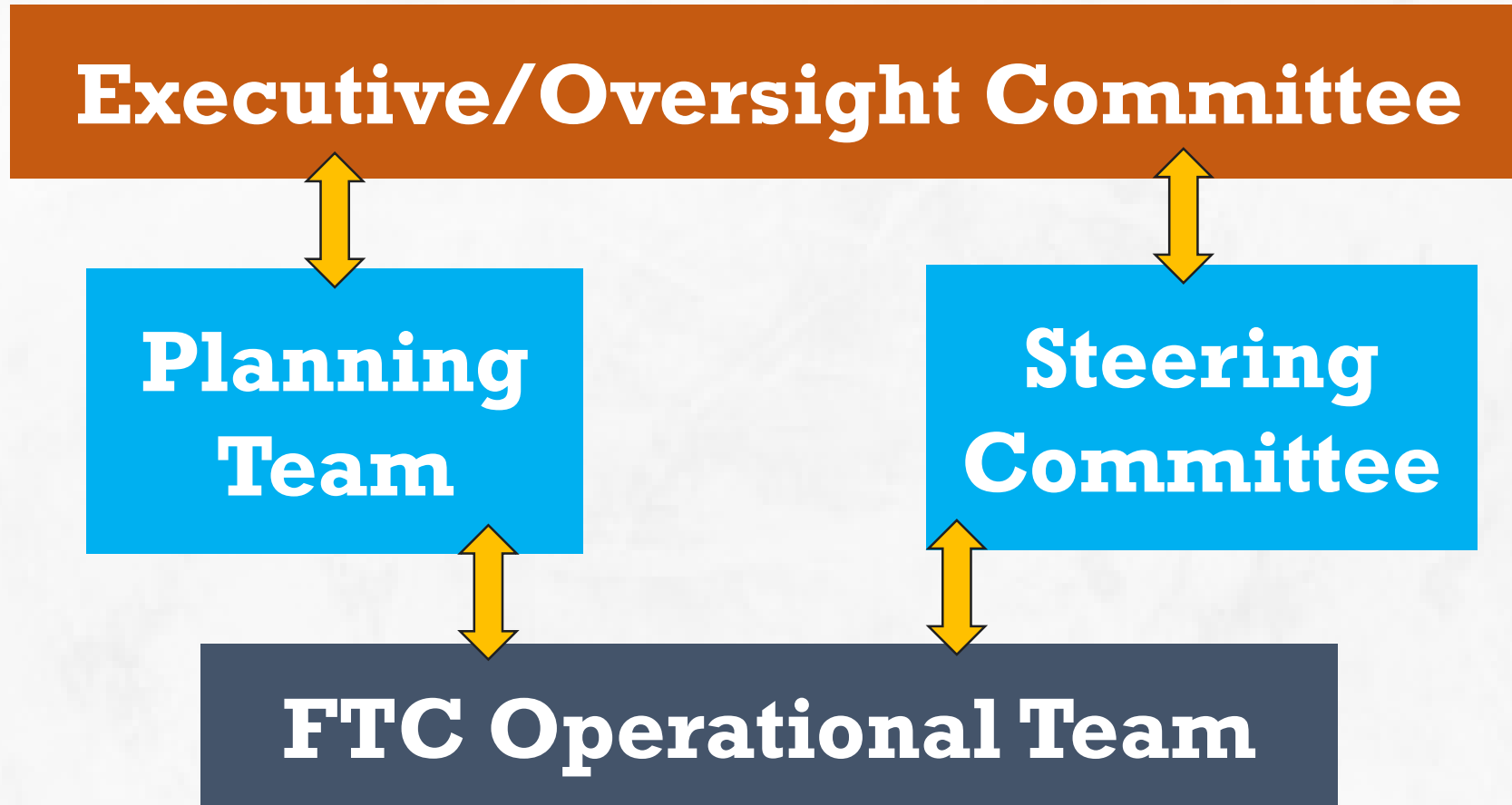
STRATEGIES

and

CRITICAL QUESTIONS

Building Capacity for Quality Implementation

Multi-Disciplinary Governance Structure



Family-Focused Treatment and Services

Timely Assessment and
Access to Services

Recovery Planning
and Reunification



Parenting/Family Time

Comprehensive Quality Services for Parents and Children

Family Treatment Court Structure



Regular Structured Staffing Meetings and Court Hearings

Collaborative Case Management

Therapeutic Responses to Behavior

Data and Information Sharing

Continuous Quality Improvement

Ongoing Evaluation of Program

Data Dashboard

Staff Training

Court Observation



TAKING ACTION

Ensuring Quality Implementation

SSIP Grantees

- Ohio
- Iowa



YOU

Peer Learning Courts

- Miami-Dade County DDC (FL)
- Tulsa County FDC (OK)



Leaders Call to Action!




BRAINSTORM

and

REPORT OUT

TOOLS and RESOURCES



Planning Guide for
Family Drug Courts

Data Dashboard

Court Observation Tools

FDC Needs Assessment

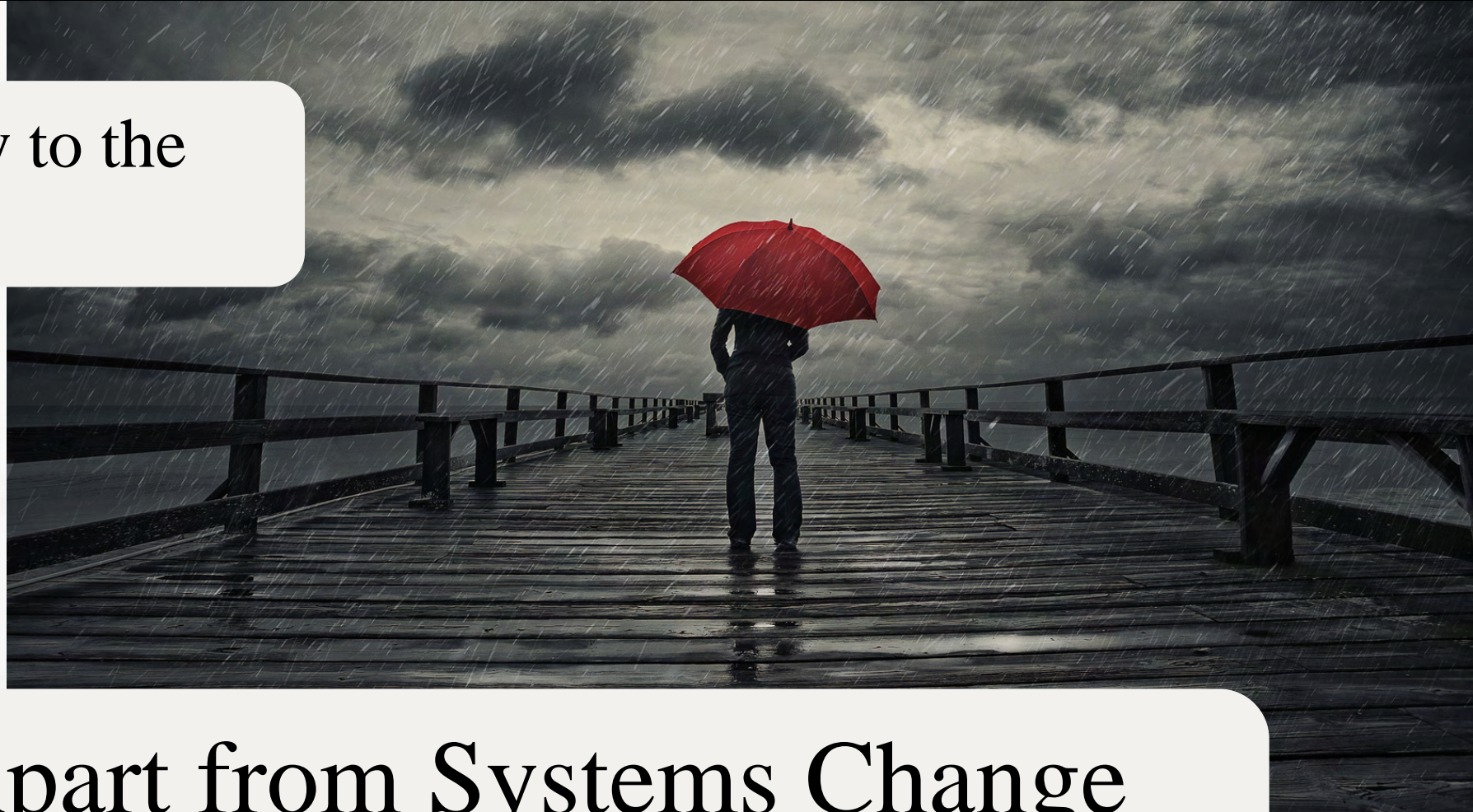
Top **3** Threats to the FDC Movement

1

Accountability to the
FDC Model

2

Being Apart from Systems Change
vs. Being A Part of Systems Change



A photograph of a man, a woman, and a baby looking at each other affectionately. The man is on the left, the woman is on the right, and the baby is in the center, looking up at the man. The image is framed by a white border.

Opportunity

- Child Abuse Prevention and Treatment Act (CAPTA)
- Comprehensive Addiction and Recovery Act (CARA)
- Plans of Safe Care (PoSC)

Makes changes to federal child welfare financing, including allowing for federal Title IV-E dollars to reimburse states for substance use, mental health prevention and treatment services and parenting programs for children at imminent risk of being placed in foster care and their families

- Provisions Related to Substance Use and Mental Health Treatment for Families
 - Reimbursement for Family Residential Substance Use Disorder Treatment – **October 1, 2018**
 - Use of Title IV-E Funds to Prevent Child Placement in Out-of-Home Care – **October 1, 2019**
 - Reauthorization of Regional Partnership Grants

Family First Prevention Services Act (2018)



Opportunity

National Strategic Plan for FDCs

Goal #2

Expansion of FDC Reach



SOLUTIONS

and

OPPORTUNITIES



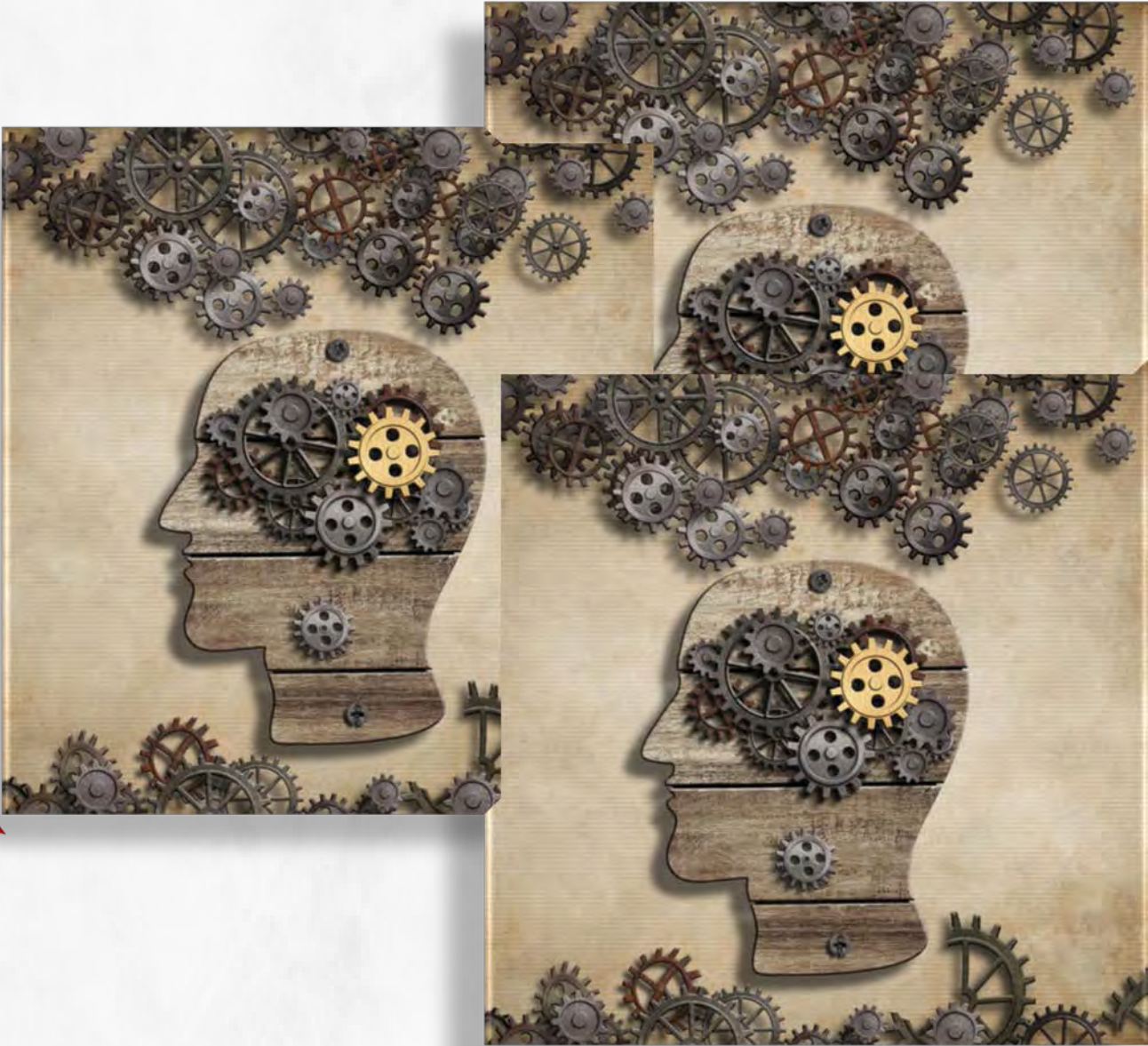
**Systems
Change**

Paradigm

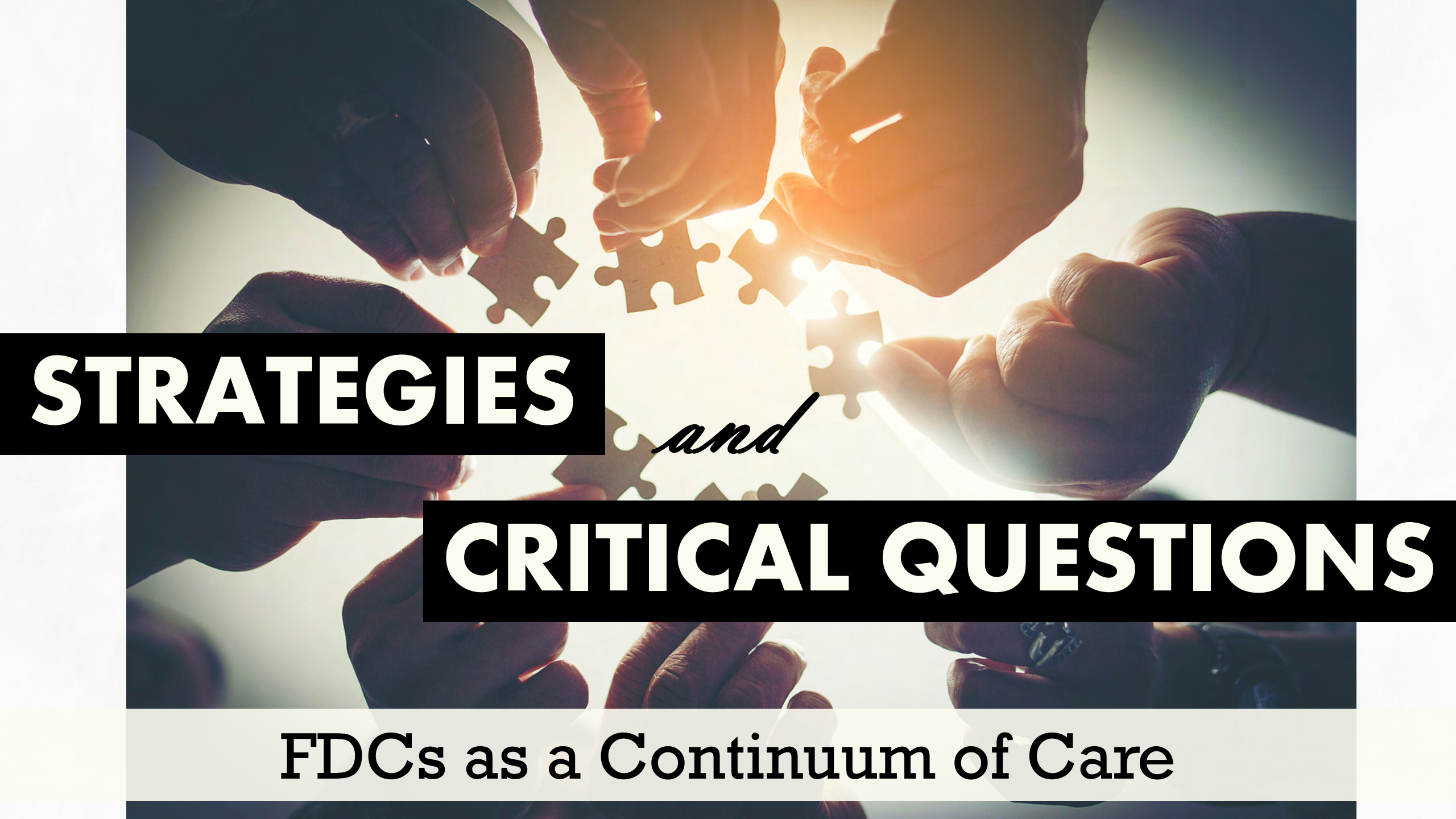
Shift



Project Thinking



Systems Thinking



STRATEGIES

and

CRITICAL QUESTIONS

FDCs as a Continuum of Care

Matching Services to Needs

Low Risk

Child Welfare Factors

High Risk

Low Need

Treatment and Services

High Need

Family Treatment Courts



7 Essential Practices



Continuum of Care

Applying What Works for Families Affected by Substance Use Disorders to Achieve Larger Systems Change



Early system of identifying families in need of substance use disorder treatment



Timely access to assessment and treatment services



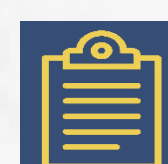
Increased management of recovery services and compliance with treatment



Family-centered treatment and services to improve parent-child relationships



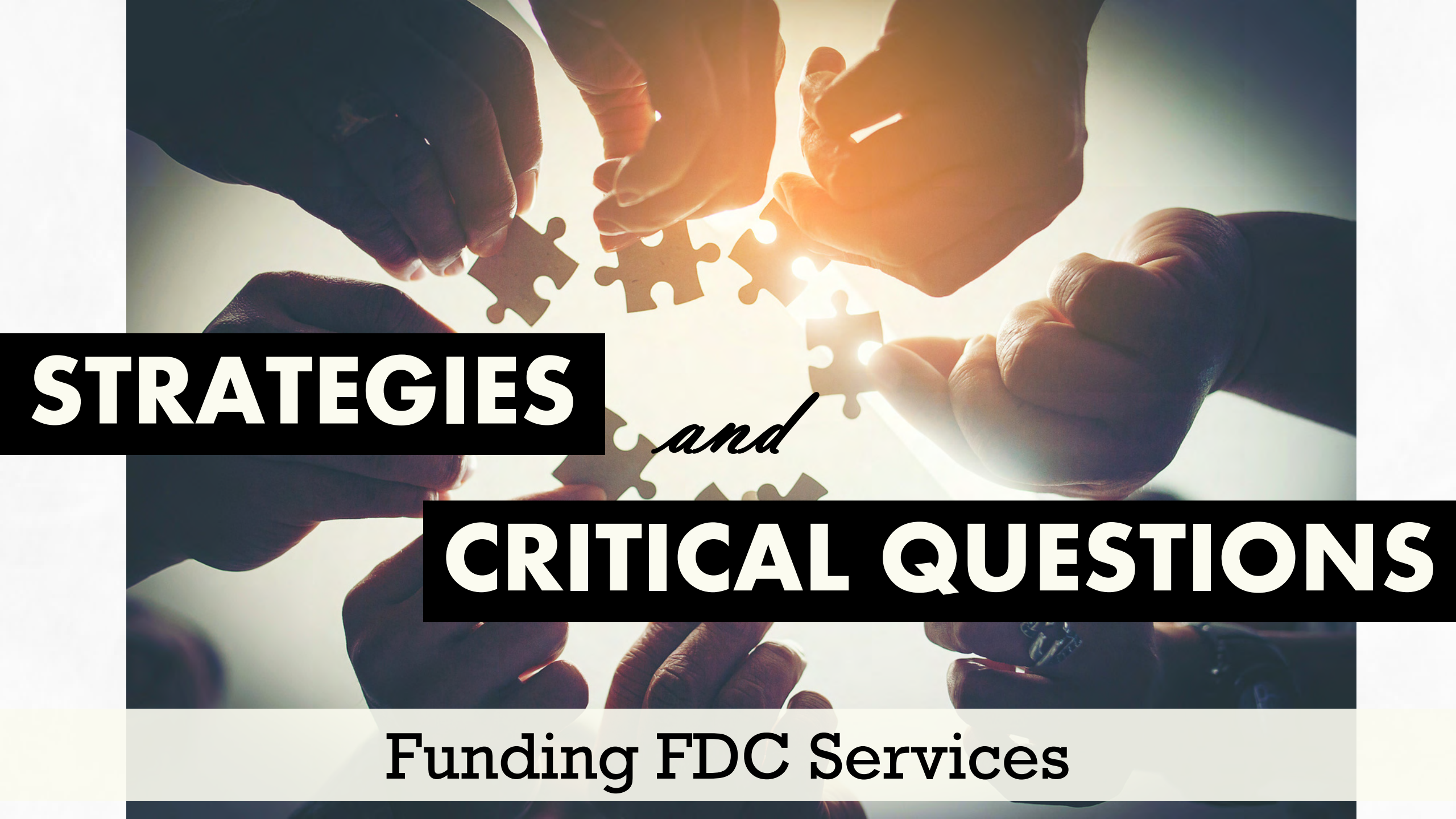
Increased judicial oversight



Systematic response for participants – contingency management



Collaborative non-adversarial approaches and efficient cross-systems communication



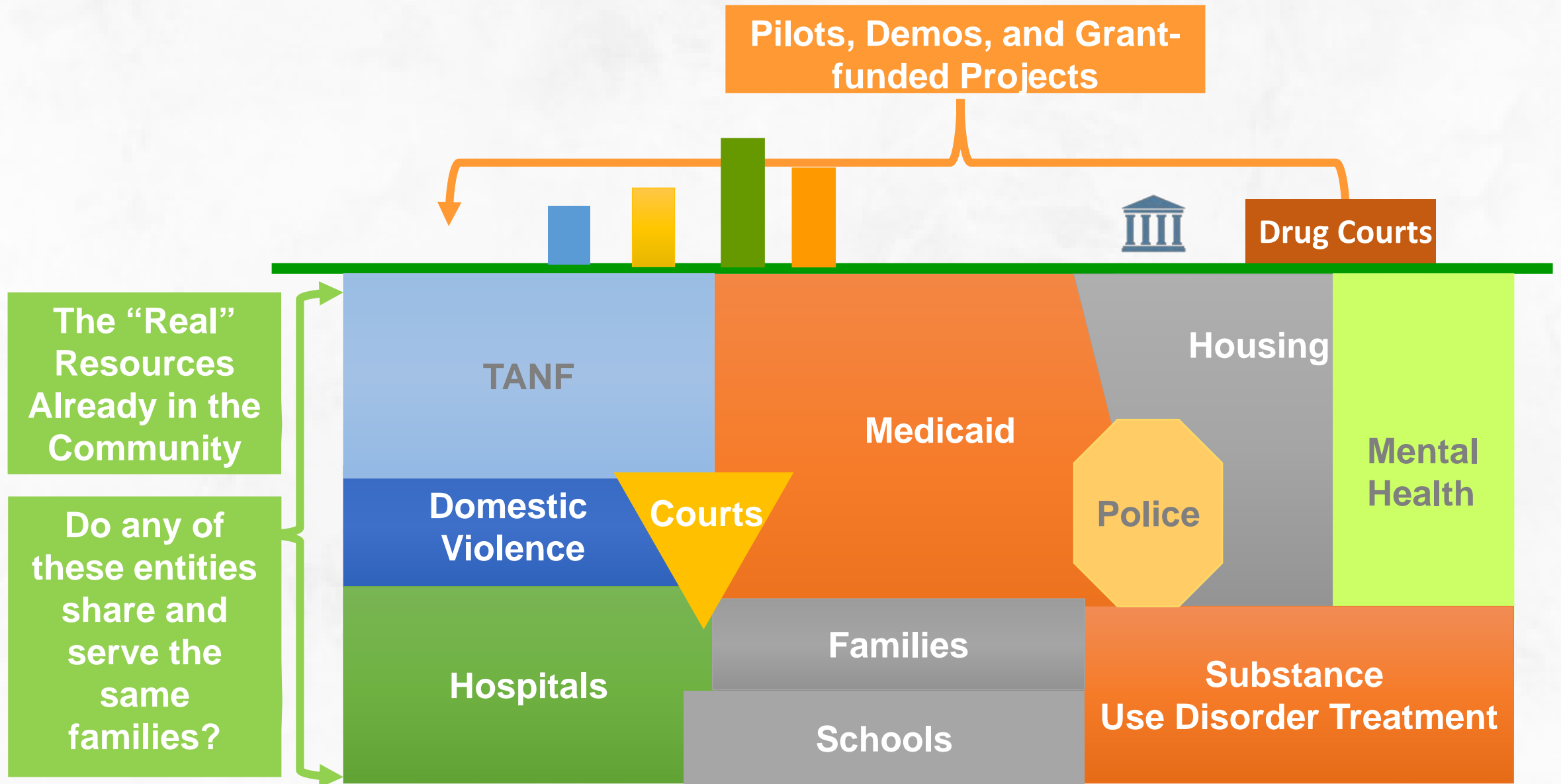
STRATEGIES

and

CRITICAL QUESTIONS

Funding FDC Services

Redirection of Resources Already Here



TAKING ACTION

Expanding the Reach of FDCs

SSIP Grantees

- Colorado
- New York



YOU

Peer Learning Courts

- Sacramento EIFDC (CA)
- Tompkins County FTC (NY)



Leaders Call to Action!




BRAINSTORM

and

REPORT OUT

TOOLS and RESOURCES



Statewide Systems Improvement
Program - Lessons

Peer Learning Court Profiles

<https://www.cffutures.org/national-fdc-tta-program/>



Top **3** Threats to the FDC Movement

1 Accountability to the FDC Model

2 Being Apart from Systems Change vs. Being A Part of Systems Change

3 Disproportionality and Equity



National Strategic Plan for FDCs

Goal #3

Build the Evidence Base



SOLUTIONS

and

OPPORTUNITIES



FDC
Research

Update from the field...

State of FDC Research



What Has Been Accomplished?



STRATEGIES

and

CRITICAL QUESTIONS

Equity

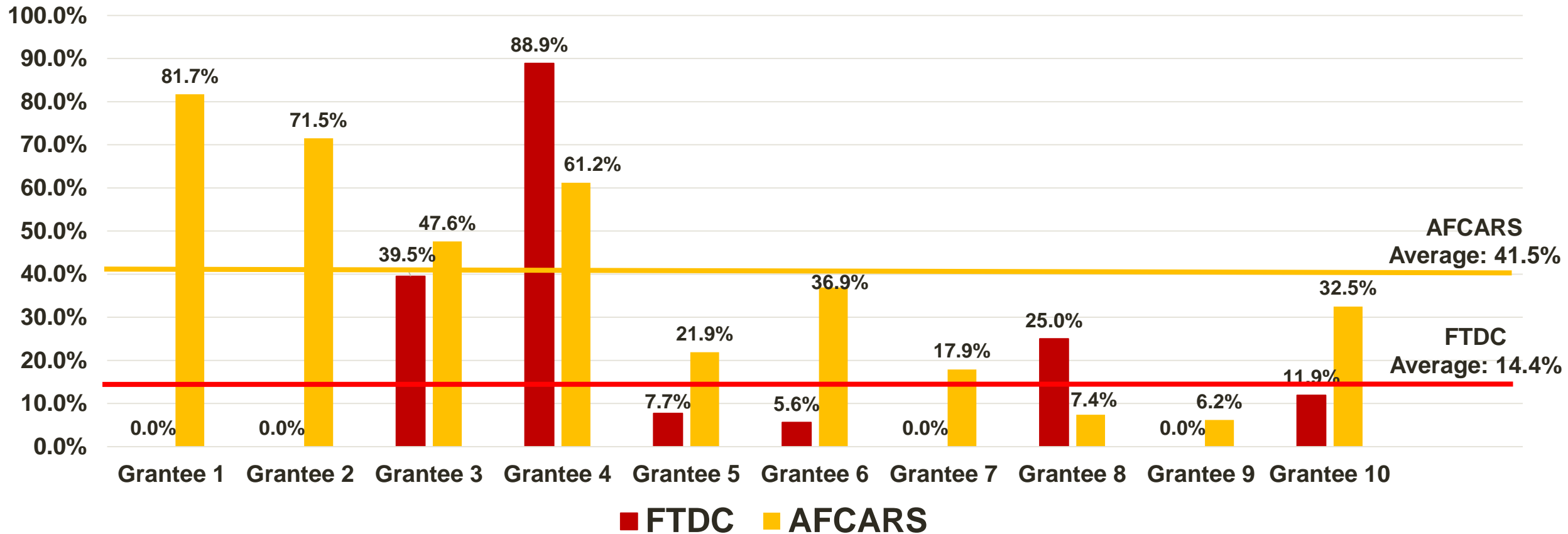
Whom Does It Work For?



Whom Does It Not Work For?

Multi-Site FTDC Programs (Example B)

**% African American Children Who Entered FTDC Programs
Compared with Child Welfare Population as Reported by
AFCARS 2015**



TAKING ACTION

Building the Evidence Base

SSIP Grantees

- Colorado

Peer Learning Courts

- Jefferson County FIT Court (CO)
- Wapello County FTC (IA)
- Dunklin County FTC (MO)
- King County FTC (WA)

YOU



Leaders Call to Action!



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Process and
Outcomes Studies

Evidence-Based Programs

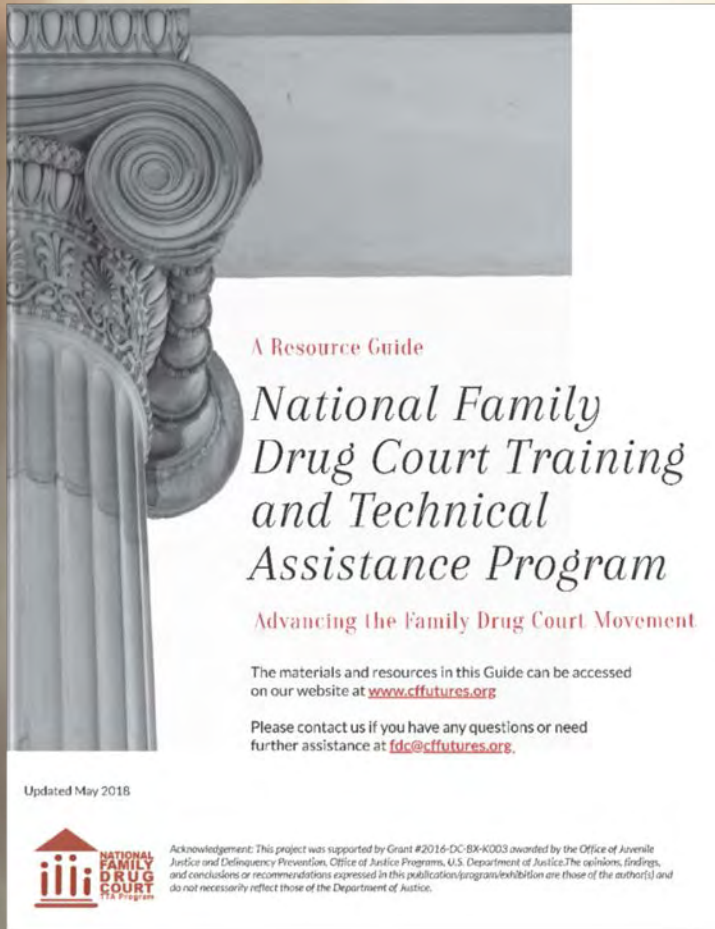
Family First Prevention Services Act

CAPTA, CARA, and Plans of Safe Care

<https://www.cffutures.org/national-fdc-tta-program/>



TOOLS and RESOURCES



National Strategic Plan for FDCs

Learning Academy

Statewide Systems Improvement Program

Peer Learning Court Program

Prevention and Family Recovery Program

Resources and Publications

<https://www.cffutures.org/national-fdc-tta-program/>



Q&A and Discussion

Contact Information

Phil Breitenbucher, MSW

Program Director

Center for Children and Family Futures

pbreitenbucher@cffutures.org

Theresa Lemus, MBA, RN, LADC

Senior Program Associate

Center for Children and Family Futures

tlemus@cffutures.org

*Improving
Family
Outcomes*

*Strengthening
Partnerships*

