

WHAT WORKS FOR FAMILIES

INVOLVED IN THE CHILD WELFARE SYSTEM AND
AFFECTED BY PARENTAL SUBSTANCE USE AND
CHILD ABUSE/NEGLECT?



FAMILY DRUG COURTS

A Proven Strategy to
Improving Family Outcomes

Family Drug Courts (FDCs) are specialty courts using multi-disciplinary and collaborative, family-centered approaches to address the unique and complex needs of families affected by parental substance use who are dually involved with dependency or family courts and child welfare systems. Well-functioning FDCs use non-adversarial approaches and bring together substance use disorder (SUD) treatment, child welfare, mental health, and other family serving agencies to provide comprehensive, enhanced family-focused services.

The FDC Movement and Timeline



- 1992**
First Family Drug Courts established in FL and NV
- 2002**
6 Common Ingredients identified
7th Ingredient added in **2015**
- 2004**
OJJDP, SAMHSA, and ACF/CB begin providing grant funding for FDCs
- 2007**
FDC practice improvements including children's services, trauma, and evidence-based programs
- 2013**
Guidance to States - 10 recommendations for developing FDCs
- 2014**
Statewide Systems Improvement Program (SSIP)
- 2017**
National Strategic Plan for FDCs
- 2018**
National Standards for FDCs

7 Essential Practices

IMPROVING CHILD WELFARE AND SUBSTANCE USE DISORDER TREATMENT OUTCOMES

1 An early system of identifying families in need of SUD treatment

Given the often conflicting timelines between Adoption and Safe Families Act (ASFA) and time it takes to achieve recovery, early identification is critical to the success of reunification and long term recovery.



2 Timely access to assessment and treatment services

Using a standardized, valid tools ensures that parents are appropriately diagnosed and matched to the right level of care and services. A continuum of care, based on the assessment, should be made available since treatment is not one size fits all. To meet timelines, families need to engage in treatment quickly.



3 Increased management of recovery services and compliance with treatment

Treatment compliance is an important factor because the single strongest predictor of reunification is completion of treatment (Green, Rockhill, & Furrer, 2007; Marsh, Smith, & Bruni, 2010). An important strategy to maximize treatment compliance is providing a peer mentor or recovery specialist.



4 Family-centered treatment services and parent-child relationships

A family-centered approach serves the needs of parents, children, and the family. Services also focus specifically on healing and strengthening the parent-child relationship.



5 Increased judicial oversight

As demonstrated in family treatment courts, judges can step beyond their traditional role responding to parents in a way that supports continued engagement in recovery. Increased frequency of hearings provide enhanced supervision and monitoring and ensures that families receive needed services.



6 Systematic response for participants - contingency management

Responses to participant behavior should be designed to be therapeutic and motivational. Responses set and communicate clear concrete expectations for parents and enhance the likelihood of reunification within required timelines.



7 Collaborative non-adversarial approach and efficient cross-system communication

The collaborative must address structural components such as developing common principles, cross training, information systems, and sustainable funding. Sharing information about families' progress in treatment with adequate privacy protections is critical.



A Collaborative Solution to Ensure Family Success



Drug Court Hearings



Therapeutic Jurisprudence



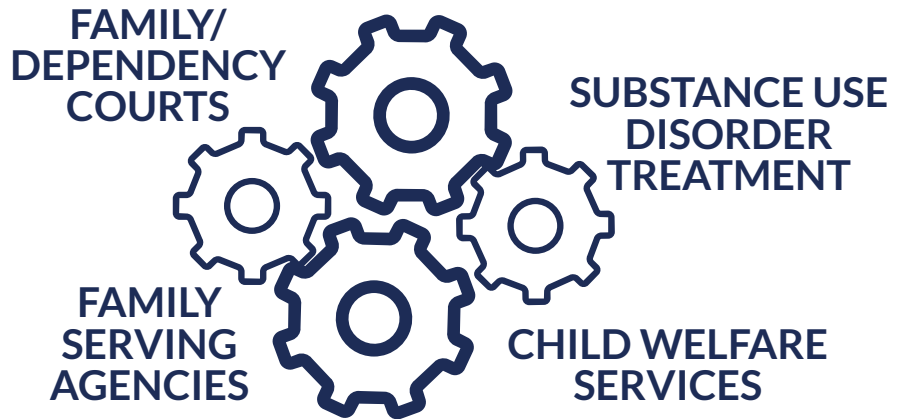
Access to Quality Treatment & Enhanced Recovery Supports



Enhanced Family-Based Services

WE KNOW WHAT WORKS FOR CHILDREN AND FAMILIES

Working together, systems can achieve **Improved Outcomes** * **



The 5Rs



RECOVERY

Parents accessed treatment more quickly

REPEAT MALTREATMENT

Fewer children experienced subsequent maltreatment



REMAIN AT HOME

More children remained at home throughout program participation

RE-ENTRY

Fewer children who reunified returned back to foster care



REUNIFICATION

Children stayed less days in foster care and reunified within 12 months at a higher rate

* From 2010-2014, the Children Affected by Methamphetamine (CAM) grant program included 12 Family Treatment Drug Courts supported by the Substance Abuse and Mental Health Services Administration to expand and/or enhance services to children and improve parent-child relationships. ** From 2007-2012, the Regional Partnership Grant Program (RPG) Round 1, administered by the Children's Bureau, funded 53 grantees. These analyses represent a subset of RPG grantees who implemented a Family Drug Court and submitted comparison group data.

The Goals



1 Ensuring Quality Implementation



2 Expanding the Reach of FDCs



3 Building the Evidence Base



The Vision

"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 success."