

CACJ 2022 Annual Conference

Best Practices for Jurisdictions Planning to Implement a Family Treatment Court

October 11, 2022 | 1:30 – 2:45pm

Kirstin Frescoln, PhD, CPM | Center for Children and Family Futures



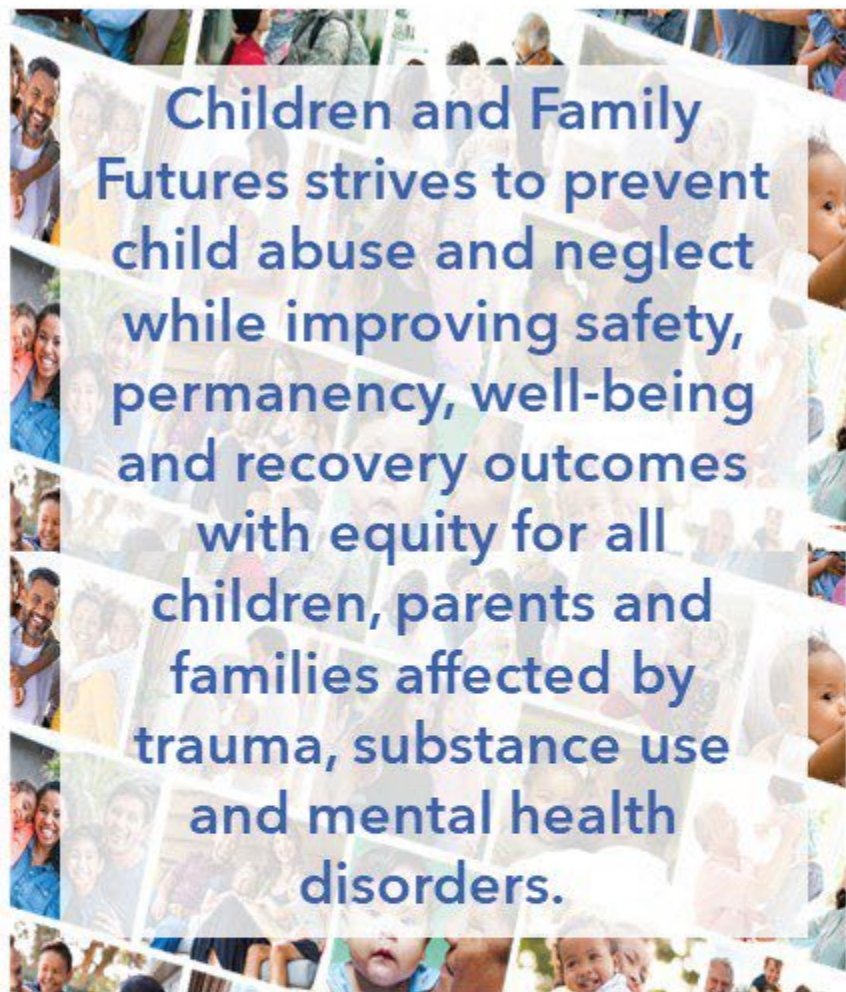
CENTER FOR CHILDREN AND FAMILY FUTURES
Strengthening Partnerships, Improving Family Outcomes

Acknowledgment

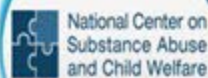
This presentation is supported by
Grant #2019-DC-BX-K013 awarded by the
Office of Juvenile Justice and Delinquency Prevention,
Office of Justice Programs,
U.S. Department of Justice.



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.



Children and Family Futures strives to prevent child abuse and neglect while improving safety, permanency, well-being and recovery outcomes with equity for all children, parents and families affected by trauma, substance use and mental health disorders.



NATIONAL CENTER ON SUBSTANCE ABUSE & CHILD WELFARE (NCSACW)

- Collaborative Training and Technical Assistance
- In-Depth Technical Assistance
- Regional Partnership Grants Technical Assistance

Funded by the Children's Bureau (CB), Administration for Children and Families (ACF), co-funded by the Substance Abuse and Mental Health Services Administration (SAMHSA)



NATIONAL FAMILY DRUG COURT TRAINING & TECHNICAL ASSISTANCE PROGRAM (FDC-TTA)

- Office of Juvenile Justice and Delinquency Prevention FDC Grantee TTA
- FDC TTA (Non-grantee)

Funded by Office of Juvenile Justice and Delinquency Prevention (OJJDP)



NATIONAL SOBRIETY TREATMENT & RECOVERY TEAMS TRAINING AND TECHNICAL ASSISTANCE PROGRAM (START)

Funded by Individual States and/or Local Jurisdictions



CHILDREN & FAMILY FUTURES TECHNICAL ASSISTANCE & EVALUATION PROJECTS (CFF)

- Casey Family Programs
- Duval County, FL Fourth Judicial Circuit FTC TA
- National Quality Improvement Center on Family-Centered Reunification
- Recovery Opportunities Open for Men (ROOM) for Dads
- Sacramento County Dependency Family Treatment Court
- Sacramento County Early Intervention Family Treatment Court
- Strong Families, Strong Children
 - Behavioral Health Services of Veteran Families
 - Continuum of Care for Veteran Families
 - Orange County Veterans Initiative





Family Treatment Court

PLANNING GUIDE

- Designed to provide step-by-step instructions
- Use Guide to gather needed information to present FTC concept
- Worksheet Activities

<https://www.cffutures.org/fdc-tta/planning-guide-2018/>

FAMILY TREATMENT COURT

Peer Learning Court Program



CENTER FOR CHILDREN AND FAMILY FUTURES
Strengthening Partnerships, Improving Family Outcomes

King County FTC, WA

Tompkins County FTC, NY

Wapello County FTC, IA

Grant County FRC, IN

Jefferson County FIT Court, CO

Baltimore City Circuit FRP, MD

Pima County FDC, AZ

Travis County PIR/FDTC, TX

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

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

FTC Briefs



What are family treatment courts and how do they **improve outcomes for children and families?**

This brief is part of a series on family treatment courts developed in partnership with [Children and Family Futures](#). Forthcoming briefs on this topic discuss practice-level strategies to improve outcomes for families affected by a parent's substance use disorder and the role of FTCs as a catalyst for systems change. For more information about Family Treatment Courts, please consult the [Family Treatment Court Best Practice Standards](#) or contact Children and Family Futures at EDC@cfutures.org.

Child welfare agencies and their community partners often struggle to meet the needs of families affected by substance use disorder, due to the limited availability of family-friendly treatment options, caseworker and court personnel's misconceptions about substance use and treatment, and the competing timelines of the parent's recovery and child's permanency (as mandated by state and federal law). For a growing number of communities, family treatment courts offer an effective solution.

A family treatment court (FTC), considered a problem-solving court by leading judicial and legal organizations,¹ is a family court docket for cases of child



Updated April 2021

casey.org | 1

<https://www.casey.org/family-treatment-courts/>



What can we learn from **family treatment courts to support systems change?**

This brief is part of a series on family treatment courts (FTCs) developed in partnership with [Children and Family Futures](#). Additional briefs on this topic provide an overview of [family treatment courts](#) and [practice-level strategies](#) that FTCs employ to improve outcomes. For more information about family treatment courts, please consult the [Family Treatment Court Best Practice Standards](#) or contact Children and Family Futures at EDC@cfutures.org.

System transformation requires successfully developing strategies that realign child welfare agencies and the justice system to work in increasingly effective and collaborative ways with other public serving organizations and community networks to support and nurture family development, promote overall child and parent well-being, and to help families thrive. The process of developing and operating family treatment courts (FTCs) naturally enhances collaboration and communication among family-serving systems and community agencies, including substance use disorder treatment and health, the relationships and



Updated August 2021

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<https://www.casey.org/ftc-brief-two/>



What can we learn from family treatment courts about **improving practice for families affected by substance use disorder?**

This brief is part of a series on family treatment courts (FTCs) developed in partnership with [Children and Family Futures](#). Additional briefs on this topic provide an overview of [family treatment courts](#) and their role as a [catalyst for systems change](#). For more information about FTCs, please consult the [Family Treatment Court Best Practice Standards](#) or contact Children and Family Futures at EDC@cfutures.org.

Family treatment courts (FTCs) have proven to support positive outcomes for families affected by parental substance use disorder, including improved recovery for adults, safety for children, and timely permanency for families.¹ However, not all jurisdictions have secured the funding for implementation of this model, including the hiring of an FTC coordinator, one of the primary program expenses.



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<https://www.casey.org/ftc-brief-three/>



Learning Objectives

1. Describe the FTC model and outcomes associated with effective practice.
2. Identify practices, associated with improved child welfare and dependency court outcomes.
3. Generate at least one action step to enhance or modify current practice to improve outcomes for all dependency court families.



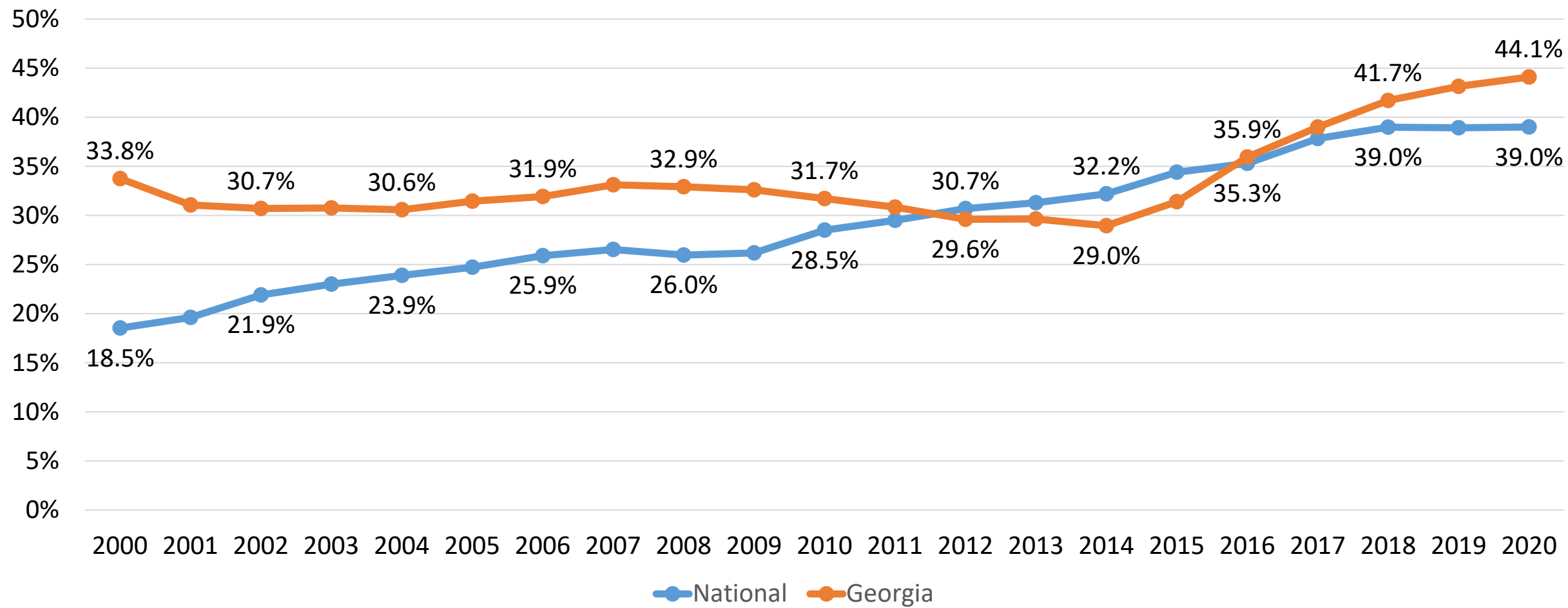
*What Makes
Family Treatment Courts Unique*

Statement of the Problem

How many children in the child welfare system have a parent in need of treatment?

- Between 60–80% of substantiated child abuse and neglect cases involve substance use by a custodial parent or guardian (Young, et al, 2007)
- 61% of infants, 41% of older children who are in out-of-home care (Wulczyn, Ernst and Fisher, 2011)
- 87% of families in foster care with one parent in need; 67% with two (Smith, Johnson, Pears, Fisher, DeGarmo, 2007)

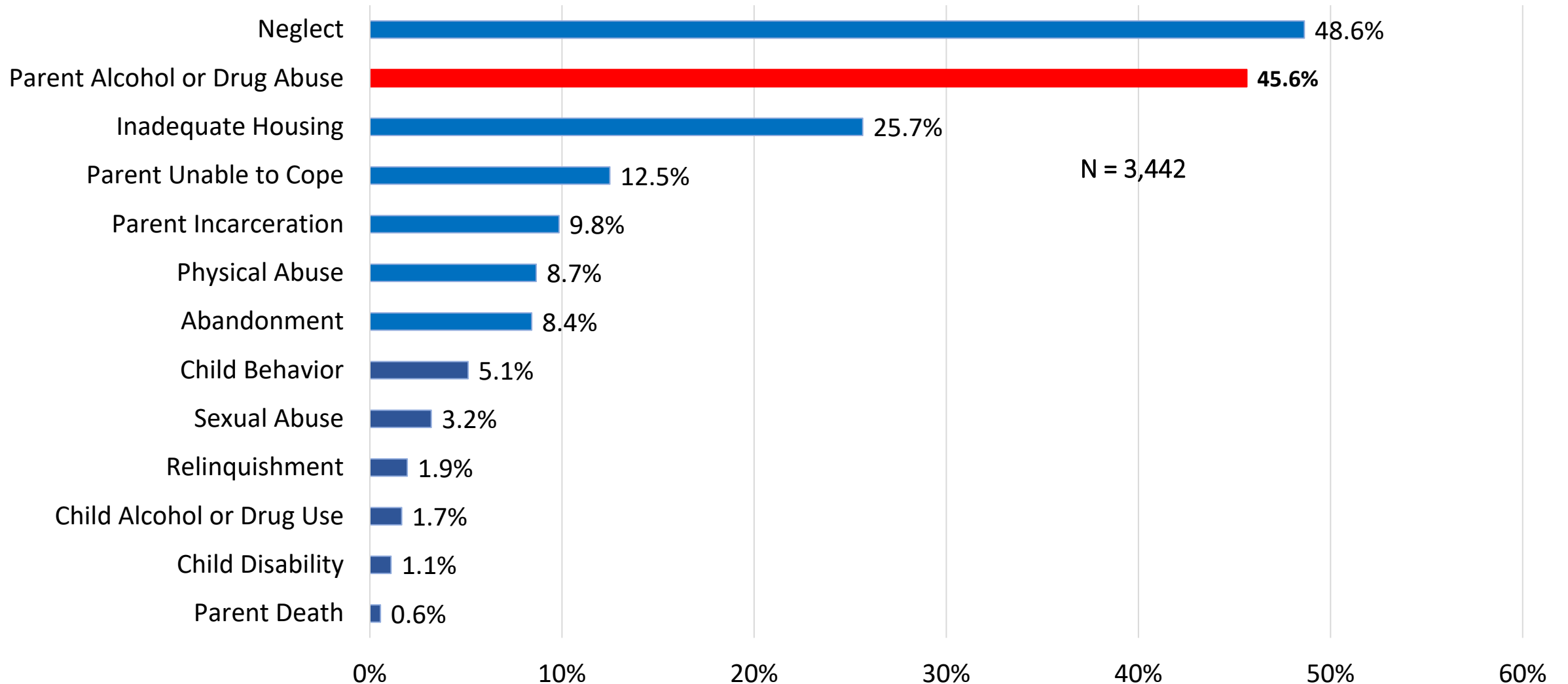
Prevalence of Parental Alcohol or Drug Abuse as an Identified Condition of Removal in the United States and Georgia, 2000 to 2020



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

Source: AFCARS Data, 2000-2020

Percent of Children with Terminated Parental Rights by Identified Condition of Removal in Georgia, 2020



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

Source: AFCARS Data, 2020 v1

A LOOK AT THE NUMBERS



92%



of crossover youth are first involved in the child welfare system.

47% youth are at risk of becoming involved in delinquency



83%

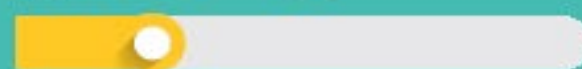
of crossover youth experience an onset of their own mental health challenges and substance abuse at significantly higher rates.²

95,000

Authorities removed nearly 95,000 children from homes due to parental substance use in 2019.³



15%



Nearly 15% of those removed are adolescents ages 12-18+

National Survey of Drug Use and Health (NSDUH) estimates (2019)⁴:

Among adolescents aged 12 to 17 who had a past year SUD, only **8.3%** accessed substance use treatment.

The Matter of Time

Adoption and Safe Families Act (ASFA) – 12-month timetable for reunification

Conflicting Clocks

Treatment and Recovery – lifelong process

Child Development – impact on bonding and attachment

FTC Model – Multiple Expertise



Child Welfare Services assess child risk and safety, provides for needs of child and family, focus on child permanency and well-being



Treatment assesses parent's need for treatment – level of care, areas of life functioning, recovery supports



Court provides oversight, ensures timeliness, child well-being and access to services

FTC Model as a Collaborative Solution

Judicial Oversight



**Treatment
Court
Hearings**



**Therapeutic
Jurisprudence**



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



**Enhanced
Family-Based
Services**

Comprehensive Services



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.

Traditional Adult Drug Court	Family Treatment Court
ADCs can set their own timetable	ASFA and child development time clock
Court ordered	Voluntary
Participant (adult) focused	Family focused
Partnerships usually include the court, legal professionals, probation, and treatment services	Partnerships must also include child welfare and family serving agencies
Criminal Case - Legal incentive is clearly defined, e.g., dismissal of charges, early discharge from probation, reduction of charges	Civil Case - The FPC cannot offer a specific legal outcome. The court must make all legal decisions by assessing the best interests of the child.
Measurement of Success – graduation/commencement	Measurement of Success – the “5 Rs and an E” – Recovery, Remain at home, Reunification, Repeat maltreatment, Re-entry to care, with Equity

Best Practices Outcomes



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)

Long Term Outcomes - What is Success?

5 Rs and E

Equitable Outcomes in:

All outcomes should be disaggregated by race, ethnicity, gender, and other key demographic information

Recovery

- Parents access treatment more quickly
- stay in treatment longer
- decrease substance use

Remain at Home

More children remain at home

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



Family Treatment Court Best Practice Standards

8 *Standards*
and Key Provisions

<https://www.cffutures.org/home-page/ftc-best-practice-standards-2019/>

What are FTC Best Practices?

Research encompassing best and promising practices for:

- Child, parent, and family well-being
- Parenting education and child-parent interactions
- Substance use disorder treatment
- Mental health treatment
- Dependency court
- Child welfare
- FTC implementation and operations

Structure of the FTC Best Practice Standards

Description – Each standard begins with a descriptive summary paragraph.

Provisions – Expand on the description and are mandates stating what FTCs should do; they are designed to be as directive and measurable as possible.

Rationale – Describes the reasoning and applicable research base for each provision, drawing upon both practice-based evidence and empirical studies from a wide range of related fields of study.

Key considerations – Provide additional explanation of the provision and practical implementation advice.

References – Included at the end of each section

Family Treatment Court Best Practice Standards



Equity and Inclusion

Monitoring and Evaluation



Role of the
Judge



Early
Screening and
Assessment



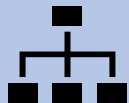
Timely,
Quality
Treatment



Case
Management



Therapeutic
Behavior
Response



Organization and Structure

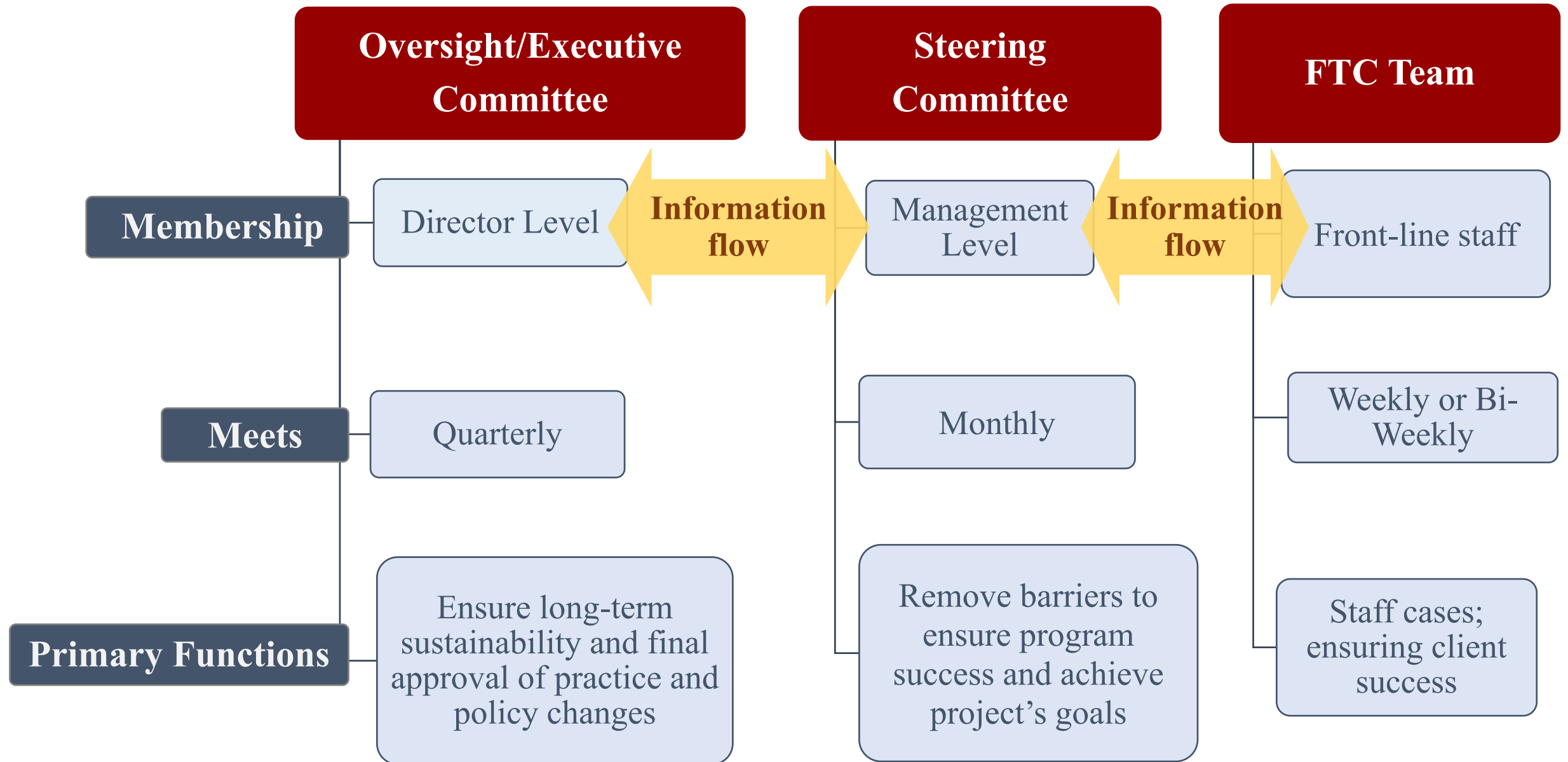


Standard 1: Organization and Structure

Organization & Structure

The family treatment court (FTC) has agreed-upon **structural and organizational principles** that are supported by research and based on evidence-informed policies, programs, and practices. The core programmatic components, day-to-day operations, and oversight structures are defined and documented in the FTC policy and procedure manual, participant handbook, and memoranda of understanding (MOUs).

Effective Collaborative Structure



Standard 1: King County Family Treatment Court, WA



Five Standing Agenda Items for Steering Committee Meetings

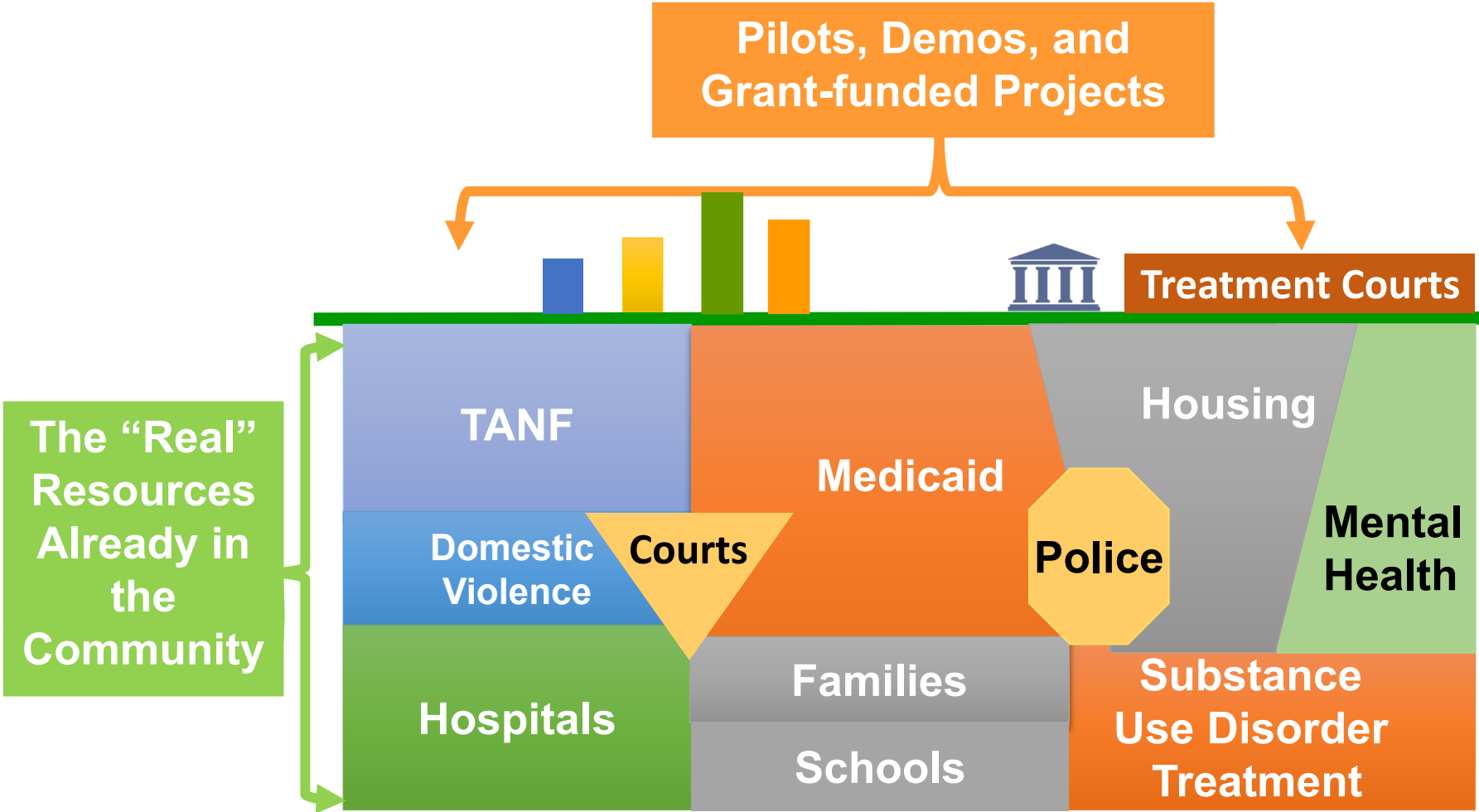


1. Data dashboard
2. Systems barriers
3. Funding and sustainability
4. Staff training and knowledge development
5. Outreach efforts

Community Mapping



Using the Resources Already in Your Community



BUILDING COLLABORATIVE CAPACITY SERIES



This seven-part series is organized into two clusters. The first cluster provides a *framework for establishing a collaborative team*. The second cluster highlights strategies to achieve *timely access* to treatment and support services for families.

AVAILABLE @ <https://ncsacw.acf.hhs.gov/collaborative/building-capacity.aspx>



Sustainability Toolkit

Five Steps to Build a Sustainability Plan For Systems Change



“We know that agencies working together can change systems and produce better results for children and families”

Available @

<https://ncsacw.acf.hhs.gov/collaborative/budgeting-program-sustainability.aspx>



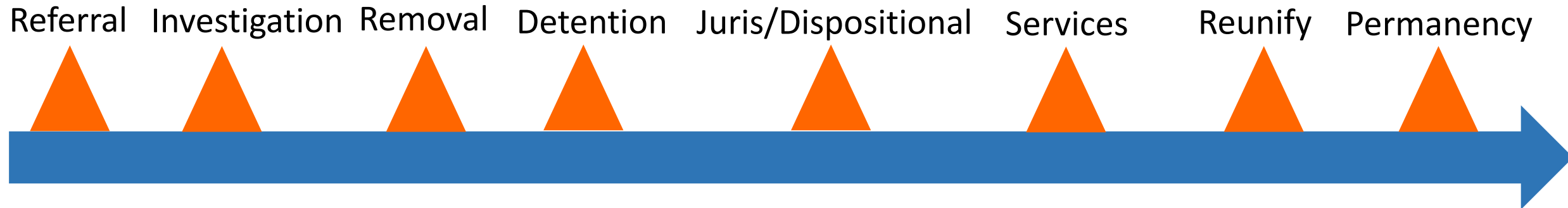
Standard 3: Ensuring Equity and Inclusion

Ensuring Equity and Inclusion

Family treatment court (FTC) has an affirmative obligation to consistently **assess its operations and those of partner organizations** for policies and procedures that could contribute to disproportionality and disparities among historically marginalized and other underserved groups. The FTC actively **collects and analyzes** program and partner organization **data** to determine if disproportionality or disparities exist in the programs; if so, the FTC **implements corrective measures** to eliminate them.

Ensuring Equity and Inclusion

There are opportunities to identify disproportionality and improve practices at every stage of the child welfare case.



Ensuring Equity and Inclusion

A descriptive analysis of a cohort of 11 FTCs serving more than 3,500 children showed:

- Black children were overrepresented in child welfare population but underrepresented in FTC cohort
- Black, AI/AN and Latinx children experienced similar length of stay in foster care and reunification with a parent within 12 months to White children

Source: Breitenbucher P, Bermejo R, Killian C, Young NK, Duong L, DeCerchio K. Exploring racial and ethnic disproportionalities and disparities in family drug courts: findings from the Regional Partnership Grant Program. Journal of Advancing Justice. 2018;1:35–61.

Standard 3: Travis County Parenting in Recovery/Family Drug Treatment Court, TX





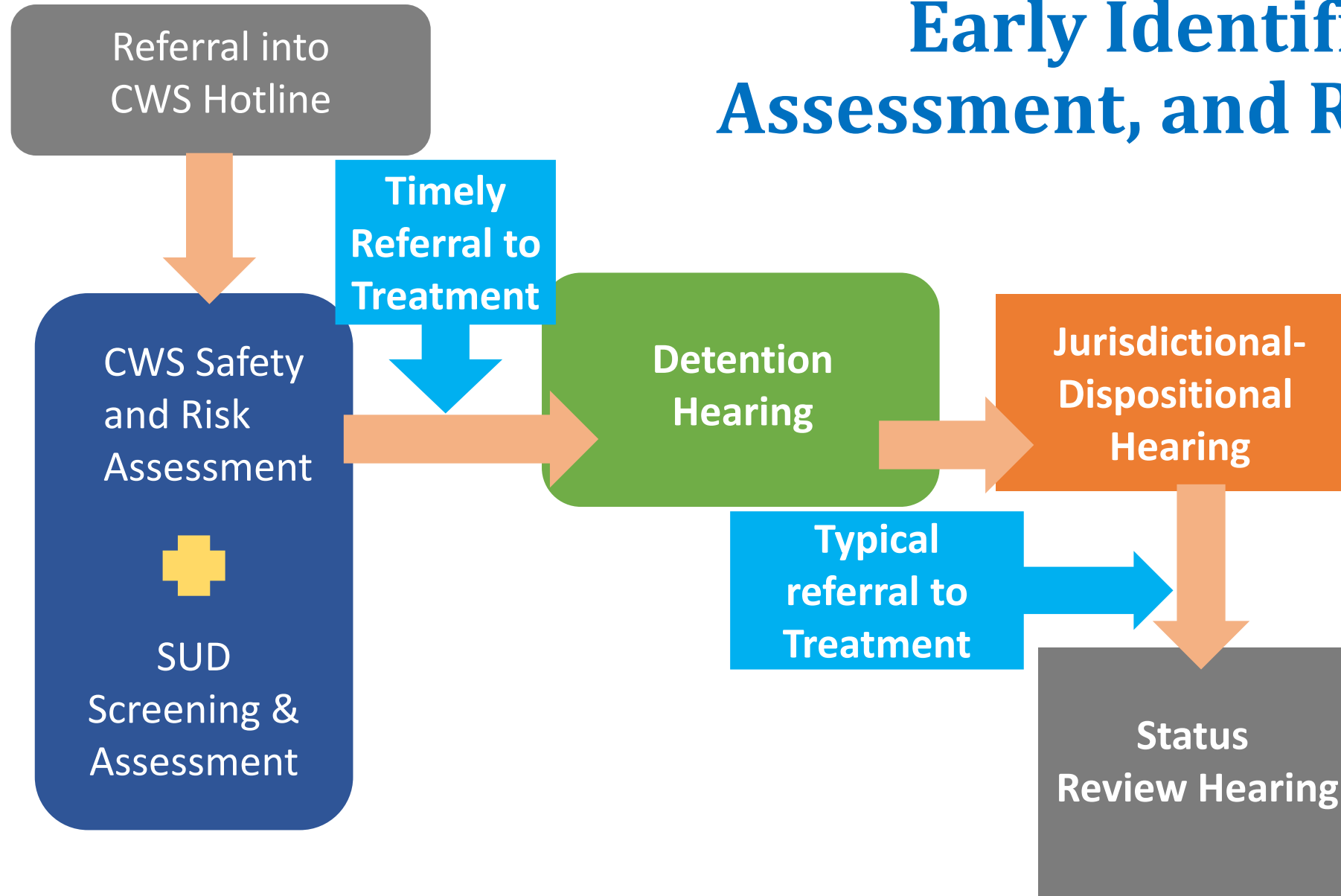
Standard 4:
Early Identification, Screening,
and Assessment

Early Identification, Screening, and Assessment

The process of early identification, screening, and assessment provides the greatest opportunity to fully meet the comprehensive needs of children, parents, and families affected by SUDs that come to the attention of the child welfare system. FTC team members and partner agencies screen and assess all referred families using objective eligibility and exclusion criteria based on the best available evidence indicating which families can be served safely and effectively in the FTC. Team members **use validated assessment tools and procedures** to promptly refer children, parents, and families to the appropriate services and levels of care. They conduct ongoing validated assessments of children, parents, and families while also addressing barriers to recovery and reunification throughout the case. Service referrals match identified needs and connect children, parents, and family members to evidence-based interventions, promising programs, and trauma-informed, culturally responsive, and family-centered practices. FTC team members take on varying roles for this process to occur in a timely and efficient manner.

Identification of family in need

A Model for Early Identification, Assessment, and Referral



**Recommended
Eligibility
Criteria:**

Active Court-Involved Child Welfare Case



Assessed Substance Use Disorder – Moderate
to Severe



Require additional support to be successful



Referral to FTC

FAMILY TREATMENT COURT (FTC) SCREENING FORM
DIVISION OF FAMILY AND CHILDREN SERVICES (DFCS)

This screening form is to help identify adults with an active DFCS case plan who may be appropriate for services with a Georgia Family Treatment Court (FTC).

DATE: _____

Name and Contact Information of DFCS Staff Member completing this form:

Name or Identifier of Adult being considered for Family Treatment Court:

SECTION 1:

- Is the case being substantiated for abuse or neglect or is there an indication of a substance use/alcohol problem affecting the safety and welfare of the child(ren)?
 - ☐ YES: Proceed to Section 2.
 - ☐ NO: Do Not Refer to FTC Program. Place in File.

SECTION 2:

- The following risk factors may indicate the need for additional treatment programming and supervision intensity afforded by the FTC.

If **RI** AND one or more factors in Section 2 are present a **DEPENDENCY PETITION** is **REQUIRED** and the case is **PRIORITY** for the FTC. Please indicate all that apply.

NOTE: FTC referral may be made on ANY case associated with substance abuse regardless of the presenting factors. These cases may involve alcohol or drugs, if abuse not listed below. However, a DEPENDENCY PETITION is required prior to FTC consideration. Please complete all sections.

- ☐ Substance use includes cocaine/crack cocaine, methamphetamine, heroin/opiates
 - a. Please specify primary drug of abuse: _____
 - ☐ Previous drug treatment failure
Please specify: _____
- ☐ Previous CPS History
Please specify: _____
- ☐ Child(ren) at significant risk for placement or currently in foster care
Please specify: _____
- ☐ Criminal Justice Involvement

Last Modified: 12.8.18

- I. ☐ Currently under criminal justice supervision (i.e. probation, parole or pre-trial diversion)
Please specify: _____
- II. ☐ Parent has pending criminal charges? ☐ Yes ☐ No
Charge: _____ County: _____
- III. ☐ Prior criminal conviction(s)
Please specify: _____
- IV. ☐ Violent offenses
Please 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: _____
 - ☐ Indication of co-occurring mental health issues
Please specify: _____
 - ☐ Previous parental or child trauma history
Please specify: _____
 - ☐ Other
Please specify: _____

SECTION 4:

- Special considerations:
 - ☐ Interpretation services required
Please specify: _____
 - ☐ Disabilities
Please specify: _____
 - ☐ Other
Please specify: _____

SECTION 5:

- All candidates should be staffed with an appointed supervisor and or administrator/designee. Indicate decision below.
 - ☐ YES: Appropriate for FTC. Proceed to Petition
 - ☐ NO: 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

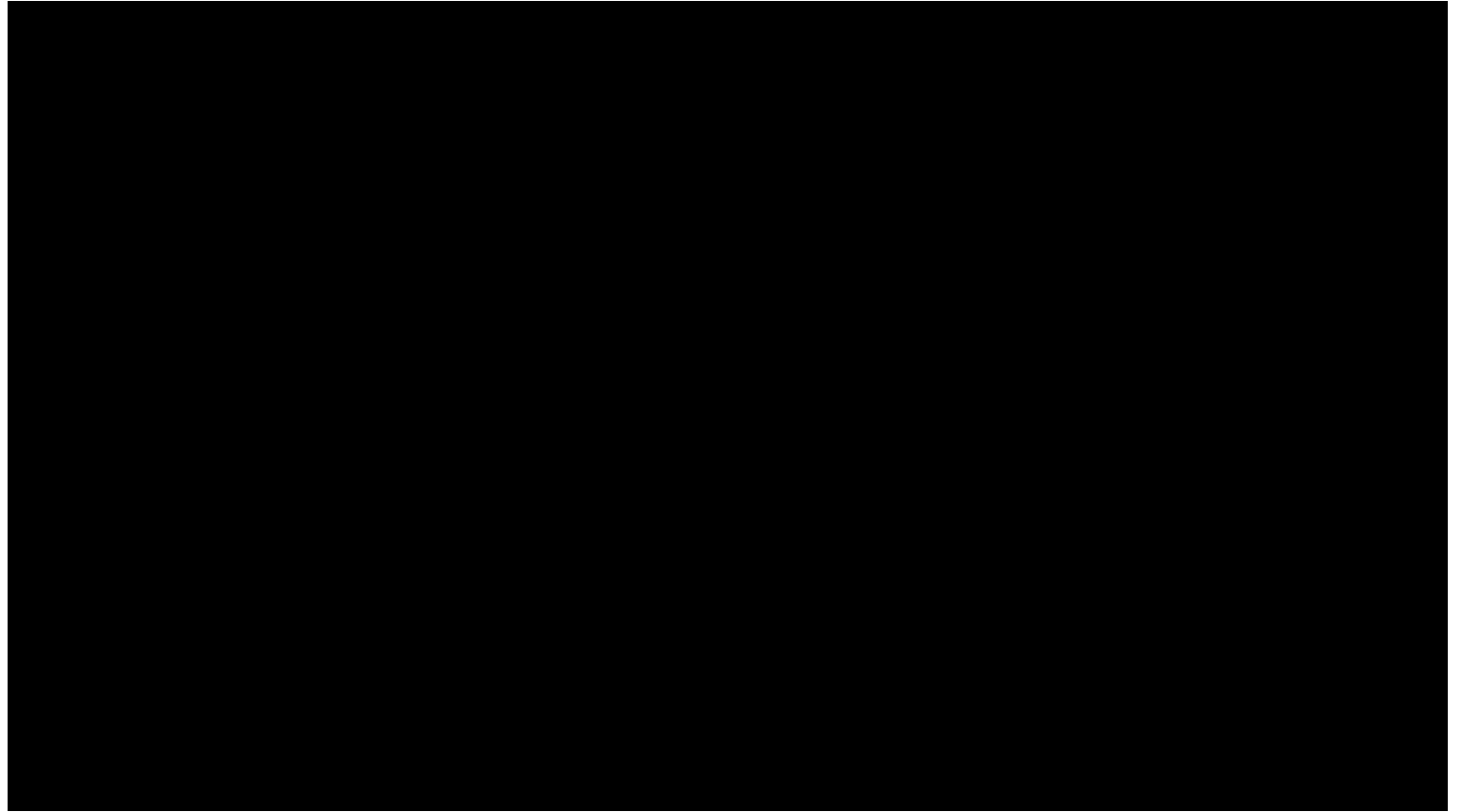
Screening and Assessment

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.

Team should not vote on admissions

(Source: Bhati, Roman & Chalfin, 2008)

Standard 4: Pima County Family Drug Court, AZ





Standard 5:
Timely, High Quality, and Appropriate
Substance Use Disorder Treatment

Timely, High Quality, and Appropriate Substance Use Disorder Treatment

SUD treatment is provided to meet the individual and unique substance-related clinical and supportive needs of persons with SUDs. For participants in FTC, it is important that the SUD treatment agency or clinician provide services in the context of the participants' **family relationships**, particularly the parent-child dyad, and understand the importance of and responsibility for **ensuring child safety** within the Adoption and Safe Families Act timeline for child permanency. A treatment provider's **continuum of services** includes early identification, screening, and brief intervention; comprehensive standardized assessment; stabilization; appropriate, manualized, evidence-based treatment including medications if warranted; **ongoing communication** with the FTC team; and continuing care. The parent, child, and family treatment plan is based on individualized and assessed needs and strengths and is provided in a timely manner including concurrent treatment of mental health and physical health.

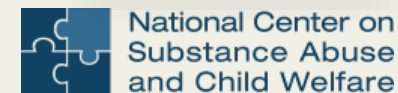
Engagement is Everyone's Job

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



Disrupting Stigma

How Understanding, Empathy and Connection Can Improve Outcomes for Families Affected by Substance Use and Mental Disorders



Available @ <https://ncsacw.acf.hhs.gov/files/disrupting-stigma-brief.pdf>

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

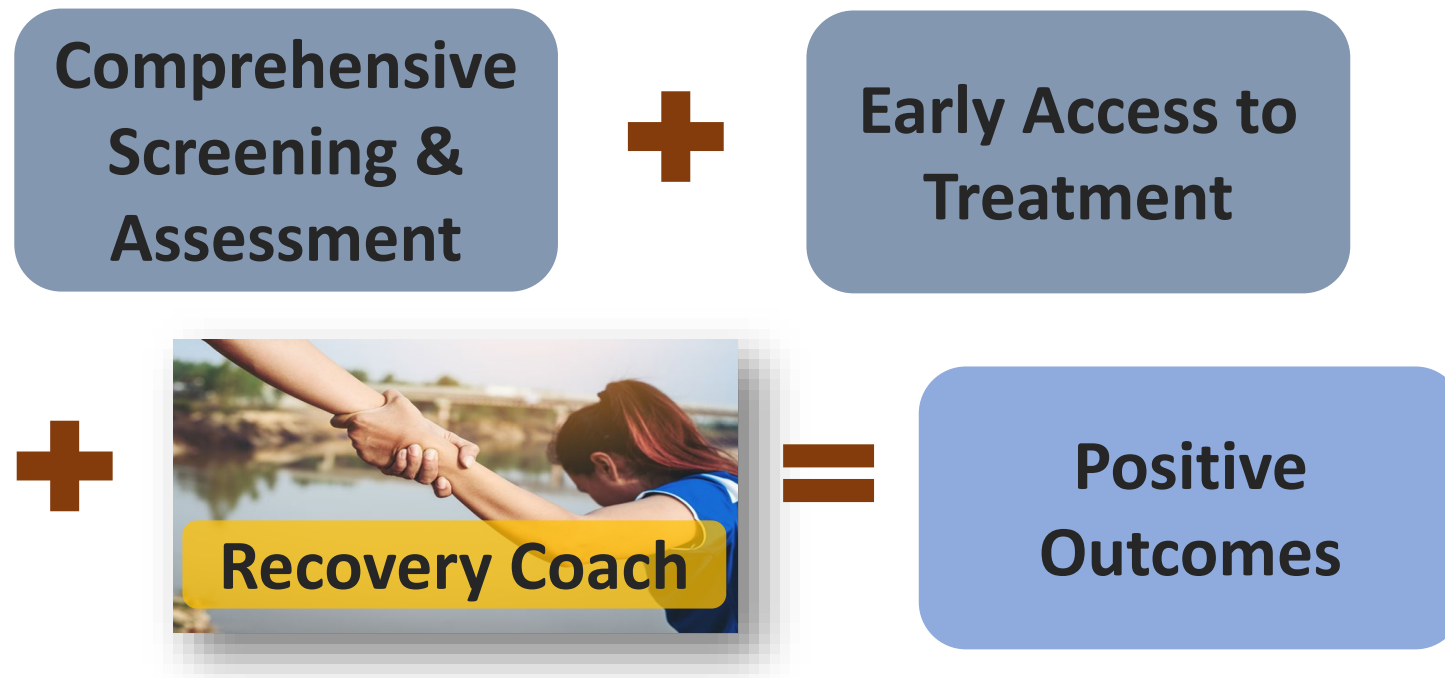
Advisor

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



Recovery Support Matters

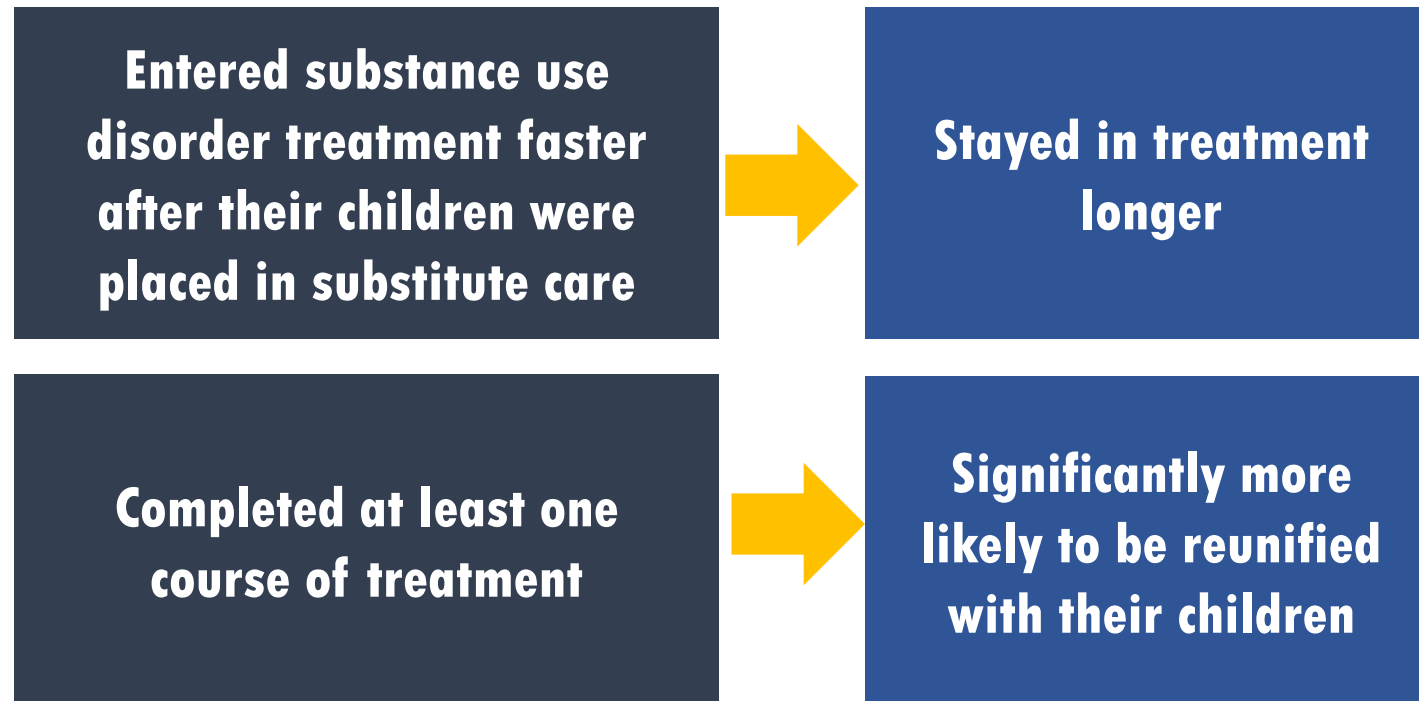
A Randomized Control Trial – Cook County, IL (n=3440)



Ryan, Perron, Moore, Victor & Park (2017) "Timing matters: A randomized control trial of recovery coaches in foster care, Journal of Substance Abuse Treatment (77): 178-184.

Time To & Time In Treatment Matters

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



Source: Green, Rockhill & Furrer (2007)

Treatment Matching

Treatment should be matched based upon

- Results of valid and reliable assessments
- Therapeutic needs – substance use, mental health, medication management, trauma, parent-child dyad, family, etc.
- Language of choice
- Gender-specific
- Culture preferences
- Geographic preferences

(National Institute on Drug Abuse, 2018; Office of Minority Health, 2013; Mandell & Werner, 2008; Covington, et al., 2011)

Treatment Matches Assessed Need

Individuals who receive the level of care indicated by the ASAM Patient Placement Criteria have significantly higher treatment completion rates and fewer returns to substance use than those who receive a level of care higher or lower than clinically needed.

(Source: DeLeon, et al., 2010; Gastfried & Lu, 200; Magura, et al., 2003; Mee-Lee & Gastfried, 2008)

Drug court participants who received psychiatric medications for psychological or emotional problems, in addition to their SUD treatment, were 7x more likely to graduate than participants with psychiatric symptoms who did not receive psychiatric medications.

(Source: Gray, 2005)

Predicting Reunification

- 90 days or more in treatment
- “high” level of family-related or education/employment services



Twice as likely to reunify

In a study of 1,115 mothers, 2,299 children in 43 different treatment programs

(Grella, et al., 2008)



Medication-Assisted Treatment

Judicial Benchcard and Primer

Includes policies for using MAT, considerations, and key takeaways for judicial professionals

Highlights key details that partners should bring to court, information on frequently used medications for MAT

Focuses on special populations including pregnant women, parents involved in child welfare, and co-occurring disorders



Available @ <https://ncsacw.acf.hhs.gov/topics/medication-assisted-treatment.aspx>

Exploring Civil Rights Protections for Individuals in Recovery from an Opioid Use Disorder

NEW RESOURCE!

Five-Part Video and Webinar Series

Medication-Assisted Treatment and Common Misconceptions

Civil Rights Protections for Individuals with a Disability: The Basics

Civil Rights Protections for Individuals with an Opioid Use Disorder

Child Welfare Case Staffing: Social Worker and Supervisor

Child Welfare Case Staffing: Child Welfare Court Case



Available @
ncsacw.samhsa.gov/topics/medication-assisted-treatment.aspx



Standard 6:
Comprehensive Case
Management Services, and
Supports for Families

Comprehensive Case Management Services, and Supports for Families

FTC ensures that children, parents, and family members receive comprehensive services that meet their assessed needs and promotes sustained family **safety, permanency, recovery, and well-being**. In addition to **high-quality** 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. These services are **trauma responsive**, include family members as active participants, and are grounded in cross-systems collaboration and **evidence-based or evidence-informed** practices implemented with fidelity.

What Is Recovery?

SAMHSA's Working Definition

Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.



Recovery is not treatment!

Access to evidence-based substance use disorder treatment and recovery support services are important building blocks to recovery.

Four Major Dimensions

Health

Overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being

Home

Maintaining a stable and safe place to live

Purpose

Conducting meaningful daily activities, such as a job, school, or volunteerism, and having the independence of income and resources to participate in society

Community

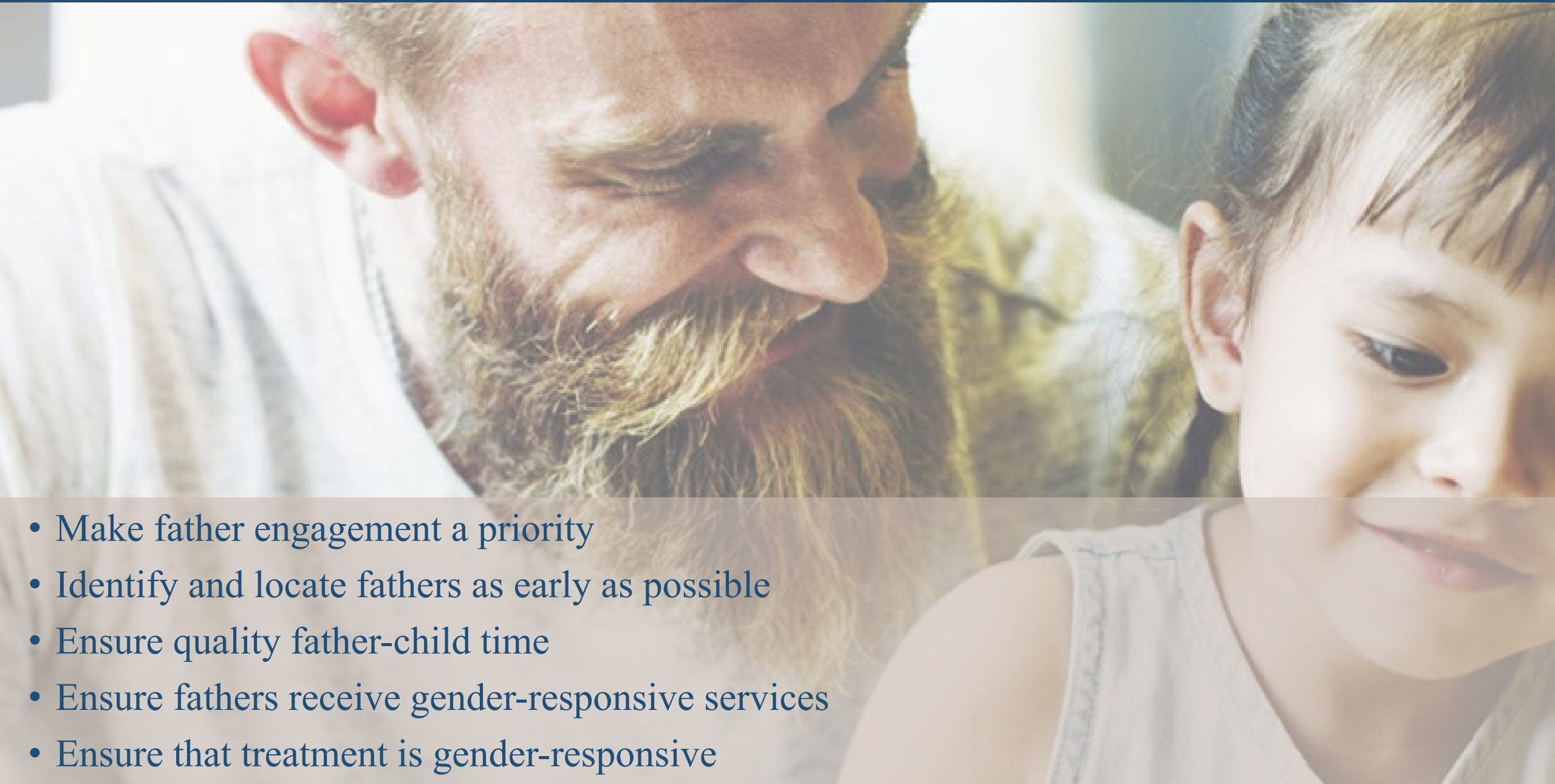
Having relationships and social networks that provide support, friendship, love, and hope

Case Plans are Developed with the Family

- Include a broad definition of family to include all individuals whom the child and parent consider “family”
- Prioritize a family’s cultural beliefs, values, and traditions
- Increase parent and child engagement in case plans
- Support the parent’s commitment to achieving case objectives as well as relationships between the parent, child, and service providers
- Enhance the fit between the family member’s needs and services

Include the parent’s attorney or legal team’s social worker and/or peer support in case planning and team/family meetings to provide additional support

Engagement of Fathers in Family-Based Services



- Make father engagement a priority
- Identify and locate fathers as early as possible
- Ensure quality father-child time
- Ensure fathers receive gender-responsive services
- Ensure that treatment is gender-responsive

Engaging Fathers

Fathers' involvement in parenting is associated with:

- more reunifications and fewer adoptions
- substantially lower likelihood of later maltreatment allegations
- more rapid exits from foster care for children.

(Source: US DHHS. More About Dads, 2008)

- half to two-thirds of men seeking SUD treatment are the biological fathers of at least one child
- 20-30% live with or have custody of their child

(Source: McMahon, TJ, et al., 2005; Stover, CS, et al. 2011)



Family Voice

Child and Family Services Reviews Round 3 Findings 2015-2016

- Families did better when **parents and children were involved in case planning**
- Families did better when there was **frequent quality parenting time**



(US Dept of Health and Human Services, Children's Bureau, 2017)

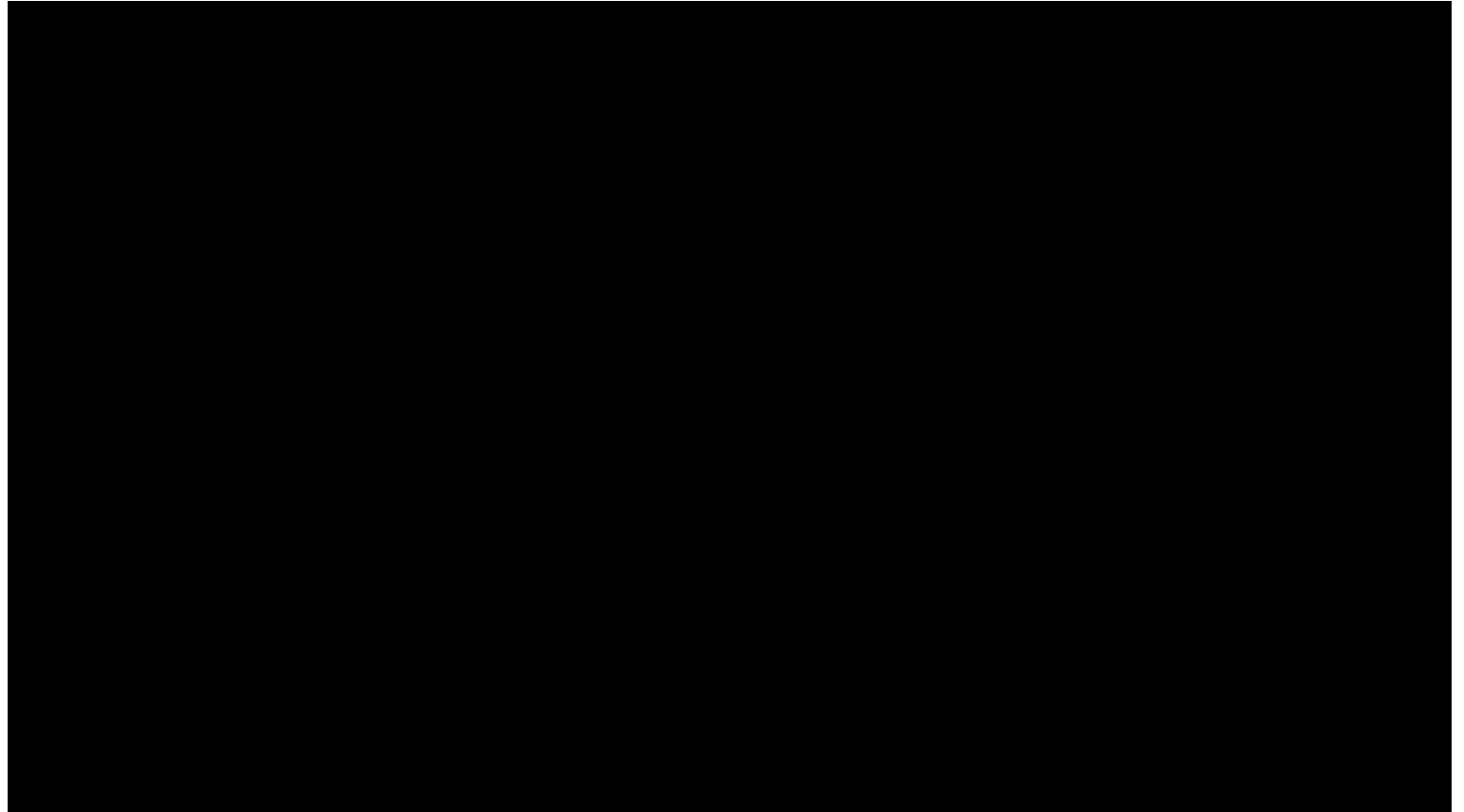
Family Voice

Family Team and Family Group Decision Making Meeting Meetings:

- Are facilitated meetings
- ACTIVELY engages parent(s), child(ren), other family members (as appropriate) in meeting
- Focuses on determining individual and family strengths and needs
- Results in written plans that set out clear action steps needed for successful case closure.
- Seeks to reduce the number of times a family has to tell their story or engage with professionals in developing a case plan.

Professionals accommodate the needs of the family - Not the other way around!

Standard 6:
Baltimore City
Circuit Court
Family Recovery
Program, MD



High-Quality Parenting Time

High-quality parenting and family time is important for sustaining the parent-child connection, nurturing parent-child attachment, reducing children's anxiety and feelings of abandonment, reunifying families, and achieving permanency.

(Sources: Smariga, 2007, Dougherty, 2004, Nesmith, 2013)



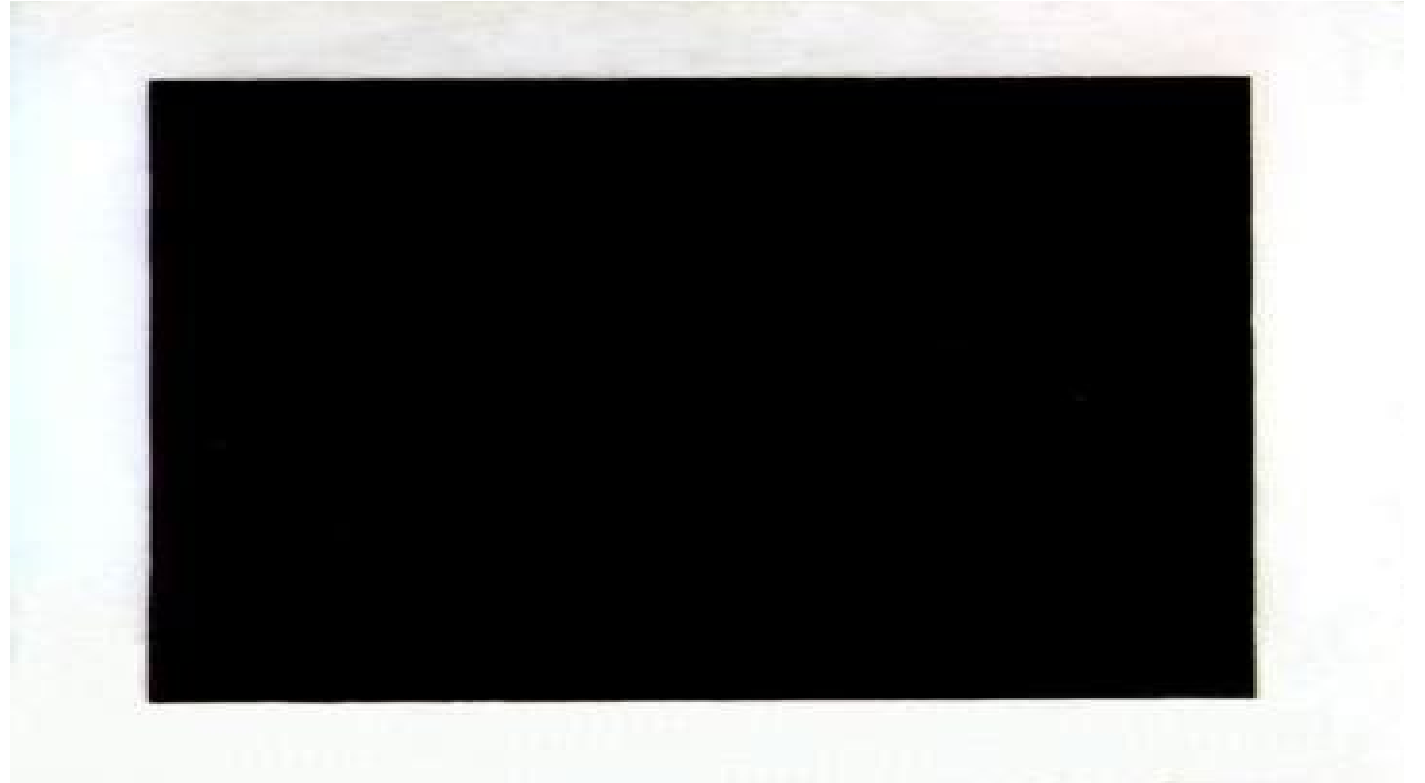
Quality Family Time

Effects on Children

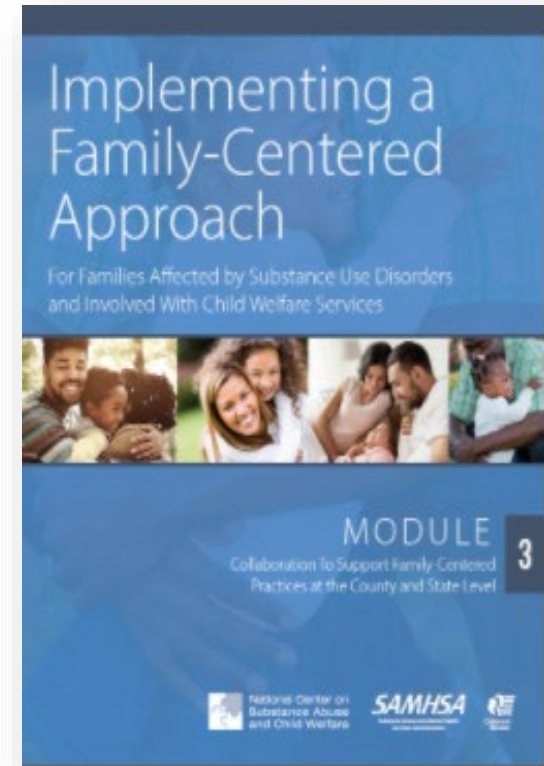
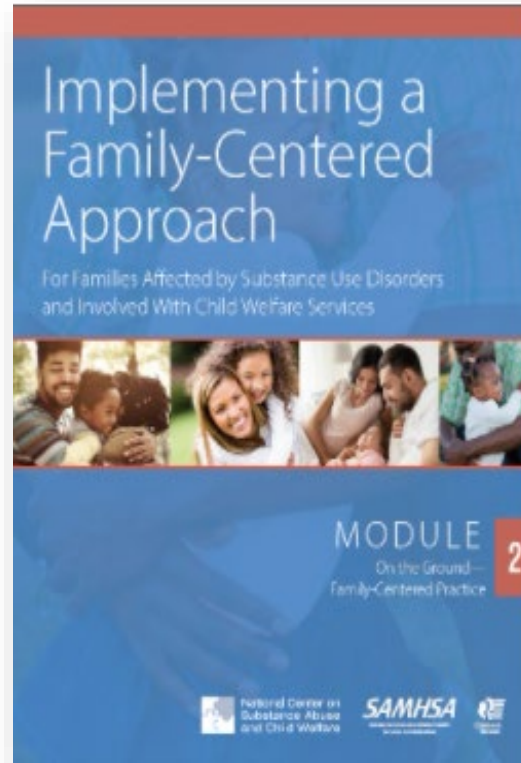
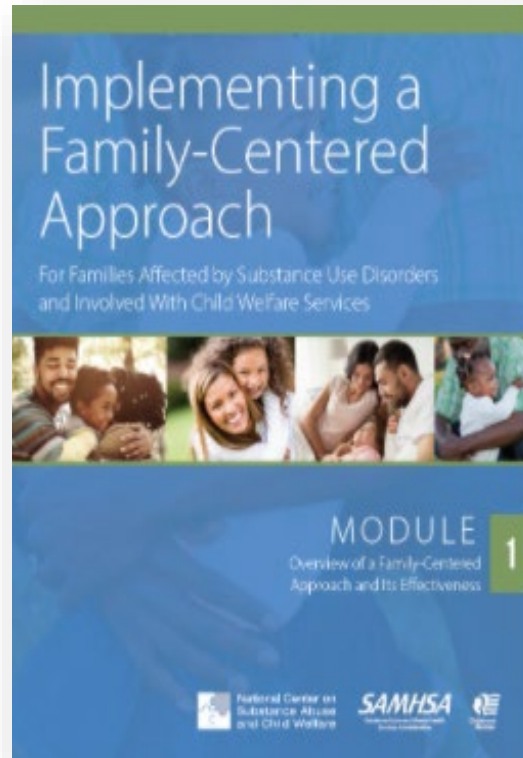
- Parent-Child Contact (Visitation): Research shows **frequent visitation increases the likelihood** of reunification, **reduces time** in out-of-home care (Hess, 2003), and **promotes healthy attachment** and **reduces negative effects** of separation. (Dougherty, 2004)
- Children and youth who have **regular, frequent contact** with their families are **more likely to reunify** and **less likely to reenter foster care** after reunification. (Mallon, 2011)

Jefferson County Family Integrated Treatment Court, CO

Implementing a Family-Centered Approach



Family Centered Approach Modules



<https://ncsacw.acf.hhs.gov/topics/family-centered-approach/fca-modules.aspx>

Prevention and Family Recovery: New Resource



Putting Ideas Into Action Knowledge Application Series



Advancing a Family-Centered
Approach: Lessons from the
Prevention and Family
Recovery Initiative



Guiding Principles for
Establishing a Family-Centered
Approach in Family Treatment
Courts and Beyond



Data Capacity: What Is It and
Does Our Family Treatment
Court Team Have It?

To view the three resources in the series, please visit our website here:

<https://www.cffutures.org/pfr/round-2-prevention-and-family-recovery-knowledge-application-series/>

[View the Putting Ideas Into Action Knowledge Application Series](#)



About the Prevention and Family Recovery Initiative

The Prevention and Family Recovery (PFR) initiative strived to advance the capacity of family treatment court teams to implement and sustain a comprehensive family-centered approach for children, parents, and families affected by substance use disorders and child maltreatment.

The PFR initiative was generously supported by the Doris Duke Charitable Foundation and The Duke Endowment.

contact@cffutures.org



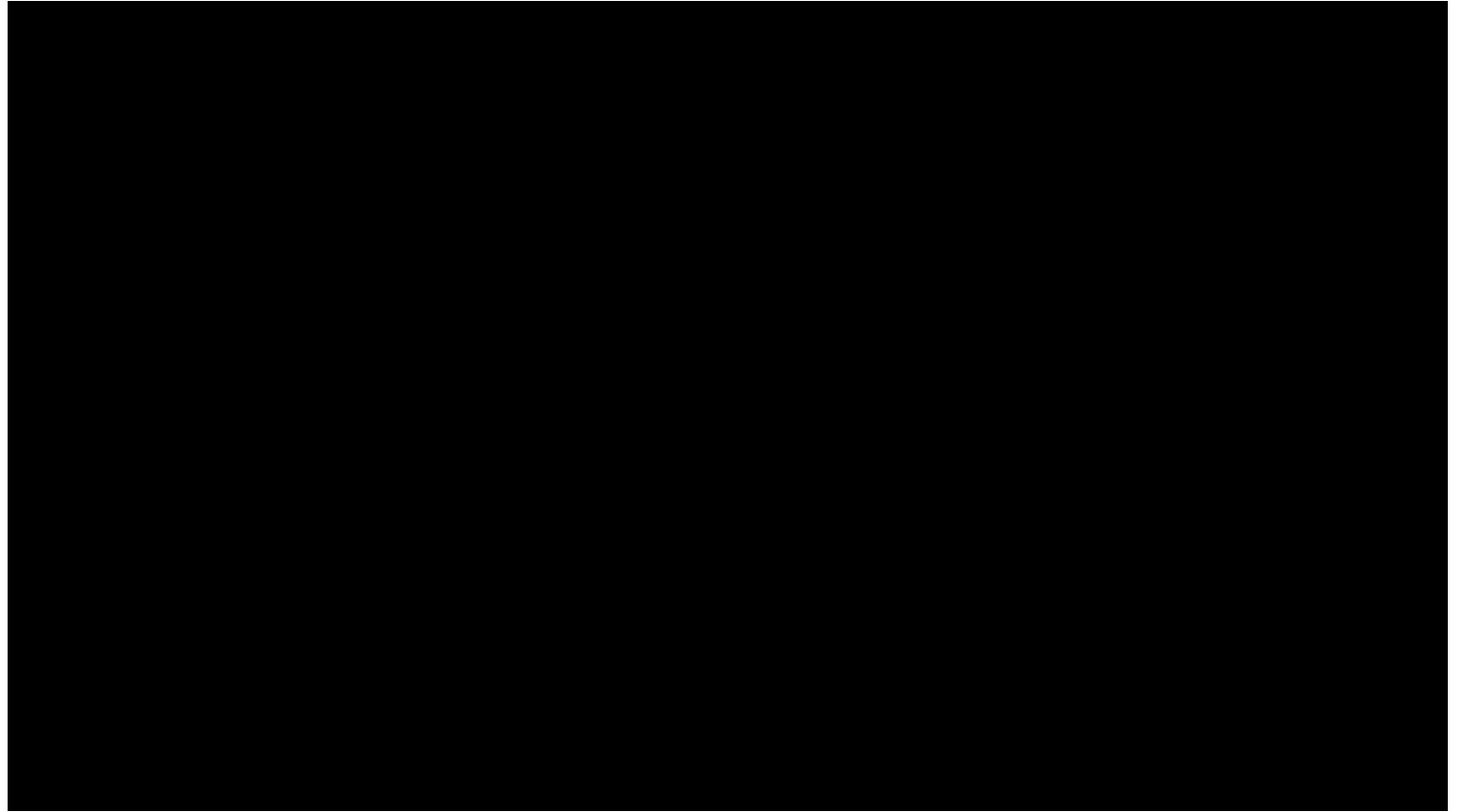


Standard 2: Role of the Judge

Role of the Judge

Judicial leadership is critical to the effective planning and operation of the FTC. The FTC judge works collectively with leaders of partner agencies and other stakeholders to establish clear roles and a shared mission and vision. He or she has the **unique ability to engage the leaders and stakeholders** in the development, implementation, and ongoing operations of the FTC. The judge is a vital part of the operational team, **convening** meetings that encourage team members to identify shared values, voice concerns, and find common groups. Additionally, the judge's development of **rappport with participants** is among the most important components of the FTC.

Standard 2:
Grant County
Family Recovery
Court, IN



“Judge Effect”

- The **judge was the single biggest influence** on the outcome, with judicial praise, support, and other positive attributes translating into fewer crimes and less use of drugs by participants (Rossman et al., 2011)
- Positive supportive comments by judge were correlated with few failed drug tests, while negative comments led to the opposite (Senjo and Leip, 2001)
- The ritual of appearing before a judge and receiving support, accolades, and “tough love” when warranted and reasonable, helped them stick with court-ordered treatment (Farole and Cissner, 2005, see also Satel, 1998)



Judicial Engagement

*Drug Courts when the judge spent an average of **three minutes or greater** per participant during court hearings had 153% greater reductions in recidivism compared with programs where the judge spent less time.*

(Carey et al, 2008, 2012)

Ask the parents open-ended, family-centered questions as a way to engage them –

- “How is your family or parenting (visitation) time with your children?”
- “What are you learning in your parenting class?”
- “Can you share how you are applying what you’re learning in parenting class?”



**Standard 7:
Therapeutic Responses to
Behavior**

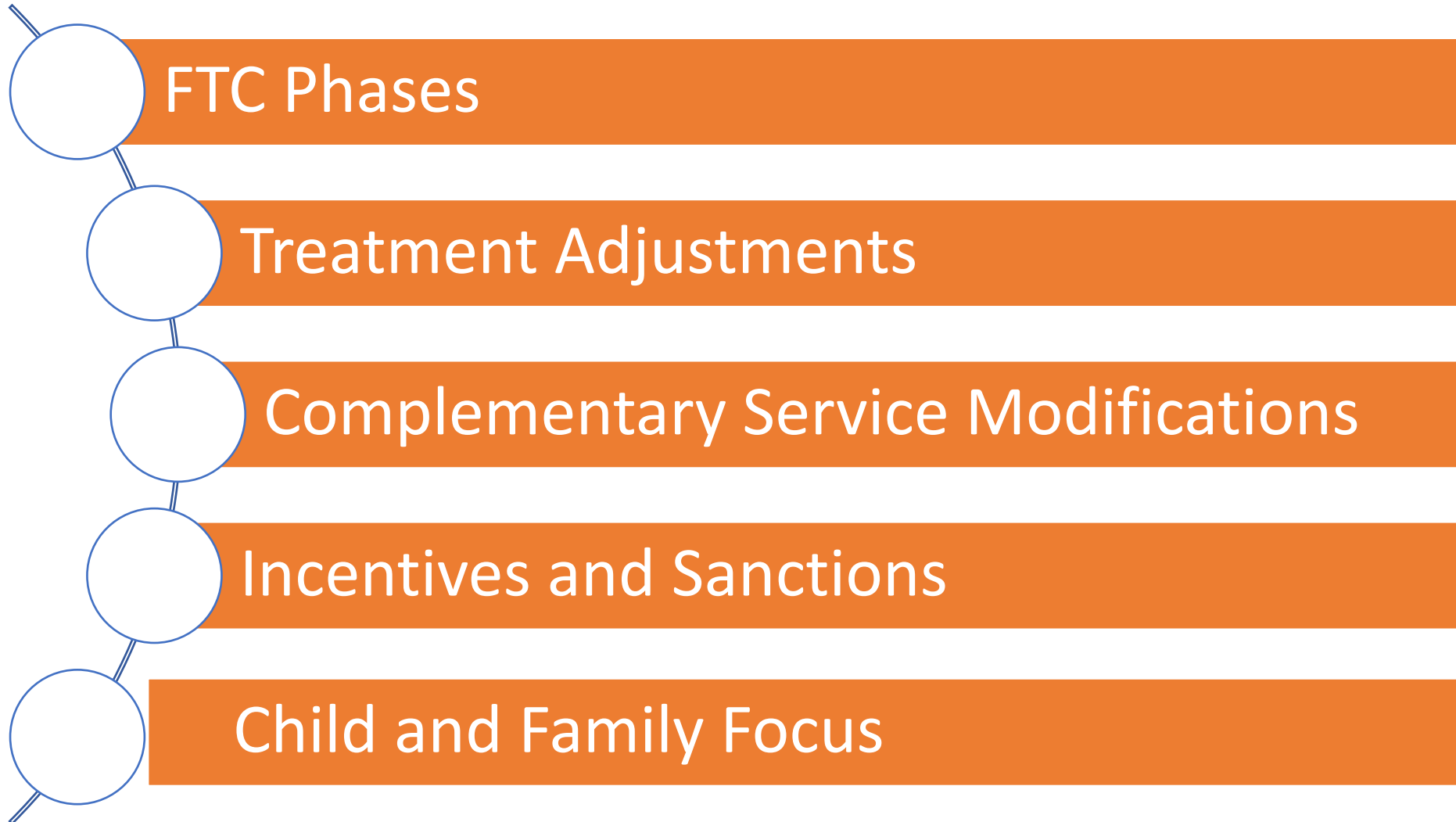
Standard 7: Wapello County Family Treatment Court, IA



Therapeutic Responses to Behavior

The FTC applies therapeutic responses (e.g., child safety interventions, treatment adjustments, complementary service modifications, incentives, sanctions) to **improve parent, child, and family functioning; ensure children's safety, permanency, and well-being; support participant behavior change; and promote participant accountability**. The FTC recognizes the biopsychosocial and behavioral complexities of supporting participants through behavior change to achieve sustainable recovery, stable reunification, and resolution of the child welfare case. When responding to participant behavior, **the FTC team considers the cause of the behavior as well as the effect of the therapeutic response on the participant, the participant's children and family, and the participant's engagement in treatment and supportive services.**

Key Strategies to Respond to Participant Behavior



Staffing time should be spent problem-solving, not problem-reporting



Start each case review by discussing what is happening with the children



Focus discussions on desired behavior changes of participants versus only program or treatment attendance



Identify and meet the needs and progress of children, parents, other members of the family, and the family unit



Use court reports or staffing templates that incorporate parent and child information, don't spend time covering information that everyone already knows



Discuss progress of all cases, not just those in non-compliance, and celebrate successes



Be inclusive of more partners and service providers and provide a venue for meaningful partner input where all voices are heard



Allow the judge and team more time to reflect on and process information

Research

Family-Centered, Culturally Relevant, and Trauma-Informed Approach

Examples of trauma-responsive practices for FTCs

- *Use of sanctions that take into consideration behaviors precipitated by trauma*
- *Adjustments in treatment, levels of care, and services for participants who do not engage in or respond to present treatment but otherwise comply with FTC requirements;*
- *Implementation of security procedures (as appropriate) that minimize participant exposure to potential triggers*
- *Implementation of practices and requirements in ways that do not overwhelm participants;*
- *Provision of clear information about what participants can expect and opportunities for participant choice when possible; and*
- *Delivery of services in physical and social environments that reduce stress.*

Source: US Department of Justice, 2014; National Child Traumatic Stress Network, 2007;
National Center for Child Traumatic Stress, 2008

Why?

When behavior does not support long-term recovery and successful closure of the child welfare case... Ask WHY.

Treatment adjustments and complementary service adjustments are often the two most effective ways the FTC team can respond.

Jail as a Sanction



- FTC involves a non-criminal case in dependency or family court
- The ultimate “sanction” in a dependency case is Termination of Parental Rights (TPR)
- Jail should not be used in a non-criminal case – it can interfere with family time and dependency court requirements

**Focus on Engagement
and Treatment**

Child and Family Focus

- Provide incentives that support family member needs, parenting, and the parent-child relationship
- The FTC must consider effect of a response on children and family members as a unit
- Parenting time should be determined solely on basis of child's safety and best interest (vs. parent sanction or reward)

Increased or decreased parenting time is never used as an incentive or sanction.

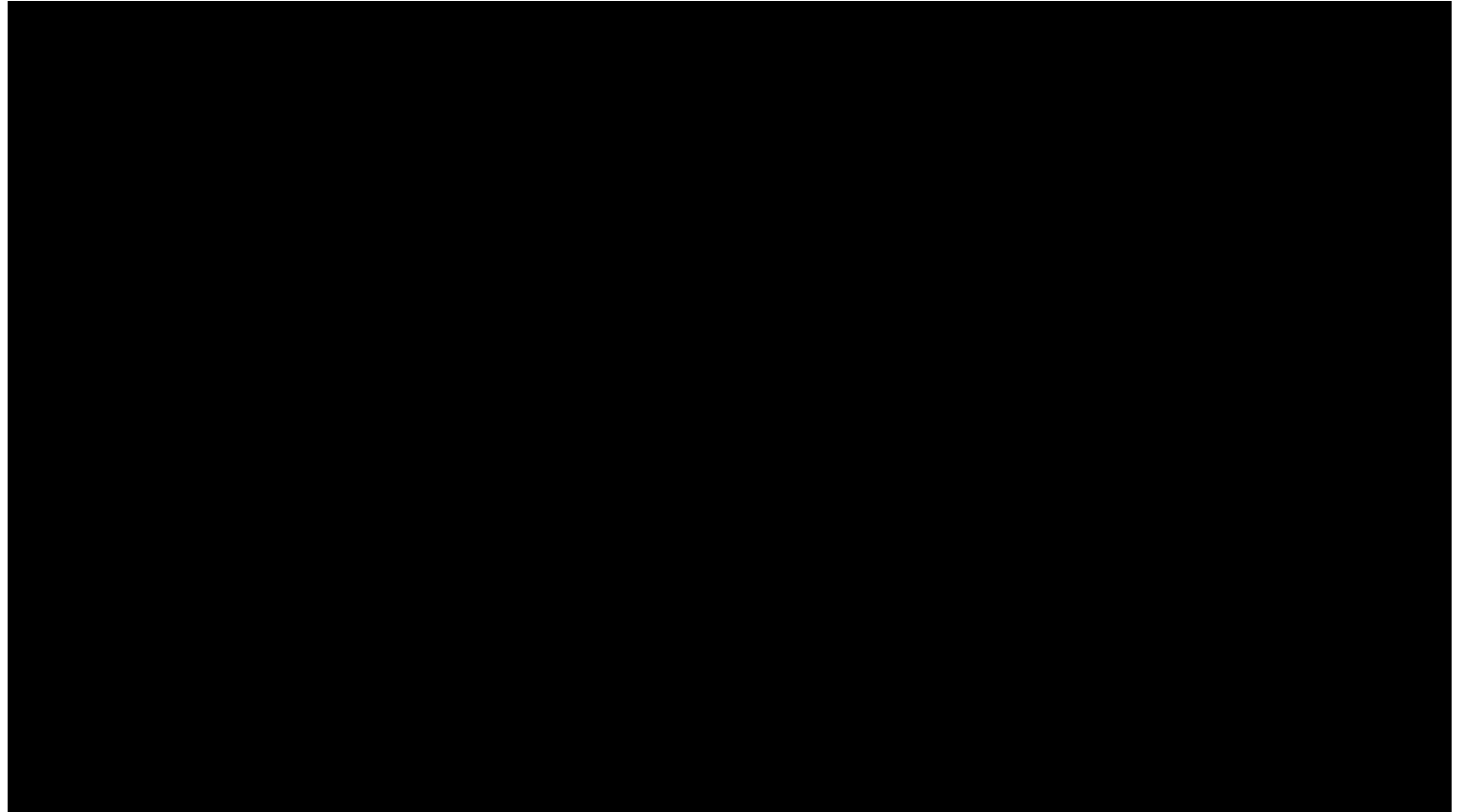
The goal of incentives and sanctions is *always* to increase participant engagement.

IT IS NOT TO PUNISH



Standard 8: Monitoring and Evaluation

Standard 8:
Tompkins
County Family
Treatment
Court, NY

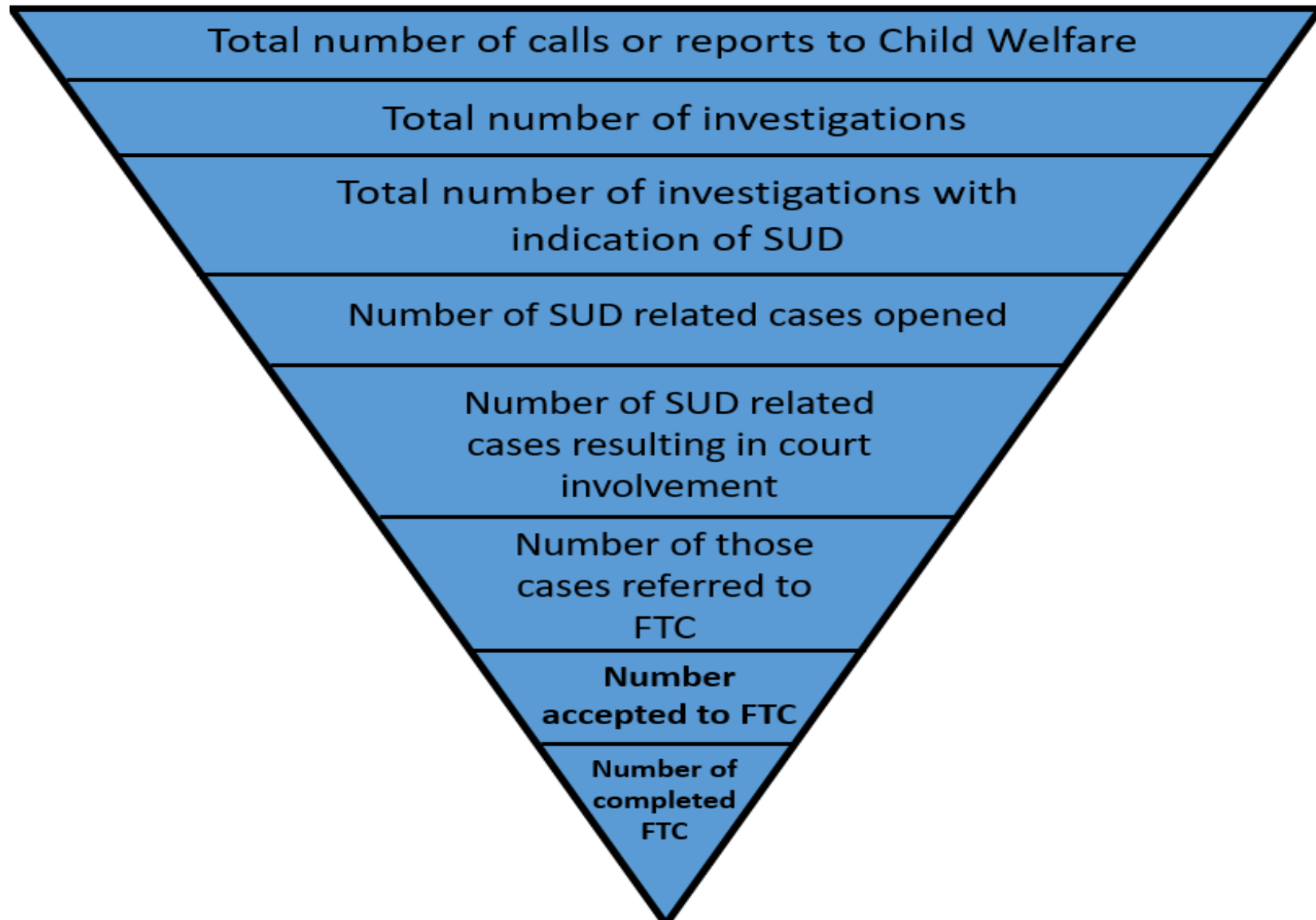


Monitoring and Evaluation

The FTC collects and reviews data to monitor participant progress, engage in a process of **continuous quality improvement, monitor adherence to best practice standards, and evaluate outcomes** using scientifically reliable and valid procedures. The FTC establishes performance measures for shared accountability across systems, encourages data quality, and fosters the exchange of data and evaluation results with multiple stakeholders. The FTC uses this information to improve policies and practices in addition to monitoring the strengths and limitations of various service components. Evaluation results and data are also critical components of effective stakeholder outreach and sustainability, helping the FTC “tell its story” of success and needs.

FTC Scale Pyramid – Understanding Drop-Offs

How stakeholders can improve engagement and retention of families in FTC



Understanding Drop-Offs

How stakeholders can improve engagement and retention of families in FTC

- Include all reports made to child welfare per month
- What happens to those not investigated?
- Is there documentation of substance use in the report?
- What happens to those that do not result in an open case?
- Break out numbers by type of out of home placement (e.g., foster care, relative care)
- Track who refers cases to the FTC, try to understand and track why some cases are referred and others are not
- Of those referred and not accepted or do not enroll, track the reasons why



Q & A





CENTER FOR CHILDREN AND FAMILY FUTURES

Strengthening Partnerships, Improving Family Outcomes

Join our CCFF listserv

<https://www.cffutures.org/membership-join/newsletter/>

Join our FTC TTA Program listserv

<http://eepurl.com/dD8tvT>

Visit our Website

<http://www.cffutures.org>



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