The Seven Key Ingredients for Family Drug Court and Family Tribal Healing to Wellness Courts to Better Serve Children, Families, and Communities

Marianna Corona | Jennifer Foley

Learning Objectives

- Highlight the achievements and challenges of the Family Drug Court as an adaptation of the drug court model
- Discuss how the family-centered approach of Family Drug Courts and Healing to Wellness Court models uniquely promote family recovery and stability
- Identify challenges, barriers, and solutions that have impacted effective implementation of each of the Seven Key Ingredients

September 12, 2017
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, and DeGarmo, 2007)

Statement of the Problem

- In 2015, parental alcohol or other drug use was identified as a reason for removal for 34.4% of children nationally.
- The total number of children entering out-of-home care has been increasing since 2012.
- In 2012 there were 397,301 children in out-of-home care.
- That number increased to 427,910 by 2015.
Addiction in Indian Country

- Cigarette Addiction 52% - highest among all other ethnic groups
  - Childhood trauma increases smoking risks
  - Daily smokers are 5 times more likely to abuse alcohol
- Alcoholism is at an all time high among Native people
- Most violent crimes committed in Indian country involve alcohol/drugs on both the part of the offender and the victim
Six Common Ingredients Identified (#7 added in 2015)

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

Grant Funding – OJJDP, SAMHSA, CB

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

Systems Change Initiatives

Institutionalization, Infusion, Sustainability

National Strategic Plan

FDC Movement


10 Key Components and Adult Drug Court model


FDC Movement
What have we learned?

How Collaborative Policy and Practices

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

Key Family Drug Court Ingredients

The Big 7
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

How are families identified and assessed?
How are families supported and served?
How are cases and outcomes monitored?
Tribal Healing to Wellness Courts

Healing to Wellness Courts are tribal drug courts.

Particular interest in addressing alcoholism, especially in a non-adversarial nature.

The term “Healing to Wellness Courts” was adopted to:

1. Incorporate two important Indigenous concepts - Healing and Wellness
2. Promote wellness as an on-going journey

Key Family Drug Court Ingredients

1. System of identifying families
What Do We Mean by a Systematic Approach?

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

**Subjective & Informal**
- I refer all my clients to FDC because I know the people there
- I only refer clients who really want to participate
- Let me know when you get in the program
- I prefer to refer clients who are doing well on their CWS case plan
- I refer all my clients with a drug history to the FDC

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
- Previous child welfare involvement

Who Do FDC’s Work For?

(e.g., Boles & Young, 2011; Carey et al., 2010a, 2010b; Worcel et al., 2007)
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

Process  Primary Question | Tools

Screening  Is substance use a factor? Yes or No?

UNCOPE - UNCOPE consists of six questions found in existing instruments and assorted research reports. This excellent screen was first reported by Hoffmann and colleagues in 1999.

CAGE/CAGE-AID - Developed by Dr. John Ewing, founding Director of the Bowles Center for Alcohol Studies, University of North Carolina at Chapel Hill. CAGE focuses on alcohol only, CAGE-AID was adapted to include drugs.
**UNCOPE**

U “In the past year, have you ever drank or used drugs more than you meant to?”* 1,2
Or as revised “Have you spent more time drinking or using than you intended to?” 2

N “Have you ever neglected some of your usual responsibilities because of using alcohol or drugs?” 2

C “Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?”** 1,2

O “Has anyone objected to your drinking or drug use?”* 1,2
Or, “Has your family, a friend, or anyone else ever told you they objected to your alcohol or drug use?” 2

P “Have you ever found yourself preoccupied with wanting to use alcohol or drugs?” 2
Or as revised, “Have you found yourself thinking a lot about drinking or using?”

E “Have you ever used alcohol or drugs to relieve emotional discomfort, such as sadness, anger, or boredom?”* 1,2

---

**Evince Clinical Assessment**

---

**CAGE/CAGE-AID**

**CAGE Questions**
1. Have you ever felt you should cut down on your drinking?
2. Have people annoyed you by criticizing your drinking?
3. Have you ever felt bad or guilty about your drinking?
4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?

**CAGE Questions Adaptable to Include Drug Use (CAGE-AID)**
1. Have you ever felt you ought to cut down on your drinking or drug use?
2. Have people annoyed you by criticizing your drinking or drug use?
3. Have you felt bad or guilty about your drinking or drug use?
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?

---

Key Family Drug Court Ingredients

2 Timely access to assessment and treatment services

The Adoption and Safe Families Act (ASFA) Time Clock

Timeliness matters!
Conflicting Timetables

Child Welfare
12-month timetable for reunification

Parent-Child Relationship
Attachment, loss and separation

Treatment and Recovery
ongoing process that may take longer

Since timely engagement and access to assessment and treatment matters:

How can identification and screening be moved up as early as possible?
What Do We Mean by Timely?
A Model for Early Identification, Assessment, and Referral

Referral into CWS Hotline

CWS Safety and Risk Assessment

AOD Screening & Assessment

Referral to FDC or appropriate LOC

Detention Hearing

Jurisdictional-Disposition Hearing

Typical referral to FDC or other LOC

Status Review Hearing

Process

Primary Question | Tools

Screening

Is substance use a factor? Yes or No?
UNCOPE, CAGE/CAGE AID

Assessment

How severe is the substance use disorder?
DSM V Criteria

Treatment

Does level of treatment match the identified need?
ASAM Continuum of Care
Levels of Treatment Services Across A Continuum of Care

Early Intervention Services → Intensive Outpatient → Medically Managed Intensive Inpatient

Outpatient Services ≤ Residential

Source: American Society of Addiction Medicine, 2016

---

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)
For many Native Nations, the termination of parental rights is contrary to traditional and/or contemporary cultural practices, religion, and law.


Application of Adoption Safe Families Act to Tribes

Depends...

**Title IV-E:** provides funds for child welfare services

Under 42 U.S.C. 675(5)(E), Native Nations **need to have laws** that require filing a petition to terminate parental rights:

- When a child has been in foster care for the designated amount of time (at least fifteen of the previous twenty-two months);
- Where a court has determined that the child is abandoned; or
- When the parent has committed a designated crime that constitutes “aggravated circumstances”

---

Application of Adoption Safe Families Act to Tribes

**Title IV-B**

Provides funds for child welfare services

- Must submit 5-Year Child and Family Services Plan
- Sign assurances that Tribe is providing a compliant case review system with §475(5) (which includes ASFA requirements)
**Tribal Considerations**

BUT... a tribe can use some other type of **permanent placement** such as guardianship or relative care when appropriate.

**Customary Adoption**

- Establishes a permanent legal relationship between a child and adoptive parent(s);
- Allows for continued contact between the child and the original parent/family instead of terminating parental rights; and
- Orders a permanent suspension of the rights of the birth parent to provide for the care, custody, and control of their child

“Here’s a referral, let me know when you get into treatment.”

“They’ll get into treatment if they really want it.”

“Don’t work harder than the client.”

“Call me Tuesday.”
Key Family Drug Court Ingredients

Increased management of recovery services and compliance with treatment

What is Recovery?

SAMHSA's Working Definition

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

Recovery is not treatment!

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

**Health**
- Overcoming or managing one’s disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being

**Home**
- Maintaining a stable and safe place to live

**Purpose**
- Conducting meaningful daily activities, such as a job, school or volunteerism, and having the independence of income, and resources to participate in society

**Community**
- Having relationships and social networks that provide support, friendship, love, and hope

We know more about
The Impact of Recovery Support on Successful Reunification

- Recovery Support Specialists
- Evidence-Based Treatment
- Family-Centered Services
- Evidence-Based Parenting
- Parenting Time
- Reunification Groups
- Ongoing Support
Rethinking Treatment Readiness

- Rethinking “rock bottom”
- Addiction as an elevator
- “Raising the bottom”

Rethinking Engagement

- If you build it, will they come?
- Effective FDCs focus on effective engagement
**Titles and Models**

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

**Experiential Knowledge, Expertise**

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

**Experiential Knowledge, Expertise + Specialized Trainings**

**YOU NEED TO ASK:**

What does our program and community need?

---

**Key Family Drug Court Ingredients**

4

Improved family-centered services and parent-child relationships
**Scope of Services**

FDCs should provide the scope of services needed to address the effects of parental substance use on family relationships – family based and family strengthening approaches towards recovery.

**Family is the Focus**

**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
Family Recovery, Parent and Child Well-Being

Parent Recovery
Focusing on parent’s recovery and parenting are essential for reunification and stabilizing families

Child Well-Being
Focusing on safety and permanency are essential for child well-being

Child and Family Well-Being
Because children stay home, go home or find home

Strategies to Integrate Family into Court and Treatment Process
Implement an evidence-based practice that includes parent-child time

- SafeCare
- Strengthening Families Program
- Child Parent Psychotherapy
- Celebrating Families
- Parents as Teachers

Impact of Parenting Time 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.

Improve service coordination for all members of the family

Expand case staffings to address the needs of the family rather than focus on the individual parent

- Added liaisons from treatment, mental health, children’s mental health, EBP providers

Use a Children's Services Coordinator

- Improved access to and coordination with existing services
- Tracked services received by children
Implement a family functioning assessment tool

Use the North Carolina Family Assessment Scales (NCFAS) as a case planning tool
Helped determine improvements in family functioning as well as areas of need for the family that would help support reunification

Gila River Indian Community Family Drug Court

New PFR 2 Grantee
Will be implementing Family Wellness Court strategies in the coming three years
Goals and Challenges Identified in the Application

The FDC team and partners hope to implement a program that teaches the FDC participants:

- Better ways to cope with their role as parent and mentor to their children, and
- How to engage in healthy dialogue and conversations between the parents and child

- New parenting program needs to incorporate more of the Akimel O'Odham and Pee Posh cultures and traditional ways of parenting
- Concern that participants do not have a strong, consistent parent in their life to teach them how to be a parent
- Seeking an FDC Case Manager who is the parenting provider for all FDC participants, a new data management system, and a new parenting tool
Considerations for Selecting a Parenting Program

- Have you conducted a needs assessment? What do families need? How will it help achieved desired outcomes?
- Have realistic expectations of their ability to participate - especially in early recovery?
- Does it have a parent-child component?
- Is it evidence-based for this population?
- Do you have staffing and logistical support for successful implementation?

Key Family Drug Court Ingredients

5. Increased judicial oversight
**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


---

**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, accolades, and “tough love” when warranted and reasonable, helped them stick with court-ordered treatment (Farole and Cissner, 2005, see also Satel 1998)
Key Family Drug Court Ingredients

6 Systematic response for participants – contingency management

Why is This Important?

- Addiction is a brain disorder
- The longer time in treatment, the greater probability of a successful outcome
- Purpose of sanctions and incentives is to keep participants engaged in treatment
• FDC’s goal is safe and stable permanent reunification with a parent in recovery within time frames established by ASFA

• Responses aim to enhance likelihood that family can be reunited before ASFA clock requires an alternative permanent plan for the child

Setting Range of Responses

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

Avoid singular responses, which fail to account for other progress

Aim for “flexible certainty”
Proximal vs. Distal Responses

• Timing is everything; delay is the enemy
• Intervening behaviors may mix up the message
• Brain research supports behavioral observation; dopamine reward system responds better to immediacy

Drug Testing

• Drug testing is most frequently used indicator for substance use in child welfare practice
• Indicate whether an individual has used a tested substance within a detectable time frame
• A drug test alone cannot determine the existence and severity of a substance use disorder, child safety, or parenting capacity
### Examples of FDC Incentives

<table>
<thead>
<tr>
<th>ACHIEVEMENTS</th>
<th>RESPONSES/INCENTIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attending all court appearances</td>
<td>Recognition and Praise by the Judge</td>
</tr>
<tr>
<td>Attendance and participation in treatment</td>
<td>Courtroom recognition (applause, All-Star Board)</td>
</tr>
<tr>
<td>Attendance and participation in support meetings</td>
<td>Certificates of achievement</td>
</tr>
<tr>
<td>Attendance and participation at visitation/parenting time</td>
<td>Bus Passes</td>
</tr>
<tr>
<td>Compliance with treatment plan</td>
<td>Movie/Event tickets or gift cards</td>
</tr>
<tr>
<td>Voluntary Speaking Engagements</td>
<td>Family event tickets</td>
</tr>
<tr>
<td>Artwork, Essays, Journals</td>
<td>Children’s books</td>
</tr>
<tr>
<td>Phase Advancement</td>
<td>Recovery affirmation books/items</td>
</tr>
<tr>
<td>Negative drug test results</td>
<td>Reduction in Fines and Costs</td>
</tr>
<tr>
<td></td>
<td>#1 on Docket</td>
</tr>
<tr>
<td></td>
<td>Permission to leave after case is heard</td>
</tr>
<tr>
<td></td>
<td>Haircut/manicure/pedicure</td>
</tr>
<tr>
<td></td>
<td>Pick from FishBowl</td>
</tr>
</tbody>
</table>

### Examples of FDC Sanctions

<table>
<thead>
<tr>
<th>CHOICES</th>
<th>RESPONSES/SANCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missed court appearances</td>
<td>Reprimand from the Judge</td>
</tr>
<tr>
<td>Missed appointments</td>
<td>Increased court appearances</td>
</tr>
<tr>
<td>Missed support meetings</td>
<td>Increased drug testing</td>
</tr>
<tr>
<td>Missed visitation/parenting time</td>
<td>Community service hours</td>
</tr>
<tr>
<td>Missed treatment</td>
<td>Essay presented to Judge or gallery</td>
</tr>
<tr>
<td>Inappropriate behavior at treatment facility</td>
<td>Attend Criminal Sentencing Docket and write reflection</td>
</tr>
<tr>
<td>Noncompliance with treatment plan</td>
<td>Delay in Phase advancement</td>
</tr>
<tr>
<td>Dishonesty</td>
<td></td>
</tr>
<tr>
<td>Positive drug test</td>
<td></td>
</tr>
<tr>
<td>Missed drug test</td>
<td></td>
</tr>
<tr>
<td>Tampered drug test</td>
<td></td>
</tr>
</tbody>
</table>
Collaborative non-adversarial approach grounded in efficient communication across service systems and court.

Effective Family Drug Courts

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.

WHO needs to know WHAT, WHEN?
Two Levels of Information Sharing

Front-Line Level (micro)
- Case management
- Reporting
- Tracking

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

Monitoring Cases
- Case Staffings
- Family Team Meetings
- Judicial Oversight
- More frequent review hearings
- Responses to behavior
Monitoring Outcomes

- Systems 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

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?
Defining Your Drop off Points (Example)

- 1,200 Substantiated cases of neglect and/or abuse due to substance use disorders (2012)
- Potential participants assessed for treatment (Tx) 25% drop-off = 900
- Number of participants deemed appropriate 50% drop-off = 450
- Number admitted to Tx = 315 30% drop-off
- 126 successfully completed Tx 60% drop-off

Payoff

- This is an example only
- Drop-off percentages estimated based on previous drop-off reports
- To be used only as an example

Q&A Discussion
Contact Information

Marianna Corona
mcorona@cffutures.org

Jennifer Foley
jfoley@cffutures.org

Center for Children and Family Futures
25371 Commercentre Drive, Suite 140
Lake Forest, CA 92630
Toll Free: (866) 493-2758
Local: (714) 505-3525
http://www.cffutures.org/