

## Acknowledgment

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This project is supported by Grant # 2019-DC-BX-K013 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.

## Learning Objectives

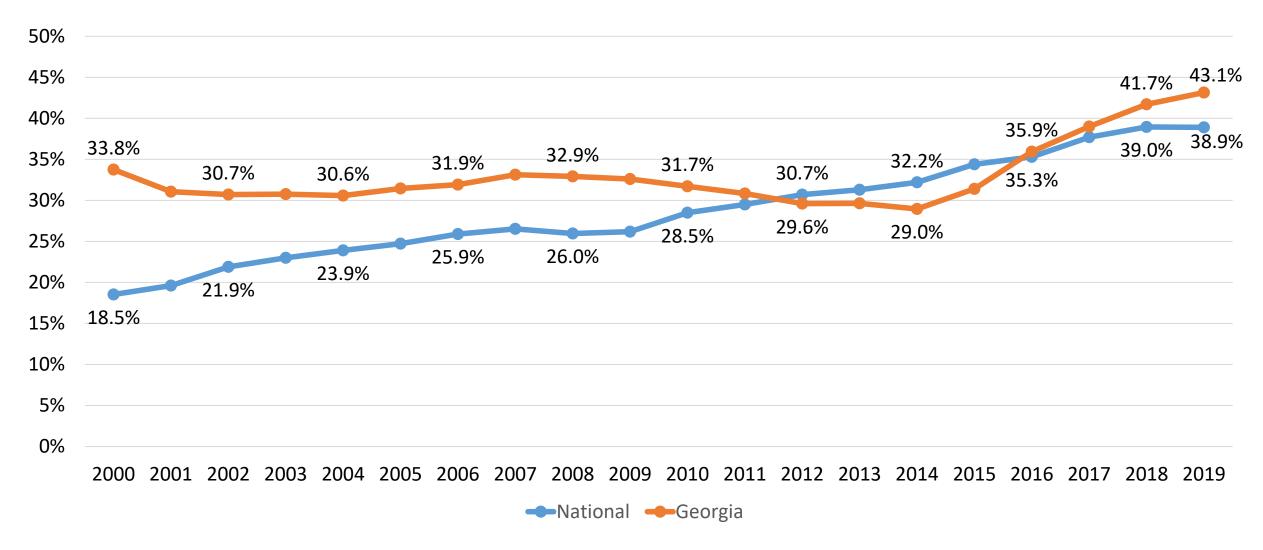


At the end of this session, participants will be able to:

- Summarize the research supporting early engagement in treatment.
- Explain strategies for early engagement in the FTC.
- Propose strategies to increase parent and family early engagement in your FTC.

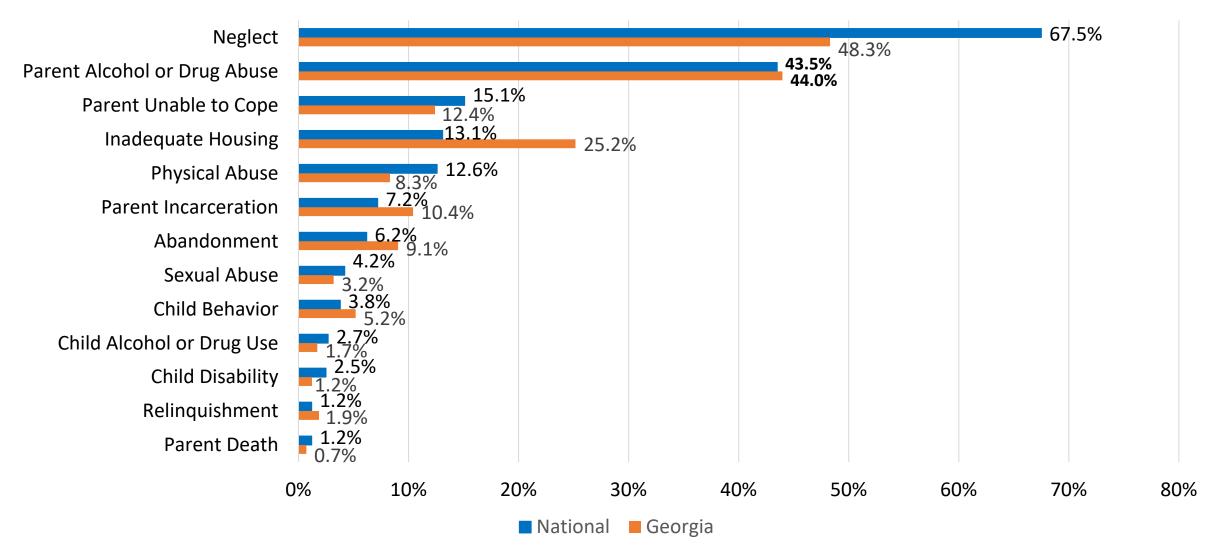


# Prevalence of Parental Alcohol or Drug Abuse as an Identified Condition of Removal in the United States and Georgia, 2000 to 2019



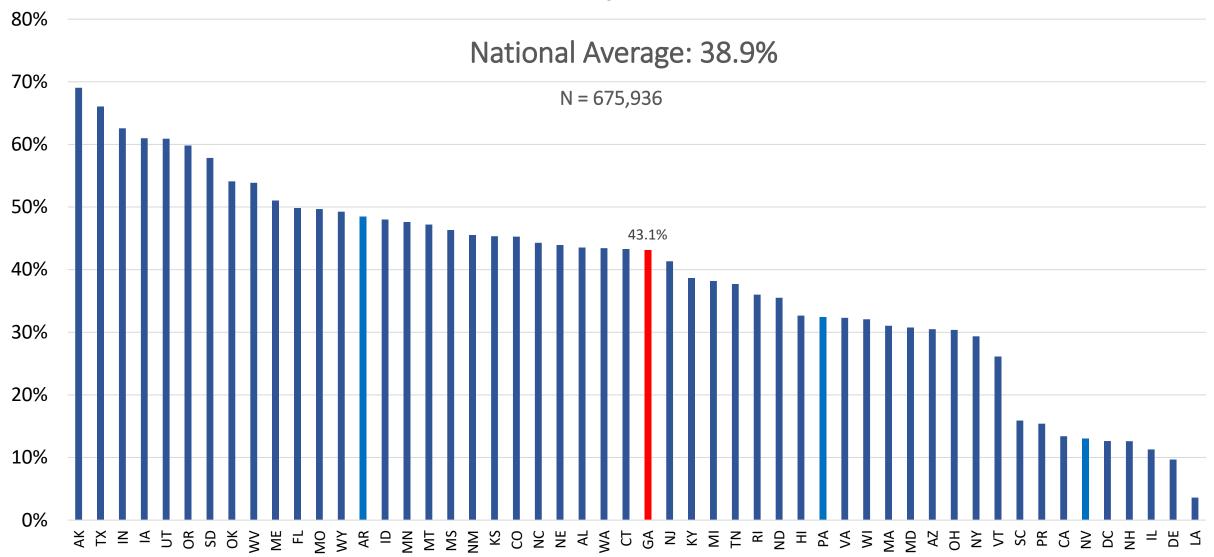
Note: Estimates based on <u>all children in out of home care at some point</u> during Fiscal Year

# Percent of Children with Terminated Parental Rights by Identified Condition of Removal in the United States and Georgia, 2019



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

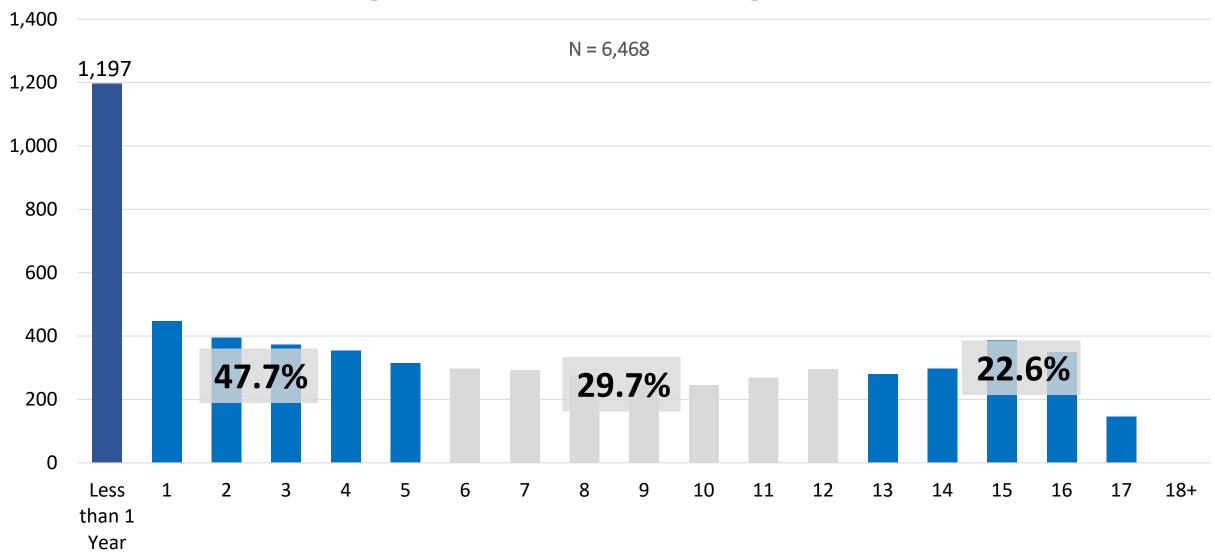
# Parental Alcohol or Drug Abuse as an Identified Condition of Removal by State, 2019



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

Source: AFCARS Data, 2019 v1

# Number of Children who Entered Out of Home Care, by Age at Removal in Georgia, 2019



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

# Today: Over 730 children will be removed from their parents

# This hour: 30 children will be removed; 5 of these will be babies under age 1

8.7 million children
live with a parent with an SUD
(NSDUH, 2017)

94,400 children are removed due to parental substance use (AFCARS, 2019)

(AFCARS 2018)

### The Matter of Time





Vulnerable children, parents, and family members require the intensive, collaborative efforts of child welfare, the dependency court, treatment providers, and other community members to meet their complex treatment and service needs.

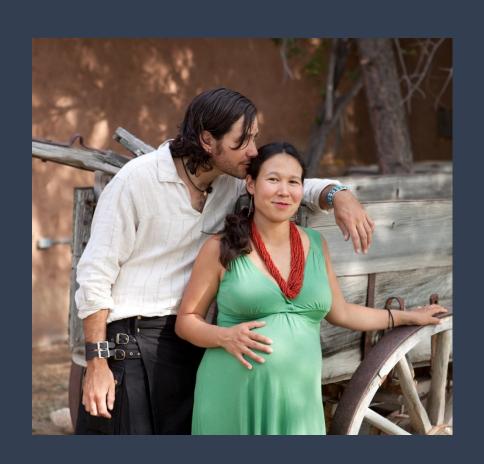
No single agency has the skill or capacity to meet all of their needs.



# **Engagement is Everyone's Job**

Engagement begins during the first interaction and continues throughout the entire case

#### Family Treatment Courts



A meta-analysis of 16 evaluations examining FTC outcomes found that families that participated in an FTC were two times more likely to reunify than families receiving conventional services.

(Zhang, Huang, Wu, Li, & Liu, 2019)

## How Does Your Team Help Families Succeed?

## Assessment of Strengths & Needs

Use *valid and reliable assessments* to determine strengths and needs of children, parents, and family members

Family Treatment Court
BPS Standard 4

# Coordinated & Comprehensive Case Plans

Children, parents, and family members receive comprehensive services that meet their assessed needs and promotes sustained family safety, permanency, recovery, and well-being

Family Treatment Court
BPS Standard 6

## Phased Services & Supports

In addition to highquality substance use and co-occurring mental health disorder treatment, the FTC's family-centered service array includes other clinical treatment and related clinical and community support services

Family Treatment Court BPS Standards 5 & 6

#### Therapeutic Responses to Behavior

The purpose of therapeutic responses to behavior is to increase engagement in services and supports to enhance the likelihood that family can be reunified within ASFA timelines

Family Treatment Court
BPS Standard 7

#### Success!

Individual and family health and well-being, safe children, healthy parenting, basic needs are met, and fully engaged in a recovery-oriented lifestyle. Child welfare case successfully closed.

5 R's and an E

FTC Best Practice Standards 1, 2, & 8

Equitable admissions, retention, treatment, responses, and child welfare outcomes – FTC Best Practice Standard 3

# Long Term Outcomes - What is Success? E and 5 Rs

Equitable Outcomes in:	All outcomes should be disaggregated by race, ethnicity, gender, and other key demographic information	
Recovery	<ul> <li>Parents access treatment more quickly</li> <li>stay in treatment longer</li> <li>decrease substance use</li> </ul>	
Remain at Home	More children remain at home throughout program participation	
Reunification	Children stay fewer days in foster care and reunify within 12 months at a higher rate	
Repeat Maltreatment	Fewer children experience subsequent maltreatment	
Re-entry	Fewer children re-enter foster case after reunification	



## What Makes Family Treatment Courts Effective?

- 1. Get parents into treatment more quickly.
- 2. Support parents to remain in treatment longer.
- 3. Provide skills-based training and other supports to ensure parents are competent and confident to care for their children.
- 4. Problem-solve barriers to stable recovery and reunification.



## Early Identification

- At the earliest point possible –
  integrated with risk and safety
  assessment by child welfare system
- **Multi-prong approach** including screening tools, drug testing, reports, observations
- Structured protocols that send clients with positive screenings to timely assessment
- Warm hand-offs, follow-ups and communication are critical



# 4 Prong – Screening

- ☐ Signs & symptoms
- Corroborating reports
- → Drug screen

Yes

to any

Proceed to assessment

#### Screening: Is substance use a factor in the case?

- 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
- Examples: UNCOPE; GAIN; AUDIT; CAGE

https://www.ncsacw.samhsa.gov/resources/SAFERR.aspx

#### FAMILY TREATMENT COURT (FTC) SCREENING FORM

DIVISION OF FAMILY AND CHILDREN SERVICES (DPCS)

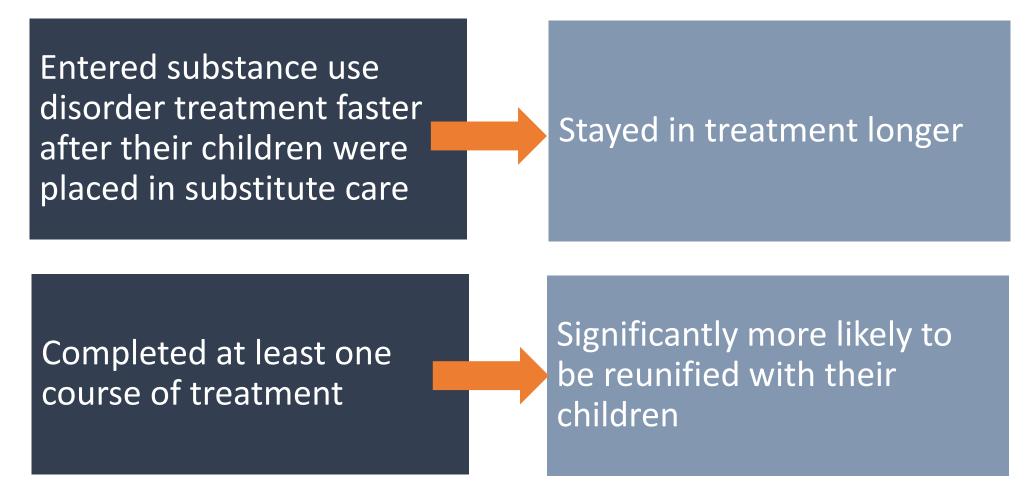
This screening form is to help identify adults with an active DPCS case plan who may be appropriate fi services with a Georgia Family Treatment Court (FTC).		
DATE:		
Name and Contact Information of DPCS Staff Member completing this form:	b	
Name or identifier of Adult being considered for Family Treatment Court		
SECTION 1:		
<ul> <li>Is the case being substantiated for abuse or neglect or is there an indication of a substance use/alco</li> </ul>	she	
problem affecting the safety and welfare of the child(ren)?  o YES: Proceed to Section 2. o NO: Do Not Refer to FTC Program, Place in File.		
SECTION 2:		
<ul> <li>The following risk factors may indicate the need for additional treatment programming supervision intensity afforded by the FTC.</li> </ul>		
If #1 AND one or more factors in Section 2 are greatent a DEPENDENCY PETITION is REQUIRED the case is PRIORITIZED for the FTC. Please indicate all that apply.		
NOTE: PTC referred may be unish on ART rane assoluted with solutions above regardless of the presenting factors. It came may breake alsolut or drugs of almos not based below. However, a DEFENCIART PETRICAL to required prior to consideration. Please complete all declines.		
Substance use includes cocaine/crack cocaine, methamphetamine, heroin/opistes     a. Please specify primary drug of abuse:		
Previous drug treatment failure Please specify:		
2. Physicus CPS History Please specific		
Child(ren) at significant risk for placement or currently in foster care  Please specify:		
4. Criminal Juttice involvement		

<ol> <li>Currently under criminal justice supervision (i.e. probation, parole or pre-trail diversion)</li> </ol>
Please specific
Parent has pending criminal charges? Yes No
Charge:County:
II.   Prior criminal conviction(s)
Please specify:
k. Violent offenses
Please specify:
rease specify
SECTION 3:
Other considerations (causing serious impairment of parental or general functioning and possibly
necessitating additional treatment and supervision services) leading to FTC referral
Indication of significant substance use severity
Please specify:
o Indication of co-occurring mental health issues
Please specify:
Previous panental or child trauma history
Please specify:
o Other
Please specify:
SECTION 4:
Special considerations
o Interpretation services required
o Please specify:
o Disabilities
o Please specify:
o Other
o Please specify:
SECTION S:
<ul> <li>All candidates should be staffed with an appointed supervisor and or/administrator/designee.</li> </ul>
Indicate decision below.
NG: Not appropriate for FTC Program. Place in File (SHINES)
Brief justification/notes:
Date:
Staffing Signatures:
Case Manager:
Supervisor/Administrator/Designee:
SAAG:

Last Modified: 12.8.18 Last Modified: 92.8.18

## Time To & Time In Treatment Matters

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



## **Timely Access to Appropriate Treatment**

Participants in an FTC that were provided immediate, intensive SUD treatment had significantly more reunifications, their children had fewer placements in longer-term foster care, and their children spent less time in non-kinship care than families not in the FTC.



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Charge:County:
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Indicate decision below.
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Brief justification/notes:
Date:
Staffing Signatures:
Case Manager:
Supervisor/Administrator/Designee:
SAAG:

Last Modified: 12.8.18 Last Modified: 92.8.18

## Georgia FTC Referral

#### Substantiated child welfare case and one or more of the following risk factors

- Substance use includes cocaine/crack cocaine, methamphetamine, and/or heroin/opiates
- Previous drug treatment failure
- Previous CPS history
- Children at significant risk for out-of-home placement or current foster care
- Criminal justice involvement current supervision, pending charge, prior charge, violent offenses

## **FTC Target Population**

- Substantiated child welfare case
- Child welfare plan for reunification (if children removed)
- Assessed substance use or co-occurring disorder
- Require increased supports to successfully close child welfare case

### What Do We Mean by 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
- Broad objective criteria (e.g., all adjudicated families with a SUD diagnosis of moderate to severe

#### Subjective & Informal

- I refer all my clients to FTC 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 FTC

## Research

Studies of family treatment courts showed

equivalent or better outcomes for the most difficult

and demanding cases.

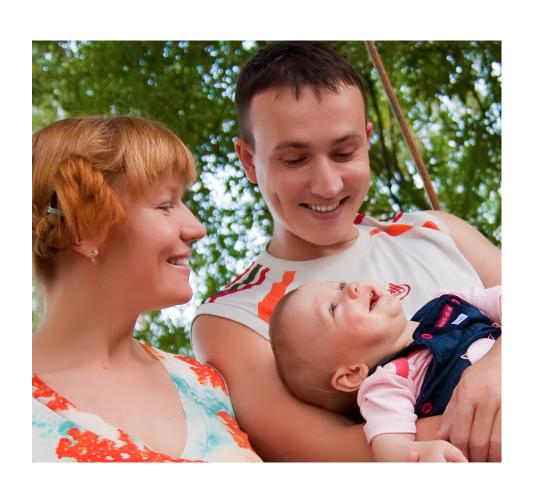
### Team should not vote on admissions

## Screening and Assessment

Use of subjective criteria has the potential to exclude families from FTCs for reasons that have not proved valid or meaningful in the course of the court experience. Removing subjective eligibility restrictions and applying evidence-based selection criteria significantly increase the effectiveness and cost-efficiencies of drug courts by allowing them to serve their target population.



## Early Engagement Techniques



- Automatic referral
- Attend Shelter Care Hearings
- Consistent messaging about FTC benefits
- Train stakeholders (judges, attorneys, child welfare)
- Require all eligible parents to observe an FTC Hearing
- Implement a "Test Drive" phase
- Utilize Peer Recovery Support Specialists (PRSS)

#### Recovery Support Matters – Functions of Recovery Support Specialists





#### Liaison

Links participants to ancillary supports; identifies service gaps

#### **Treatment Broker**

- Facilitates access to treatment by addressing barriers and identifies local resources
- Monitors participant progress and compliance
- Enters case data

#### **Advisor**

- Educates community; garners local support
- Communicates with FDC team, staff and service providers

#### **Recovery Support Matters**

#### A Randomized Control Trial – Cook County, IL (n=3440) (Ryan, et al, 2017)

Comprehensive
Screening &
Assessment



Early Access to Treatment



Positive Outcomes

#### **Recovery Support Matters**

#### A Randomized Control Trial – Cook County, IL (n=3440) (Ryan, et al, 2017)



## **FTC Admission**

#### Barriers

- 18 24 month mandatory participation
- Higher scrutiny (i.e. frequent drug testing, court appearances, etc.)
- Intensive program (i.e. mandatory participation in treatment, court appearances, case management, etc.)
- Reputation in the community

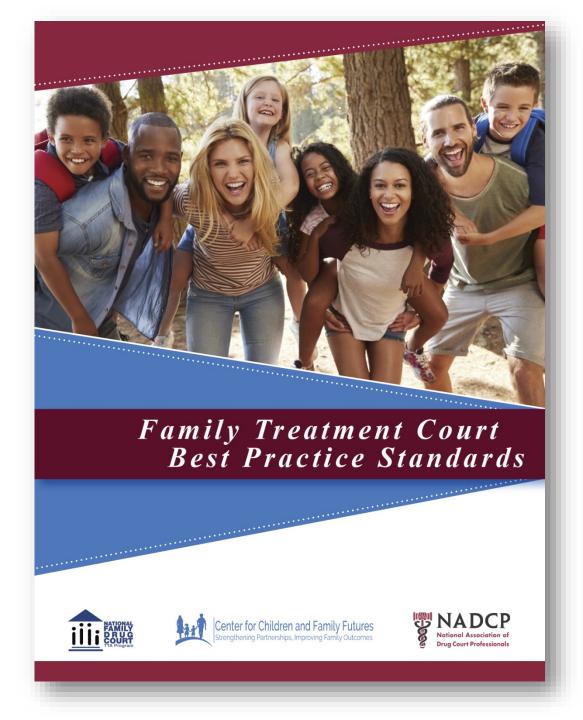
#### **Facilitators**

- Increased likelihood of reunification and stable recovery
- Peer Recovery Support Specialists
- Accountability and support with a team to help problem-solve barriers
- Evidence-based and evidenceinformed services and practices
- Earlier trial home placement

#### **Focused System Walkthrough**

Drop Off Point	Questions to Ask	What could the team do to actively engage parents/families in this stage?
Number of parents/families referred to FTC	<ul> <li>Is every eligible family being referred to FTC?</li> <li>Who is referring the case/family to the FTC?</li> <li>What messaging is the family receiving about the FTC, when do they learn about the FTC, and from who?</li> <li>Is the family receiving conflicting messaging about the FTC from different sources?</li> </ul>	
Number of parents/families admitted to FTC	<ul><li>Why are families choosing to enter the FTC? Why are they choosing to not enter the FTC?</li><li>What engagement practices are in place to work with families referred to the FTC until they enter?</li></ul>	
Number of parents/families who move forward out of initial phase	<ul> <li>What practices are in place to actively engage the parent/family in the very early stages of FTC?</li> <li>What does the team do if a parent is not showing up to treatment, FTC hearings, and/or parenting time in the first weeks/month?</li> </ul>	





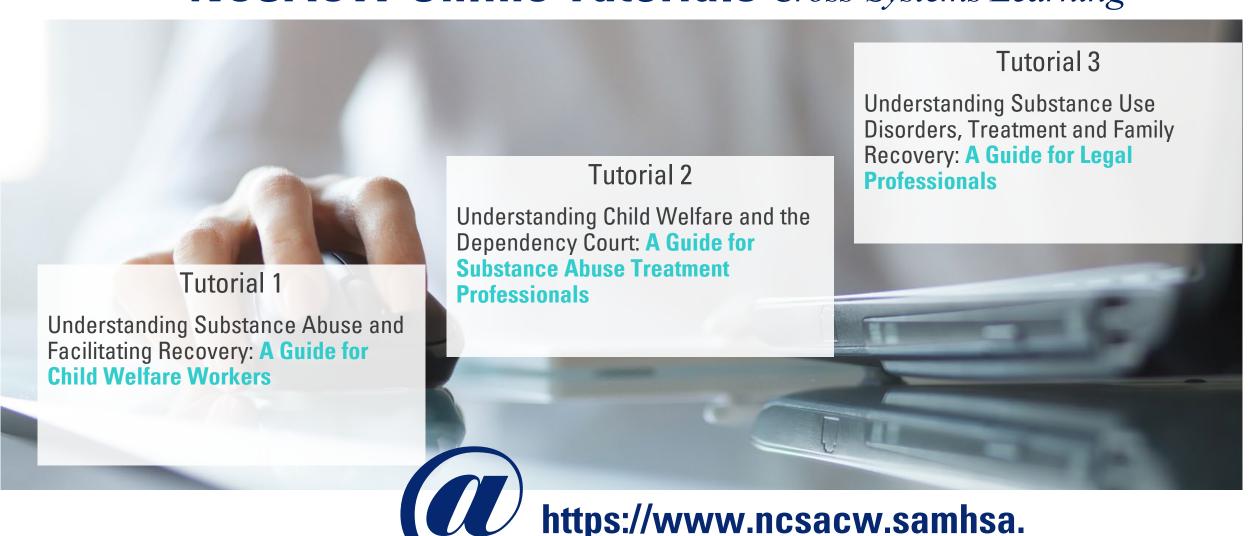
# Family Treatment Court Best Practice Standards

Standards
and Key Provisions

To obtain a copy or for more information:



## NCSACW Online Tutorials Cross-Systems Learning



qov/

#### NCSACW TIP Guides

#### **Understanding Substance Use Disorders –** What Child Welfare Staff Need to Know



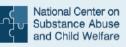




#### **Understanding Screening and Assessment of** Substance Use Disorders — Child Welfare Practice Tips





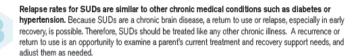




Substance use disorders (SUDs) are complex, progressive, and treatable diseases of the brain that profoundly affect how people act, think, and feel. SUDs affect an individual's social, emotional. and family life resulting in emotional, psychological, and sometimes physiological dependence.

Be aware of common misperceptions and myths. Many people incorrectly believe that a parent with a SUD can stop using alcohol and/or illicit drugs with will power alone or that if they loved their children they would be able to just stop using the drug.





SUDs can be successfully treated and managed. Like other diseases, SUDs can be effectively treated. Successful substance use treatment is individualized and generally includes psycho-social therapies, recovery supports, and when clinically indicated, medications.



SUDs can affect each member of the family, relationships, and parenting. SUDs can contribute to a chaotic and unpredictable home life, inconsistent parenting and lack of appropriate care for children. Treatment and recovery support must extend beyond solely focusing on the parent's substance use to a more family-centered approach that addresses the needs of each affected family member.

Recognize co-occurrence of trauma. For many people, trauma is a common experience associated with their SUD. Substance use might be an individual's way to cope with their trauma experience. Good practice integrates a trauma-informed approach that realizes the widespread impact of trauma, recognizes the signs and symptoms, and avoids causing further harm and re-traumatization.



- · Slurred speech
- · Nodding off
- Disorientation
- Tremors
- Cold or sweaty palms
   Dilated or constricted pupils
- . Blood shot or glazed over eyes

or misuse, may include:

- Needle marks
- Poor personal hygiene

#### Behavioral Signs

· Agitated behavior or mood

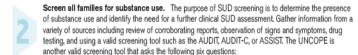
Know what to look for. When conducting child welfare assessments, know that specific drugs have

specific physiological effects. Common signs in the home environment, and symptoms of substance use

- Excessive talking
- Paranoia
- Depression · Manic behavior
- Lack of motivation
- Criminal activity
  - Financial challenges
  - Missed appointments

#### Physical Environment

- . Signs of drug paraphernalia (such as straws, rolling papers, razor blades, small mirrors, glass pipes, aluminum foil, lighters, needles, syringes, tourniquets, belts, shoelaces, spoons)
- Unusual smells
- · Reluctance to allow home visits
- Unexplained visitors in and out of home



- Have you continued to use alcohol or drugs longer than you intended?
- Have you ever neglected some of your usual responsibilities because of your alcohol or drug use?
- Have you ever wanted to cut down or stop using alcohol or drugs but could not?
- 1 Has your family, a friend, or anyone else ever told you they objected to your alcohol or drug use?
- Have you ever found yourself preoccupied with wanting to use alcohol or drugs?
- Have you ever used alcohol or drugs to relieve emotional discomfort, such as sadness, anger, or boredom?

Source: Norman G. Hoffmann, Ph.D., Evince Clinical Assessments. For more information about the UNCOPE tool and scoring, please visit: www.evinceassessment.com/ UNCOPE for web.pdf

#### Understanding Engagement of Families Affected by **Substance Use Disorders — Child Welfare Practice Tips**



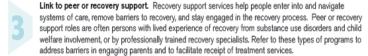




Engage in non-judgmental conversation. Parents may feel overwhelming shame and guilt about how their substance use affects their children. Engage the parent about observations or concerns using an approach that is supportive and not stigmatizing or judgmental. Use "person first" language and avoid using labeling terms such as "addict." Use a conversational approach with open-ended questions such as the following:

- "Tell me more about . . "
- \*As part of our work with families, we ask all families about . . ?
- "I'm noticing that ..."
- "How can I help you with ..."
- "I'm concerned about you because . . "

Provide active support in early recovery. SUDs may affect cognitive functions (e.g. memory) and result in behavior that is often perceived as "resistant". Examples include lack of follow-through with services and missed appointments. Provide active support to help engage parents attend SUD treatment, court, visitation, and parent strengthening programs. Assist the parent make and keep appointments by marking their calendar/schedule providing reminders and incentives. Identify barriers for making an appointment - such as competing service priorities or lack of transportation - and work together to formulate solutions.



Support the children. Help children develop an understanding of SUDs that is supportive and non-judgmental. Convey information about their parents' substance misuse in a way that defines the disorder, not the person, and is appropriate to their developmental stage and age. Child welfare workers can use these talking points to help guide supportive discussions:

- > \*Substance use disorders are a disease. Your parent is not a bad person. He/she has a disease. Parents may do things you don't understand when they drink too much or use drugs, but this doesn't mean that they don't love you."
- \*You are not the reason your parent drinks or uses drugs. You did not cause this disease. You cannot stop your parent's drinking or drug use".
- \*There are a lot of children in a similar situation. In fact, there are millions of children whose parents struggle with drugs or alcohol. Some are in your school. You are not alone.
- Let's think of people who you might talk with about your concerns. You don't have to feel scared or ashamed or embarrassed. You can talk to your teacher, a close friend, or family member you trust".



















## FAMILY TREATMENT COURT Peer Learning Court Program







To learn more about the FTC Peer Learning Court Program or to participate in a peer-to-peer connection, contact us peerlearningcourts@cffutures.org

## PEER-TO-PEER SUPPORT INCLUDES:

- Virtual learning opportunities (e.g., video conference calls, topic-specific consultation).
- Access to FTC policies, handbooks, practices, and lessons.
- A virtual and/or in-person team site visit, providing an opportunity to observe their FTC court proceedings and staffing sessions.



#### Center for Children and Family Futures

Family Drug Court Training and Technical Assistance Program

www.cffutures.org

fdc@cffutures.org



