

# Advancing the Movement:

## The Future of Family Treatment Courts

**Nancy K. Young, PhD | Center for Children and Family Futures**



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

Vermont Supreme Court | June 14, 2018



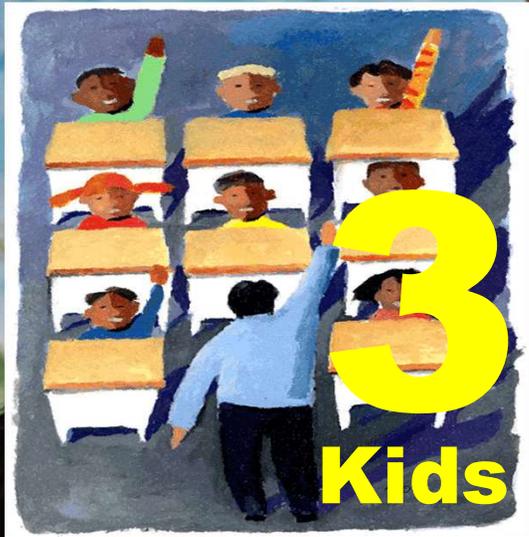
# Acknowledgement

**This presentation is supported by:**

Grant #2016-DC-BX-K003 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice.



*This project was supported by Grant #2016-DC-BX-K003 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect those of the Department of Justice.*



**8,700,000 children**

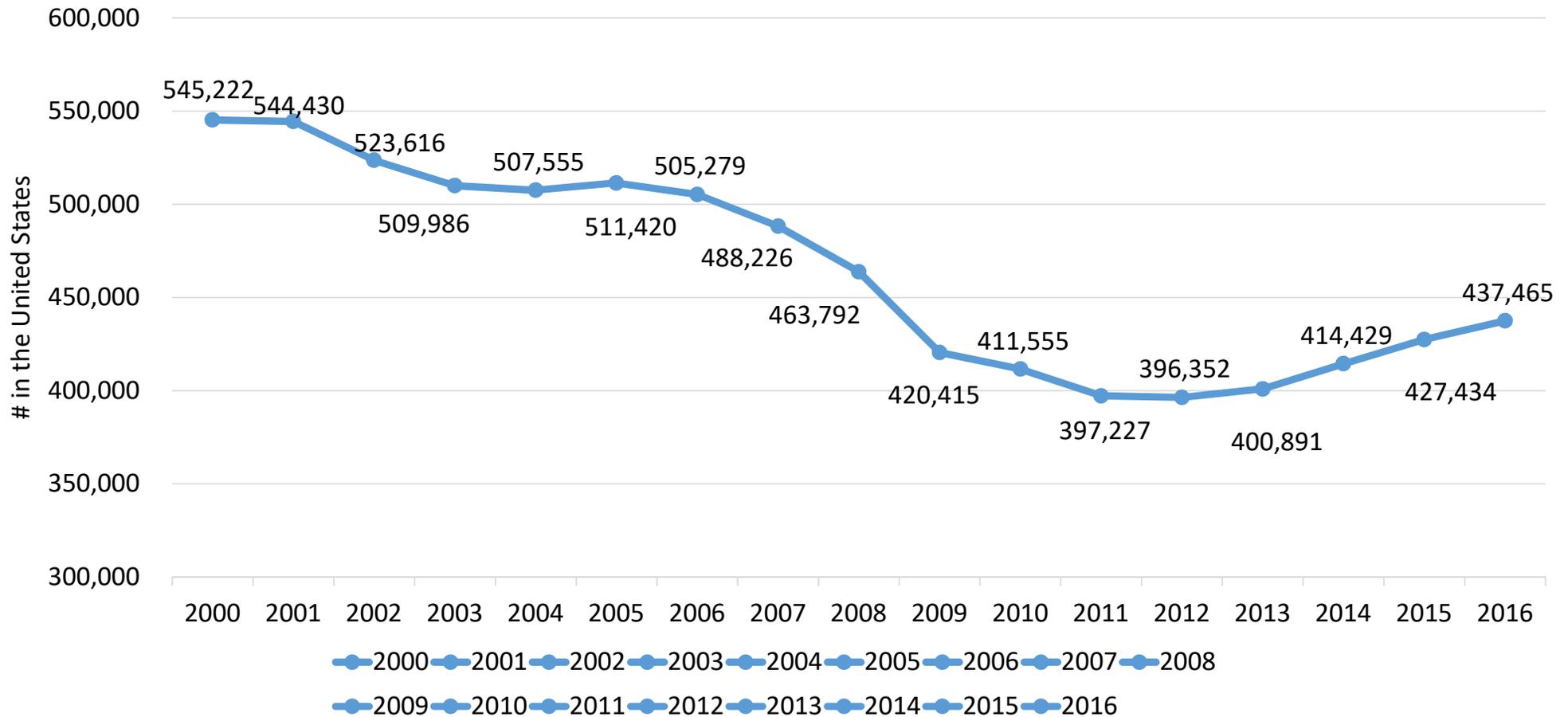
[https://www.samhsa.gov/data/sites/default/files/report\\_3223/ShortReport-3223.html](https://www.samhsa.gov/data/sites/default/files/report_3223/ShortReport-3223.html)



**16,161 children**

[https://www.samhsa.gov/data/sites/default/files/report\\_3223/ShortReport-3223.html](https://www.samhsa.gov/data/sites/default/files/report_3223/ShortReport-3223.html)

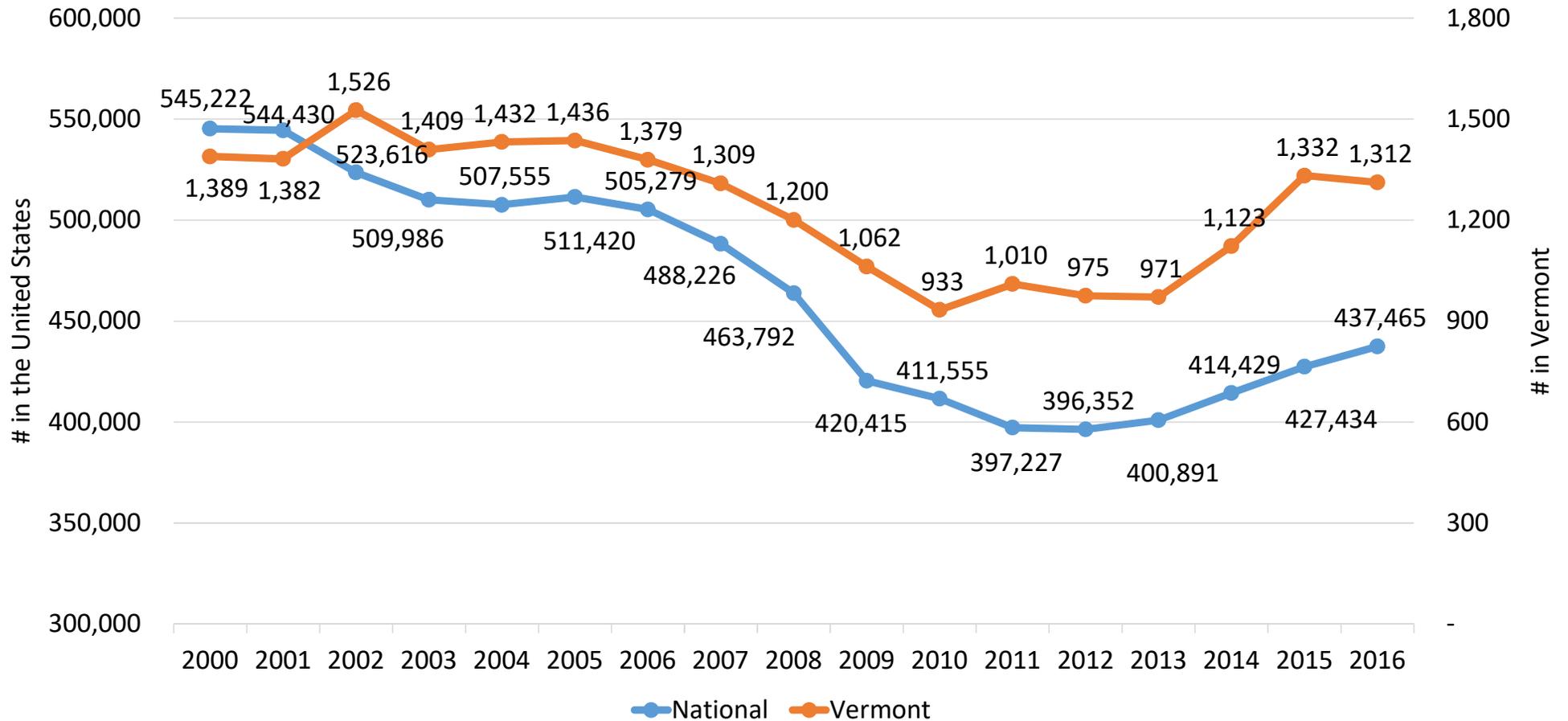
# Number of Children in Out of Home Care at End of Fiscal Year in the United States, 2000 to 2016



Note: Estimates based on children in foster care as of September 30

Source: AFCARS Data, 2000-2016

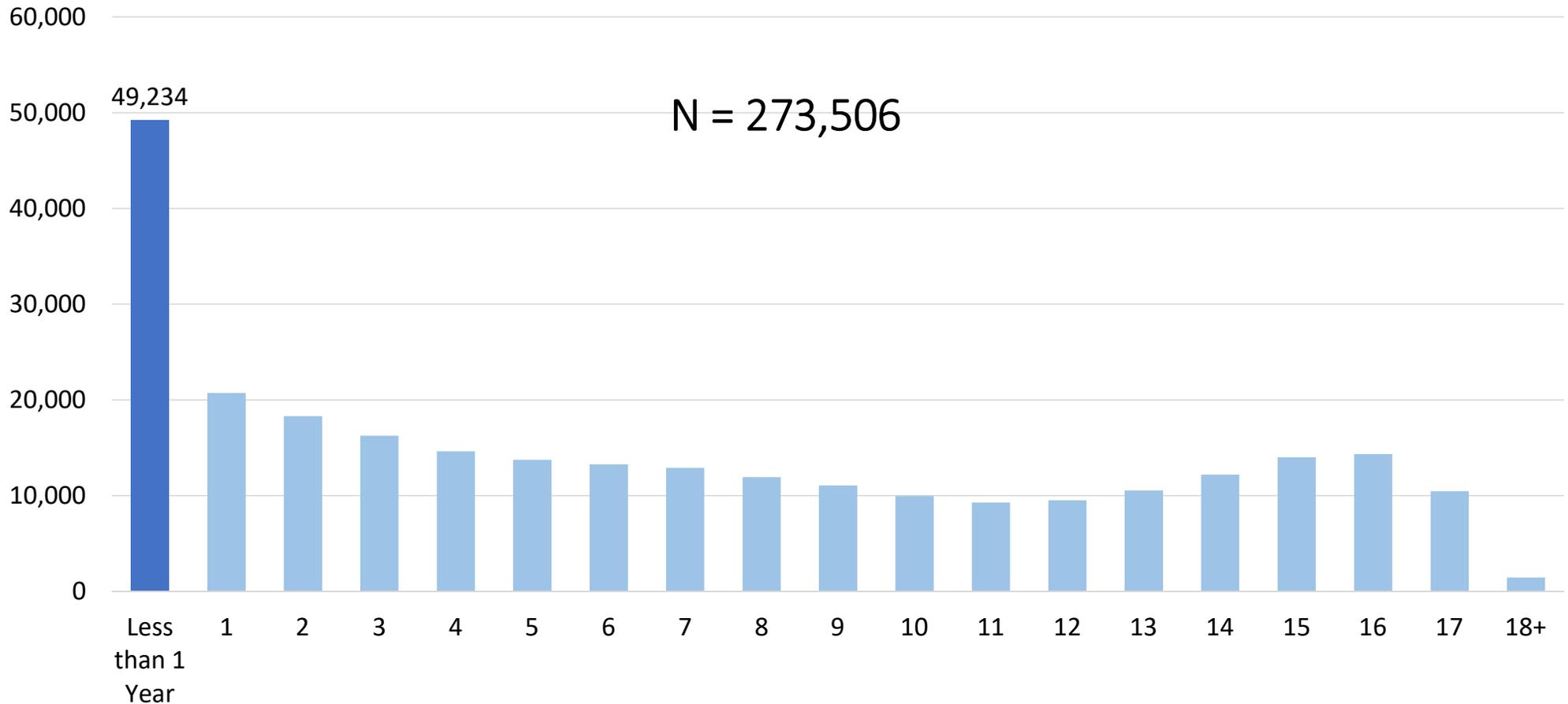
# Number of Children in Out of Home Care at End of Fiscal Year in Vermont and the United States, 2000 to 2016



Note: Estimates based on children in foster care as of September 30

Source: AFCARS Data, 2000-2016

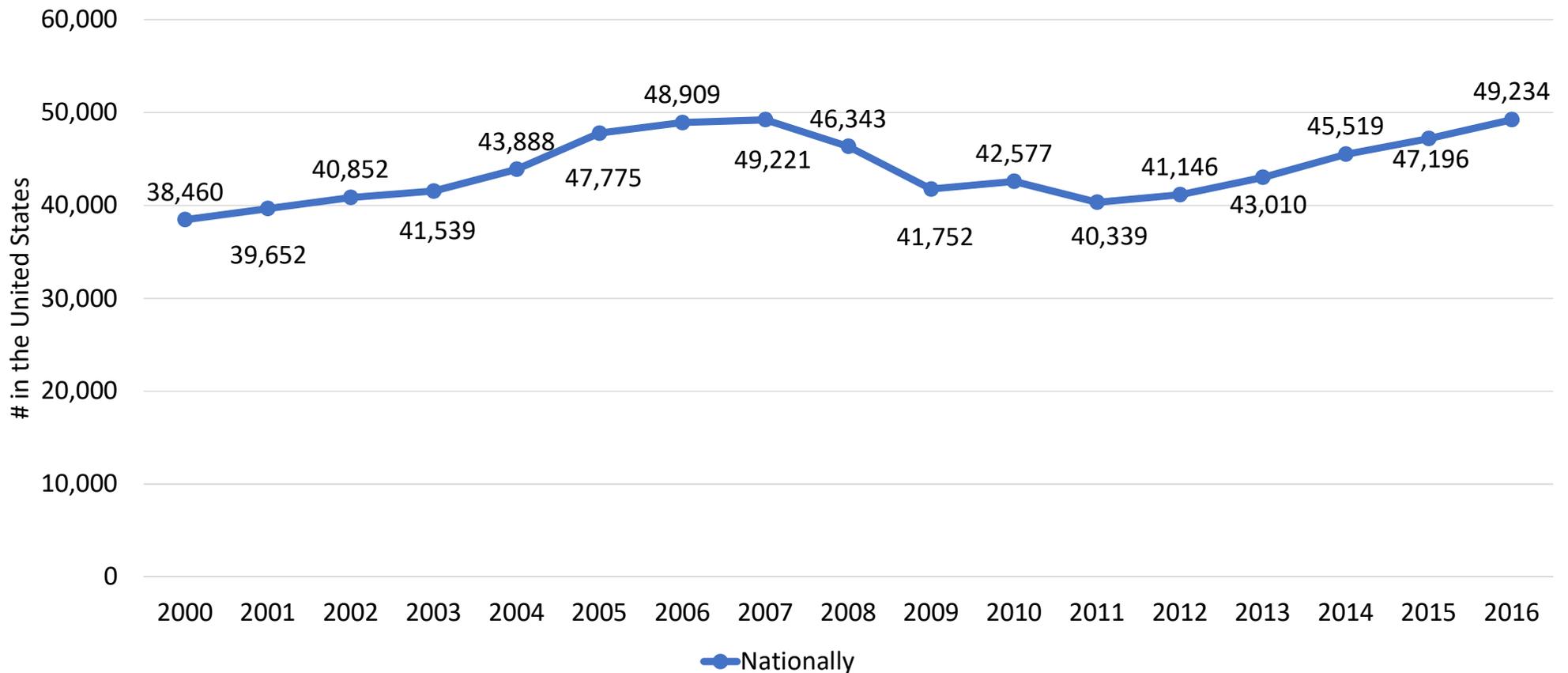
# Number of Children who Entered Foster Care, by Age at Removal in the United States, 2016



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

Source: AFCARS Data, 2016

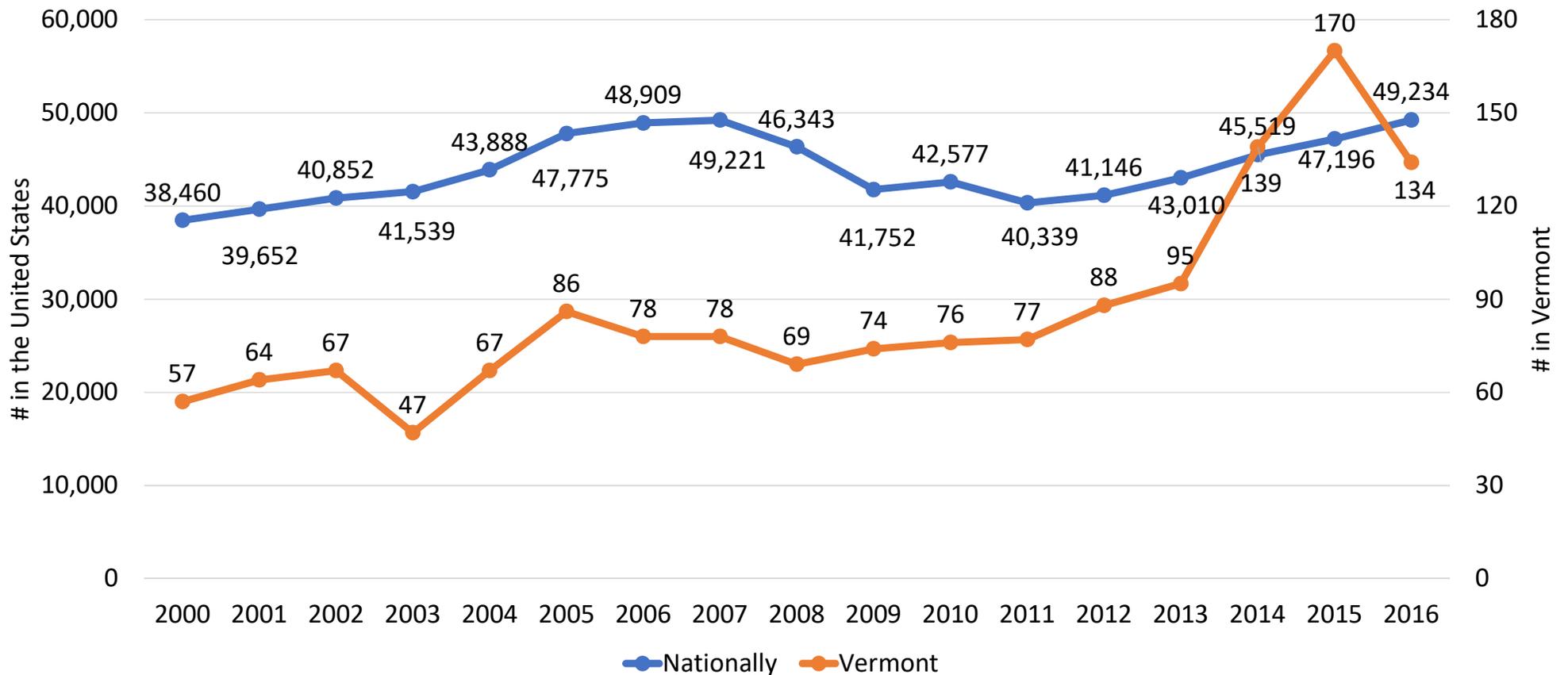
# Number of Children Under Age 1 who Entered Out of Home Care in the United States, 2000 to 2016



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

Source: AFCARS Data, 2000-2016

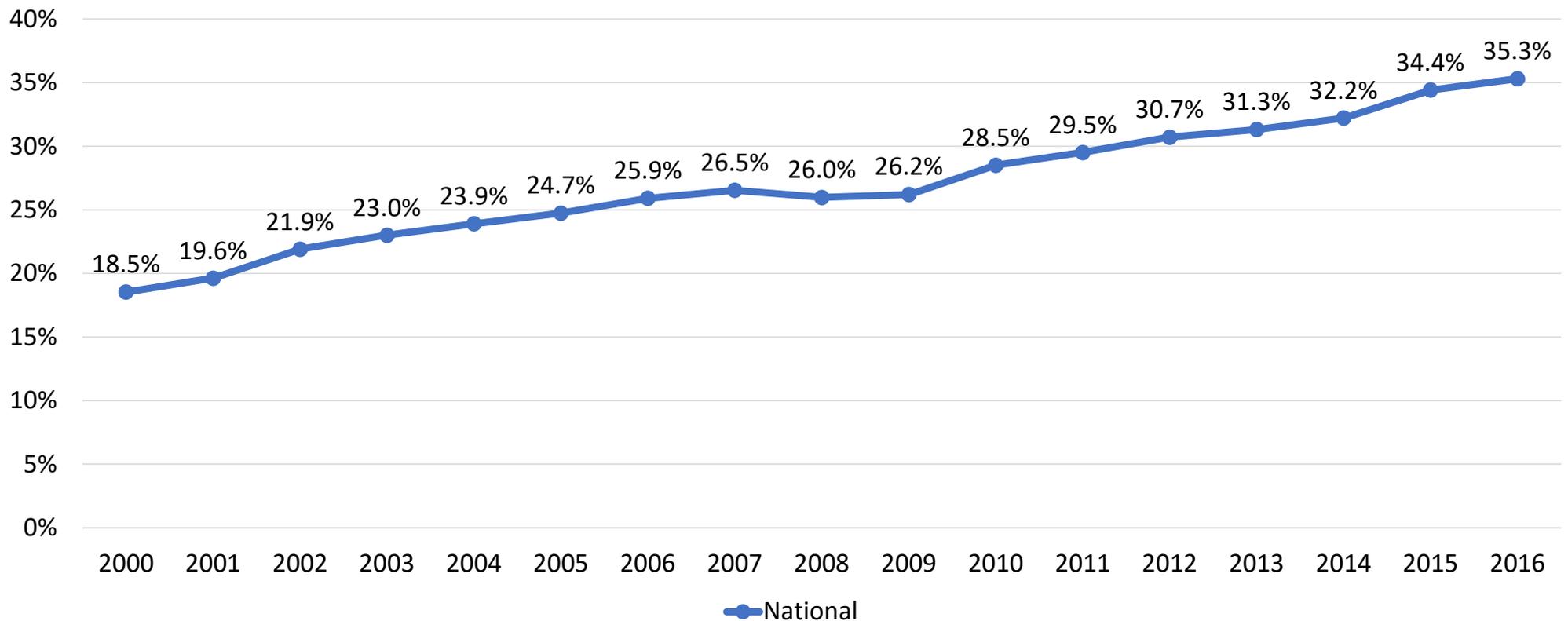
# Number of Children Under Age 1 who Entered Out of Home Care in the United States and in Vermont, 2000 to 2016



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

Source: AFCARS Data, 2000-2016

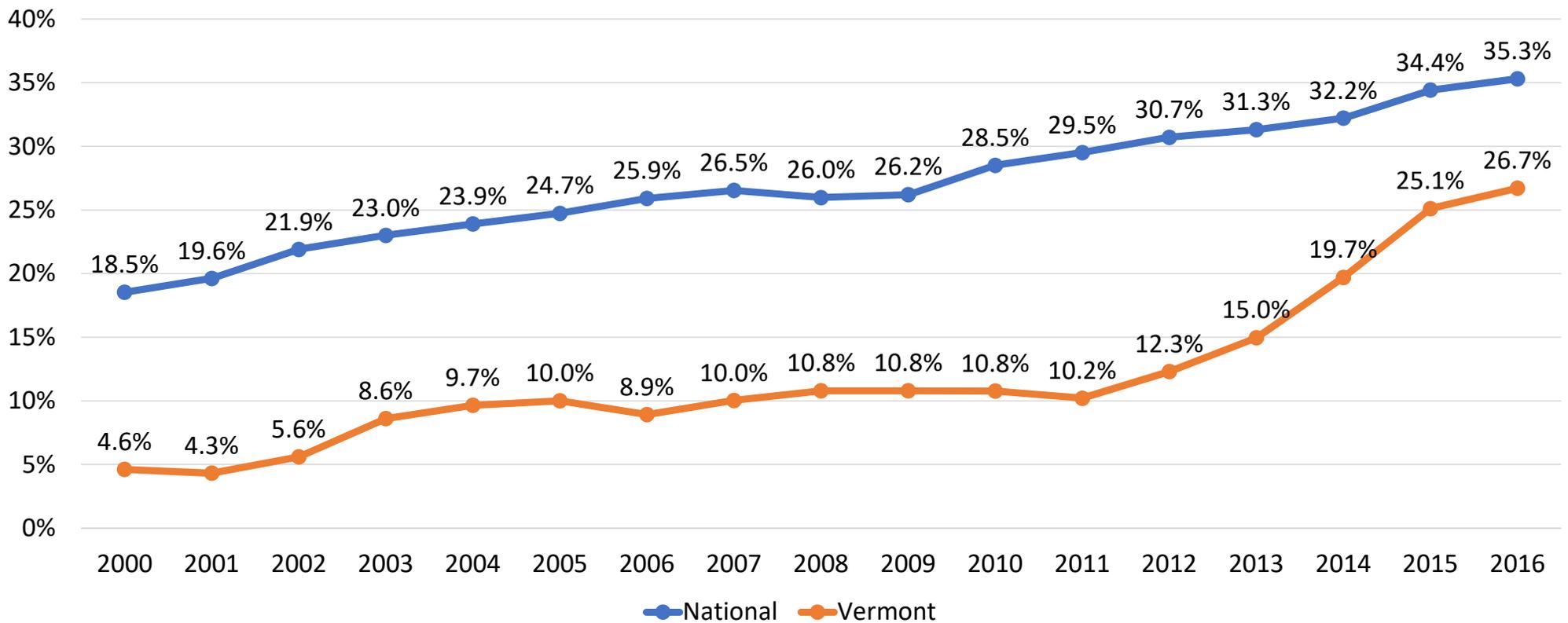
# Prevalence of Parental Alcohol or Other Drug Use as a Reason for Removal in Vermont and the United States, 2000 to 2016



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

Source: AFCARS Data, 2000-2016

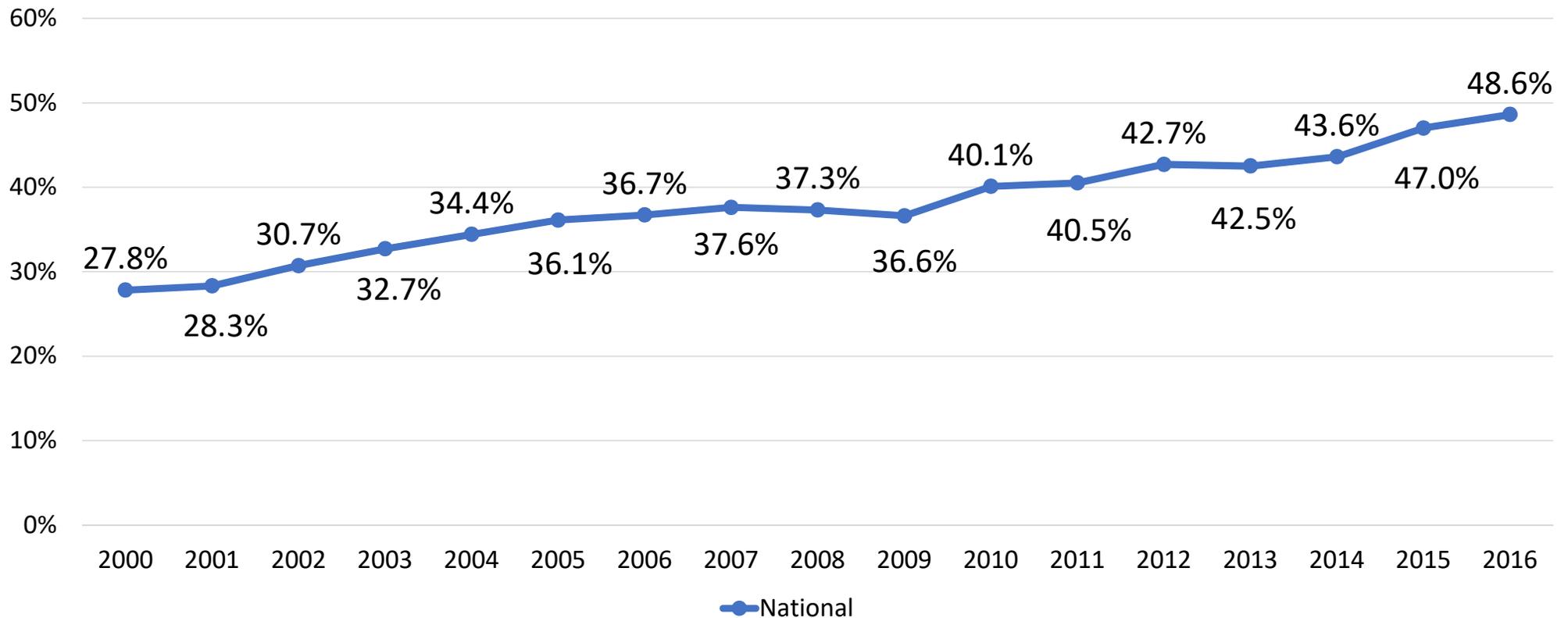
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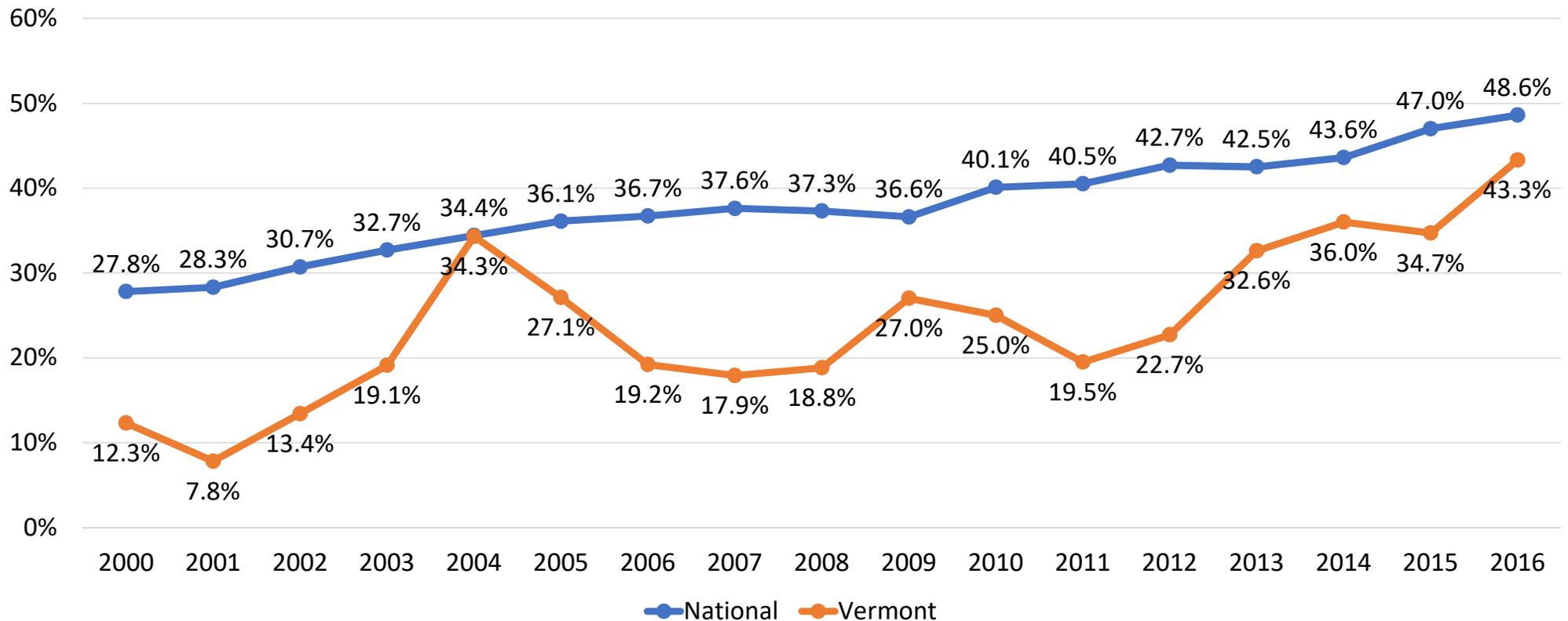
# Percent of Children Under Age 1 with Parental Alcohol or Other Drug Use as a Factor for Removal in the United States, 2000 to 2016



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

Source: AFCARS Data, 2000-2016

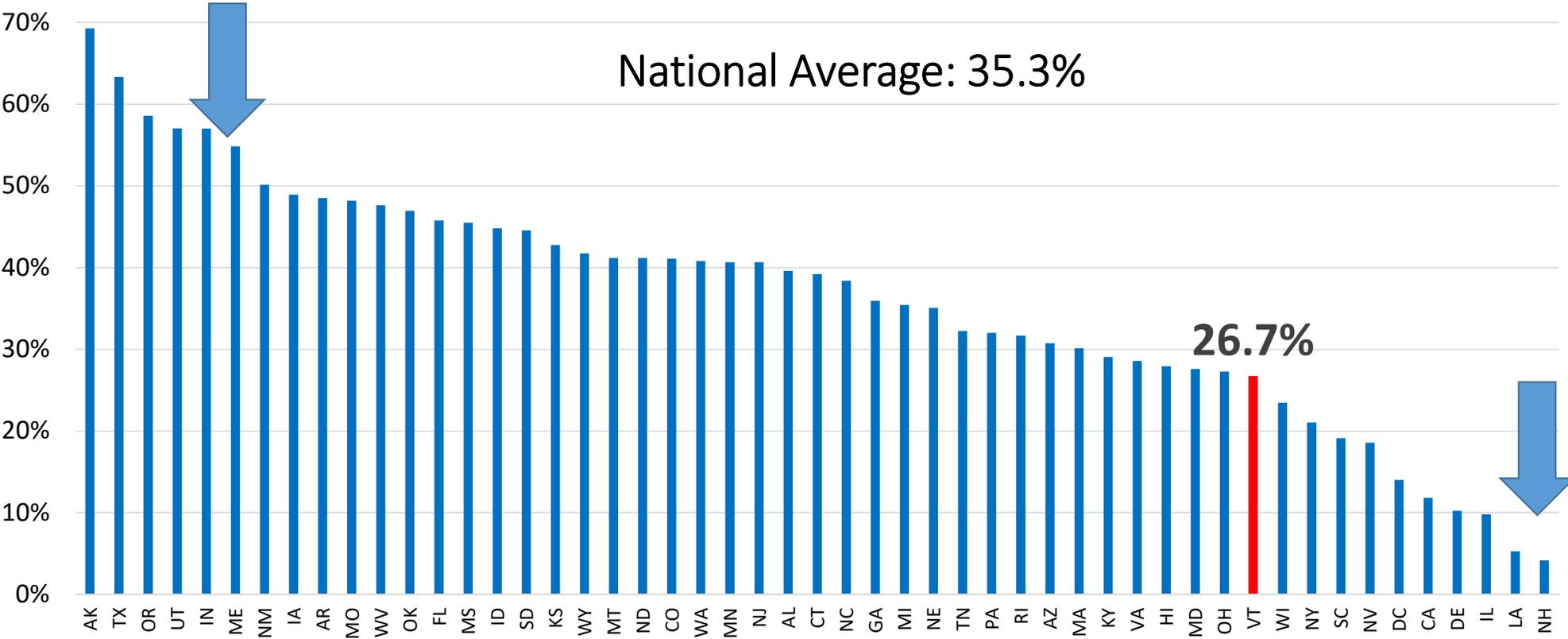
# Percent of Children Under Age 1 with Parental Alcohol or Other Drug Use as a Factor for Removal in the U.S., 2000 to 2016



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

Source: AFCARS Data, 2000-2016

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

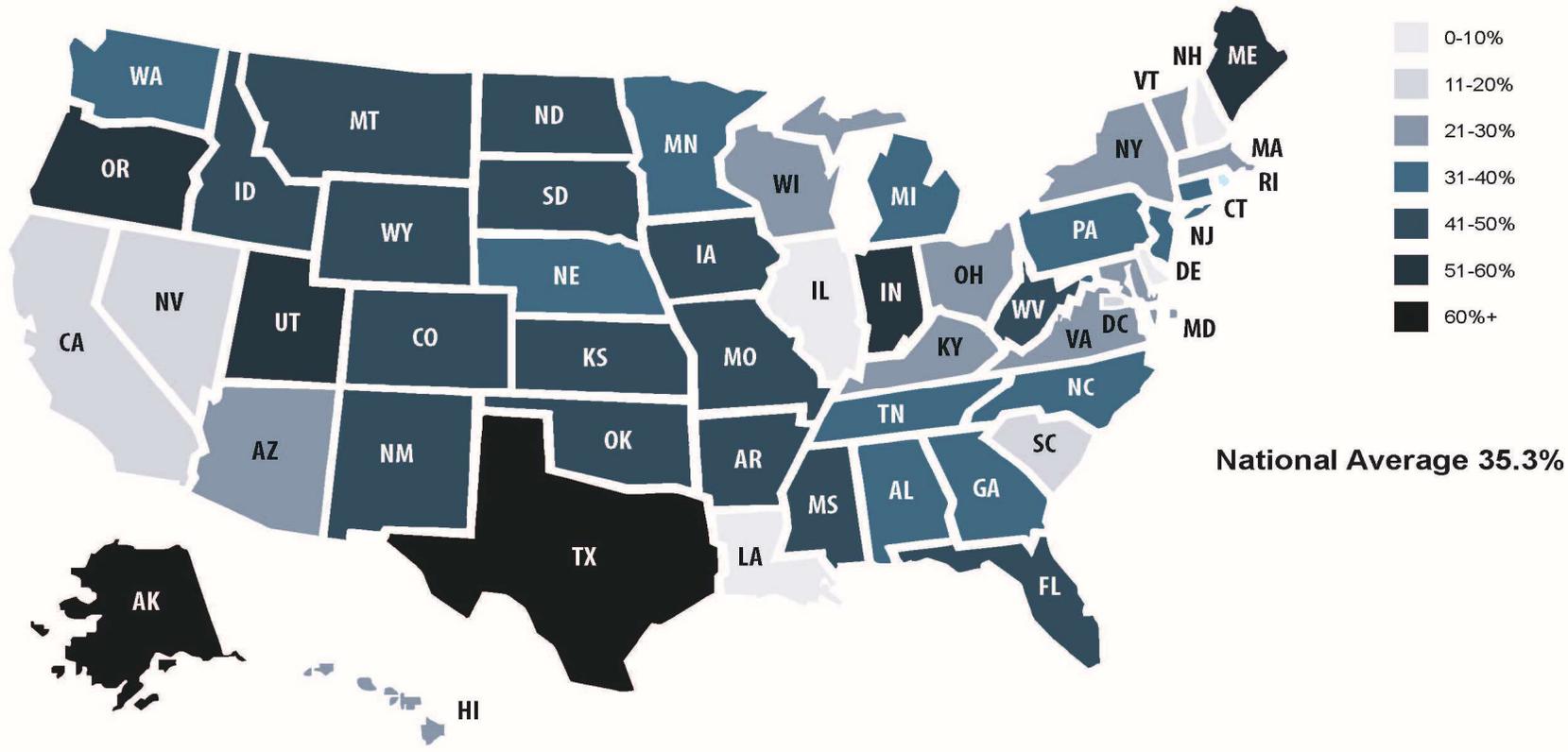


Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2016

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

## Contributing Factor

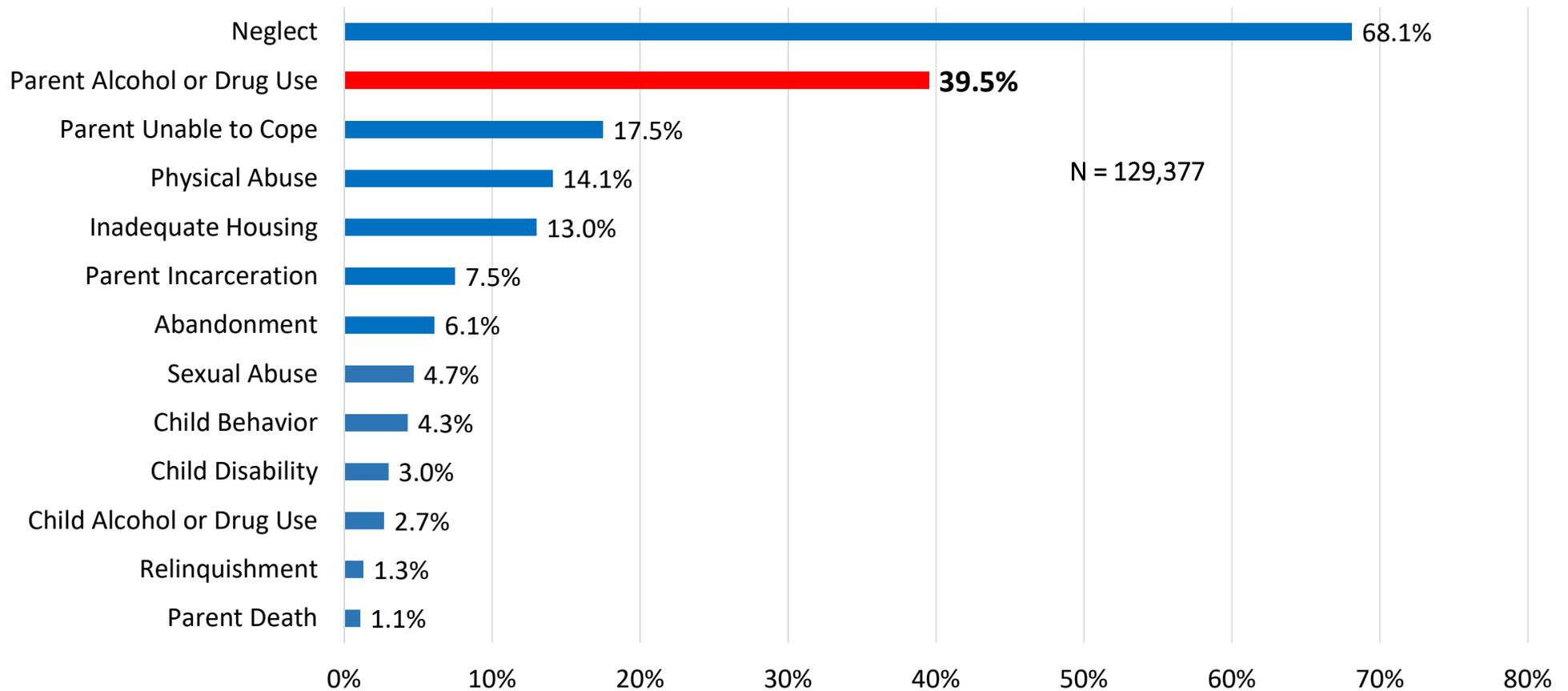


Efforts in data collection have improved in recent years, but significant undercount remains in some states.

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

Source: AFCARS Data, 2016

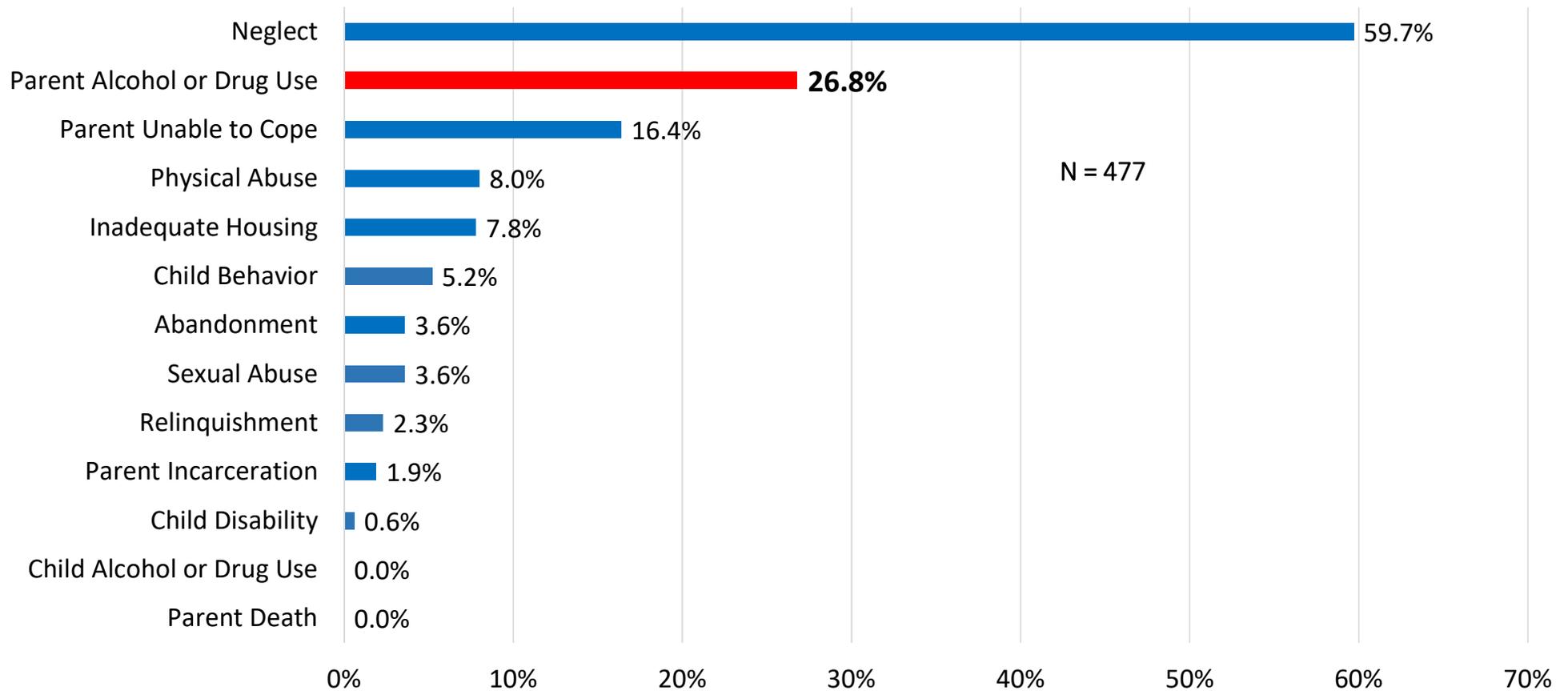
# Percent of Children with Terminated Parental Rights by Reason for Removal in the United States, 2016



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

Source: AFCARS Data, 2016

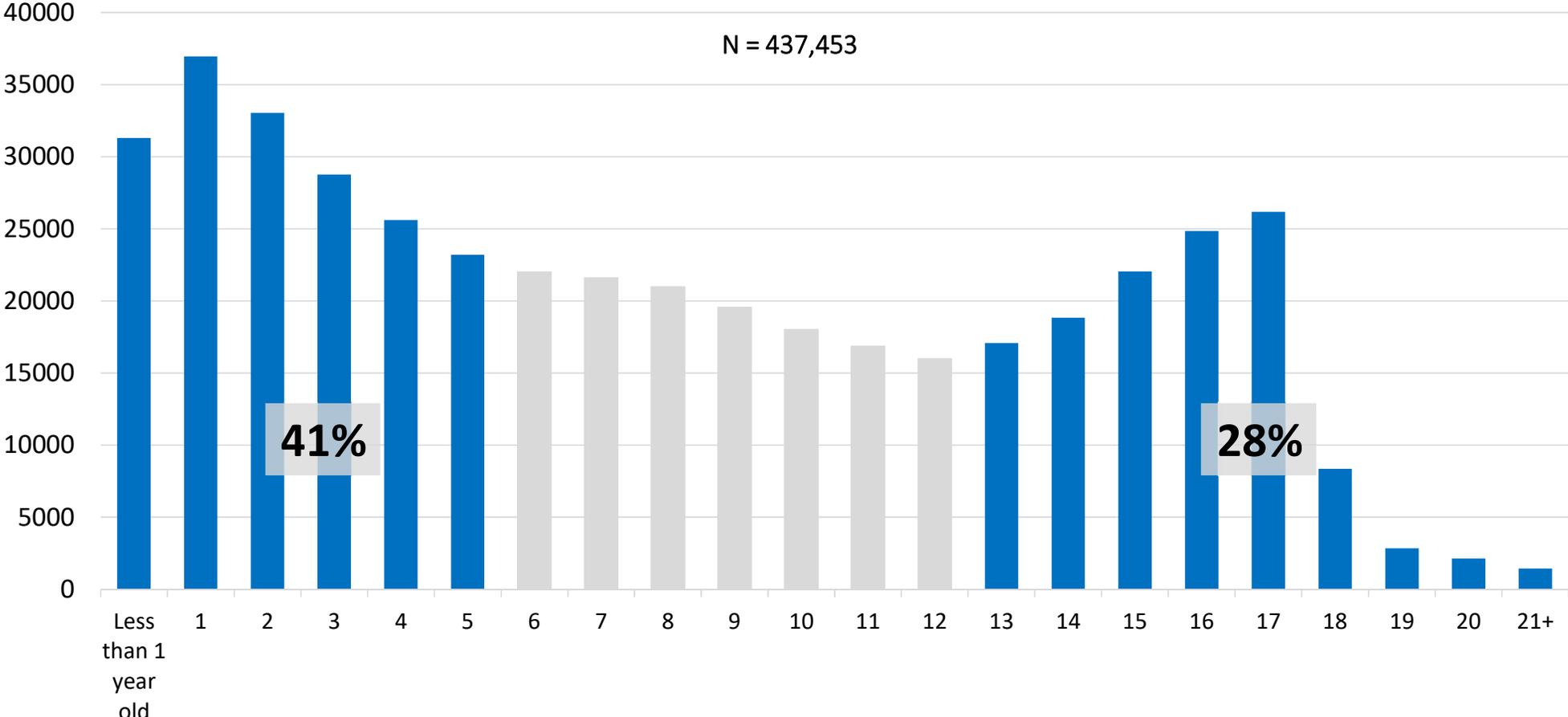
## Percent of Children with Terminated Parental Rights by Reason for Removal in Vermont, 2016



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 Foster Care at End of Fiscal Year by Age in the United States, 2016



Note: Estimates based on children in foster care as of September 30, 2016

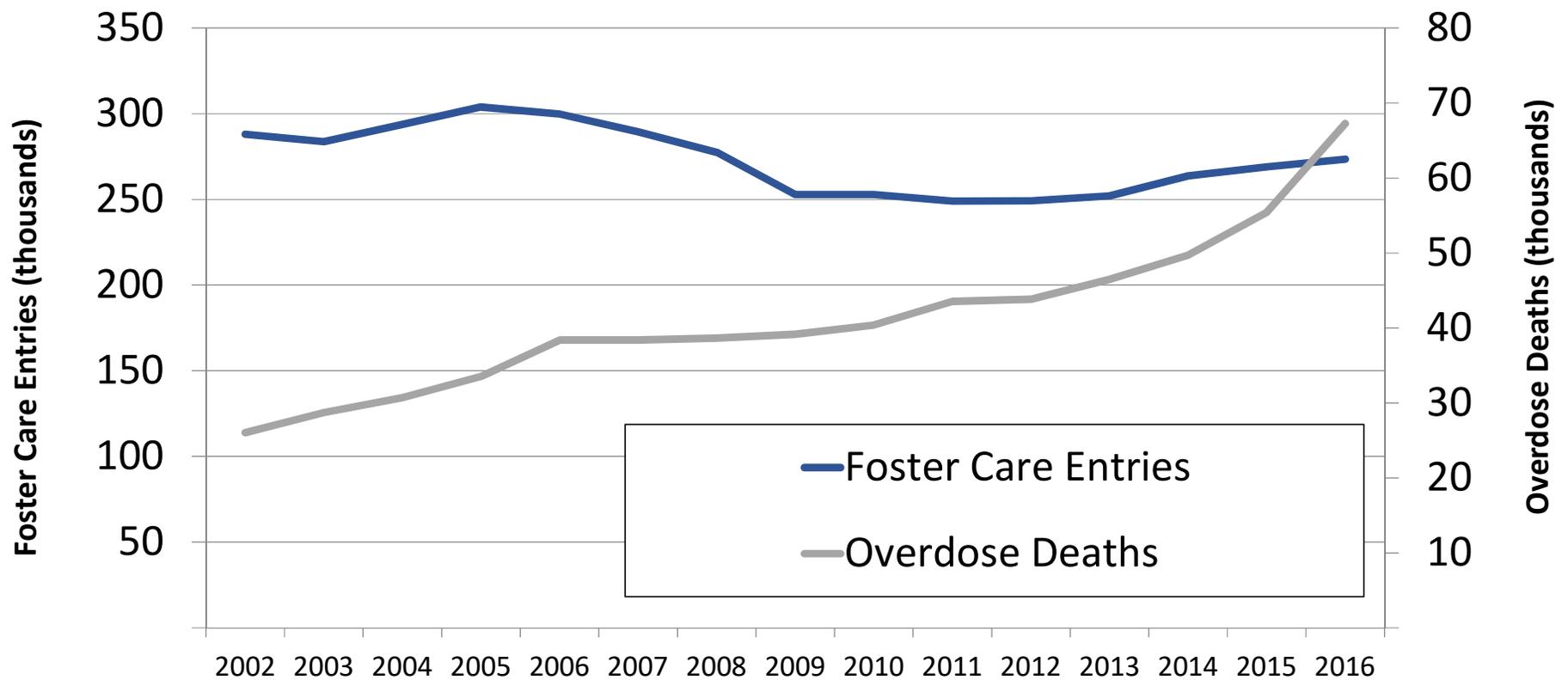
Source: AFCARS Data, 2016

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



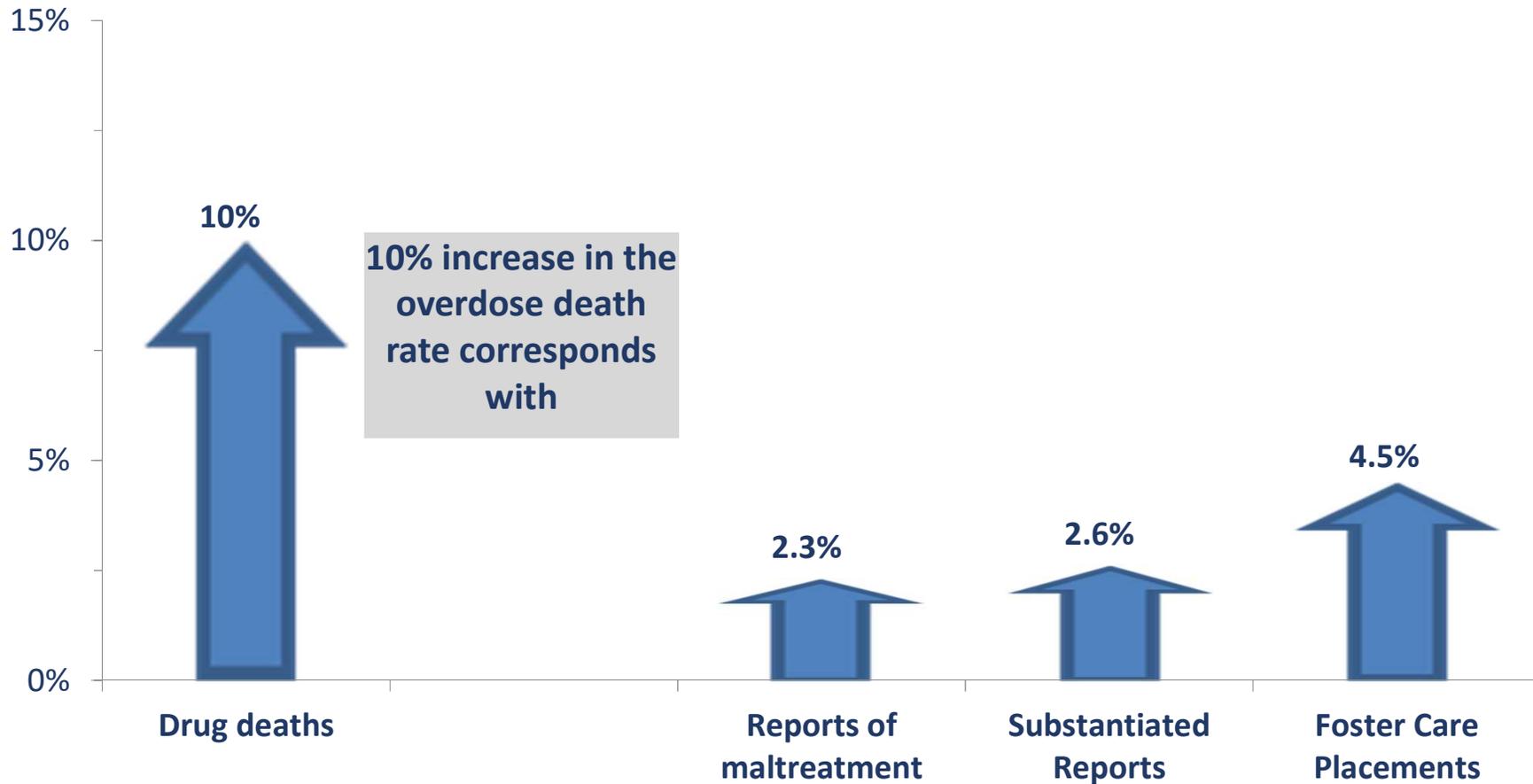
- Quantitative
  - Identify the effect of substance use prevalence and drug death rates on child welfare caseloads, including:
    - Total reports of child maltreatment
    - Substantiated reports of child maltreatment
    - Foster care entries
- Qualitative
  - Interviews with over 170 professionals to understand barriers and practice challenges

# Assistant Secretary for Planning and Evaluation (ASPE) Study Findings: March 2018

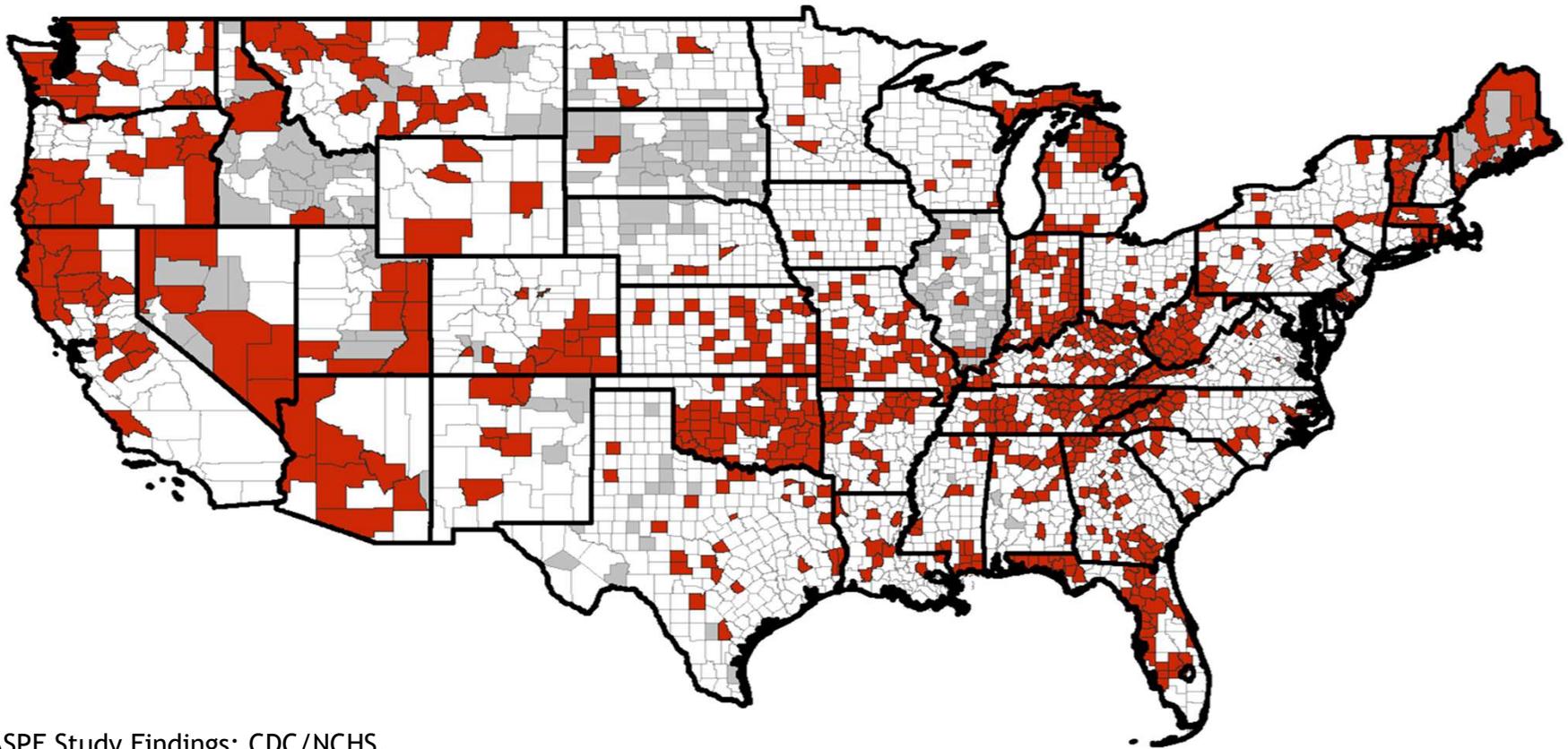


Sources: CDC/NCHS, National Vital Statistics System, Mortality; HHS/ACF, Adoption and Foster Care Analysis and Reporting System.

# Assistant Secretary for Planning and Evaluation (ASPE) Study Findings: 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 in 2015



Sources: ASPE Study Findings; CDC/NCHS, National Vital Statistics System, Mortality; HHS/ACF, Adoption and Foster Care Analysis and Reporting System.

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

# The Need to Do Better for Families



Substance use disorders (SUDs) can negatively affect a parents 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 Dept. of Health and Human Services, 1999).



The lack of coordination and collaborative approaches across child welfare, substance use disorder treatment, and family or dependency court systems has hindered their ability to fully support these families.



Addiction is not a choice. It's a disease that can happen to anyone. Let's welcome those struggling with addiction into treatment and support them in recovery.

American Eagle

Dr Mark Levine, Commissioner Vermont Department of Health



# Child Welfare



**Treatment**



**Courts**

**Working together** *to improve the outcomes*  
*for families affected by child abuse and parental substance use*



**No single  
agency can  
do this alone**

# FDC Model as a Collaborative Solution

Judicial Oversight

Comprehensive Services



**Drug Court  
Hearings**



**Therapeutic  
Jurisprudence**



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



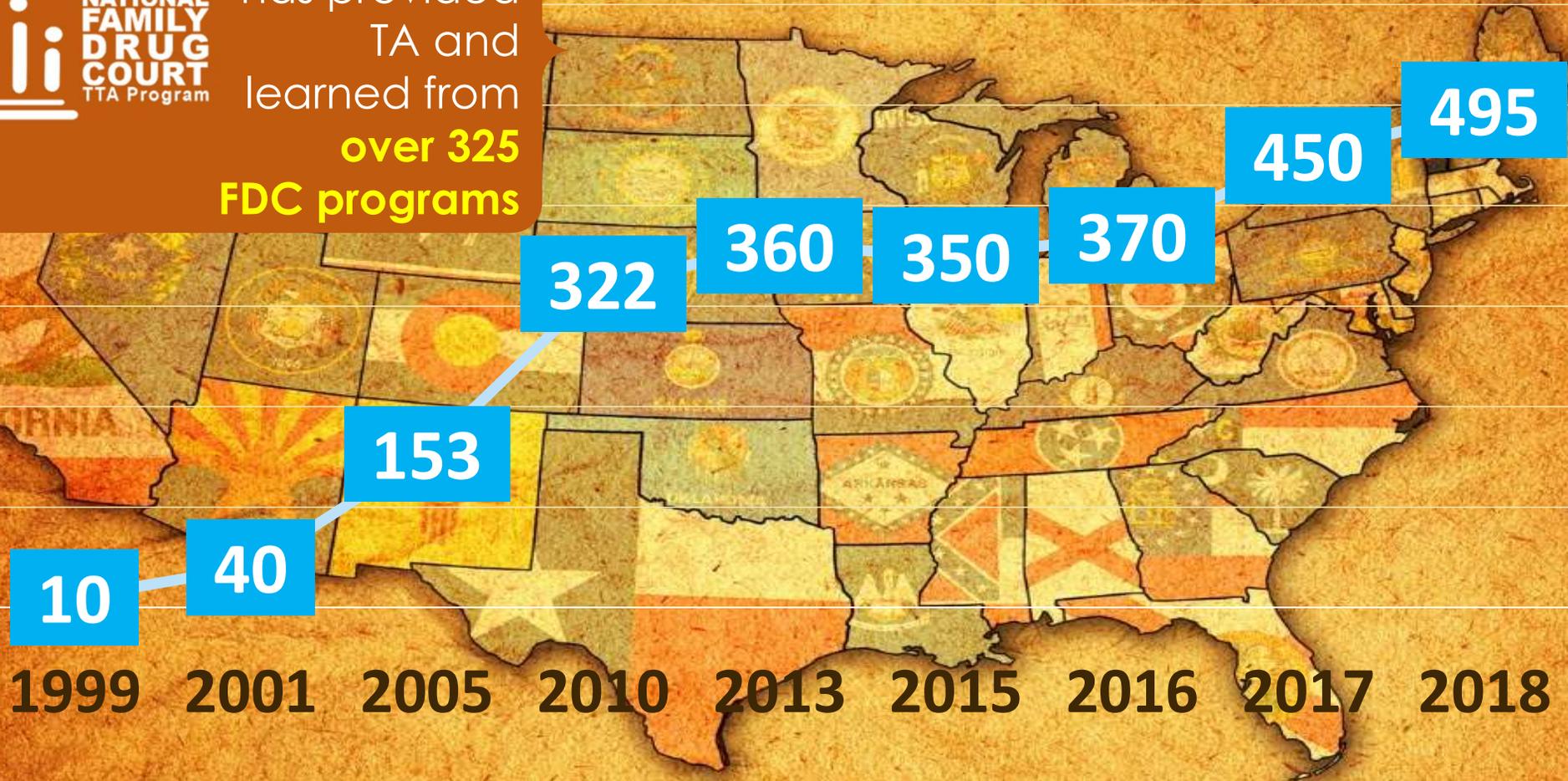
**Enhanced  
Family-Based  
Services**



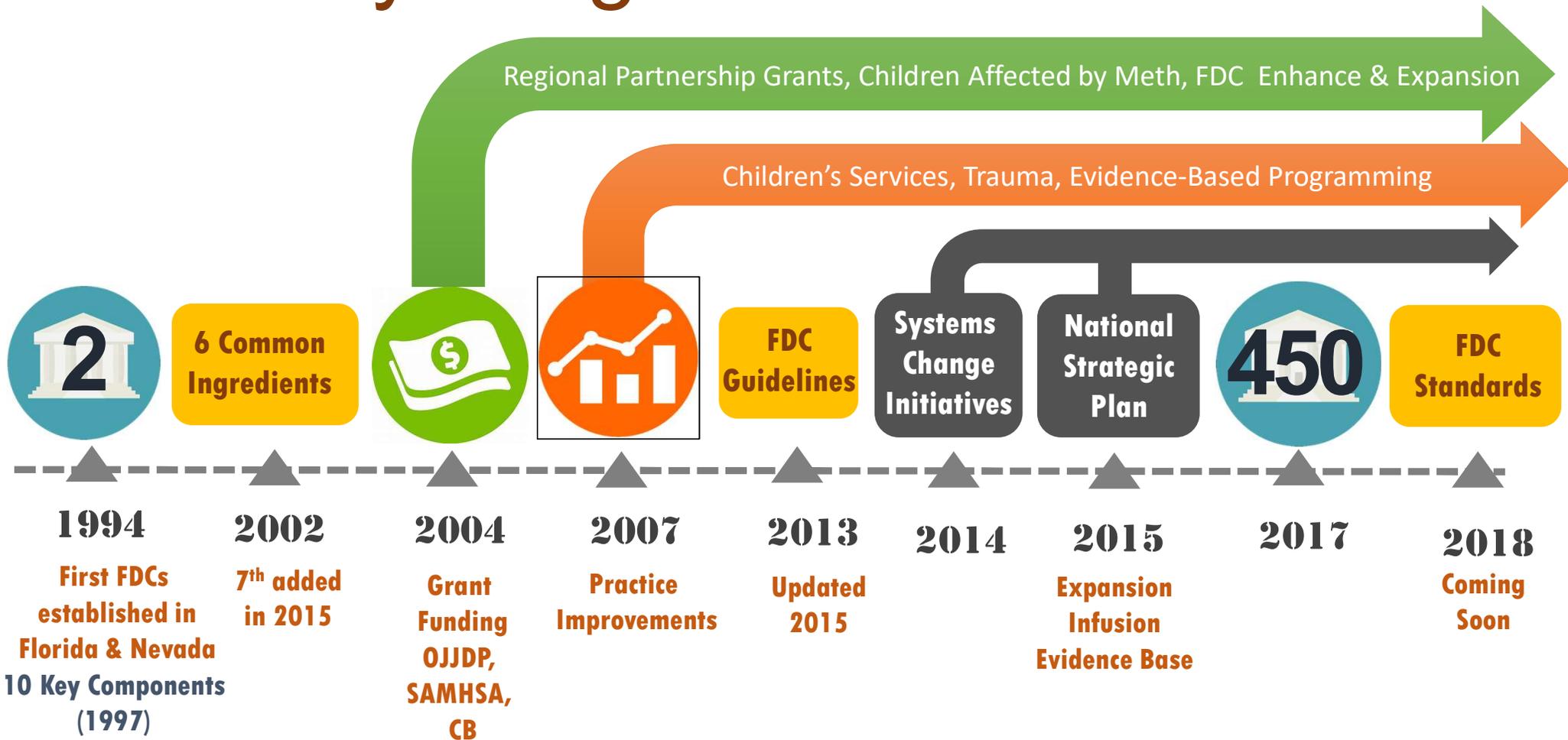
NATIONAL  
FAMILY  
DRUG  
COURT  
TTA Program

Since 2009,  
has provided  
TA and  
learned from  
over 325  
FDC programs

# FDC Movement



# Family Drug Court Movement



# When Systems Work Together, Families Do Better

**R**ecovery

**R**emain at home

**R**eunification

**R**epeat maltreatment

**R**e-entry

5Rs





# National FDC Outcomes

## Regional Partnership Grant Program (2007 – 2012)

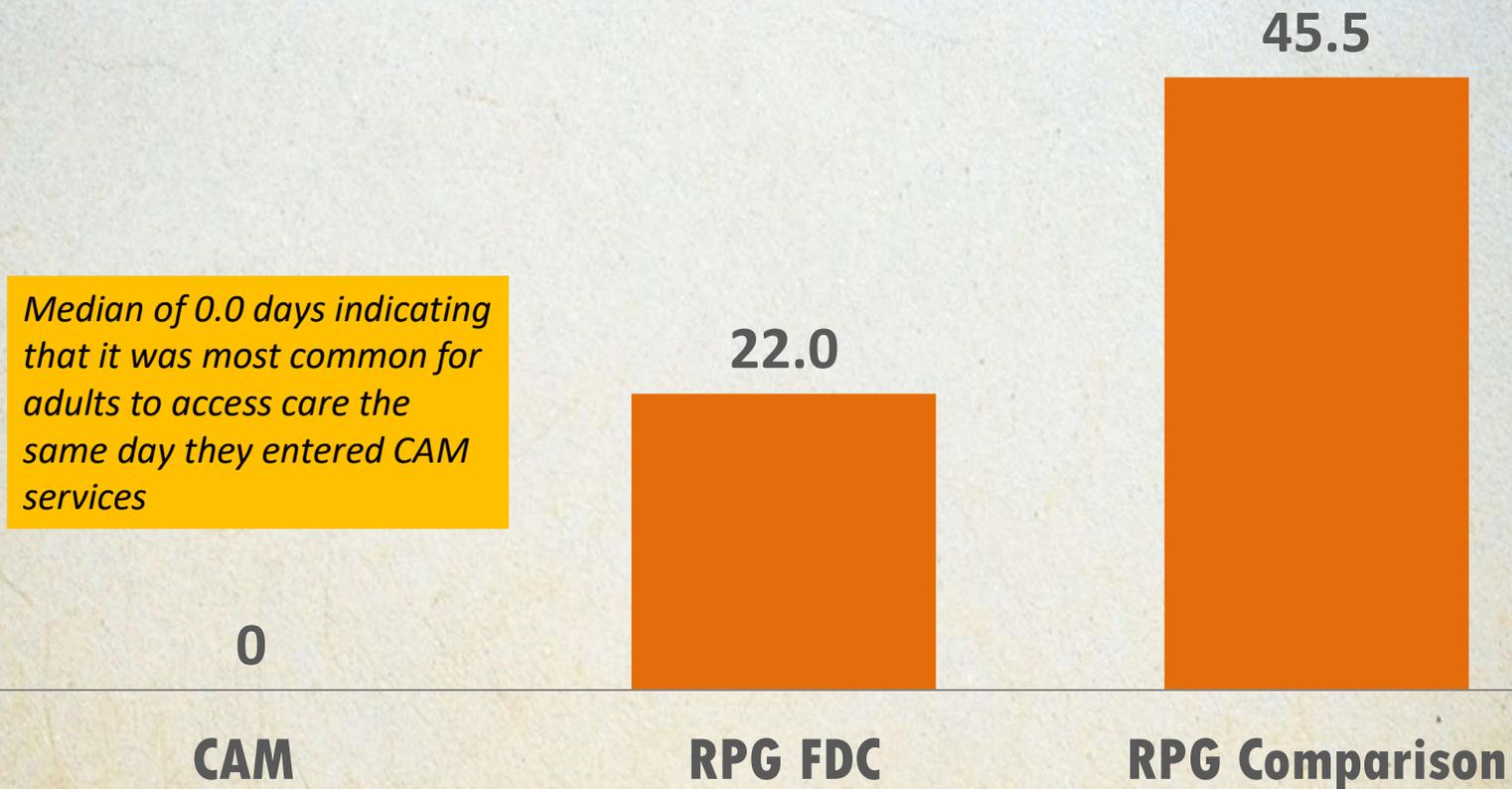
- 53 Grantee Awardees funded by Children's Bureau
- Focused on implementation of wide array of integrated programs and services, including 12 FDCs
- 23 Performance Measures
- Comparison groups associated with grantees that *did implement* FDCs

## Children Affected by Methamphetamine Grant (2010 – 2014)

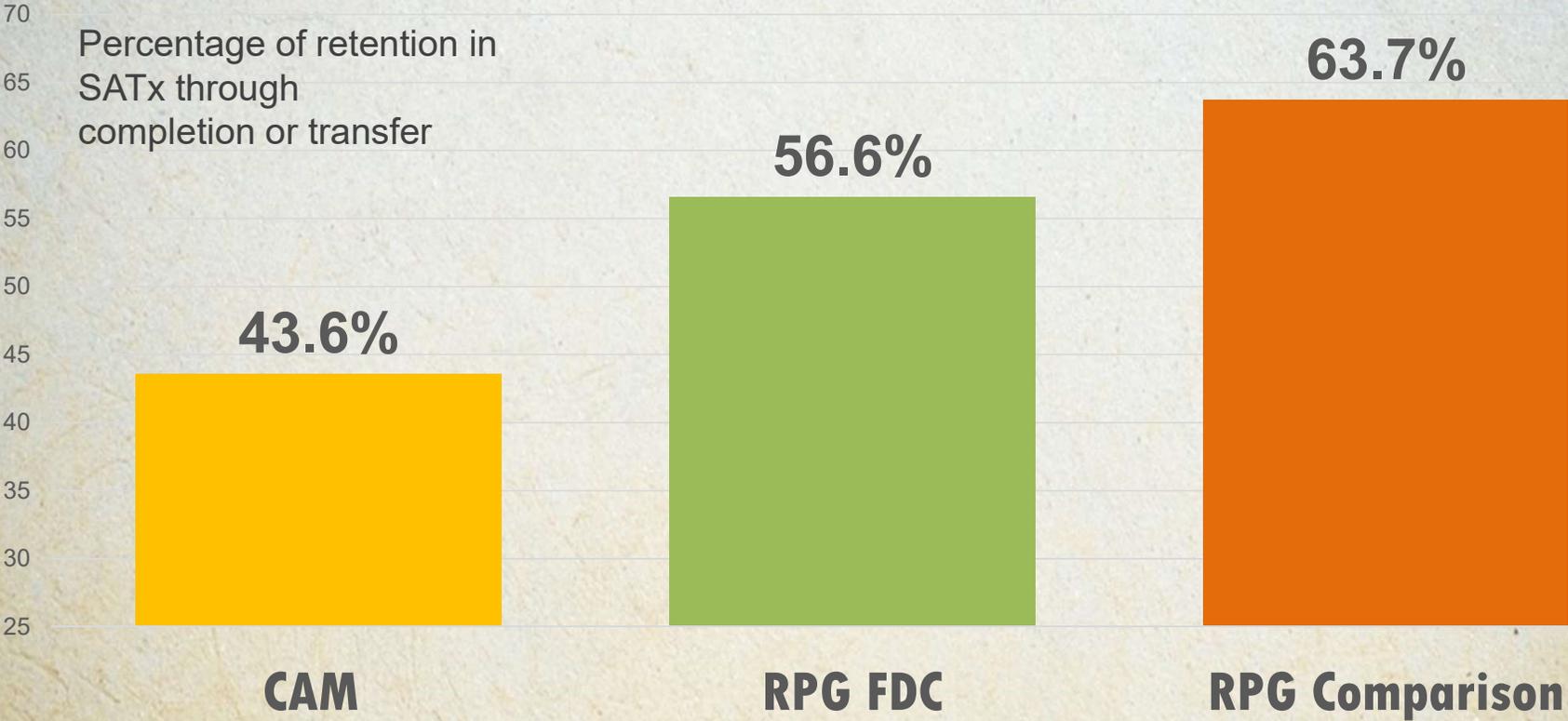
- 11 FDC Awardees funded by SAMHSA
- Focused on expanded/enhanced services to children and improve parent-child relationships
- 18 Performance Indicators
- Contextual Performance Information included for indicators where state or county-level measures are similar in definition and publicly available.

# Access to Treatment

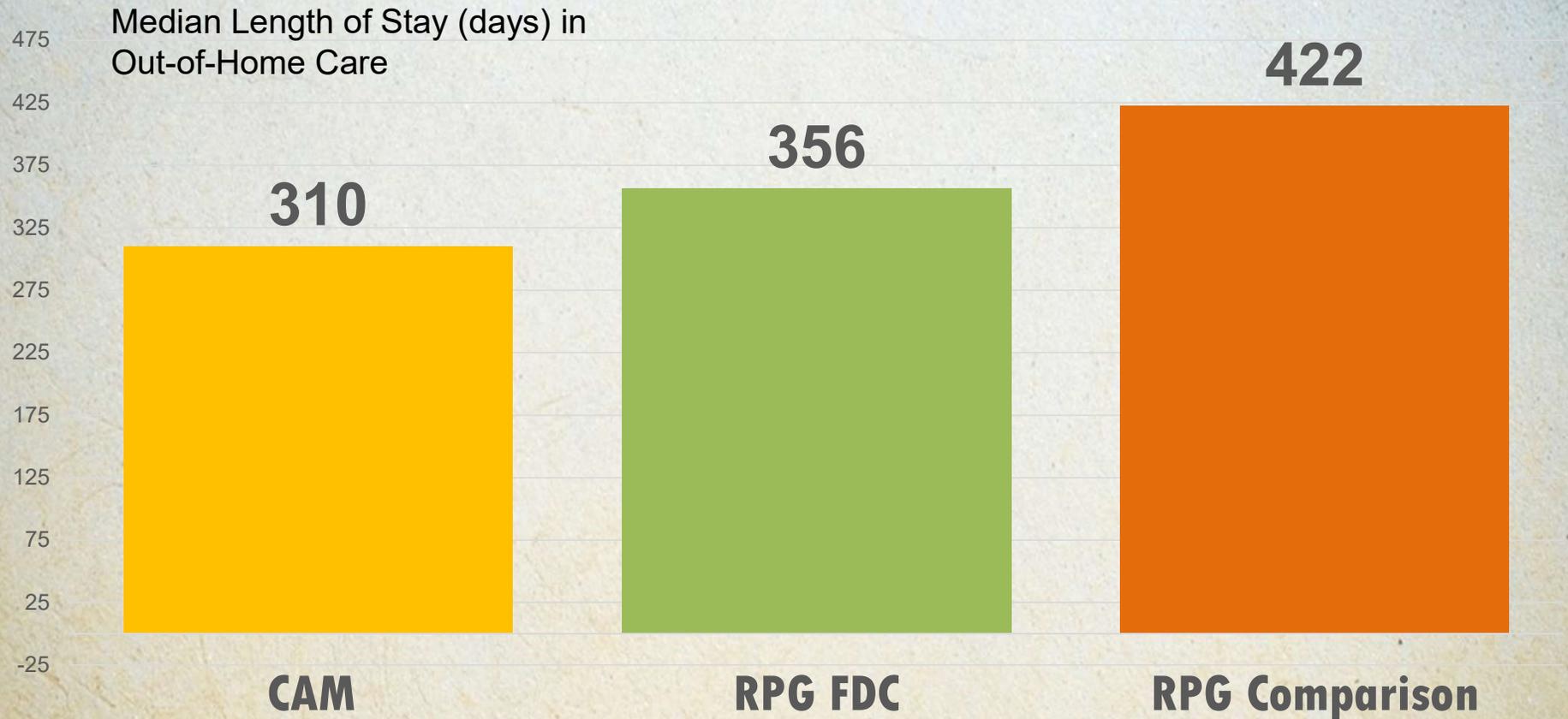
Median # of days to admission



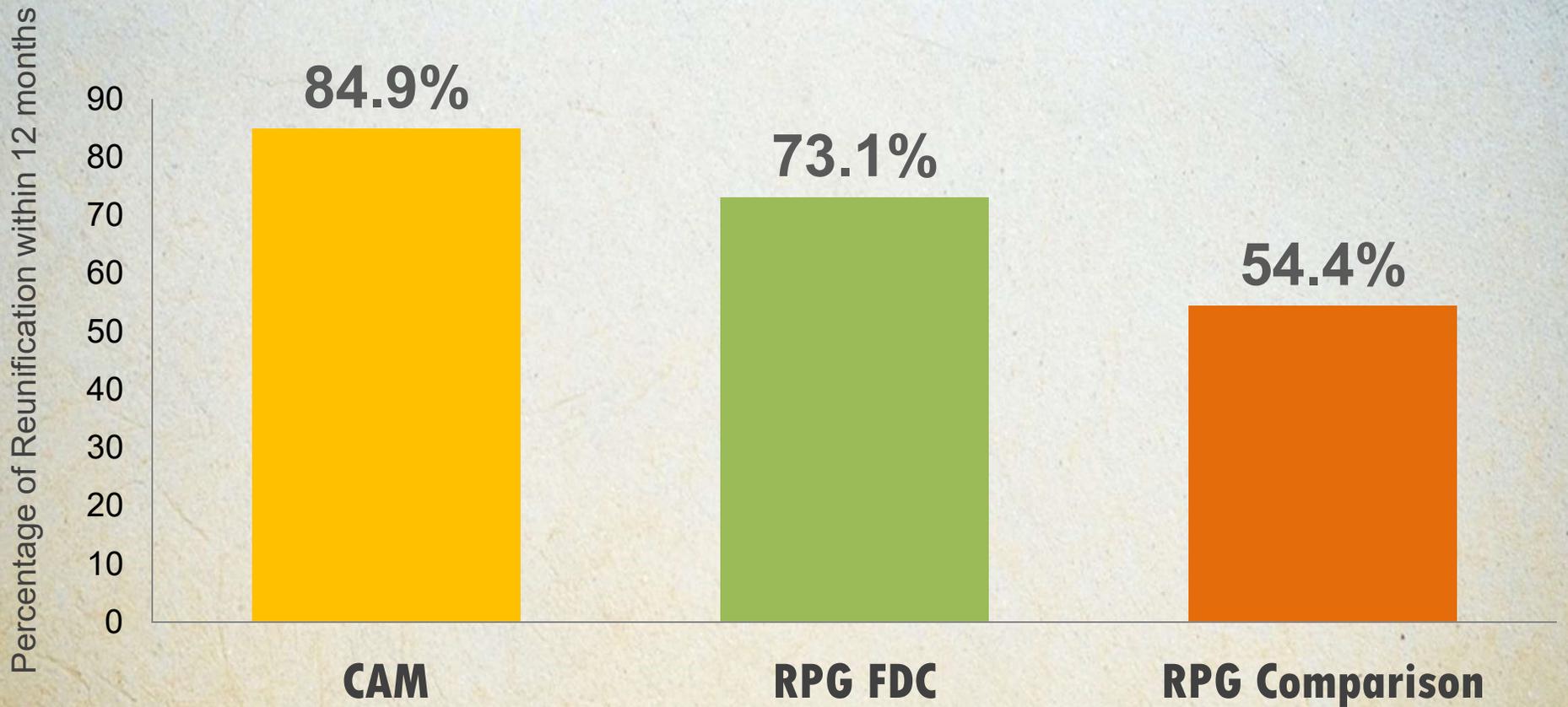
# Treatment Completion Rates



# Days in Foster Care

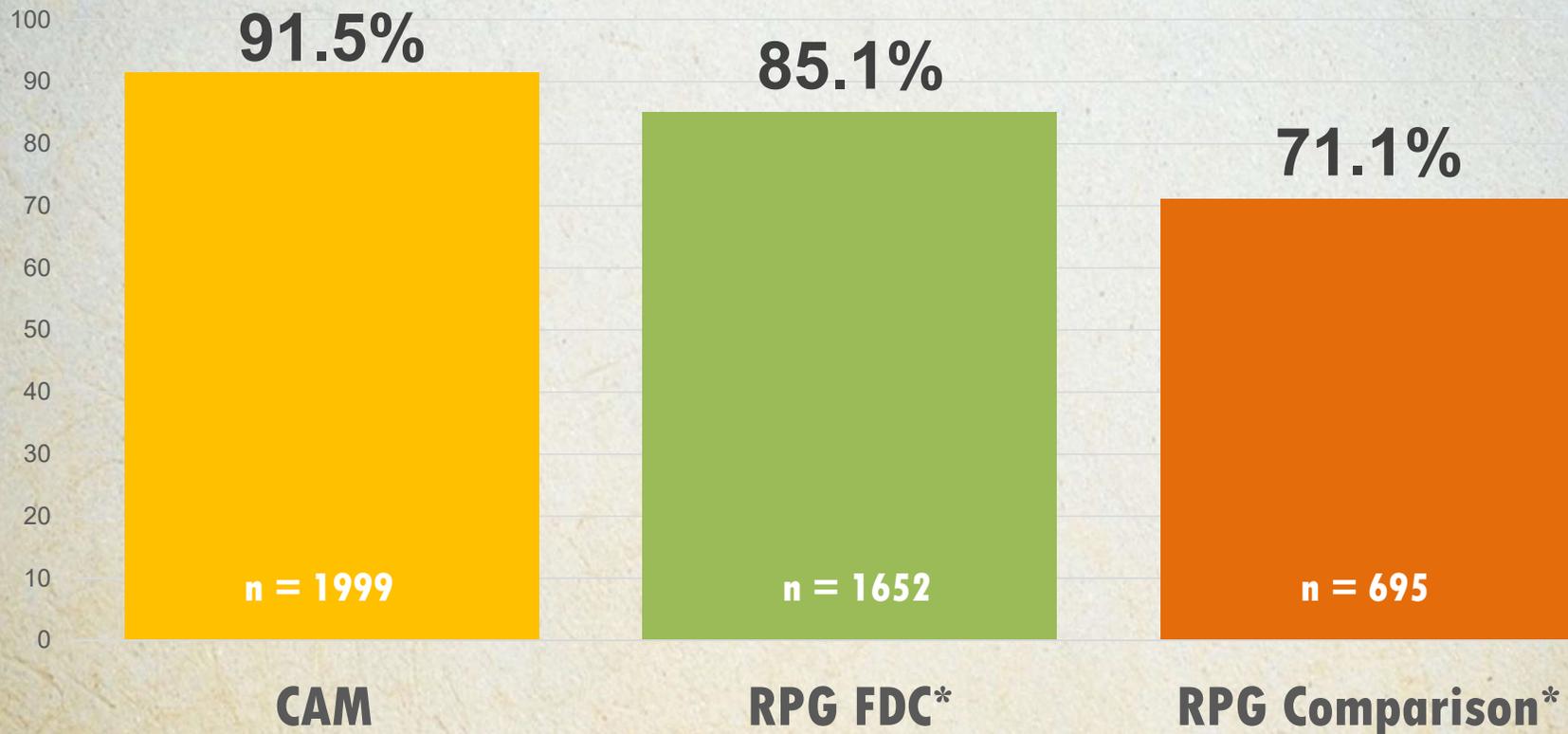


# Reunification Rates within 12 Months



# Remained in Home

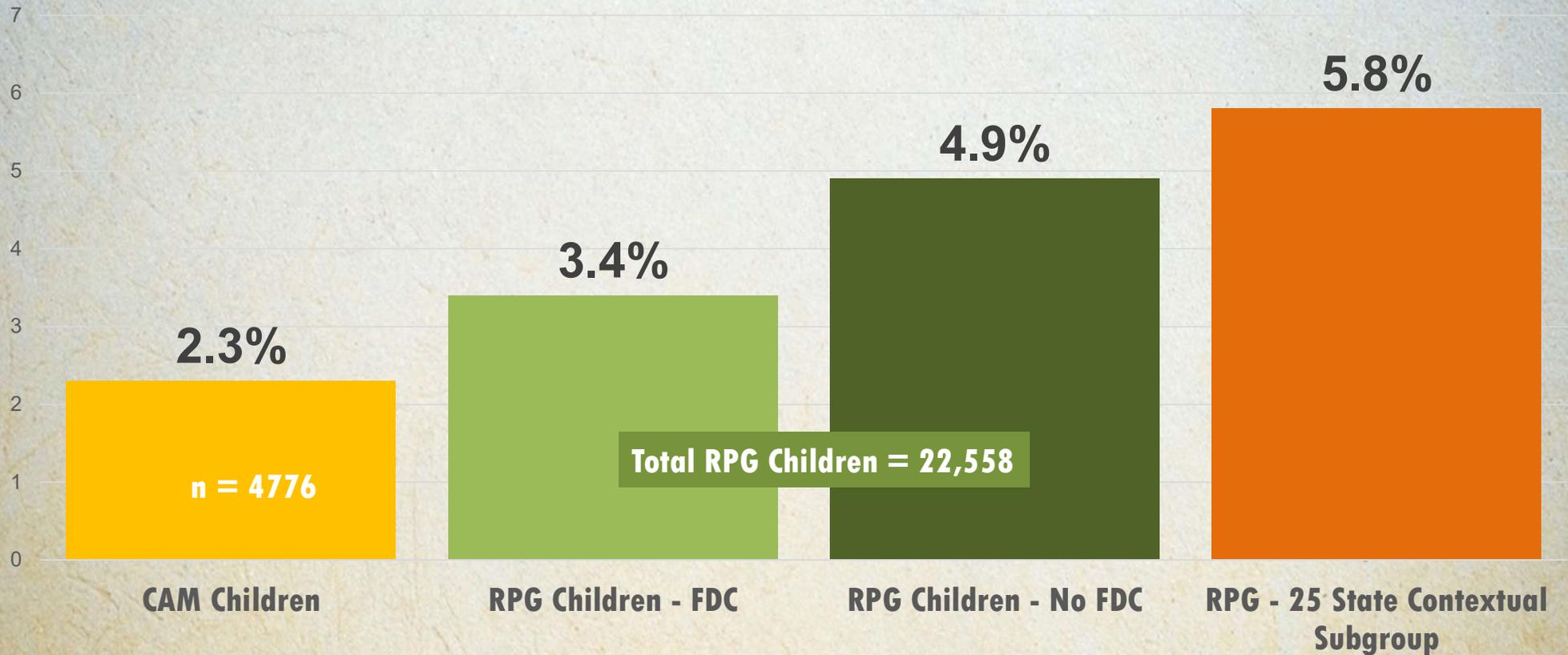
Percentage of children who remained at home throughout program participation



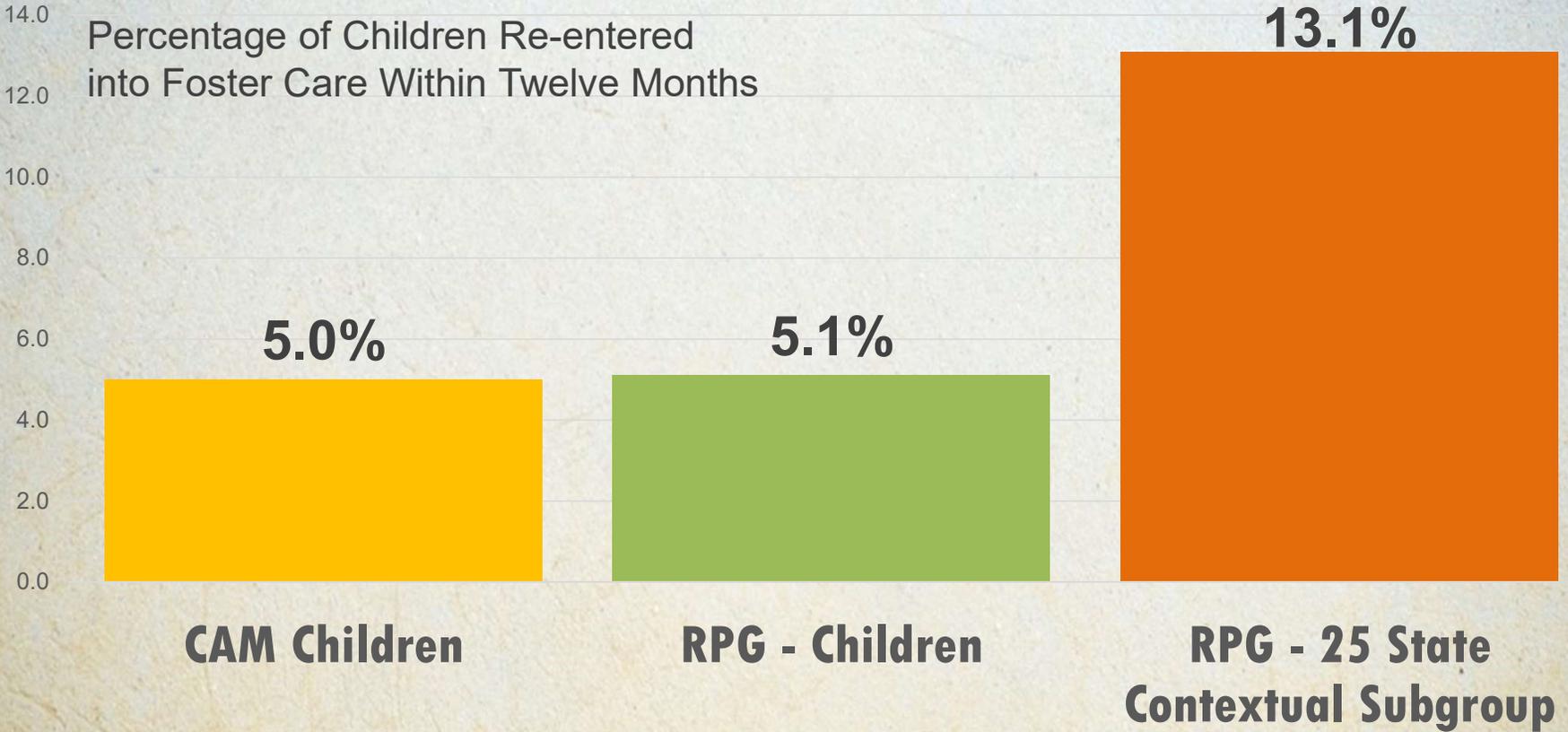
*\* This analysis is based on 8 RPG Grantees who implemented an FDC and submitted comparison group data*

# Repeat Maltreatment

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



# Re-entries into Out-of-Home 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

# Federal Legislative Changes

The background of the slide is a photograph of the United States Capitol building in Washington, D.C. The building is a large, white, neoclassical structure with a prominent central dome topped by a statue. The sky is a clear, bright blue with a few wispy clouds. The foreground shows a green lawn and some trees.

1. **Comprehensive Addiction and Recovery Act (CARA) amendments to the Child Abuse Prevention and Treatment Act (CAPTA)**
2. **Omnibus Budget 2018 Funding for CAPTA**
3. **Families First Prevention Services Act (FFPSA)**

# Primary Changes in CAPTA Related to Infants with Prenatal Substance Exposure



**1974**

Child Abuse Prevention and Treatment Act (CAPTA)



**2003**

The Keeping Children and Families Safe Act



**2010**

The CAPTA Reauthorization Act



**2016**

Comprehensive Addiction and Recovery Act (CARA)

# CARA's Primary Changes to CAPTA

1. Further clarified population to infants “born with and affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder,” specifically removing “illegal”
2. Specified data to be reported by States
3. Required Plan of Safe Care to include needs of both infant and family/caregiver
4. Specified increased monitoring and oversight by States to ensure that Plans of Safe Care are implemented and that families have access to appropriate services



**Prior appropriation for CAPTA was \$20 Million**

**Omnibus Budget for 2018**

**Appropriated \$60 million for CAPTA with a priority for implementing plans of safe care**

**Bill passed out of House yesterday authorizing \$60 million/year for five years**



# Families First Prevention Services Act



# Family First Prevention Services Act (2018)

- Historic changes to federal **child welfare financing**
  - Information memo was released by the Children's Bureau April, 2018
- Allows title IV-E foster care payments for up to 12 months for an eligible child placed with a parent in a licensed residential family-based substance abuse treatment facility.
  - ***Implementation Date: October 1, 2018***
  - Facility services must include parent skills training, parent education, individual and family counseling and services must be trauma-informed

# Family First Prevention Services Act (2018)

- Provides optional Title IV-E funding for time-limited (one year) prevention services for mental health/substance abuse and in-home parent skill-based programs for families and the children who are candidates for foster care.
  - **Implementation Date: October 1, 2019**
  - Programs or services used must be on ACF's public clearinghouse of evidence based programs as promising, supported, well supported practices.
- Reauthorization of Regional Partnership Grants
  - **FY 2019 Grants**
  - State Child Welfare and SSA must be a Partner in the Application, and if RPG is to serve children in out-of-home care, the Court is a required partner and requires grants be dispersed in two phases: planning and implementation.



*“I wish my parents got drug treatment”*

*Both major legislative changes  
have a common theme:  
**FAMILY CENTERED CARE***

*How does this movement align  
with your current practices?*

Stay home  
Go home  
Find home

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



*Break*



# Family Drug Court *National Strategic Plan*

## National Strategic Plan For Family Drug Courts

MARCH 2017



The project is supported by award 261-2017-D-0-825-2052 awarded by the Office of Juvenile Justice and Delinquency Prevention Office of Justice Programs. The opinions, findings, and conclusions or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Department of Justice.

## 3 Goals

1

Ensure Quality  
Implementation

2

Expansion of  
FDC Reach

3

Build Evidence Base

# The 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.*

## National Strategic Plan For Family Drug Courts

MARCH 2017



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**We Know What Works  
For Children and Families**

# Family Drug Court Models

- Dependency matters
- Recovery management
- Same court, same judicial officer

INTEGRATED

- Recovery matters
- Specialized court services offered before noncompliance occurs
- Compliance reviews and recovery management heard by specialized court officer

PARALLEL

- Dependency matters
- Recovery management
- Same court, same judicial officer during initial phase
- Non-compliant case transferred to specialized judicial officer

DUAL TRACK/  
HYBRID

- Dependency matters
- Recovery management
- Infusion of the seven key ingredients in place for all families within regular dependency process

INFUSION

# Is there a continuum of FDC Interventions?

## In-Home Services

- Judicial or Administrative Reviews
- Petition held in abeyance contingent on participation

Infusion of 7 Key Ingredients for All Families affected by Substance Use Disorders

## Family Treatment Court

- Child in Protective Services
- Reviews customized to Respond to Family Needs

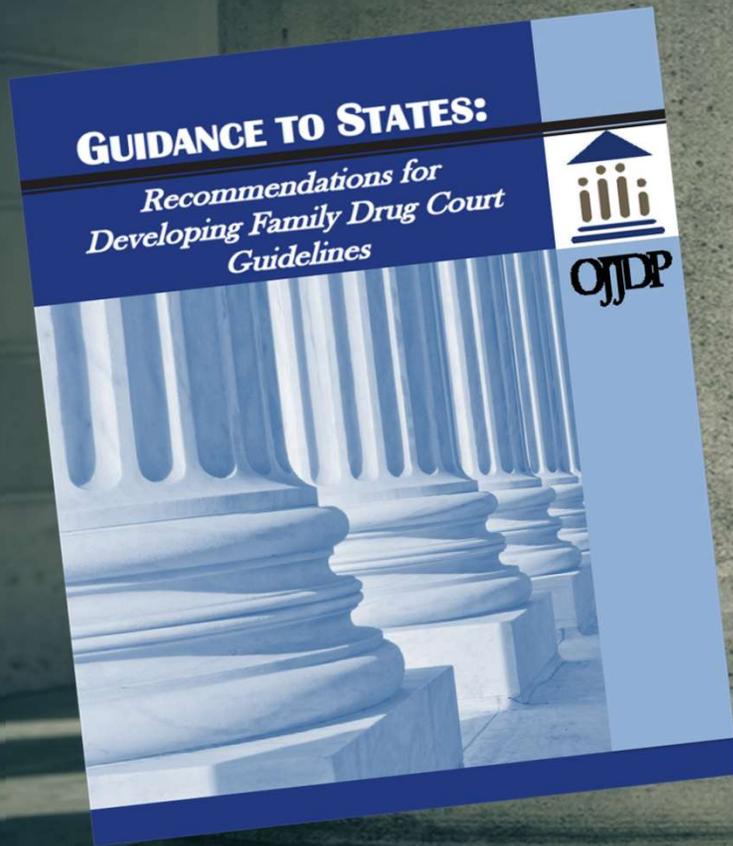
# Important Practices of FDCs

## 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*

# Family Drug Court Guidelines 2016



- **CCFF with support from OJJDP, in partnership with Federal and State stakeholders**
- **Based on research, previous publications, practice-based evidence, expert advisers and existing State standards**
- **Resource tool for states and local courts; many have developed State standards and certification protocols**
- **Adopt a systems perspective to create systems changes and lasting impact**

# FDC Recommendations

## Shared Outcomes

### Agency Collaboration

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

### Client Supports

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

## Shared Mission & Vision

# National Standards for Family Drug Courts



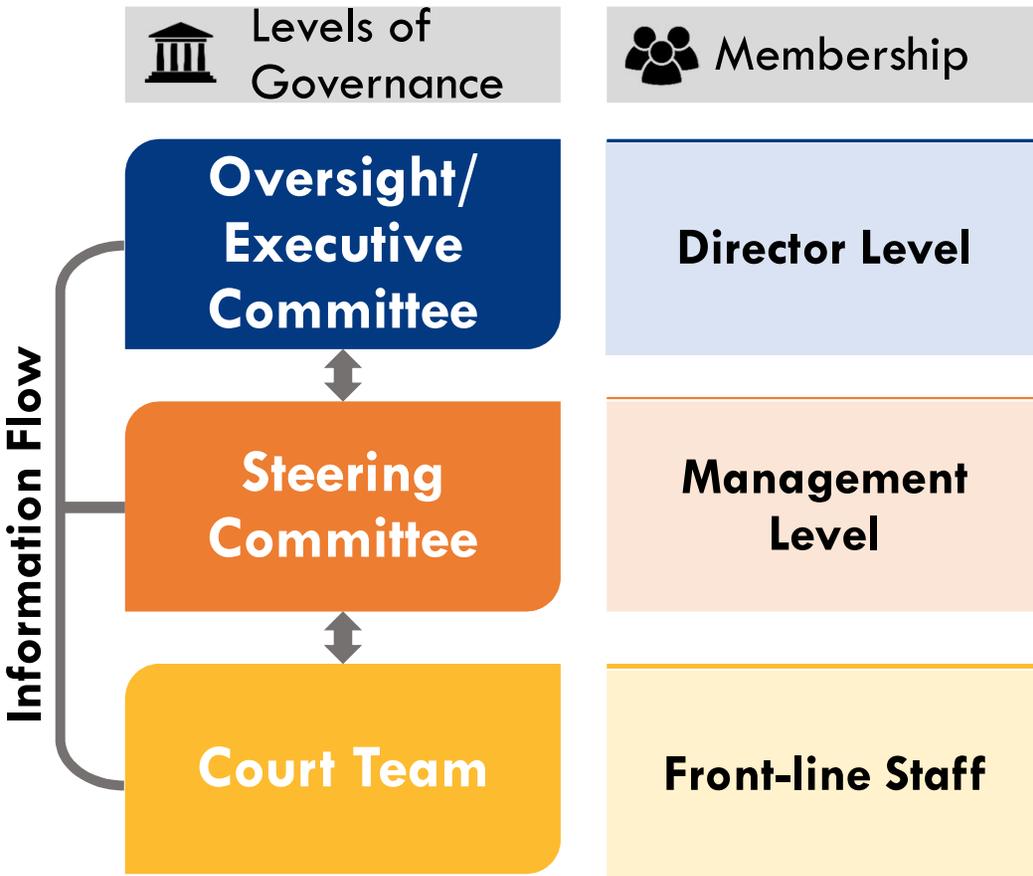
**COMING SOON**



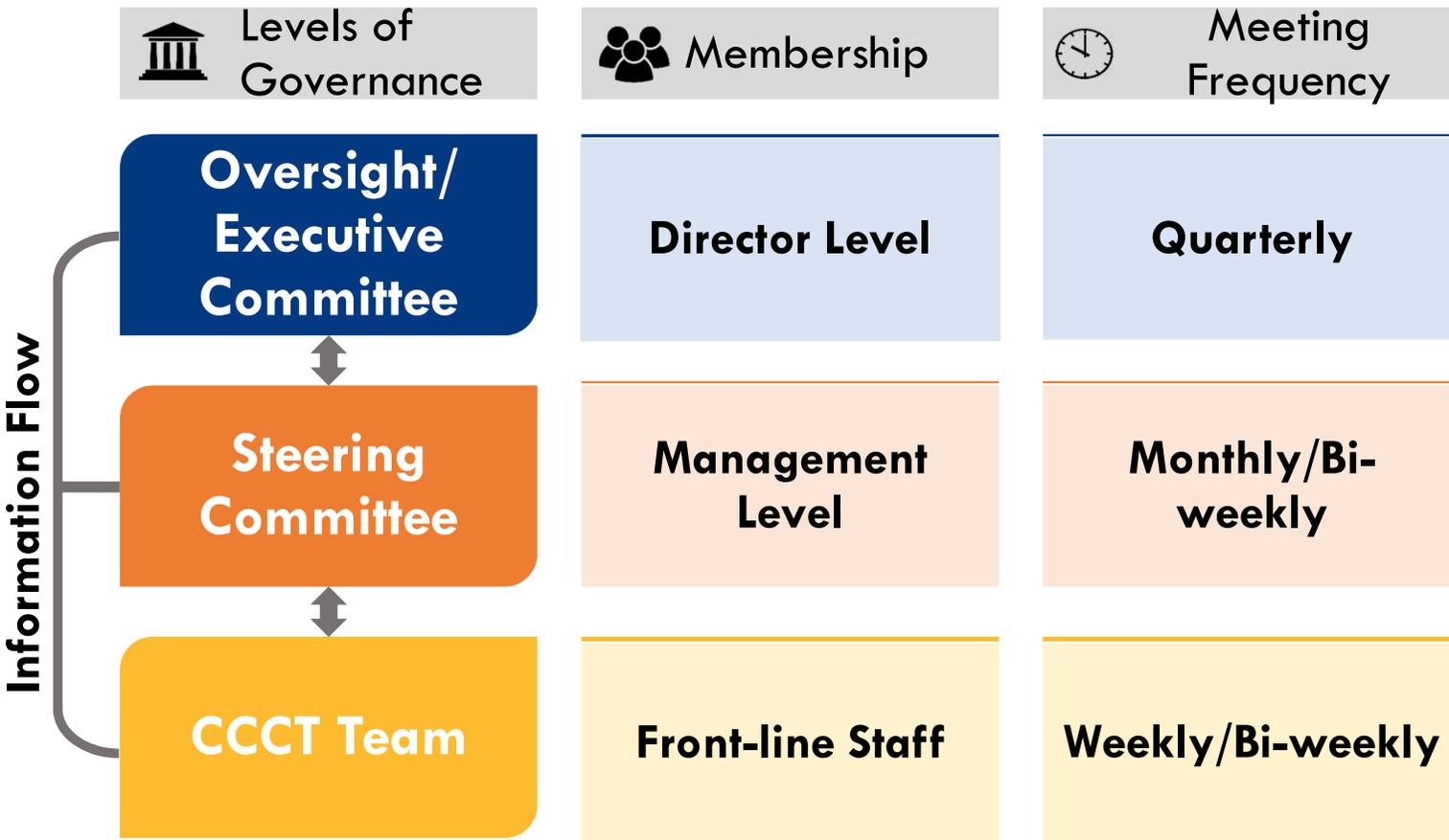
# Collaborative Governance Structure



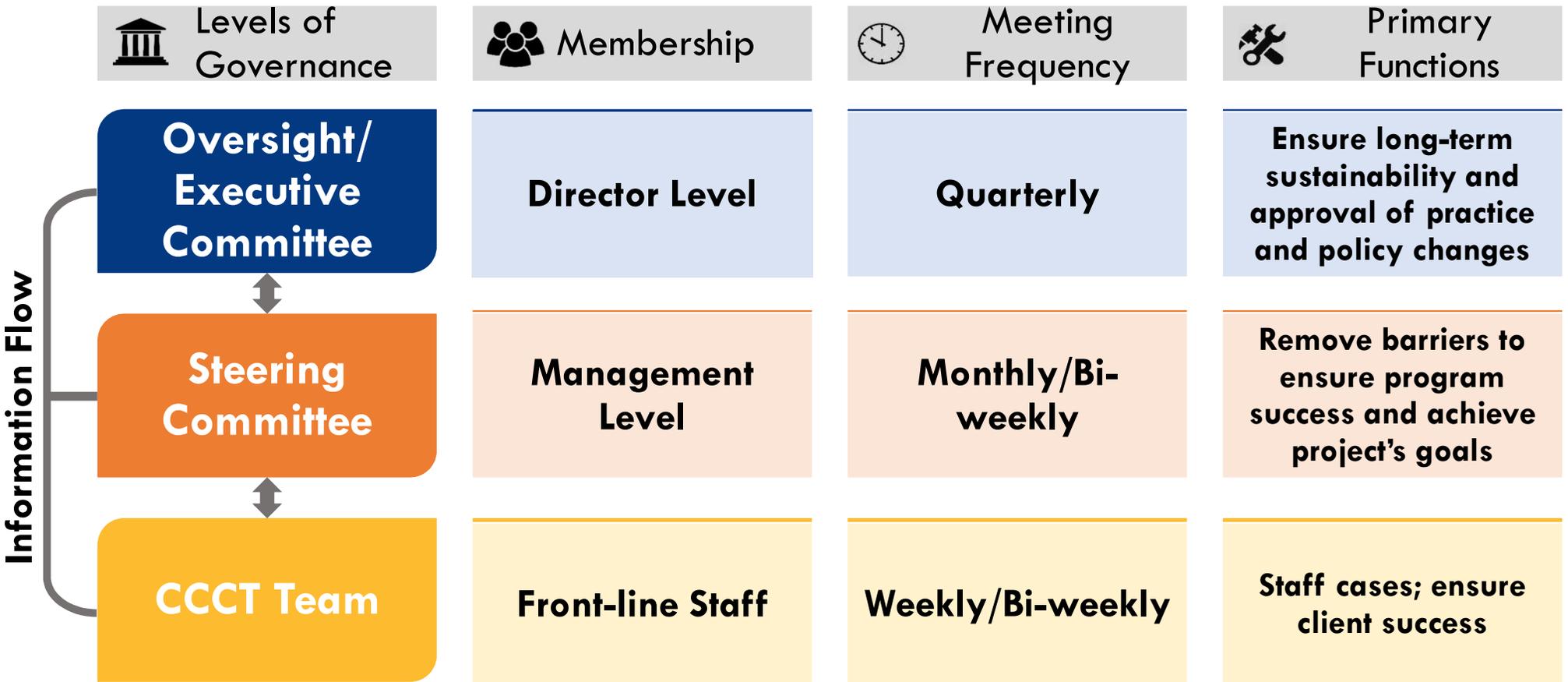
# Collaborative Governance Structure



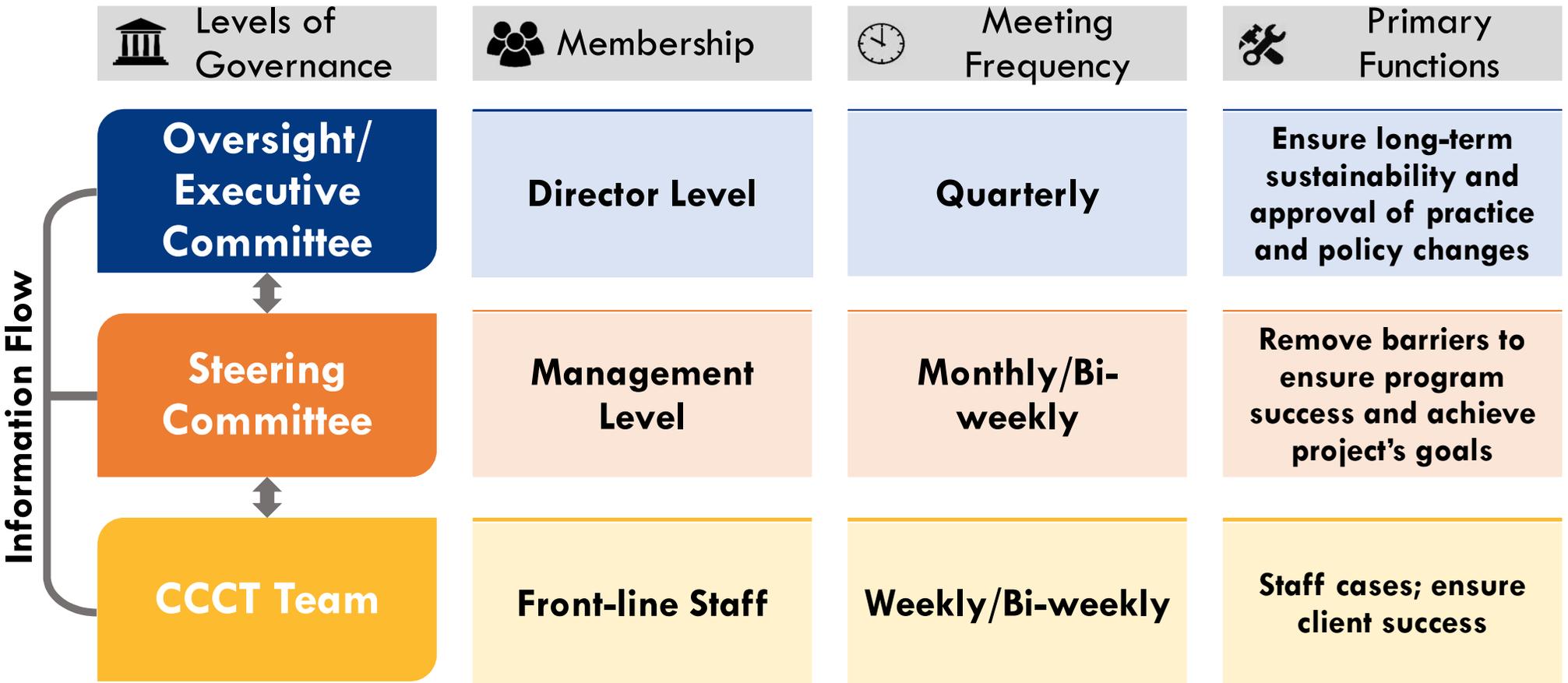
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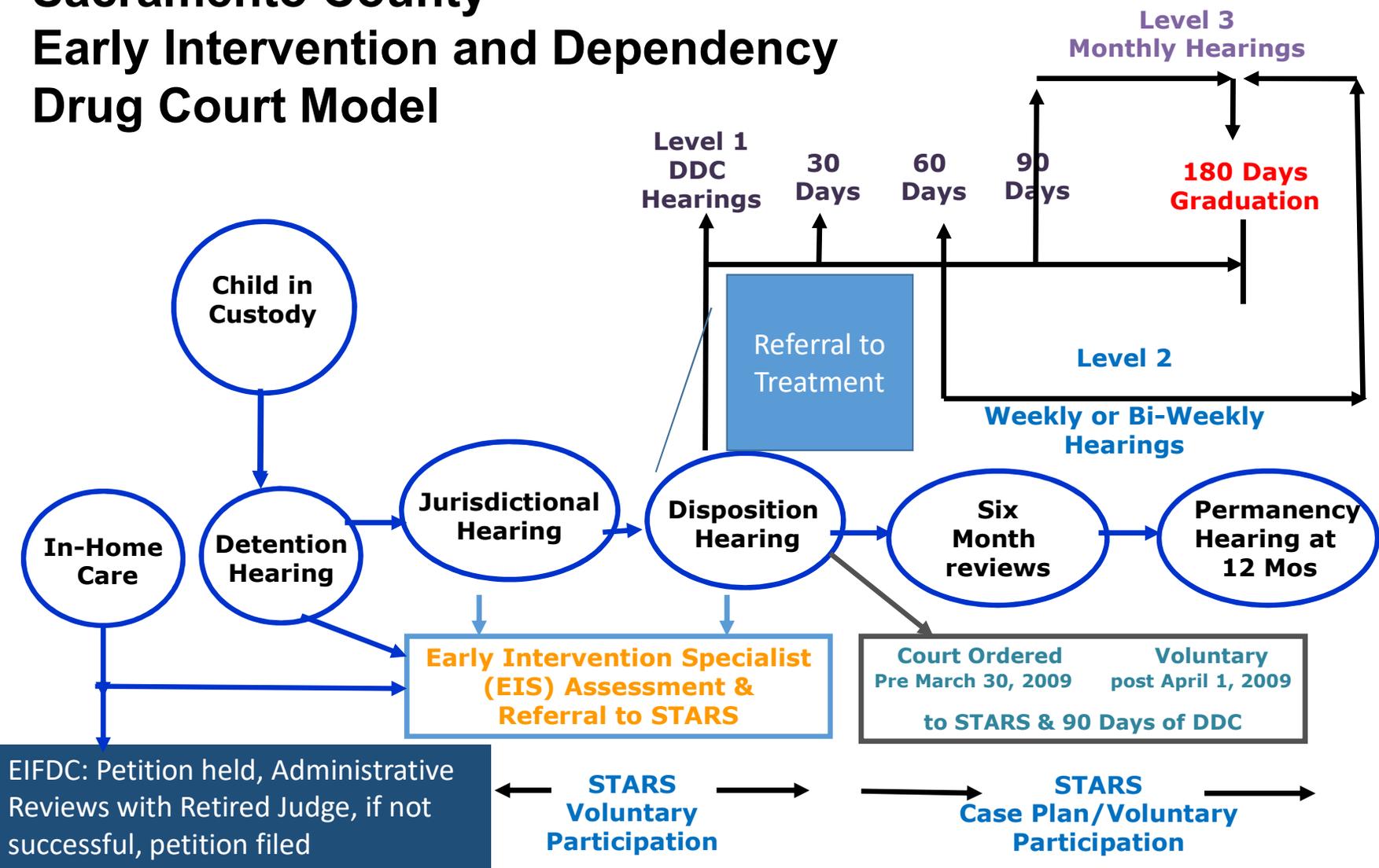


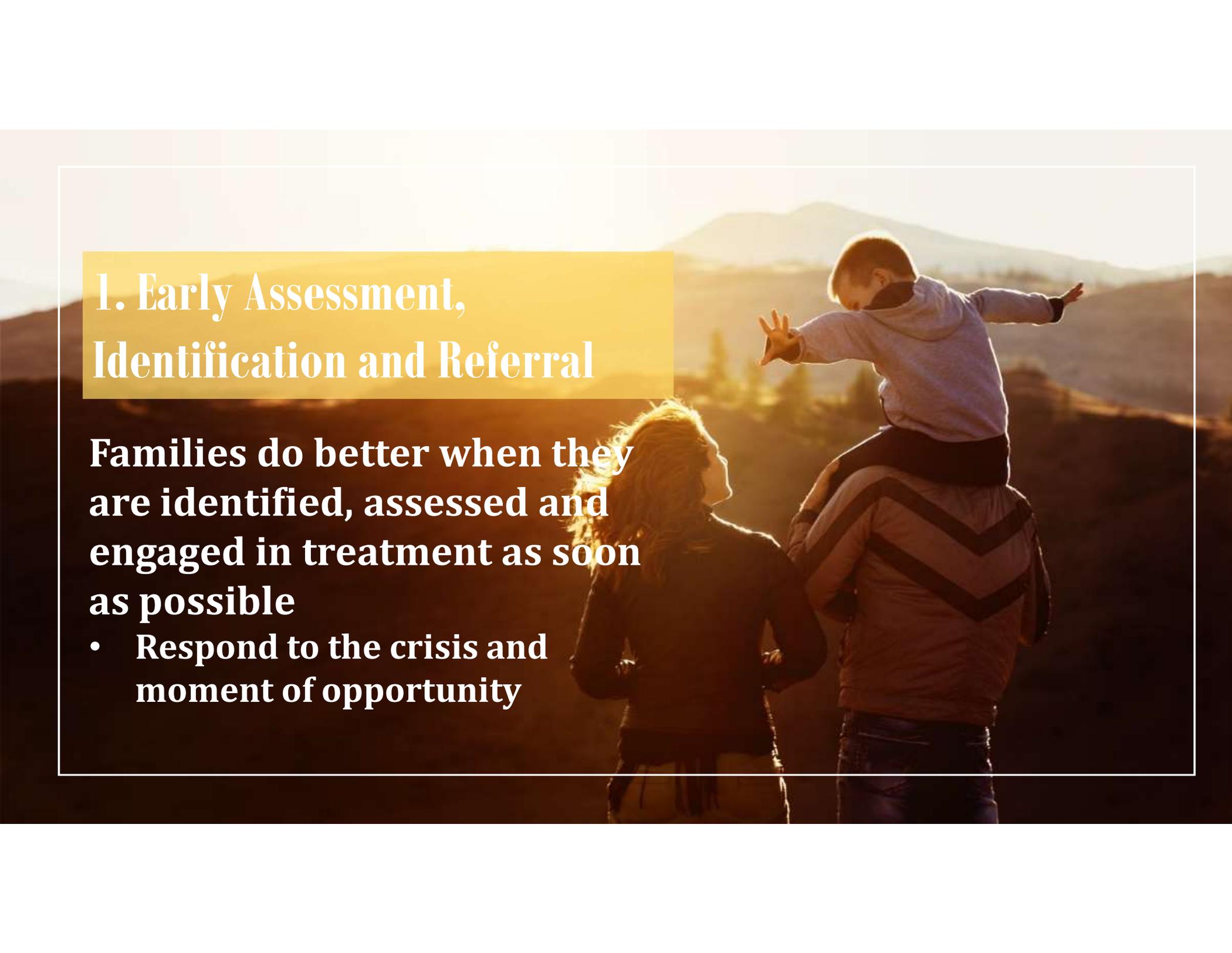
# Collaborative Governance Structure



Subcommittees/Working Groups – to address specific, emerging issues (e.g., data, recruitment)

# Sacramento County Early Intervention and Dependency Drug Court Model





## **1. Early Assessment, Identification and Referral**

**Families do better when they are identified, assessed and engaged in treatment as soon as possible**

- Respond to the crisis and moment of opportunity**

# Access to Treatment & Completion

- Despite the prevalence of substance use disorders in CWS, percentage of parents who actually receive services is limited, compared to the need.
- More than 60% of parents in CWS cases do not comply adequately with the conditions to attend substance use disorder treatment, and more than 80% fail to complete treatment successfully (Oliveros & Kaufman, 2011, Rittner & Dozier, 2000; US General Accounting, 1998)

# Time To & Time In Treatment Matters

**In a longitudinal study of mothers (N=1,911)**

**Entered substance abuse treatment faster after their children were placed in substitute care**



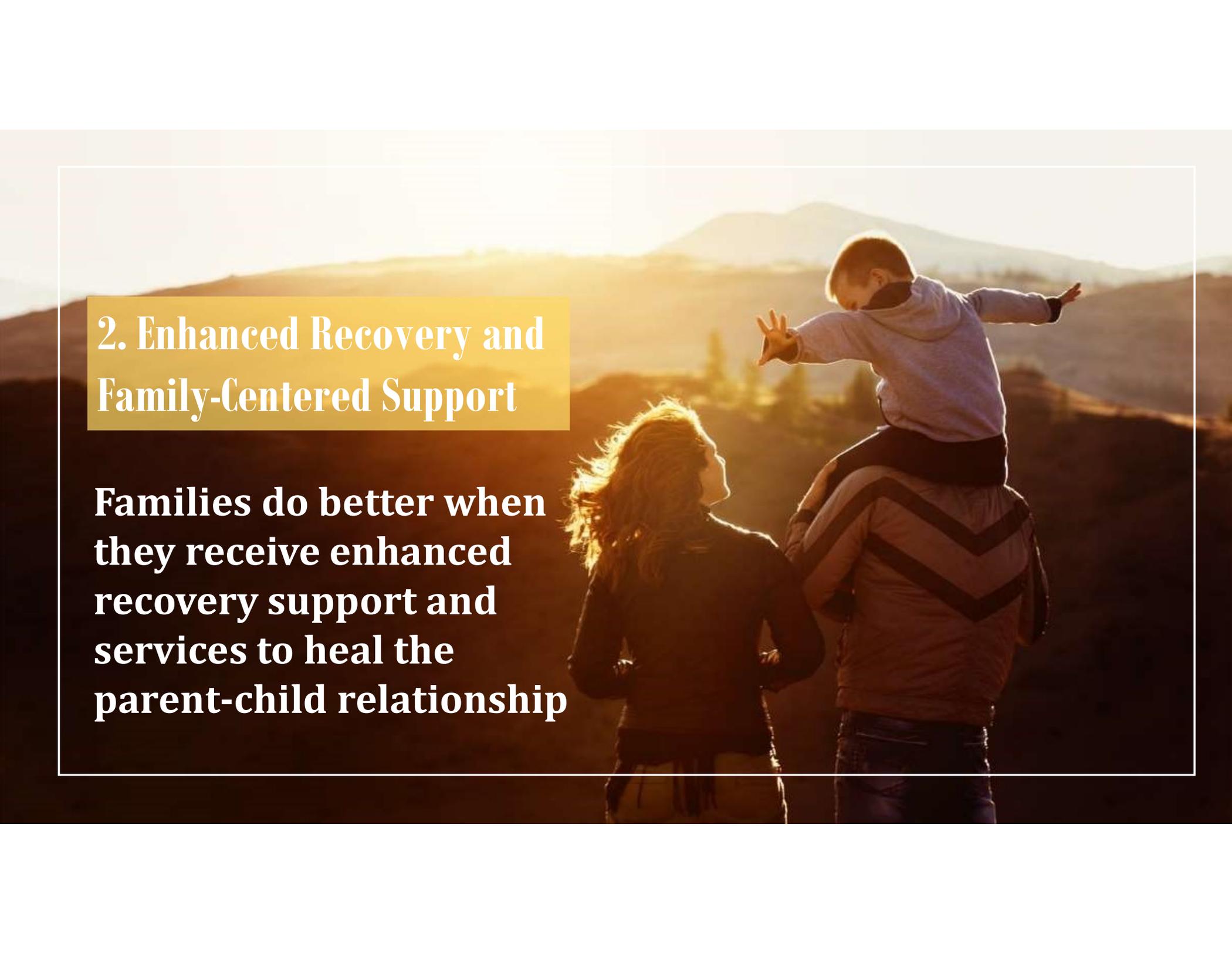
**Stayed in treatment longer**

**Completed at least one course of treatment**



**Significantly more likely to be reunified with their children**

*Source: Green, Rockhill & Furrer (2007)*



## 2. Enhanced Recovery and Family-Centered Support

**Families do better when they receive enhanced recovery support and services to heal the parent-child relationship**

# Better Outcomes for Children and Families:

- Ensure parents enter substance use disorder treatment quickly, ideally within 30-60 days of child welfare petition (Green et al, 2007)
- Retain high-need parents in treatment for at least 15 months (Green et al., 2007; Roche, 2005; Worcel et al, 2007).



# Rethinking Treatment Readiness & Engagement



**Re-thinking "rock bottom"**

*Addiction as an elevator*



**"Raising the bottom"**



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

**Experiential Knowledge,  
Expertise**

## **Titles and Models**

- 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?*

# Recovery Support Matters

A Randomized Control Trial of Recovery Coaches in Child Welfare  
Cook County, IL (n=3440)

**Comprehensive  
Screening &  
Assessment**



**Early Access  
to Treatment**



**Consistently High  
Reunification Rate**

(Ryan et al., 2017)

# Recovery Support Matters

A Randomized Control Trial – Cook County, IL (n=3440)

**Comprehensive  
Screening &  
Assessment**



**Early Access  
to Treatment**



**31% increase  
in reunification**

(Ryan et al., 2017)



**Parent  
Recovery  
& Well-Being**

**Family Recovery  
& Well-Being**

**Because recovery and well-being occurs in the context of  
family relationships**

# FDC Practice Improvements

**In the  
context of parent's  
recovery**

**Child-focused  
assessments and  
services**

**Family-  
centered  
treatment  
(includes  
parent-child  
dyad)**

# Child and Family Services Reviews Round 3 Findings 2015-2016

- Families did better when there was **frequent, quality visitation**
- Families did better when **parent and children were involved in case planning**



Children's Bureau. (2017). *Child and Family Services Reviews: Round 3 Findings 2015-2016*. Retrieved from <https://training.cfsrportal.org/resources/3105>

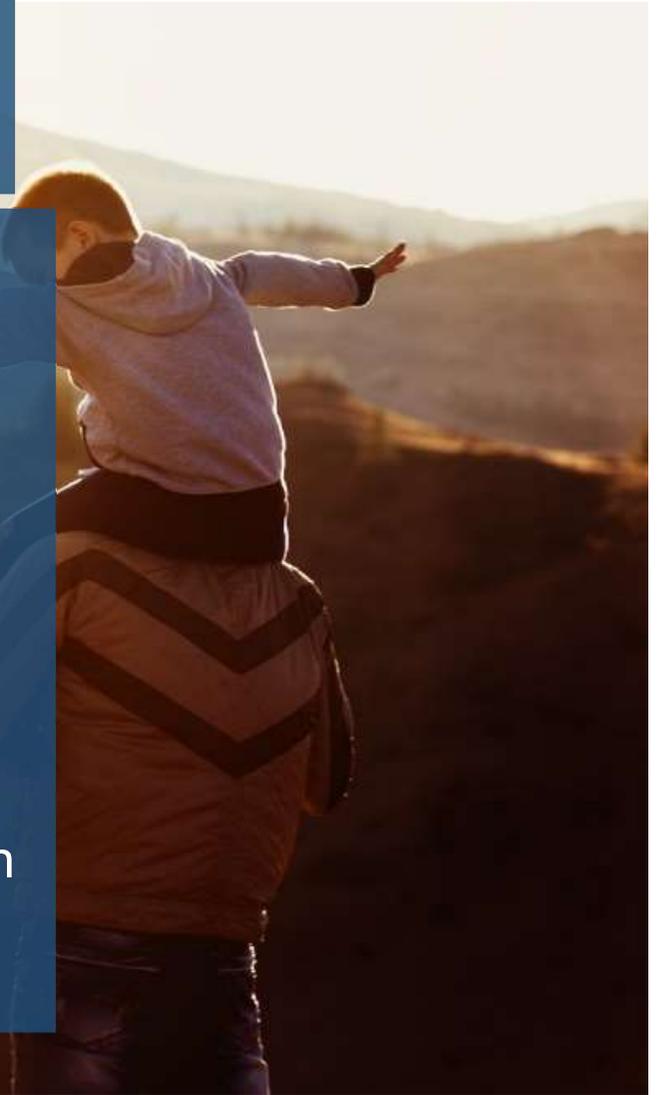
# Recovery occurs in the context of relationships

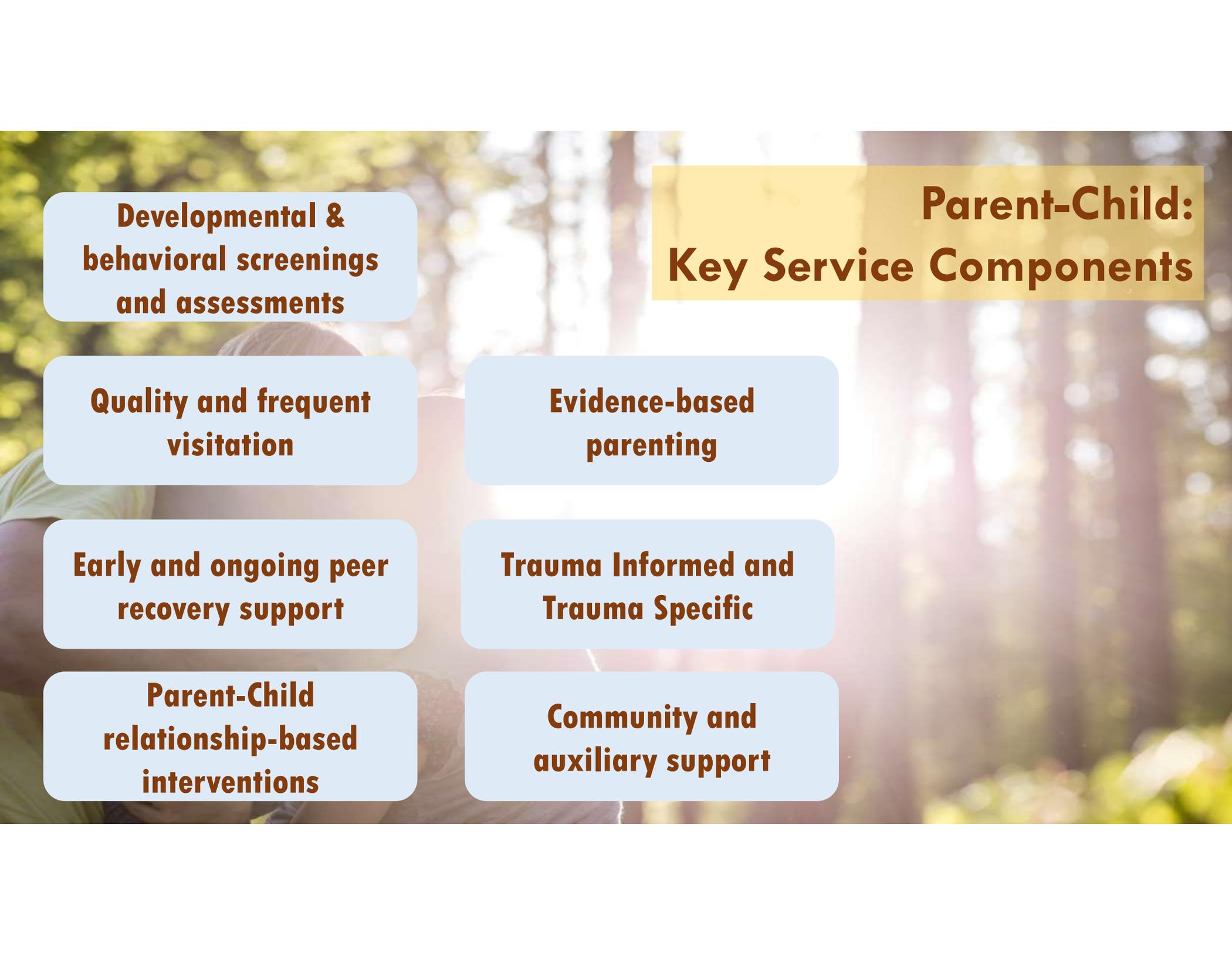
- Substance use disorders affect the whole family
- Adults (who have children) primarily identify themselves as parents
- The parenting role and parent-child relationship cannot be separated from treatment
- Adult recovery should have a parent-child component



# What Research and Practice Tell Us:

- Attachment-based treatment practices have produced **positive outcomes for women and children** in both residential and outpatient settings
- Family-focused treatment has produced **improvements in treatment retention, parenting attitudes, and psychosocial functioning**
- Post-partum women who had their infants living with them in treatment had **highest treatment completion rates and longer stays in treatment**





## Parent-Child: Key Service Components

**Developmental &  
behavioral screenings  
and assessments**

**Quality and frequent  
visitation**

**Early and ongoing peer  
recovery support**

**Parent-Child  
relationship-based  
interventions**

**Evidence-based  
parenting**

**Trauma Informed and  
Trauma Specific**

**Community and  
auxiliary support**

# Continuum of Family-Based Services

## Parent's Treatment With Family Involvement

- Services for parent(s) with substance use disorders
- Treatment plan includes family issues and family involvement

Goal: Improved outcomes for parent(s)

## Parent's Treatment With Children Present

- Children accompany parent(s) to treatment
- Children participate in child care but receive no therapeutic services
- Only parent(s) have treatment plans

Goal: Improved outcomes for parent(s)

## Parent's and Children's Services

- Children accompany parent(s) to treatment
- Parent(s) and attending children have treatment plans and receive appropriate services

Goals: Improved outcomes for parent(s) and children, better parenting

## Family Services

- Children accompany parent(s) to treatment
- Parent(s) and children have treatment plans
- Some services provided to other family members

Goals: Improved outcomes for parent(s) and children, better parenting

## Family-Centered Treatment

- Each family member has a treatment plan and receives individual and family services

Goals: Improved outcomes for parent(s), children, and other family members; better parenting and family functioning

# 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

Sources: *Supporting Reunification and Preventing Reentry Into Out-of-Home Care (February 2012)* and *Family Reunification: What the Evidence Shows (June 2011)* - Child Welfare Information Gateway, Children's Bureau/ACYF

# Impact of Visitation 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
- Parent-Child Contact (Visitation): Research shows **frequent visitation increases the likelihood** of reunification, **reduces time** in out-of-home care (Hess, 2003), and **promotes healthy attachment and reduces negative effects** of separation (Dougherty, 2004)

# Facilitating Quality Visitation

- Rethink language - *Parenting time or Family time* (vs. visitation)
- Recognize visitations as a right and need (vs. privilege, reward, incentive)
- Ensure frequency and duration is guided by needs of child and family (vs. capacity of CWS, logistics)
- Provide concrete feedback on parent-child interaction (vs. observation, surveillance)
- Affirm permanency as the goal – (vs. good visits) – Is the visitation plan moving family closer to achieving reunification? Are real-life parenting and reasons for removal being addressed?
- Maintain collaboration and communication with family, treatment providers, service providers, and foster parents

# Strategies to Ensure Quality and Frequent Parenting Time



- Involve parents in planning
- Elicit foster parents or kinship caregiver support
- Invite parents to join child's appointments
- Enlist natural community settings
- Focus on strengths and positive interactions
- Provide parenting support and coaching

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

## Key Service Components



- Implementation of Celebrating Families
  - 16-week curriculum for families affected by parental substance use and child maltreatment and/or neglect
- Linkage to local Family Resource Center
- Warm-hand offs and case management support provided by Recovery Resource Specialists



# 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

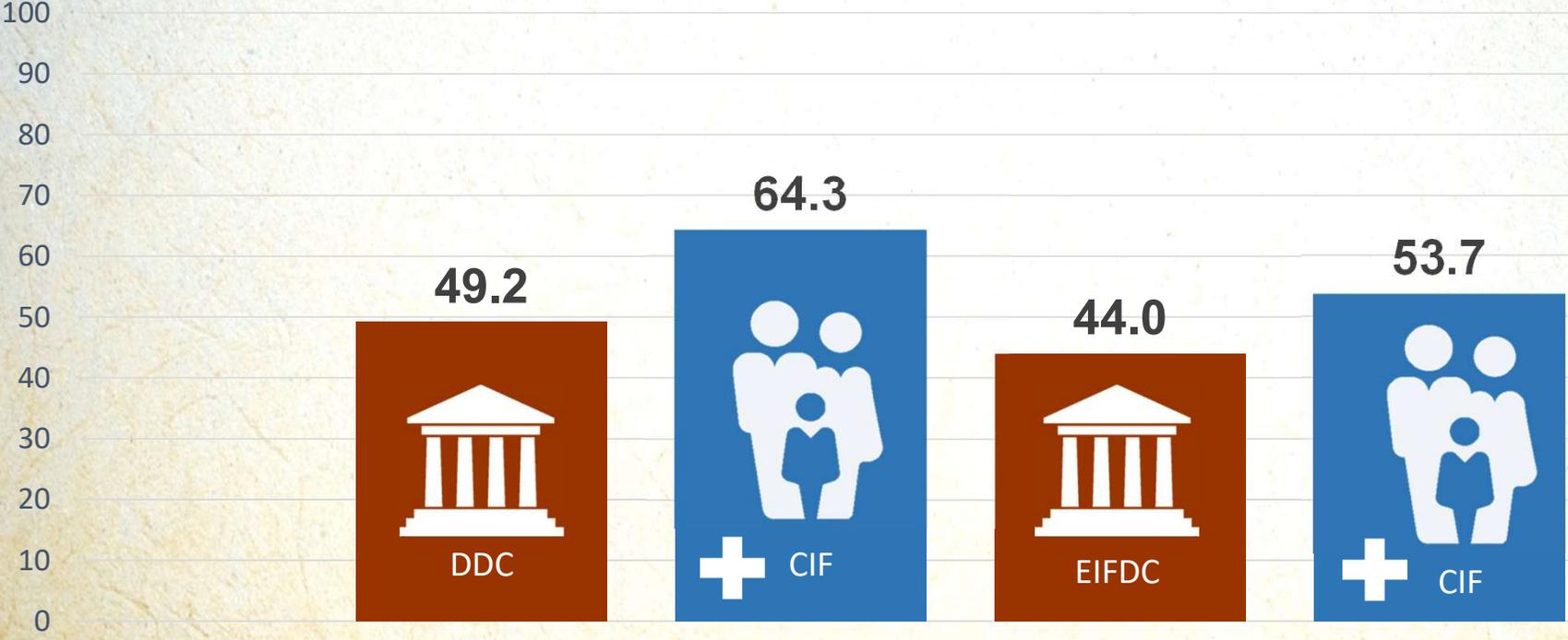


Improved  
outcomes

**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**

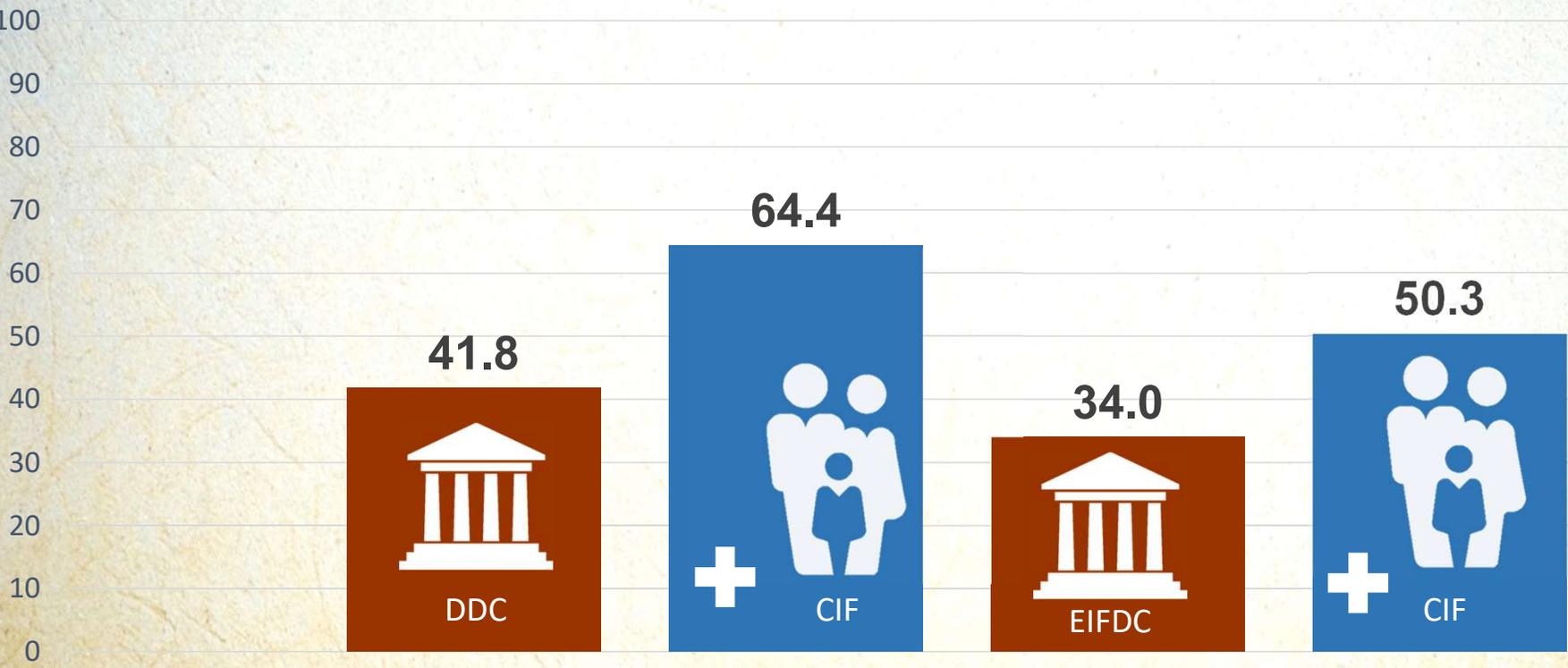
# Sacramento County, CAM Project, Children in Focus (CIF)

## Treatment Completion Rates

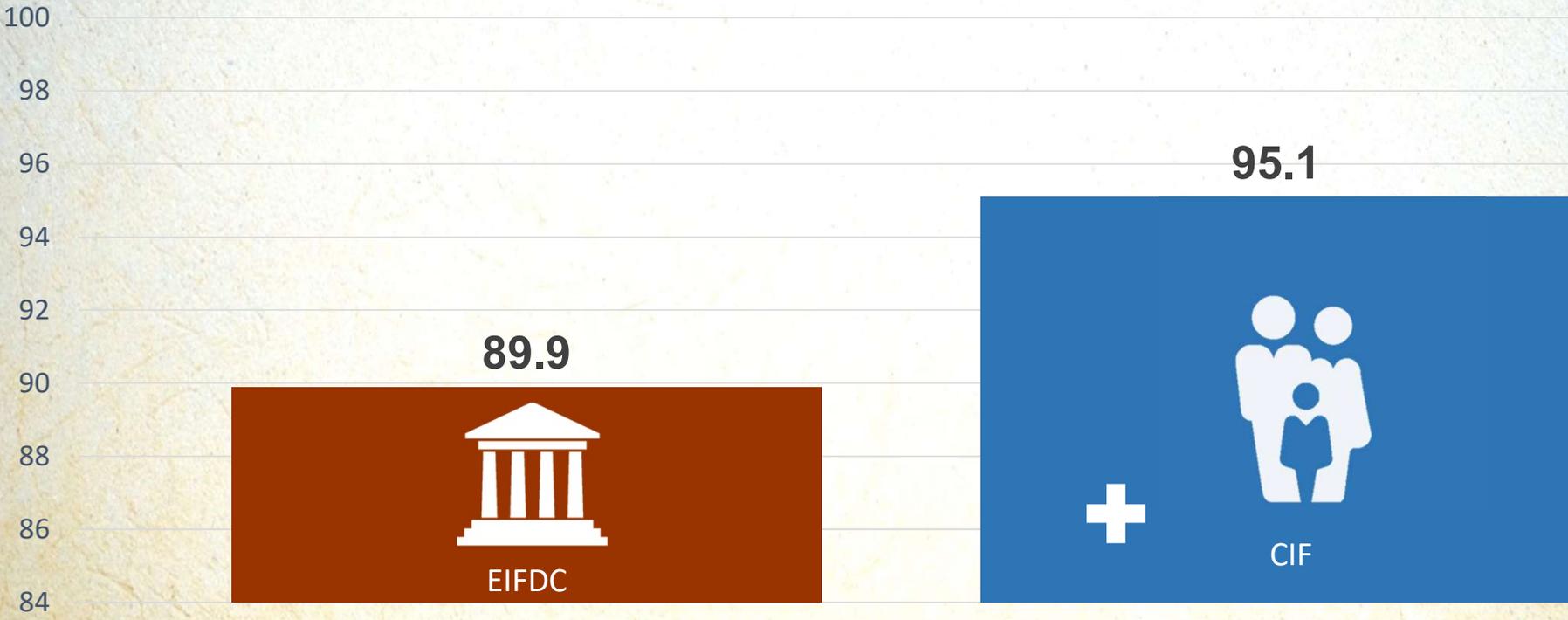


# Sacramento County, CAM Project, Children in Focus (CIF)

## Rate of Positive Court Discharge/Graduate

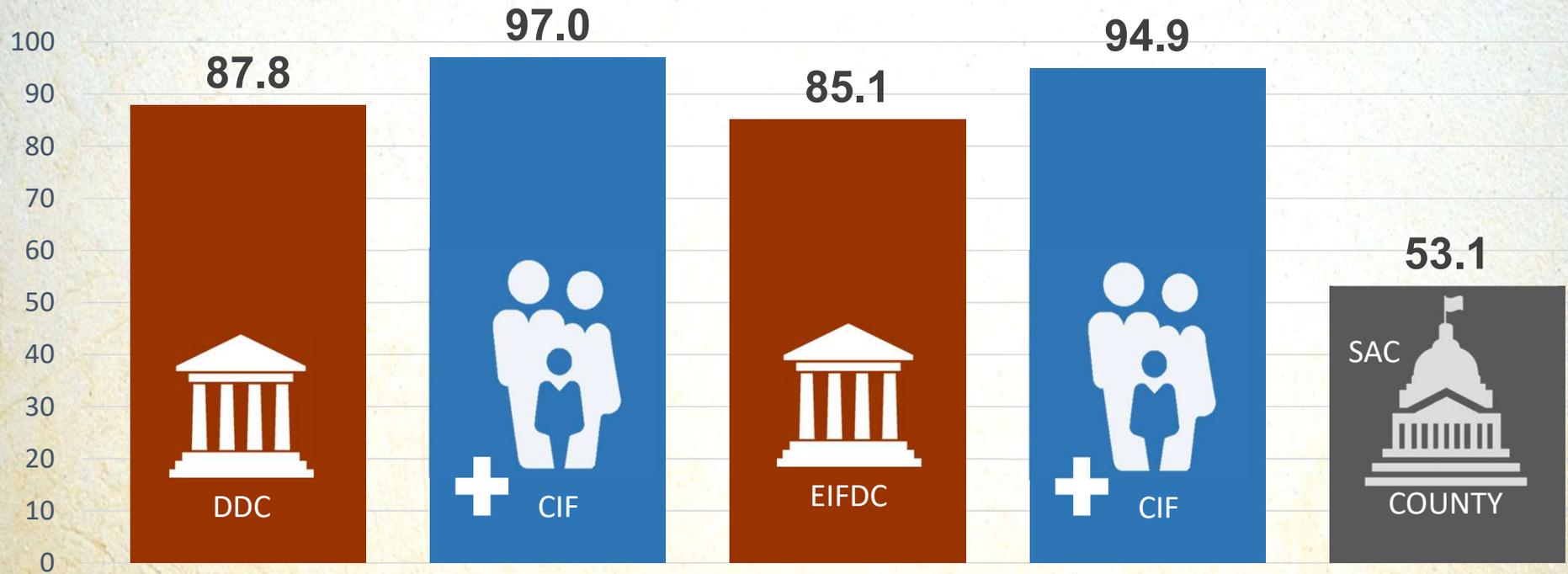


# Sacramento County, CAM Project, Children in Focus (CIF) Remained at Home



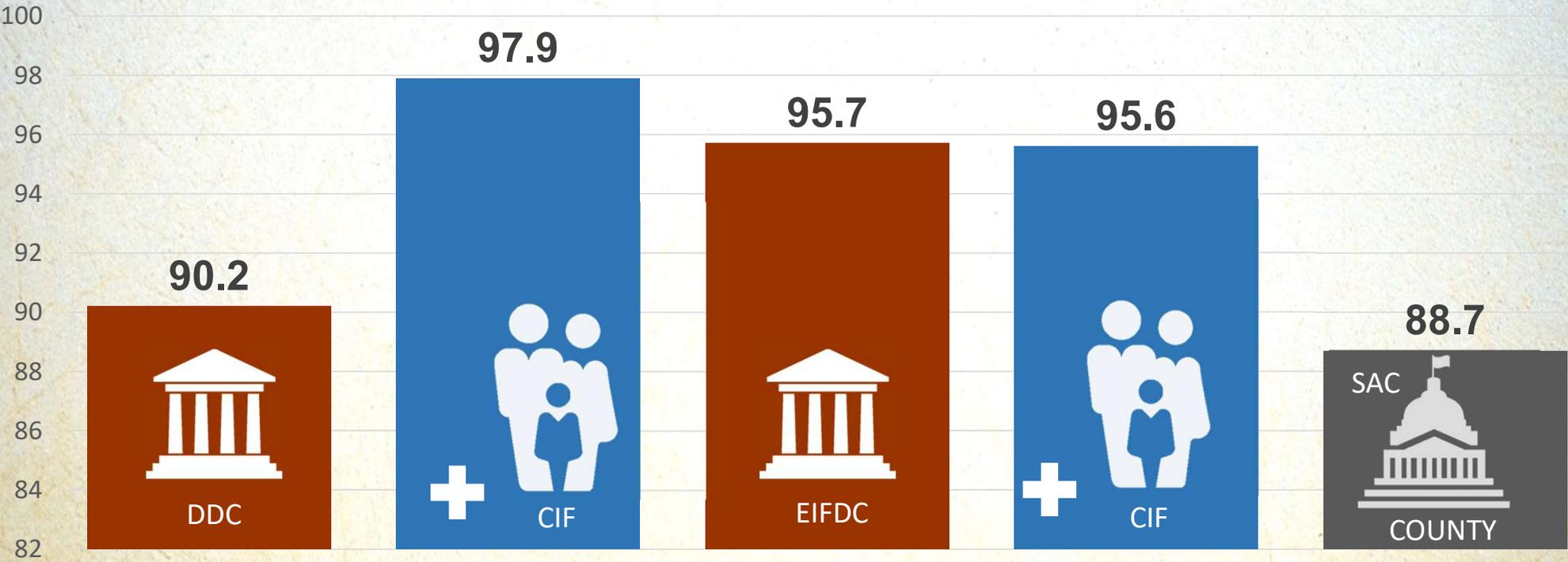
# Sacramento County, CAM Project, Children in Focus (CIF)

## Reunification Rates



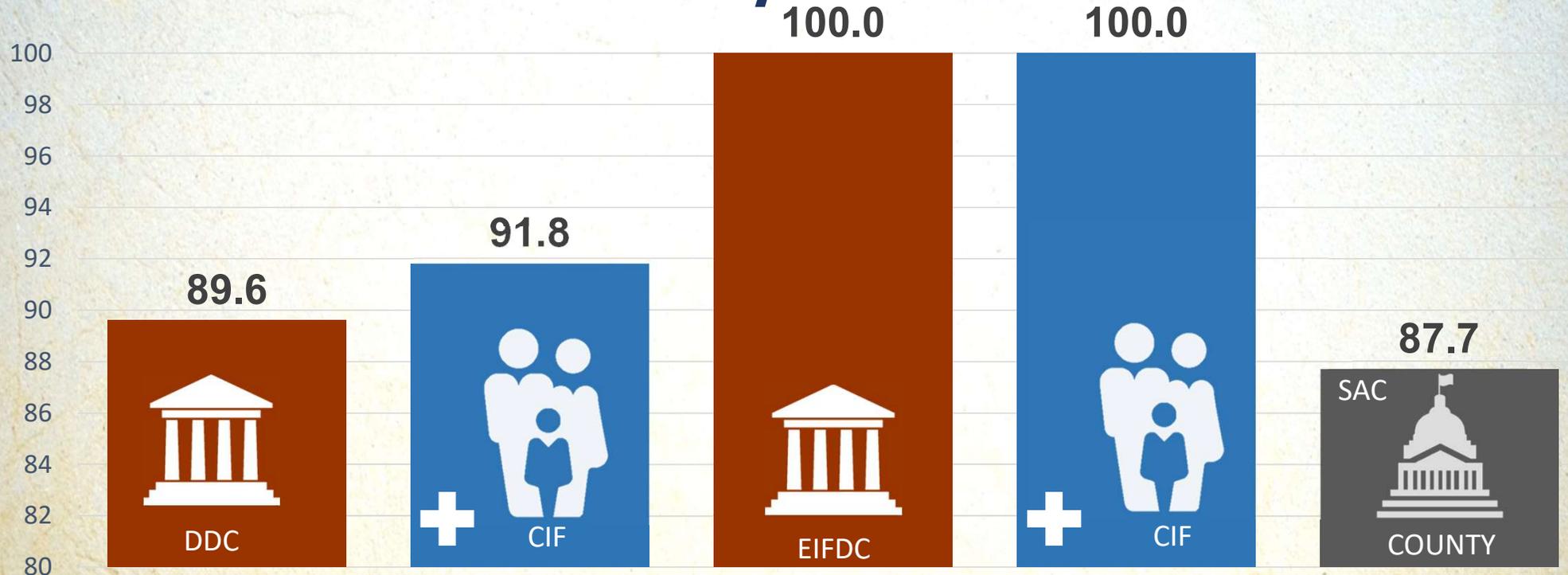
# Sacramento County, CAM Project, Children in Focus (CIF)

## No Recurrence of Maltreatment at 12 Months



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

## No Re-Entry at 12 Months





### 3. Judicial Oversight, Monitoring & Responses

**Families do better with  
enhanced judicial  
oversight and  
accountability**

# Better Outcomes for Children and Families:

- Schedule frequent status hearings
  - Judicial Officer or Administrative Review
- Ensure judges speak directly to participants in court
- Treats them with respect and dignity
- Expresses support and optimism for their recovery

*Lloyd, M.H., et al., 2014; Somervell et al, 2005; Worcel, et al., 2007*



# Barriers to Implementation:

- Judicial rotation
- Attitudes toward specialty dockets and finding time
- The shift towards therapeutic jurisprudence





## 4. Cross-System Collaboration

**Families do better when  
agencies work together**



**Key  
Strategy**

**Ensure cross-system  
communication and  
information sharing for  
effective coordinated service  
delivery**

# What Information Should Be Shared?

- Strong communication and information sharing are a cornerstone of effective coordinated service delivery
- Information should include:
  - **Case level data** – to assess participant progress and case management  
*(How are families doing?)*
  - **Administrative data** – for program performance  
*(How is our program doing?)*
- Communication pathways - *who needs to know what and when*



# Specialized Treatment and Recovery Services (STARS)

- Twice Monthly Progress reports and Regular Consultation with the Social Worker

**[REDACTED]** has been compliant. (Report period beginning 4/16/2018)

Treatment:		Contacts:		Tests:		Support Groups:	
<i>Required Sessions:</i>	8	<i>Face-to-Face Contacts:</i>	4	<i>Required Tests:</i>	4	<i>Required Support Groups:</i>	6
<i>Treatment Attended:</i>	7	<i>Missed Contacts:</i>	0	<i>Negative Tests:</i>	4	<i>Support Groups Attended:</i>	8
<i>Treatment Excused:</i>	1	<i>Required Contacts:</i>	4	<i>Positive Tests:</i>	0	<i>Missed Support Groups:</i>	0
<i>Treatment Unexcused:</i>	0	<i>Phone Contacts:</i>	0	<i>Pending Tests:</i>	0		
				<i>Failures to Test:</i>	0		

**[REDACTED]: 12/1/2017 to 12/15/2017**

***Non-Compliant***

Client Information		
<b>Birthdate:</b> 01/06/1988 <b>Client #:</b> 17381 <b>Petition #:</b> <b>Stars Track:</b> 1 <b>AdmitDate:</b> 11/06/2017	<b>Social Worker:</b> [REDACTED] 876 <b>Stars Worker:</b> 453-[REDACTED] ext [REDACTED]	<b>Client Status:</b> Voluntary <b>EIFDC Start:</b> 11/15/2017 <b>EIFDC End:</b>

**Treatment History (STARS file contains complete and detailed history):**

<b>Entered:</b> 11/8/2017	<b>Program:</b> Stars Recovery Fundamentals	<b>Discharged:</b> 11/8/2017	<b>Reason for Discharge:</b> Completed
---------------------------	---	------------------------------	--

AOD Testing	Current Treatment	S.T.A.R.S. Contacts
<b>Total tests requested:</b> 4 <b>Negative tests:</b> 0 <b>Positive tests:</b> 4 <b>Pending results:</b> 0 <b>Failures to test:</b> 0	Strategies for Change - South Admitted: 11/13/2017 <b>Tx sessions required</b> 9 <b>Tx sessions attended</b> 9 <b>Excused absences</b> 0 <b>Unexcused absences</b> 0	<b>Contacts Required:</b> 4 <b>Face to Face:</b> 4 <b>Missed:</b> 0 <b>Support Groups</b> <b>Required</b> 6 <b>Attended</b> 4

**Client is not enrolled in Celebrating Families**

<b>Test Results:</b> 12/5/2017 Positive: Presumed Residual Marijuana	12/7/2017 Positive: Presumed Residual Marijuana	12/12/2017 Positive: Presumed Residual Marijuana
12/15/2017 Positive: Presumed Residual Marijuana		

<b><i>Non-Compliant</i></b>	Non-compliance due to: Failure to attend the required number of support groups. Level check on 12/7 was 79 ng THC-COOH/mg Creat, falling within STARS residual guidelines.
-----------------------------	--

*How do you know.....*

*How will you.....*

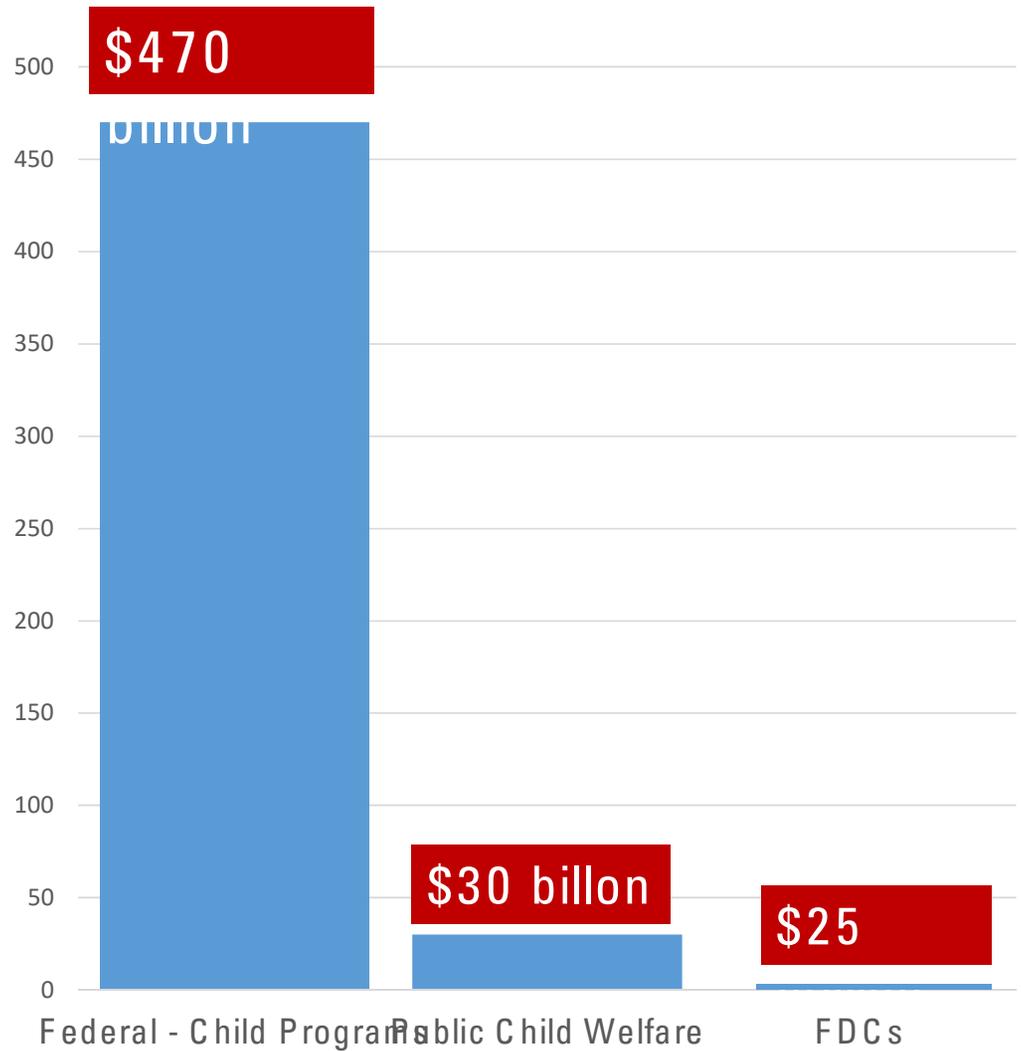


- How are families doing?
- Doing good vs. harm?
- What's needed for families?
- Monitor and improve performance?
- Demonstrate effectiveness?
- Secure needed resources?

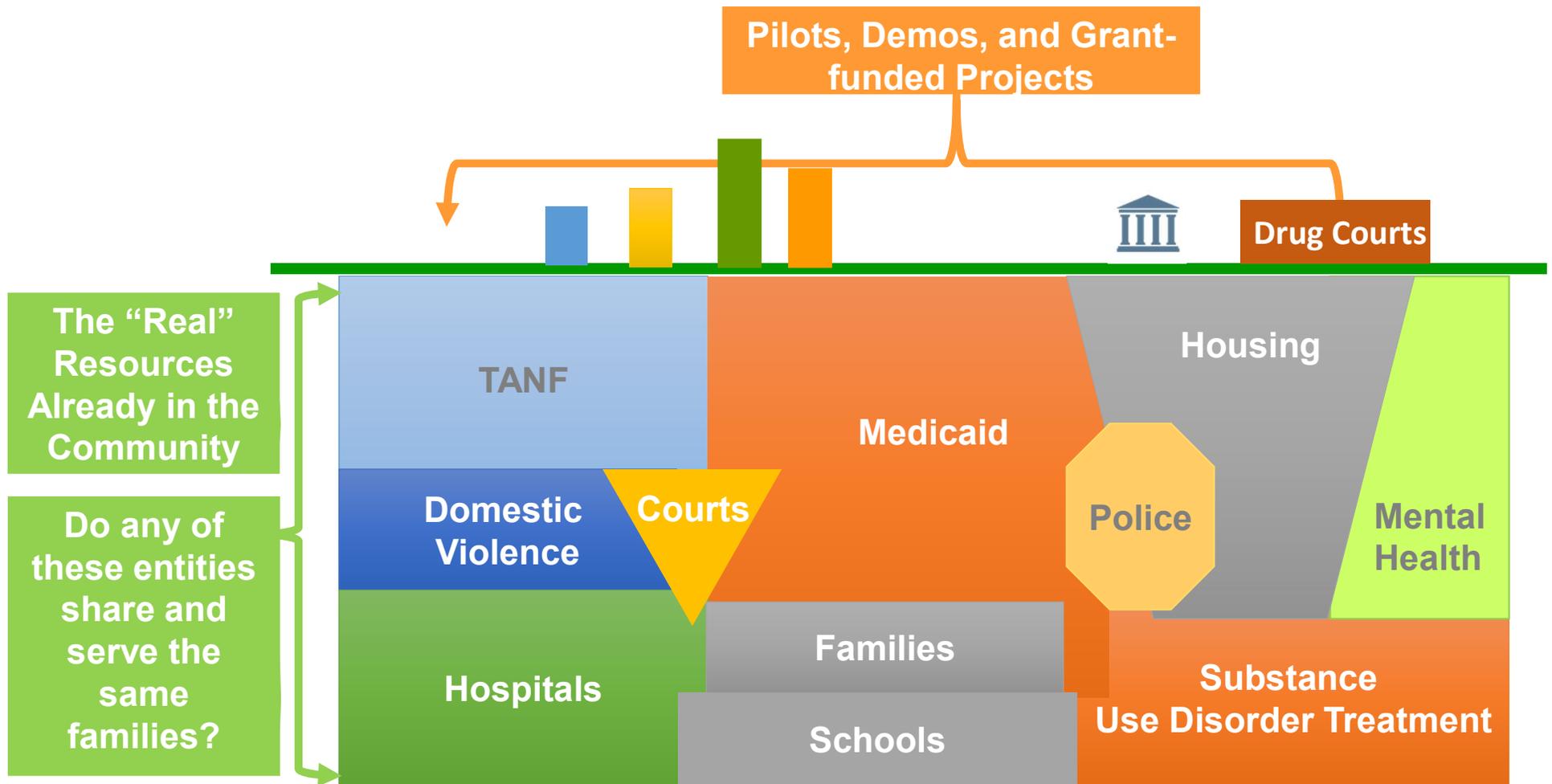
- 
- Since families have multiple and complex needs

- Serving these needs will require more resources
- Build collaborative partnerships and seek out existing resources
- Focus on shared outcomes and shared resources to achieve sustainable funding

# Which Piece of the Pie



# Redirection of Resources Already Here

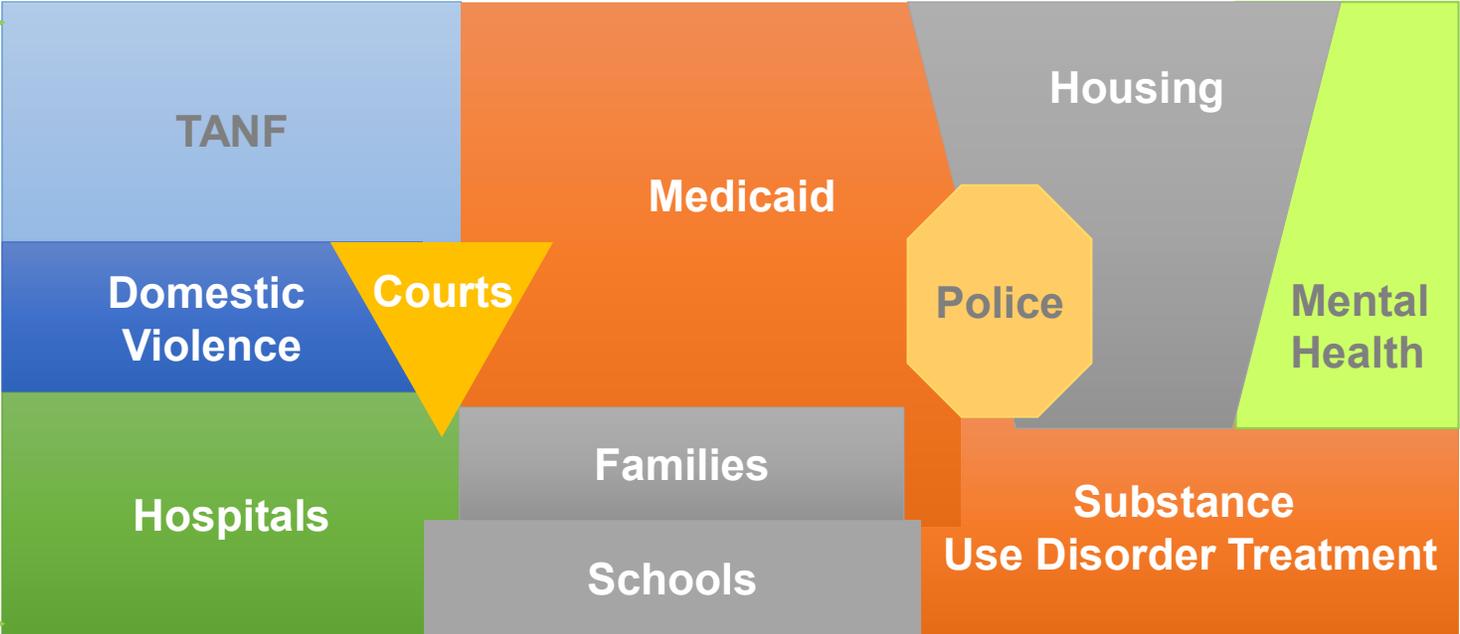


Pilots, Demos, and Grant-funded Projects

Drug Courts

The "Real" Resources Already in the Community

Do any of these entities share and serve the same families?



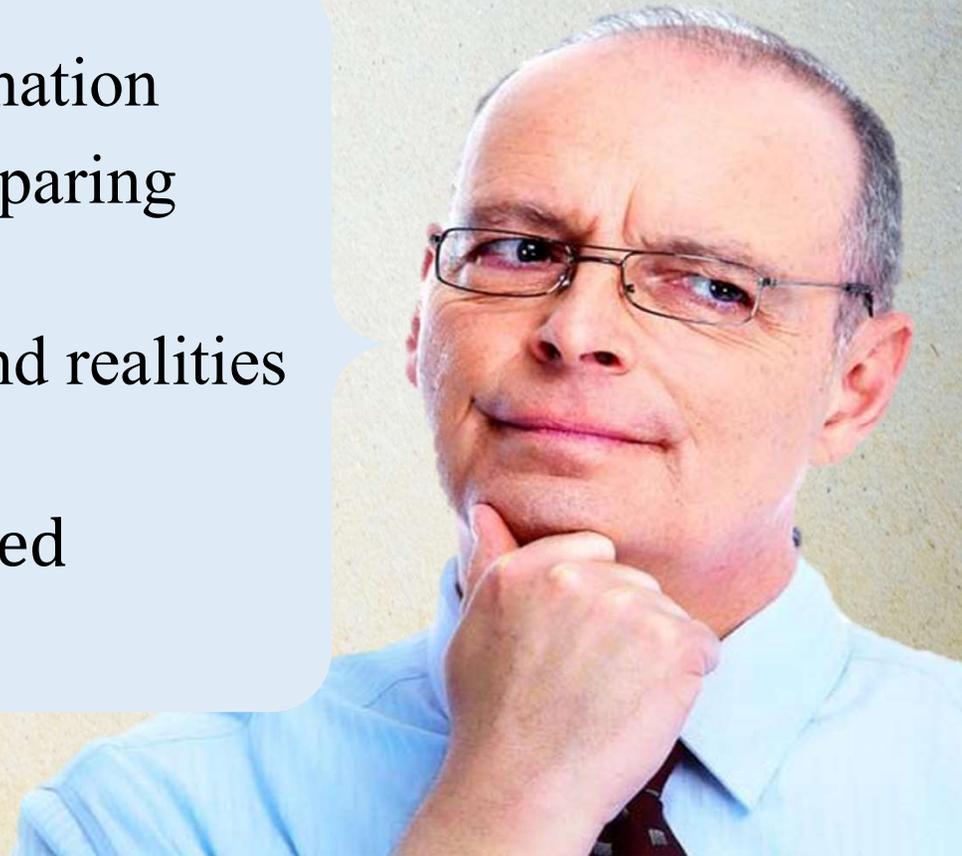
**Take the Next Steps**



- 
- A scenic landscape featuring a dirt path leading through a field of tall grasses and shrubs. A rustic wooden fence runs across the foreground. In the background, there are rolling hills and a clear blue sky with wispy clouds. A large green rectangular overlay is positioned in the center of the image, containing a list of four items in white text.
- 1. Examine Data to Identify Desired Outcomes**
  - 2. Governance Structure**
  - 3. Practice – Communication**
  - 4. Sustainability**

# Things to Consider

- Review publicly available information
- Need to have a structure for comparing potential programs
- Pairing the model to the needs and realities of target population
- How will it help achieved desired outcomes?



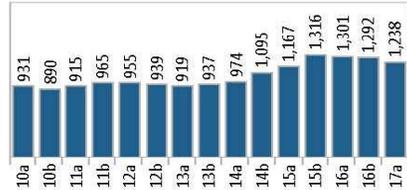
# Vermont | Data Basics

■ jurisdiction ■ national

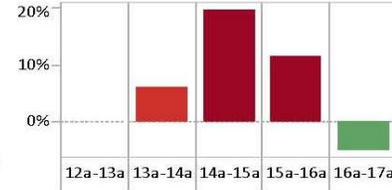
**CONFIDENTIAL - INTERNAL USE ONLY | Produced by Data Advocacy, Casey Family Programs**

Data source: state-submitted AFCARS files. Fiscal years followed by an 'a' denote an entry cohort for 10/1/xx-3/31/xx or a point in time count on 3/31/xx; 'b' denotes 4/1/xx-9/30/xx or point in time count 9/30/xx.

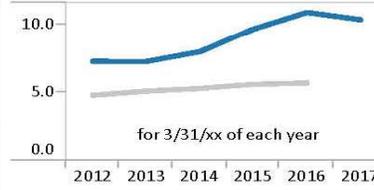
**# of children in care**  
( < age 18 )



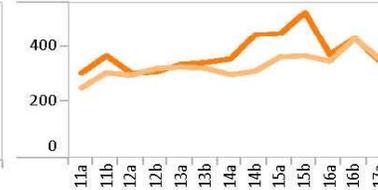
**year over year change in the # in care**



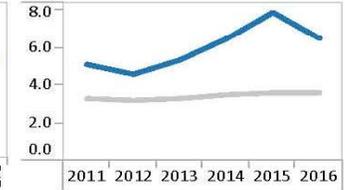
**rate in care**  
( per 1,000, < age 18 )



**# of children entering & exiting**

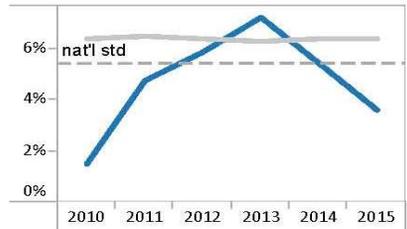


**rate of children entering care** ( per 1,000 )



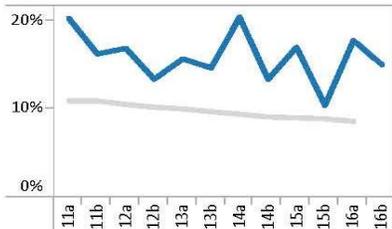
## Safety

**% children who experience repeat maltreatment within 6 months**

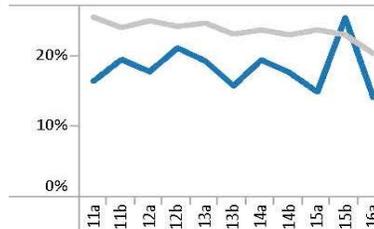


## Timely & Stable Permanency

**% permanency within 30 days of entering care**



**% permanency within 3-12 months of entering care**

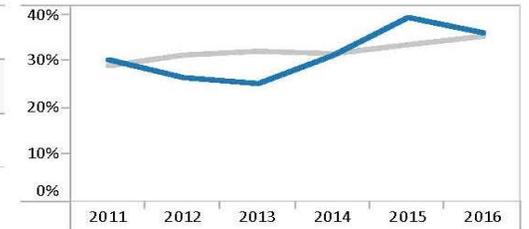


## Children In Care 2+ Years (3/31/2017)

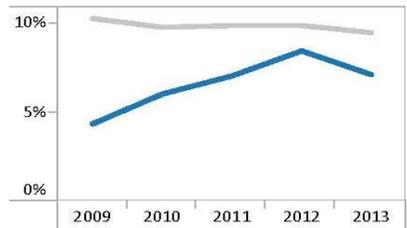
**in care 2+ years**

#	305
%	25%
Nat'l (2016)	25%

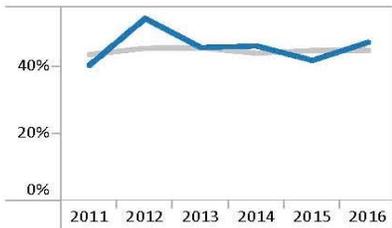
**% in care 2+ years at start of the year who achieve permanency w/in 12 months**



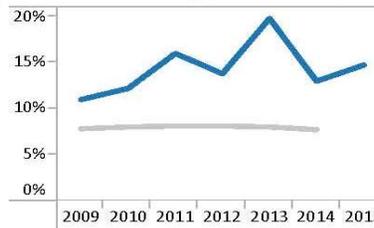
**% children who experience repeat maltreatment within 12 months**



**% permanency w/in 12 months for children in care 12-23 months**



**% re-entering care w/in 12 months of timely permanency**



## profile of current caseload in care 2+ years

(for groups that represent at least 2% of the total; by age, placement type & case goal)

	ages 2-12		ages 13-17	
	Reunif	Adopt	Reunif	Adopt
Congregate care			8%	6%
Foster care	7%	14%	10%	9%
Kinship care	5%	12%	2%	4%
Pre-adoptive home		9%		

# Things to Consider

- What resources already exist in the community to serve children and families?
- Have you identified shared outcomes to make the case for shared resources?
- What steps can be taken to develop community partnerships to expand comprehensive services to meet the needs of the entire family?



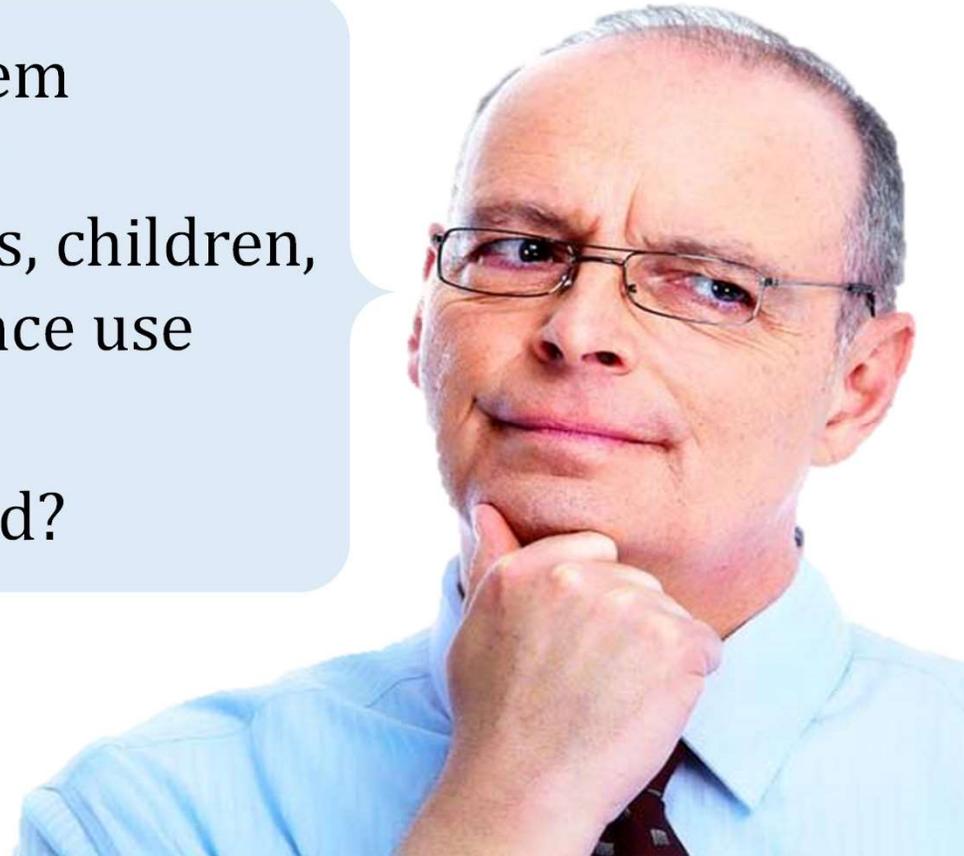
Agency	Eligibility Requirements	Additional information regarding referral process, capacity issues, use of EBP, fees or co-pays etc....
<b>Aftercare</b>		
		<b>Referral process:</b> <b>Capacity:</b> <b>Fees/Co-Pays:</b> <b>Evidence Based Practice:</b> <b>Comments:</b>
<b>Children's Therapeutic Services</b>		
		<b>Referral process:</b> <b>Capacity:</b> <b>Fees/Co-Pays:</b> <b>Evidence Based Practice:</b> <b>Comments:</b>
<b>Child Care</b>		
		<b>Referral process:</b> <b>Capacity:</b> <b>Fees/Co-Pays:</b> <b>Evidence Based Practice:</b> <b>Comments:</b>
<b>Therapeutic Child Care</b>		
		<b>Referral process:</b> <b>Capacity:</b> <b>Fees/Co-Pays:</b> <b>Evidence Based Practice:</b> <b>Comments:</b>
<b>Parenting/Family Strengthening</b>		
		<b>Referral process:</b> <b>Capacity:</b> <b>Fees/Co-Pays:</b> <b>Evidence Based Practice:</b> <b>Comments:</b>



# Develop a Plan for Cross-System Training

# Things to Consider

- How can we provide cross-system training to ensure that partners understand the needs of parents, children, and families affected by substance use disorders?
- What topics are the most needed?



## **Potential Cross-System Training Topics**

- Child Welfare System 101; Juvenile Probation 101
- Impact of parental substance use on child development and family relationships
- Child development; attachment and bonding
- Family well-being domains
- Evidence-based practices and programming - parenting
- Facilitating quality and frequent visitation



# Develop a Sustainability Plan

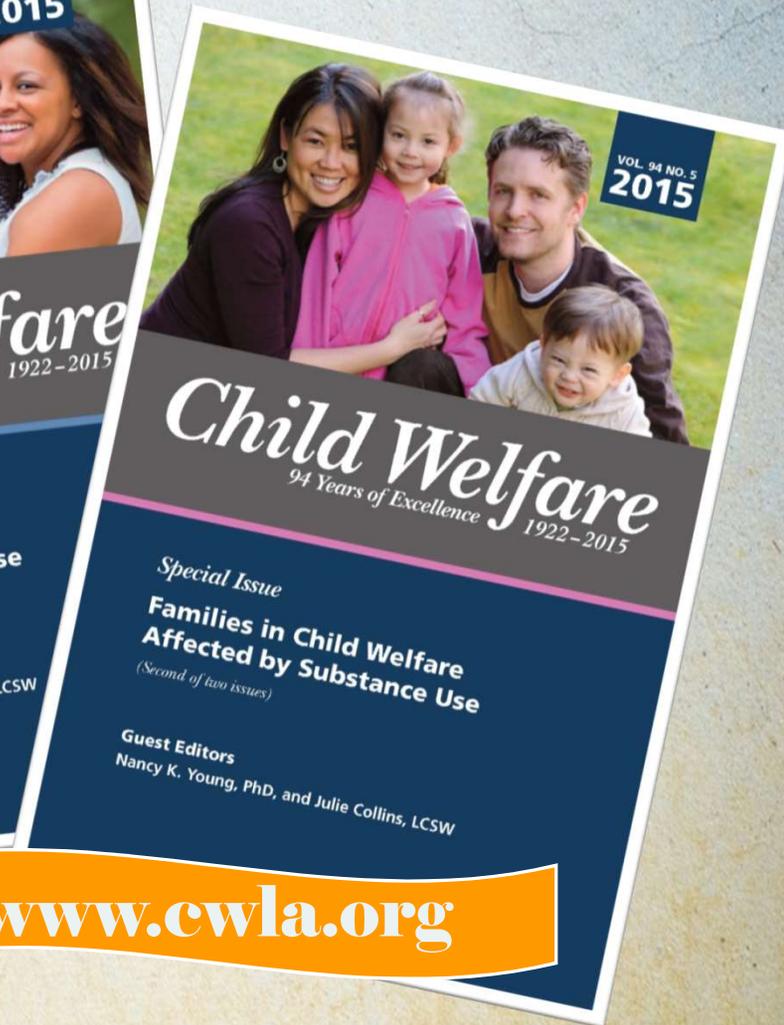
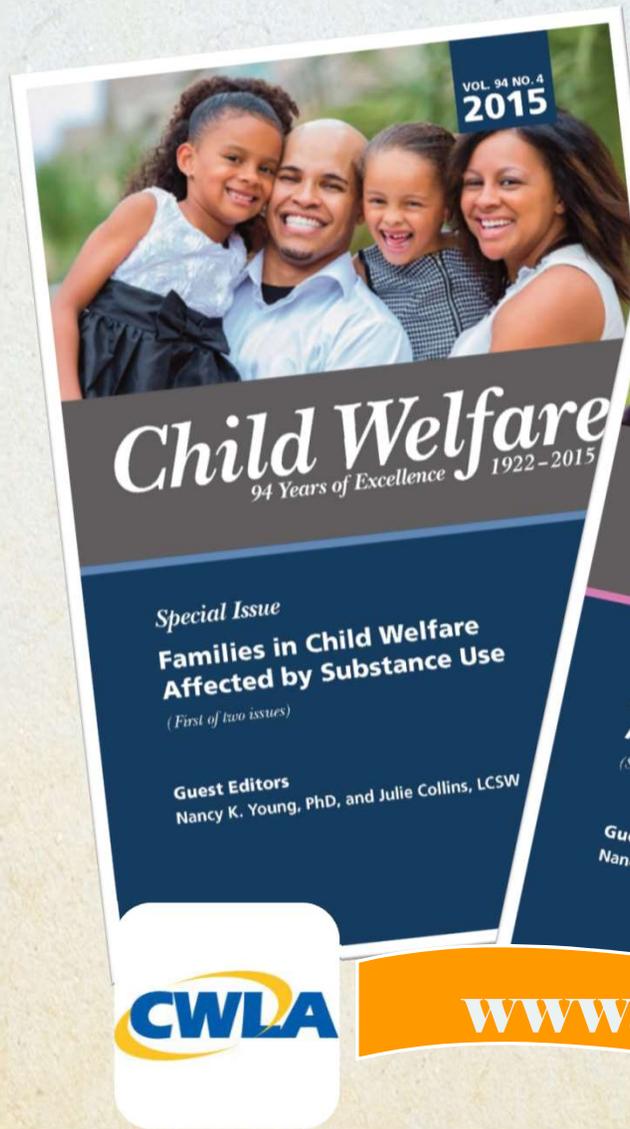


# Highlighted Resources

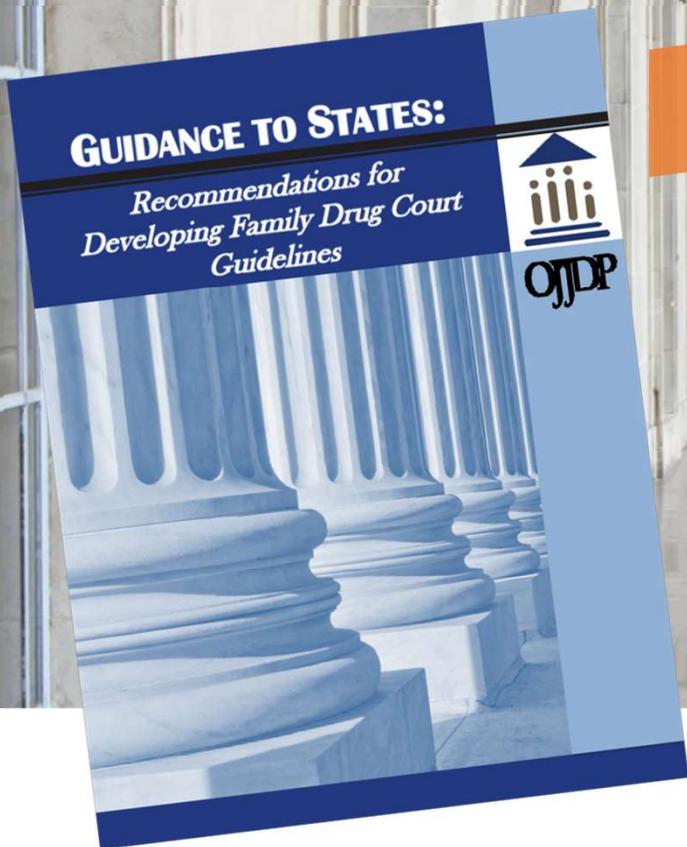
# 2015 Special Issue

Includes four Family Drug Court specific articles presenting findings on:

- Findings from the Children Affected by Methamphetamine (CAM) FDC grant program
- FDC program compliance and child welfare outcomes
- Changes in adult, child and family functioning amongst FDC participants
- Issues pertaining to rural FDCs



# Family Drug Court *Guidelines*



*2<sup>nd</sup> Edition – Research Update*



[www.cffutures.org/fdc/](http://www.cffutures.org/fdc/)

# Family Drug Court *Learning Academy*

- Over 40 webinar presentations
- 5 Learning Communities along FDC development
- Team Discussion Guides for selected presentations

[www.cffutures.org](http://www.cffutures.org)

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# Family Drug Court *Blog*



- Webinar Recordings
- FDC Resources
- FDC News



[www.familydrugcourts.blogspot.co](http://www.familydrugcourts.blogspot.co)

# Family Drug Court *Online Tutorial*

- Self-paced learning
- Modules cover basic overview of FDC Model
- Certificate of Completion

*New Resource!*



[www.cffutures.org](http://www.cffutures.org)

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FREE CEUs!

## NCSACW Online Tutorials

- Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers
- Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals
- Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals

**Please visit: <http://www.ncsacw.samhsa.gov/>**

A scenic landscape featuring a sunburst over a mountain range. The sun is low on the horizon, creating a warm, golden glow. The sky is filled with soft, white clouds. The mountains are covered in dense green forests, and the foreground shows a grassy hillside. The overall atmosphere is peaceful and natural.

# Q&A and Discussion

# Contact Information

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Center for Children and Family Futures

[nkyoung@cffutures.org](mailto:nkyoung@cffutures.org)

*Improving  
Family  
Outcomes*

*Strengthenin  
g  
Partnerships*

