Beyond the Bench Conference
December 4, 2013
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TA Requests - California

Since 2009 - CFF has fulfilled:
- 467 TA requests - CA overall
- 139 TA requests - FDC-related

Common Ingredients of FDCs
- System of identifying families
- Earlier access to assessment and treatment services
- Increased judicial oversight
- Increased management of recovery services and compliance
- Collaborative approach across service systems and Court
- Responses to participant behaviors (sanctions & incentives)

A Look at the Present
What do we know today?
**Addiction is a Disease**

“Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.”

*ASAM Definition of Addiction – April 2011*
When the receptors are unlocked, they release neurotransmitters including dopamine in the brain. Dopamine gives you a good feeling to reward you for doing something you enjoy. This reward is what makes you want to repeat these behaviors.

When that activity is something you enjoy, your brain releases chemicals called endorphins that make you feel good. Endorphins attach to receptors – much like a key fitting into a lock – and unlock the receptors.

**Natural Rewards Elevate Dopamine Levels**

**Effects of Drugs on Dopamine Levels**

- **FOOD**
- **SEX**
- **NICOTINE**
- **MORPHINE**
- **COCAINE**
- **AMPHETAMINE**
Addiction is similar to other diseases, such as heart disease. Both disrupt the normal, healthy functioning of the underlying organ, have serious harmful consequences, are preventable, treatable, and if left untreated, can last a lifetime.

Source: From the laboratories of Drs. N. Volkow and A. Schenker.
Judicial monitoring +
Recovery Support Specialist
=
Positive Outcomes

Family Drug Court Outcomes

Outcomes
HIGHER TREATMENT COMPLETION RATES
SHORTER TIME IN FOSTER CARE
HIGHER FAMILY REUNIFICATION RATES
LOWER TERMINATION OF PARENTAL RIGHTS
FEWER NEW CPS PETITIONS AFTER REUNIFICATION
COST SAVINGS PER FAMILY

COST SAVINGS PER FAMILY

FDC Local Evaluations
11 FDC Sites (N= FDC, Comparison)

(Names: Matthew & Co-zy, Inc 2012)
Re-entries to Foster Care within 12 Months

- RPG Children: 13.1%
- 25-State Contextual Subgroup Data: 5.1%

N=3,575

Recurrence of Child Maltreatment

- RPG Children: 4.2%
- 25-State Contextual Subgroup Data: 5.8%

N=22,558

We are learning more about

Serving Families
Serving Children

Why Focus on Children

- Although FDCs are about families, children’s service needs are not typically part of FDC programs.
- We know a lot about how to support children of parents with substance abuse and addiction.
- It’s the right thing to do.
**FDC Practice Improvements**

Approaches to child well-being in FDCs have changed.

- **In the context of the parent’s recovery**
- **Family-Centered Treatment**
- **Child-focused assessments and services**

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**Children Affected by Methamphetamine Grant Program**

- Clarke County, WA
- Sacramento, CA
- Santa Cruz, CA
- San Luis Obispo, CA
- Santa Barbara, CA
- Kenosha County, WI
- Butte County, CA
- Denver, CO
- Nebraska (FDCs)
- Dakota County, MO
- Oklahoma

*Six of 12 CAM Grantees - California*

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**Children Affected by Meth Grants (CAM)**

- Funded by SAMHSA to focus on expanding and/or enhancing services to improve the well-being, permanency, and safety outcomes of children
- 12 Grantees awarded; $1.4 million over 4 years
- Wide range of program designs and program strategies
- Designated Services Coordinator
- Evidence Based Practices

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**Challenges Being Addressed by CAM Grantees**

- Parents need understanding and skill to meet children’s needs
- Children need comprehensive assessments and services
- Parents and children need assessments and services to address trauma and relationship issues
- Families need access to supportive services following reunification
2013
We can no longer say “We don’t know what to do.”

We know more about
What Effective FDCs look like

FDC Guidelines
Shared Outcomes
- Agency Collaboration
- Client Services
- Shared Mission & Vision

The Challenges & Opportunities Ahead

Four Stages of Collaboration
- Information Exchange
- Joint Projects
- Changing the Rules
- Changing the System
- Data
  - Universal Screening
  - Shared Case Plans
- Better Outcomes for Children and Families
Opportunities for Changing the System

How will FDCs respond?

Parental AOD as Reason for Removal 2011

Prevalence Rate

Do we care enough to count?

Where does the FDC fit in the larger system?
In most states with multiple FDCs, the average serves 50 or less clients:
- There are 38 FDCs in California
- 50 clients x 38 FDCs = 1900 parents
- 1900 parents x 1.75 = 3,325 children
- 3,325 children / 59,000 children in Out of Home Care* = 5.6%

* CMS/CWS - July 1, 2013

What about the other 90-95% of families? What happens to them?

Affordable Health Care Act

Better Prospects for Funding
**ACCESS**

Earlier access results in better treatment outcomes

How will you ensure immediate access?

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**PARITY and Priority**

- Paul Wellstone Act (2008) - requires insurance coverage on part with primary health
- Substance Abuse and Prevention Block Grant Prevention
- Priority populations - pregnant women, IV drug users, HIV

How will you ensure CWS families achieve parity and be included?

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**How will you monitor outcomes? Keeping a Dashboard**

- Timely access into treatment
- Length of stay in treatment
- Successful completion of treatment goals

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**What about the other the other 90% kids?**

Justice? Fairness? Reasonable efforts?

Pockets of Innovation in FDCs
• Find out your CWS penetration rate
• Conduct a client walk-through and drop-off analysis
• Monitor treatment and CWS outcomes

You can do it – we can help: TA resources

Guidelines & Facilitators Guide
FDC Learning Academy Webinars
State Drug Court Guidelines
Collaborative Tools – CFF and NCSACW

Please contact us: fdc@effutures.org