Up to Standard:
The National Family Treatment Court Best Practice Standards – Part 2

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Learning Objectives

1. Identify the 8 FTC Best Practice Standards and the Provisions which describe each of the FTC BPS
2. Explore some of the Provisions within the 8 FTC BPS to understand how the provisions are operationalized by a local FTC
3. Discuss how the FTC BPS relate to your FTC's current practice

National FTC Best Practice Standards

1. Organization and Structure
2. The Role of Judge
3. Equity and Inclusion
4. Early Identification and Assessment
5. Timely, Quality, and Appropriate Substance Use Disorder Treatment
6. Comprehensive Case Management, Services, and Supports for Families
7. Therapeutic Responses to Behavior
8. Monitoring and Evaluation

1. Organization and Structure

A. Multidisciplinary Collaboration and Systemic Approach
B. Partnerships, Community Resources, and Support
C. Multidisciplinary Team
D. Governance Structure
E. Shared Mission and Vision
F. Communication and Information Sharing
G. Cross Training and Interdisciplinary Education
H. Family-Centered and Trauma-Informed Services
I. FTC Policy and Procedure Manual
J. FTC Pre-Court Staffing and Court Review Hearing

Why is Governance Structure Important?

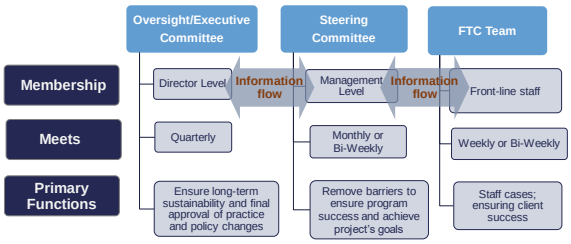
Why your FTC needs a governance structure:

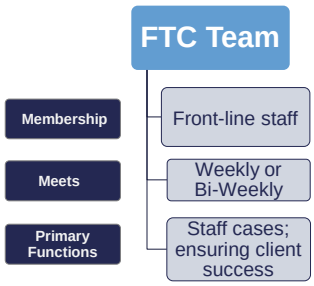
- Cross-systems to ensure broad buy-in, representation, and investment
- Leadership at all levels to ensure decision-making powers and adequate information flow
- Cover critical functions – ensure quality and effective service delivery, barrier-busting, garner resources
- Increases likelihood of sustaining lasting change

What Are Critical Components for Effective Governance Leadership?

- Three-tiered structure that includes oversight committee, steering committee, and core treatment team
- Cross-systems agency representation with members who have the authority to make needed practice and policy changes
- Collaborative decision making that involves all partners and is not driven primarily by FTC staff
- Defined mission statements
- Regular, ongoing meetings to identify and address emerging issues
- Formal information and data sharing protocols

The Collaborative Structure for Leading Change





Family Drug Courts: The Core Team

Child Welfare

- ✓ Screen for substance use and refer to services
- ✓ Coordination with ongoing dependency cases
- ✓ Monitor and report on progress of clients and compliance with case plan

Substance Use Disorder Treatment

- ✓ Perform assessments
- ✓ Develop treatment plans
- ✓ Provide substance use disorder treatment that matches client need
- ✓ Monitor and report on treatment progress of clients

Court

- ✓ Judicial Oversight
- ✓ Referral mechanism: Attorney, CASA, Coordinator
- ✓ Client advocacy and legal guidance
- ✓ FTC program oversight and coordination

Steering Committee

Membership — Management Level

Meets — Monthly or Bi-Monthly

Primary Functions — Remove barriers to ensure program success and achieve project's goals

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

Oversight/Executive Committee

Membership	Director Level
Meets	Quarterly or Semi-Annually
Primary Functions	Ensure long-term sustainability; review and use data reports; give final approval of practice and policy changes

How will having a Governance Structure really help our FTC?

- Cross-systems to ensure broad buy-in, representation, and investment
- Leadership at all levels to ensure decision-making powers and adequate information flow
- Cover critical functions – ensure quality and effective service delivery, barrier-busting, garner resources
- Structure increases likelihood of sustaining lasting change
- Structure ensures collaboration between Executive Leadership and Committees

Risk of "Going Solo"

- Lack of clarity of roles and responsibilities
- Lack of understanding of function of different committees and how they interact
- Loss of momentum and commitment by members over time
- Missing partners or wrong levels of authority at the table
- Ineffective or inadequate information flow

Solo FTCs are at Risk

- Operate under capacity
- Tunnel Vision- FTC-Centric
- High Burnout
- Artificial "ownership" of the FTC
- Isolated from the larger community
- Person dependent

Barrier Busting Steering Committees

- FTC Teams identify barriers while carrying out day-to-day operations
- Steering Committees bust through barriers at the management and policy level

2. Role of the Judge

A. Convening Community Partners
B. Judicial Decision Making During Progress Review Hearings
C. Interaction with Participants
D. Participation in Pre-Court Team Staffing
E. Professional Training
F. Length of Judicial Assignment to FTC

Holding Parents & Systems Accountable

To achieve safe parenting

To achieve improved outcomes for families

3. Equity and Inclusion

A. Equivalent FTC Program Admission Practices
B. Equivalent FTC Retention Rates and Child Welfare Outcomes
C. Equivalent Treatment
D. Equivalent Responses to Participant Behavior
E. Team Training

Definition Disproportionality

The underrepresentation or overrepresentation of a racial for ethnic group compared to its percentage in the total population.

Child Welfare Information Gateway, 2016

Definition Disparity

The unequal outcomes one racial or ethnic group as compared to outcomes for another racial/ethnic group.

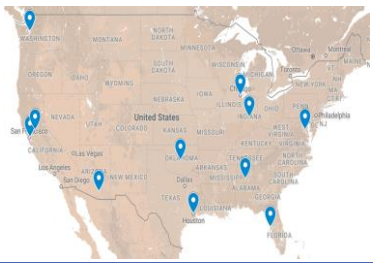
Child Welfare Information Gateway, 2016

Drug Courts – Lack Data

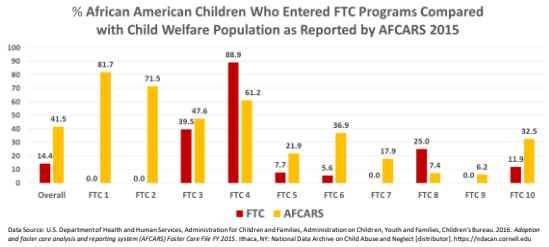
Research has shown that more than one fifth of drug courts could not report reliable information on the representation of racial and ethnic minorities in their programs (NADCP, 2010).

Examining Disproportionality

11 Geographically Diverse FTDCs

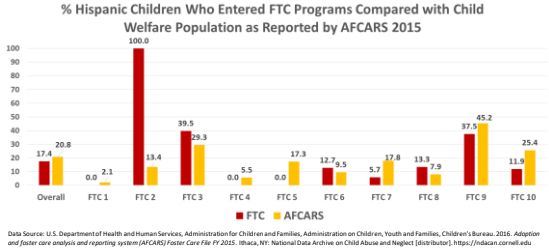


Examining Disproportionality



Data Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. 2016. *Adoption and foster care analysis and reporting system (AFCARS) Foster Care File FY 2015.* Ithaca, NY: National Data Archive on Child Abuse and Neglect [distributor]. https://ndacan.cornell.edu

Examining Disproportionality



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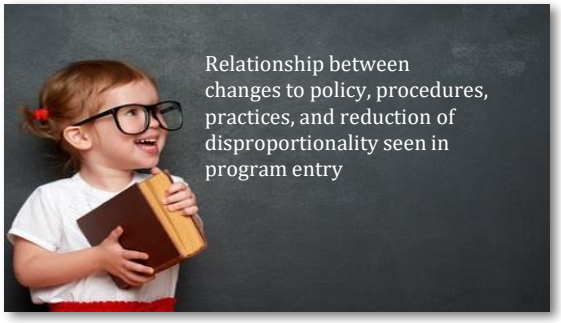
Key Decisions Points in CWS Process

- ✓ Prevention
- ✓ Reporting
- ✓ Investigation
- ✓ Service provision
- ✓ Out-home-care
- ✓ Permanency



4. Early Identification and Assessment

A. Target Population, Objective Eligibility, and Exclusion Criteria
B. Standardized Systematic Referral, Screening, and Assessment Process
C. Use of Valid and Reliable Screening and Assessment Instruments
D. Valid, Reliable, and Developmentally Appropriate Assessments for Children
E. Identification and Resolution of Barriers to Treatment and Reunification Services

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

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*

Substance Use Indicators Checklist

- Assist social workers in ***reviewing specific criteria that are identified as indicators*** of a parent or primary caregiver's alcohol and/or drug use:
  - *Environmental Factors and Behaviors*
  - *Observations and awareness of the Child(ren)*
  - *Physical, behavioral and psychological signs of substance misuse*
  - *Other – Confirmed allegations of a Parent or Primary Caregiver's Drug Use*

TOOL EXAMPLES

GAIN-SS (Global Appraisal of Individual Needs Short Screener): Composed of 23 items to be completed by the client or staff and designed to be completed in 5 minutes

UNCOPE: 6-item screen designed to identify alcohol and/or drug substance use and designed to be completed in 2 minutes

CAGE: 4-item screen designed to identify alcohol and/or drug substance use and designed to be completed in 2 minutes

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

5. Quality Substance Use Disorder Treatment

A. Timely Access to Treatment
B. Treatment Matches Assessed Need
C. Comprehensive Continuum of Care
D. Integrated Treatment of Substance Use and Co-Occurring Mental Health Disorders
E. Family-Centered Treatment
F. Gender-Responsive Treatment
G. Treatment for Pregnant Women
H. Culturally Responsive Treatment
I. Evidence-Based Manualized Treatment
J. Medication-Assisted Treatment
K. Drug Testing Protocols
L. Treatment Provider Qualifications

Recovery occurs in the context of relationships

- Substance use disorders are a brain disease that affects the 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 including prevention for the child

Rethinking Parent Recovery

- Parent recovery must occur in the context of family relationships
- Connect with services that strengthens families and supports parent-child relationships

85% of children in substantiated abuse and neglect cases either stay home or go home

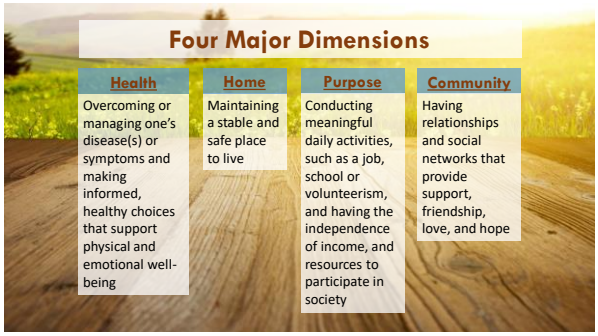
Family Centered Treatment for Women with Substance Use Disorders: History, Key Elements and Challenges
» http://www.samhsa.gov/sites/default/files/family_treatment_paper508v.pdf

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.

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



Paradigm Shifts

	Adult Recovery		Family Recovery
Defining parent progress and success:	From compliance and attendance to …	→	desired behavioral changes
Changing the language used:	From visitation to … From relapse to … From clean time to …	→	parenting time lapse sustained recovery
Responding to relapse or lapse:	From automatic change in permanency plan or return to FDC phase one to …	→	comprehensive assessment of situation and therapeutic adjustments
Broadening scope of goals:	From a primary focus on rapid or early reunification to …	→	successful reunification with lasting permanency
Reframing decision making:	From a primary focus on risk factors (what could happen) to …	→	established safety supports and protective factors
Engaging participants:	From service referrals as a sanction to …	→	service referrals as an incentive and acknowledgment of a parent's progress
Redefining the client:	From individual parent participant to …	→	the whole family

Benefits of Family-Centered Substance Use Disorder Treatment

Mothers who participated in the Celebrating Families! Program and received integrated case management showed significant improvements in **recovery**, including reduced mental health symptoms, reduction in risky behaviors, and longer program retention (Zweben et al., 2015).

Women who participated in programs that included a **"high" level of family and children's services** were **twice as likely to reunify** with their children as those who participated in programs with a "low" level of these services (Grella, Hser & Yang, 2006).

Retention and completion of comprehensive substance use treatment have been found to be the **strongest predictors of reunification** with children for parents with substance use disorders (Green, Rockhill, & Furrer, 2007; Marsh, Smith, & Bruni, 2010).

6. Comprehensive Case Management, Services and Supports for Families

A. Intensive Case Management and Coordinated Case Planning
B. Family Involvement in Case Planning
C. Recovery Supports
D. High-Quality Parenting Time (Visitation)
E. Parenting and Family Strengthening Programs
F. Reunification and Related Supports
G. Trauma-Specific Services for Children and Parents
H. Services to Meet Children's Individual Needs
I. Complementary Services to Support Parents and Families
J. Early Intervention Services for Infants Affected by Prenatal Substance Exposure
K. Substance Use Prevention and Early Intervention for Children and Adolescents

Children Need to Spend Time with Their Parents

- Involve parents in the child's appointments with doctors and therapists
- Expect foster parents to participate in visits
- Help parents plan visits ahead of time
- Enlist natural community settings as visitation locations (e.g. family resource centers)
- It is an opportunity to gather information about parent and child service needs

Elements of Successful Visitation Plans

Parenting time should occur:

- Frequently
- For an appropriate period of time
- In a comfortable and safe setting
- With therapeutic supervision when appropriate

Elements of Successful Visitation Plans

Maintain collaboration and communication with family, treatment providers, service providers, and foster parents

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 – *best interest of the **family** or of the **system**?*
- Provide concrete feedback on parent-child interaction vs. observation, surveillance
- Affirm permanency as the goal vs. good visits

Impact of Parenting Time 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)

Parenting Programs Specific to Families Affected by Substance Use Disorders

- **Celebrating Families** -http://www.celebratingfamilies.net/
- **Strengthening Families** - http://www.strengtheningfamiliesprogram.org/
- **Nurturing Program for Families in Substance Abuse Treatment and Recovery** - http://www.healthrecovery.org/publications/detail.php?p=28

Please visit:

California Evidence-Based Clearing House -www.cebc4cw.org
National Registry of Evidence-Based Programs and Practices – www.nrepp.samhsa.gov

Connecting Families to Evidence-Based Parenting Program

- Knowledge of parenting skills and basic understanding of child development has been identified as **a key protective factor** against abuse and neglect (Geeraert, 2004; Lundahl, 2006; & Macleod and Nelson, 2000)
- The underlying theory of parent training is that
  - **(a) parenting skills can improve** with training,
  - (b) child outcomes can be improved, and
  - (c) the risk of child abuse and neglect can be reduced

Johnson, Stone, Lou, Ling, Claassen, & Austin, 2008

Ask Parents

Ask the parents directly 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 your substance use disorder has affected your parenting?"

Ask the System

- Has everyone in the family been assessed for service needs?
- What services are provided to address specific needs of children and other family members?
- Can children accompany their parent to treatment? If so, are there any restrictions on age and number of children?
- What evidence-based parenting or family strengthening programs are provided?
- What services are being provided to promote full family wellness?

Child and Family Services Reviews Round 3 Findings 2015-2016

- Cases did better when there was **frequent, quality visitation**
- Cases did better when **parents 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

7. Therapeutic Responses to Behavior

A. Child and Family Focus
B. Treatment Adjustments
C. Complementary Service Modifications
D. FTC Phases
E. Incentives and Sanctions to Promote Engagement
F. Equivalent Responses
G. Certainty
H. Advance Notice
I. Timely Response Delivery
J. Opportunity for Participants to Be Heard
K. Professional Demeanor
L. Child Safety Interventions
M. Licit Addictive or Intoxicating Substances
N. FTC Discharge Decisions

The purpose of responses to behavior – incentives and sanctions – is to increase engagement in behaviors that:

- improve child, parent, and family functioning,
- ensure children's safety and well-being,
- support participant behavior change, and
- promote participant accountability.

It should never be to PUNISH.

Three Essential Elements of Responses to Behavior

Addiction is a brain disorder

The longer time in treatment, the greater probability of a successful outcome

Purpose of sanctions and incentives is to keep participants engaged in treatment

Treatment and Recovery

Monitoring Checkboxes	Supporting Behavior Change
• Only monitoring and discussing treatment "compliance days" or "attendance days" • Asking number of support meetings attended • Seeing treatment as a checkbox to complete vs a predictor of reunification	• Discussing engagement and skills • Supporting practice and use of new skills • Keeping treatment in context of Family Recovery • Focus on Four Major Dimensions of Recovery • Engage in conversation about recovery support/meetings • Discuss shift towards healthy relationships • Aftercare planning

Phases as an Engagement Strategy

- Leverage the phase structure to create a behavior-based, family-centered program
- Allow parents to see how their progress through the phases moves them to THEIR goal
- Creates shared goals and coordinated case plans for all partners including the family
- Focus on vital services
- Lay out steps towards reunification

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Setting Range of Responses

- Consistent for individuals similarly situated (phase, length of sobriety time)
- Avoid singular responses, which fail to account for other progress
- Aim for "flexible certainty"

Key Considerations

- Focus on determining and affecting the underlying cause of the behavior – Ask *why* an individual is not coming to treatment rather than simply "punishing" the individual for failing to attend treatment
- Incarceration/detention is no longer recommended
- Withholding the right for visits with children is never appropriate
- Phasing back is not recommended
- Termination from the program only after repeat positive drug screens or other serious acts of noncompliance

Jail as a Sanction in FTC

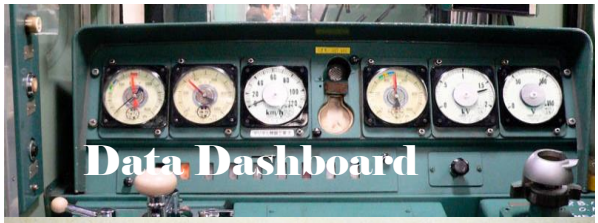
- Incarceration would rarely be an alternative to participation in an FTC
- Incarceration may interfere with family time and dependency court requirements
- Pursue alternative responses that will ensure the safety of clients and resolve the need for jail

8. Monitoring and Evaluation

A. Data is Maintained Electronically
B. FTC Engages in Process of Continuous Quality Improvement
C. Evaluation of FTC's Adherence to Best Practices
D. Use of Rigorous Evaluation Methods

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?



- What needles are you trying move?
- What outcomes are the most important?
- Is there shared accountability for "moving the needle" in a measurable way, in FTC and larger systems?
- Who are we comparing to?

Monitoring – What Has Been the Impact?

- Staff – what is feedback regarding implementation? What barriers exist?
- Referral and treatment access and quality
- Outcome monitoring – what are the impact key indicators?
- Information sharing – how is it collected, shared, and reported?

Family-Centered Performance Measures

Domain	Performance Measure	Description
Child Welfare	C1. Occurrence/Recurrence of Maltreatment	The percentage of children who experience maltreatment after ADC entry
	C2. Children Remain at Home	The percentage of children who are in the custody of a parent/caregiver at ADC entry who remain in the custody a parent/caregiver through ADC case closure
	C3. Length of Stay in Out of Home Care	The average length of stay in out of home care from date of most recent entry to date of discharge
	C4. Timeliness of Reunification and Permanency	Percentage of children placed in out-of-home care who attained a) reunification b) a finalized adoption or c) legal guardianship within 6, 12, 18, and 24 months from removal
	C5. Re-entry to Out of Home Care	The percentage of children who re-enter out of home care after reunification
	C6. Prevention of Substance Exposed Infants	Percentage of pregnant women who had a substance exposed infant after ADC entry
SUD Treatment	A1. Access to Treatment	The average number of days from SUD treatment referral to SUD treatment entry
	A2. Retention in Treatment	The percentage of parents who successfully complete SUD treatment
	A3. Length of Stay in Treatment	The average number of days from SUD treatment entry totreatment discharge
EB Parenting	EB-A1. Connection to EB Parenting	Of the number of parents referred to evidence-based parenting, the percentage who begin services
	EB-A2. Completion of EB Parenting	Of the number of parents who begin evidence-based parenting, the percentage that complete the program
EB Children's Intervention	EB-C1. Connection to EB Children's Service	Of the number of children referred to evidence-based therapeutic services, the percentage who begin services
	EB-C2. Completion of EB Children's Service	Of the number of children who begin evidence-based therapeutic services, the percentage that complete services

Discussion

Contact Information
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NATIONAL FAMILY DRUG COURT
TTA Program