Breaking Down Barriers: Partnering with DFCS to Increase Referrals





Aspects of Family Treatment Court

Purpose of Family Treatment Court

The DFCS FTC Referral Protocol

➢Barriers to Entry

➢ Barriers to Participation

>Institutional Keys to Success



Purpose of Family Treatment Court

STATISTICS BEHIND WHAT MOTIVATES US



Children In Foster Care >

Children in Foster Care

Statewide there are 13,763 children are in foster care (August 14, 2019).

- **463** are from Chatham County
- 257 are from Clarke County
- **350** are from Hall County

>7.6% of children statewide return to foster care within 12 months of reunification with parents.

- 10.1% Chatham County
- 5.4% Clarke County
- 8.8% Hall County

The cost to care for the average child in foster care is approximately \$33,000 per year.

Goals of Family Treatment Court

- >Return the children to their parents as quickly as possible
- Ensure closer supervision of the parents and safety of children after return
- Enhance services to family- parents and children
- Reduce subsequent return of children to the foster care system
- Facilitate better long term results and less overall time that children are in foster care

The DFCS FTC Referral Protocol

WHAT IS IT AND WHY IS IT UTILIZED



What is the Protocol? \rightarrow

What is the DFCS FTC Referral Protocol?

➢ Very basic screening tool to be completed by DFCS investigators, FP workers, and FC workers where there is a substantiation of maltreatment OR where risk and dependency exist related to substance abuse.

➢ If there is maltreatment/dependency related to one of the criminogenic drugs (cocaine, heroin, methamphetamine) AND one other factor on the screening tool, the county MUST file a petition for dependency and seek FTC interventions.

>Other factors include but are not limited to: previous treatment failure, pending charges or under criminal justice supervision, previous CPS history

>Benefit is a structured decision-making approach to Family Treatment Court referrals, consistent among all DFCS staff and among all Departments with an FTC Program



Why use the Protocol?

> Develop consistent practice within the Division for Family Treatment Court referrals

Provide the Division with an opportunity for *early intervention* with families that could minimize family disruptions, including placement.

Prioritize FTCs to improve outcomes for moderate to higher risk substance abuse disorder cases given the intensity of supervision as well as extensive and expansive treatment

FTCs typically offer evidence based substance abuse treatment, relapse prevention, trauma therapy, multiple parenting curriculum, criminal addictive thinking as well as increased drug screening, community policing, court supervision and individual counseling

Improved partnership between DFCS and Family Treatment Courts in providing additional services and resources for families

>Ensure the Division and Family Treatment Courts are operating within the law and policy

>Increase reasonable efforts to prevent removal and achieve earlier reunifications

>Align agency practices with the Families First Prevention Services Act



FTC REFERRED CASES



■ Feb ■ Mar ■ Apr ■ May ■ Jun ■ Jul

FTC REFERRED CASES



Chatham Clarke Hall

FTC ASSESSED CASES



FTC ASSESSED CASES



Chatham Clarke Hall



Pilot Programs:

Clarke, Chatham, and Hall Counties



RATE OF ENROLLMENT

Screened Enrolled

Barriers to Entry



Barriers to Quick Entry into FTC >

Barriers to Quick Entry into FTC

Delay in getting information to the coordinator
Quality of information being given
Info must get routed through SAAGs first

- Confusion about the process
- >Readiness prior to adjudication
 - >Lack of communication/understanding of what will happen with kids
 - Uneasiness about making a commitment until they know what will happen in Court.

Solutions to Barriers to Quick Entry

Self-referral to FTC

>Although this gives rise to its own variant of confusion and problems

>Better information from investigators

Earlier access to duty attorneys, making sure everyone knows the Department's position prior to entry (i.e. the child attorney, SAAG, parent and placement).

Barriers to Participation

〈 Solutions to Barriers to Quick Entry

Common Barriers to Participation >

Common Barriers to Participation

> Time Commitment

> Confusion about what the result of court will be

- ≻"I can do it on my own"
- >"I'm using but I'm still capable of caring for my kids"
- ≻"I'm not an addict"
- Desire to preserve legal prescriptions or lifestyle
- > Transportation, Housing, and Child Care

Solutions to Time Commitment Barriers

Sell the potential of returning the kids sooner and removing DFCS involvement prior to 18 months

➢One stop shop with both a cheerleader and coach to maximize potential for success− we roll the curriculum out to the participant instead of them needing to locate and manage

Time clock– the Department is going to be making announcements about Permanency in 9-12 months

Offers more than just substance abuse counseling, including vital life skills, parenting support, a support network

Solutions to Court Outcome concerns

Early access to a duty attorney

➢ Partnering with SAAG to understand DFCS' position on removal and what DFCS is asking for prior to return, communication with child attorney/GAL

Asking the parent what they are willing to risk and attempting to make them think realistically (MOTIVATIONAL INTERVIEWING)

"I Can Do It On My Own"

Most people cannot do so, only a small number achieve reunification through non-FTC routes.

Going alone requires coordinating treatment and assessments, getting certificates back to the case manager, finding employment, and making a budget and childcare plan all alone.

Revolving door of care managers, fewer court reviews to prove success, and less contact with both your attorney and the Judge.

>May wait too late to join and miss the opportunity to utilize FTC.

"My Kids are Fine" or "I'm not an Addict"

Motivational interviewing regarding the parent's children and the parent's drug use.

Educating the parent about addict mentality.

➢Illustrate where the children are academically, medically, and mentally and let the parent reach their own conclusions.

Drug screens after every interview

Advocate for the benefit and support system rather than their needs.
Indicate that everyone would benefit from the curriculum and support system available, regardless of their drug use.

Solutions to Lifestyle or Prescription Preservation

➢ Motivational interview

>Focus on how long the parent has had their legal prescription

>Ask how many places the parent has to go

>Suggest healthier alternatives to the lifestyle

>Releases of information, have parents draw timeline of their drug use

Solutions to Transportation, Housing, and Child Care Barriers

Reliable transportation and housing must be handled before admittance to FTC, failure to do so sets the parent up for failure

➢ Have the parent reach out to family or friends to see if they are willing to provide transportation or housing, brainstorm who can help them, offer resources they may not have been aware of

Parent may know somebody already in the program

≻Residential if needed

Partner with DFCS for CAPS assistance

Keys to Institutional Success

>DFCS has shifted training to increase referrals by case managers

>SAAGs and Supervisors continuing the conversation at every level

Adaptability with the individual parent, working them through parent specific challenges

Continual problem solving

≻Referrals from all sides of the process (parent attorneys, child attorneys, SAAGs, CASAs, GALs, and other Judges)



Graduated June 2013, 8 years sober, runs 12 step group for participants



Graduated December 2018, almost 3 years clean, still sending random funnies to coordinator



Graduated October 2017, 4 years clean, pictured at wedding of former foster placement for her two girls



Graduated December 2018 and March 2019, 2.5 years clean, pictured on family vacation after Dependency closed



Graduated December 2018, 2.5 years clean, pictured at Daddy Daughter dance. Little League Coach. Wife is also a graduate and applying for CARES