Advancing the FDC Movement 2017

Moving Forward – Research Findings, Reflections, and A Roadmap for the Family Drug Court Movement

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July 9, 2017 | NADCP
This presentation is supported by:

The Office of Juvenile Justice and Delinquency Prevention Office of Justice Programs
(2016-DC-BX-K003)

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Advancing the FDC Movement 2017

Learning Objectives

- Highlight the progress of the FDC Movement, from inception, expansion and systems change and the improved recovery, safety, and permanency outcomes it has achieved for children and families.
- Highlight lessons learned from key initiatives that raised the level of FDC practice and policy.
- Equip and challenge FDC practitioners with the practice and policy skills, leadership, and renewed commitment to achieve lasting systems change.
8,300,000 children

* 2002 – 2007 SAMHSA National Survey on Drug Use and Health (NSDUH)
• 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)
Prevalence of Parental Alcohol or Other Drug Use as a Contributing Factor for Reason for Removal in the United States, 2000 to 2015

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

Source: AFCARS Data, 2001-2016
Parental Alcohol or Other Drug Use as a Reason for Removal by State, 2015

National Average: 34.4%

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 Out-of-Home Care 2010-2015

The Adoption and Safe Families Act

ASFA

Time Clock

(PL 105-89)
Family Drug Courts

Responding to the need for practice and policy solutions addressing the Adoption and Safe Families Act (ASFA) timelines using collaborative courts to strengthen families
FDC Movement

1994

Six Common Ingredients Identified

First Family Drug Courts Emerge – Leadership of Judges Parnham & McGee

2002

Grant Funding – OJJDP, SAMHSA, CB

2004

Practice Improvements – Children Services, Trauma, Evidence-Based Programs

2007

Systems Change Initiatives

2014

Institutionalization, Infusion, Sustainability

Next
Since 2009, has provided TA and learned from over 300 FDC programs.
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

Important Practices of FDCs

- How are they identified and assessed?
- How are they supported and served?
- How are cases and outcomes monitored?
Drug Court Hearings + Therapeutic Jurisprudence + Intensive Case Management & Recovery Support + Enhanced Family-Based Services

Judicial Oversight

Comprehensive Services
2nd Edition - Research Update – Just Released

FDC Guidelines

To download a copy today visit our website:
FDC Recommendations

Shared Outcomes

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

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

Shared Mission & Vision
Body of Knowledge

We know a lot more now

Cross-system collaboration
How to serve children and families
= improving outcomes

FDC Movement

- Adult Drug Courts Research
- Regional Partnership Grants
- Children Affected by Methamphetamines
- Prevention and Family Recovery Program
- Statewide Systems Reform Program
How Collaborative Policy and Practice Improves

We know more...

5Rs

R - Recovery
R - Remain at home
R - Reunification
R - Re-occurrence
R - 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.
Median of 0.0 days indicating that it was most common for adults to access care the same day they entered CAM services.

Access to Treatment

<table>
<thead>
<tr>
<th>Service</th>
<th>Median # of days to admission</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAM</td>
<td>0</td>
</tr>
<tr>
<td>RPG FDC</td>
<td>22.0</td>
</tr>
<tr>
<td>RPG Comparison</td>
<td>45.5</td>
</tr>
</tbody>
</table>
Days in Foster Care

Median Length of Stay (days) in Out-of-Home Care

- CAM: 310
- RPG FDC: 356
- RPG Comparison: 422

Comparison
Reunification Rates 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.
Re-occurrence of Child Maltreatment

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

- CAM Children: 2.3% (n = 4776)
- RPG Children - FDC: 3.4%
- RPG Children - No FDC: 4.9%
- RPG - 25 State Contextual Subgroup: 5.8%

Total RPG Children = 22,558
Re-entries into Foster 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

<table>
<thead>
<tr>
<th>Per Family</th>
<th>Per Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,022 Baltimore, MD</td>
<td>$16,340 Kansas</td>
</tr>
<tr>
<td>$5,593 Jackson County, OR</td>
<td>$26,833 Sacramento, CA</td>
</tr>
<tr>
<td>$13,104 Marion County, OR</td>
<td>$9,003 Clark County, WA</td>
</tr>
</tbody>
</table>
FDC Movement

Body of Knowledge

We know a lot more now

Cross-system collaboration

How to serve children and families

= improving outcomes

- Early Screening and Assessment
- Recovery Support and Family-Based Services
- Monitoring Cases and Outcomes
- Governance & Leadership for Systems Change
Body of Knowledge

We know a lot more now

How should families be identified and assessed for FDC?
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

(e.g., Boles & Young, 2011; Carey et al. 2010a, 2010b; Worcel et al., 2007)
Drug Courts That Accepted Participants With Charges in Addition to 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.
Who Does it Work For?

Average Number of Rearrests by Number of Prior Arrests at 2 Years

MN DWI Court Study 9 Sites
NHTSA funded

Comparison (n=81)

Average Number of Rearrests

<table>
<thead>
<tr>
<th>Average Number of Prior Arrests</th>
<th>0.00</th>
<th>0.25</th>
<th>0.50</th>
<th>0.75</th>
<th>1.00</th>
<th>1.25</th>
<th>1.50</th>
</tr>
</thead>
<tbody>
<tr>
<td>MN DWI Court Study 9 Sites</td>
<td></td>
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<tr>
<td>NHTSA funded</td>
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</table>

p < .01
Who Does it Work For?

Average Number of Rearrests by Number of Prior Arrests at 2 Years

MN DWI Court Study 9 Sites
NHTSA funded

Average Number of Rearrests

- DWI Court (n=48)
- Comparison (n=81)

Average Number of Prior Arrests

p<.01
“Higher Risk” FTC CAM Participants (Those with Young Children) Did Better

FTC-CAM Comparison

Average Number of Allegations per Child

Average Age (in Months)

\( p < .001 \)
Drug Courts in Which Participants Entered the Program within 50 Days of Triggering Event Had 63% Greater Reductions in Recidivism

Note: Difference is significant at p<.05
Since timely engagement and access to assessment and treatment matters:

How can identification and screening be moved up as early as possible?
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

Detention Hearing

Jurisdictional-Dispositional Hearing

Typical referral to FDC or other LOC

Status Review Hearing
What is Screening?

 Determines the presence of an issue – is substance use a factor?
 Generally results in a “yes” or “no”
 Determines whether a more in-depth assessment is needed
 Standardized set of questions to determine the risk or probability of an issue
 Brief and easy to administer, orally or written
 Can be administered by a broad range of people, including those with little clinical expertise

https://www.ncsacw.samhsa.gov/resources/SAFERR.aspx
What Tool Should We Use?

- Standardized set of questions to determine the risk or probability of an issue
- Brief and easy to administer, orally or written
- Can be administered by a broad range of people, including those with little clinical expertise
- Examples: UNCOPE; GAIN; AUDIT; CAGE
- Practice Principle – *It’s the team, not the tool*

https://www.ncsacw.samhsa.gov/resources/SAFERR.aspx
4 Prong – Screening

- Tool
- Signs & symptoms
- Corroborating reports
- Drug screen

Yes  Proceed to assessment
PARENTAL AOD AS REASON FOR REMOVAL IN THE US 1998 - 2013

Great variability across states ranging from <10% to over 60%

Source: AFCARS Data, 2013
Diagnosing Substance Use Disorders

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

Experimental Use

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

DSM V Criteria (11 total)
FDC GUIDELINES
SELF-ASSESSMENT

RECOMMENDATION 5:
DEVELOP PROCESS FOR EARLY IDENTIFICATION AND ASSESSMENT

20 MINUTES
Body of Knowledge

We know a lot more now

Once identified, how families should be served and supported

1999 2016
Rethinking Engagement

If you build it, will they come?

Effective FDCs focus on effective engagement
Rethinking Treatment Readiness

Re-thinking “rock bottom”

Addiction as an elevator

“Raising the bottom”
Titles and Models

- Peer Mentor
- Peer Specialist
- Peer Providers
- Parent Partner

You need to ask:

Experiential Knowledge, Expertise

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

Experiential Knowledge, Expertise + Specialized Trainings

What does our program and community need?
Median Length of Stay in Most Recent Episode of Substance Abuse Treatment after RPG Entry by Grantee Parent Support Strategy Combinations

- **No Parent Support Strategy**: 102 days
- **Intensive Case Management Only**: 130 days
- **Intensive Case Management and Peer/Parent Mentors**: 151 days
- **Intensive Case Management and Recovery Coaches**: 200 days

*Median in Days*
Substance Abuse Treatment Completion Rate by Parent Support Strategies

- No Parent Support Strategy: 46%
- Intensive Case Management Only: 46%
- Intensive Case Management and Peer/Parent Mentors: 56%
- Intensive Case Management and Recovery Coaches: 63%

Median in Days
Drug Courts That Used One or Two Primary Treatment Agencies Had 76% Greater Reductions in Recidivism

Fewer treatment providers is related to greater reductions in recidivism.

Note: Difference is significant at p<.05.
FTC Participants Spent Significantly Longer in Treatment

Average Number of Days in Treatment

Number of Years from CAM Entry

- Graduates
- CAM
- Comparison

1 YEAR: 171, 84, 150
2 YEARS: 245, 232, 92
3 YEARS: 289, 298, 92

FTC
FTC Participants Were Significantly More Likely to Complete Treatment

![Bar Chart]

- **Graduates**
  - 1 YEAR: 58%
  - 2 YEARS: 68%
  - 3 YEARS: 77%

- **CAM**
  - 1 YEAR: 42%
  - 2 YEARS: 31%
  - 3 YEARS: 30%

- **Comparison**
  - 1 YEAR: 23%
  - 2 YEARS: 31%
  - 3 YEARS: 30%

Percent of Individuals with Successful Treatment Completion

Number of Years from CAM Entry
Drug Courts That Require a Minimum of 12 Months Length of Stay Had Double the Cost Savings

<table>
<thead>
<tr>
<th>Length of Stay</th>
<th>% Increase in Cost Savings</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOS 12 Months or Greater</td>
<td>29%</td>
<td>43</td>
</tr>
<tr>
<td>LOS Less Than 12 Months</td>
<td>13%</td>
<td>10</td>
</tr>
</tbody>
</table>

Note: Difference is significant at p<.1
Drug Courts That Required Greater Than 90 Days of Abstinence Had 3 Times Greater Reduction in Recidivism and Substantial Cost Savings

- Participants are clean at least 90 days before graduation
  - N=57
  - 37% recidivism reduction

- Participants are clean LESS THAN 90 days before graduation
  - N=9
  - 14% recidivism reduction

Note: Difference is significant at p<.05
Drug Courts That Included a Focus on Relapse Prevention Had Over 3 Times Greater Savings

Drug Court Has a Phase that Focuses on Relapse Prevention

**Percent Improvement in Outcome Costs**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=9</td>
<td>N=2</td>
</tr>
</tbody>
</table>

*“Percent improvement in outcome costs” refers to the percent savings for drug court compared to business-as-usual*

Note: Difference is significant at p<.05
Addiction affects the whole family

- Developmental impact
- Generational impact
- Impact on parenting
- Psycho-social impact
FDC Practice Improvements

Approaches to child well-being in FDCs need to change

In the context of parent’s recovery

Child-focused assessments and services

Family-centered Treatment includes parent-child dyad
Drug Courts That Offer Parenting Classes Had 68% Greater Reductions in Recidivism and 52% Greater Cost Savings

Program provides parenting classes
N=44

Program does NOT provide parenting classes
N=17

38%

23%

✓ True in adult, family, juvenile
Drug Courts That Offer Family Counseling Had 65% Greater Reductions in Recidivism

<table>
<thead>
<tr>
<th>Offered Family Counseling</th>
<th>N = 35</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Reduction in Recidivism</td>
<td>38%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No Family Counseling</th>
<th>N = 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Reduction in Recidivism</td>
<td>23%</td>
</tr>
</tbody>
</table>
Purpose - enhance Family Treatment Court by adding more services for parents and their children:

- Mental health/family counseling
- In-home support specialist
- Parenting assistance (one-on-one and group classes on parenting skills)
- EBP for parenting (Triple P and Parent Child Interaction Therapy)
- Neuropsychological exam
FTC CAM Participants Were Twice as Likely to Enroll in Outpatient Treatment

<table>
<thead>
<tr>
<th></th>
<th>0%</th>
<th>25%</th>
<th>50%</th>
<th>75%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2 Years</td>
<td></td>
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<tr>
<td>3 Years</td>
<td></td>
<td></td>
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</table>

Graduates: 91%
CAM: 92%
Comparison: 46%
FTC-CAM Children Spent Less Time in Out of Home Care than Pre-CAM

<table>
<thead>
<tr>
<th>Number of Years from Program Entry</th>
<th>Average Days Out of Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 YEAR</td>
<td>CAM: 98, PreCAM: 93</td>
</tr>
<tr>
<td>2 YEARS</td>
<td>CAM: 123, PreCAM: 157</td>
</tr>
<tr>
<td>3 YEARS</td>
<td>CAM: 147, PreCAM: 188</td>
</tr>
</tbody>
</table>
FTC-CAM Parents Were Significantly More Likely to be Reunified with Their Children Over 3 Years

Number of Years from Program Entry

<table>
<thead>
<tr>
<th>Number of Years</th>
<th>Graduates</th>
<th>CAM</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 YEAR</td>
<td>13%</td>
<td>9%</td>
<td>25%</td>
</tr>
<tr>
<td>2 YEARS</td>
<td>74%</td>
<td>62%</td>
<td>42%</td>
</tr>
<tr>
<td>3 YEARS</td>
<td>90%</td>
<td>83%</td>
<td>59%</td>
</tr>
</tbody>
</table>
FTC-CAM Parents Were Significantly More Likely to be Reunified with Their Children Over 3 Years

<table>
<thead>
<tr>
<th>Number of Years from Program Entry</th>
<th>Percent of Parents Reunified with Their Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 YEAR</td>
<td>CAM 9%  PreCAM 25%</td>
</tr>
<tr>
<td>2 YEARS</td>
<td>CAM 62%  PreCAM 56%</td>
</tr>
<tr>
<td>3 YEARS</td>
<td>CAM 83%  PreCAM 69%</td>
</tr>
</tbody>
</table>
FTC CAM Participants had Half as Many Allegations per Child Over 3 Years
CAM Participants Had Fewer New Allegations than Pre-CAM

Average Number of Allegations per Child

Number of Years from Program Entry

- 1 YEAR: CAM 0.20, PreCAM 0.23
- 2 YEARS: CAM 0.36, PreCAM 0.42
- 3 YEARS: CAM 0.72, PreCAM 0.39
FTC-CAM Parents Were Half as Likely to Have Children Removed 2 and 3 Years After FTC Entry

<table>
<thead>
<tr>
<th>Number of Years from FTC Entry</th>
<th>Graduates</th>
<th>CAM</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 YEAR</td>
<td>5%</td>
<td>8%</td>
<td>5%</td>
</tr>
<tr>
<td>2 YEARS</td>
<td>6%</td>
<td>9%</td>
<td>18%</td>
</tr>
<tr>
<td>3 YEARS</td>
<td>10%</td>
<td>10%</td>
<td>21%</td>
</tr>
</tbody>
</table>
FTC-CAM Parents Were Significantly More Likely to be Reunified with Their Children Over 3 Years

- 1 YEAR: 13% Graduates, 9% CAM, 25% Comparison
- 2 YEARS: 74% Graduates, 62% CAM, 42% Comparison
- 3 YEARS: 90% Graduates, 83% CAM, 59% Comparison
FTC-CAM Parents Were Significantly More Likely to be Reunified with Their Children Over 3 Years

<table>
<thead>
<tr>
<th>Number of Years from Program Entry</th>
<th>CAM</th>
<th>PreCAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 YEAR</td>
<td>9%</td>
<td>25%</td>
</tr>
<tr>
<td>2 YEARS</td>
<td>62%</td>
<td>56%</td>
</tr>
<tr>
<td>3 YEARS</td>
<td>83%</td>
<td>69%</td>
</tr>
</tbody>
</table>
FTC-CAM Parents had Fewer Re-arrests than Non-FTC Parents Over 3 Years

Average Number of Re-arrest

<table>
<thead>
<tr>
<th>Number of Years</th>
<th>Graduates</th>
<th>CAM</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 YEAR</td>
<td>0.18</td>
<td>0.39</td>
<td>0.31</td>
</tr>
<tr>
<td>2 YEARS</td>
<td>0.21</td>
<td>0.53</td>
<td>0.66</td>
</tr>
<tr>
<td>3 YEARS</td>
<td>0.20</td>
<td>0.55</td>
<td>1.43</td>
</tr>
</tbody>
</table>

Number of Years from CAM Entry
Other Service Enhancements

- Therapeutic-based parent-child interventions
- Trauma-focused interventions
- Developmental and behavioral interventions
- Quality visitation and family time
- Family functioning assessment tools – N. Carolina Family Assessment Scale (NCFAS)
Clark County: NCFAS Scores Improved Significantly from Entry to Exit
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
#2

FDC GUIDELINES
SELF-ASSESSMENT

RECOMMENDATION 6-7:
ADDRESS THE NEEDS OF PARENTS
ADDRESS THE NEEDS OF CHILDREN

20 MINUTES
Once served, how do we know we are making an impact? The importance of monitoring cases and outcomes.
Two Levels of Information Sharing

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

- **Client**

- **Administrative Level (macro)**
  - Baselines and Dashboards
  - Outcomes
  - Sustainability

- **Program**
Monitoring Cases

- More frequent review hearings
- Judicial Oversight
- Responses to behavior
- Case Staffings
- Drug testing
Drug Courts That Held Status Hearings Every 2 Weeks During Phase I Had 50% Greater Reductions in Recidivism

Note: Difference is significant at p<.1
Drug Courts That Have Judges Stay Longer Than 2 Years Had 3 Times Greater Cost Savings

Judge is on bench at least 2 years... 25%
Judge is on bench LESS THAN 2 years... 8%

Note: Difference is significant at p<.05
Judges Who Spent at Least 3 Minutes Talking to Each Participant in Court Had More Than Twice the Savings

- Judge spends at least 3 min. per participant (N=23): 43% reduction in recidivism
- Judge spends LESS THAN 3 min. per participant (N=12): 17% reduction in recidivism

Note: Difference is significant at p<.05
Drug Courts Where the Judge Spends an Average of 3 Minutes or Greater per Participant During Court Hearings had 153% greater reductions in recidivism.

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

• Engage directly with parents vs. through attorneys
• Create collaborative and respectful environments
• Convene team members and parents together vs. reinforcing adversarial nature of relationship
• Rely on empathy and support (vs. sanctions and threats) to motivate

Lens, V. Against the Grain: Therapeutic Judging in a Traditional Court. Law & Social Inquiry. American Bar Association. 2015
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 accolades, and “tough love” when warranted and reasonable, helped them stick with court-ordered treatment (Farole and Cissner, 2005, see also Satel 1998)
Drug Courts Where Treatment Communicates with the Court via Email had 119% greater reductions in recidivism

Note: Difference is significant at p<.10
Drug Courts That Used Paper Files Rather Than Electronic Databases Had 65% LESS Savings

Note: Difference is significant at p<.05
Drug Courts That Required All Team Members to Attend Staffings Had 50% Greater Reductions in Recidivism and 20% Greater Savings

Note 1: Difference is significant at p<.05
Note 2: “Team Members” = Judge, Both Attorneys, Treatment Provider, Coordinator
Drug Courts Where Drug Tests are Collected at Least Two Times per Week in the First Phase Had a 61% Higher Cost Savings

Participants drug tested at least 2X per week
N=53

Participants tested LESS often than 2X per week
N=12

Note: Difference is significant at p<.15 (Trend)
Drug Courts Where Drug Test Results are Back in 48 Hours or Less had 68% Higher Cost Savings

Drug tests are back within 48 hours
N=21

Drug tests are back in LONGER THAN 48 hours
N=16

Note: Difference is significant at p<.05
Who collects data, where is it stored, who uses it, who “owns” the data, levels of access

Assess effectiveness of system in achieving its desired results or outcomes
Family Drug Courts as a “Feel Good” Program
The Collaborative Structure for Leading Change

**Oversight/Executive Committee**
- **Membership**: Director Level
- **Meets**: Quarterly
- **Primary Functions**: Ensure long-term sustainability and final approval of practice and policy changes

**Steering Committee**
- **Membership**: Management Level
- **Meets**: Monthly or Bi-Weekly
- **Primary Functions**: Remove barriers to ensure program success and achieve project’s goals

**FDC Team**
- **Membership**: Front-line staff
- **Meets**: Weekly
- **Primary Functions**: Staff cases; ensuring client success
The importance of Data

- How are families doing?
- Doing good vs. harm?
- What’s needed for families?
- Monitor and improve performance?
- Demonstrate effectiveness?
- Secure needed resources?
Data Dashboard

• What needles are you trying move?
• What outcomes are the most important?
• Is there shared accountability for “moving the needle” in a measurable way, in FDC and larger systems?
• Who are we comparing to?
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: Difference is significant at p<.05
Drug Courts Where the Results of Program Evaluations Have Led to Modifications in Drug Court Operations Had a 100% Increase in Cost Savings

- Used evaluation to make modifications to program: N=18, 36%
- Did NOT use evaluation to make modifications: N=13, 18%

Note: Difference is significant at p<.05
Tools for Monitoring Outcomes

**System Walk-Through**

Assess effectiveness of system in achieving its desired results or outcomes

**Data and Info Walk-Through**

Who collects data, where is it stored, who uses it, who “owns” the data, levels of access
### Drop-Off Points

| Total number of cases that resulted in investigation and those with a screening |
| Number and percentage of parents referred for assessment |
| Number and percentage who received an assessment |
| Number and percentage referred to treatment and FDC |
| Number and percentage admitted (attended at least one session) to treatment and to FDC |
| Number and percentage in treatment for at least 90 days |
| Number and percentage completing treatment |

**Payoff – Number and percentage Reunified / Remained at home**
Systems Walk-Through

Screening

Assessment

Referral

Monitoring
FDC GUIDELINES
SELF-ASSESSMENT

RECOMMENDATION 3:
CREATE EFFECTIVE COMMUNICATION PROTOCOLS FOR SHARING INFORMATION

20 MINUTES
Body of Knowledge
We know a lot more now

Training and Technical Assistance Needs of FDCs

1999 - 2016
Drug Courts That Provided Formal Training for ALL New Team Members Had 54% Greater Reductions in Recidivism

All new team members have formal training
N=30

All team members NOT formally trained
N=17

Note: Difference is significant at p<.05
Drug Courts That Received Training Prior to Implementation Had Almost 3.5 Times Higher Cost Savings

Note: Difference is significant at p<.05
2nd Edition - Research Update – Just Released

FDC Guidelines

To download a copy today visit our website:

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Family Drug Court Learning Academy

2016 Virtual Classroom Series

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## Virtual Classroom

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- Real-time networking and knowledge sharing
- Coaching & mentoring
- Applied learning through homework or project assignments
- 24/7 access to classroom
- Technical assistance and resources

Register Now! Space Limited
FDC Learning Academy Blog

- Webinar Recordings
- FDC Podcasts
- FDC Resources
- FDC Video features
- Webinar registration information

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

FDC 101 – will cover basic knowledge of the FDC model and operations
Resources

FDC Discipline Specific Orientation Materials

Child Welfare | AOD Treatment | Judges | Attorneys

Please visit: www.cffutures.org/fdc/


3. Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals

Please visit:  http://www.ncsacw.samhsa.gov/
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