NEEDS ASSESSMENT REPORT

JANUARY 2014

Prepared for the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs.

OJJDP

Center for Children and Family Futures

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EXECUTIVE SUMMARY

The purpose of this Family Drug Court Needs Assessment (FDC-NA) is to identify the training and technical assistance (TTA) needs of Family Drug Courts (FDC). The Center for Children and Families Futures (CCFF) designed and developed methods to collect and analyze data from multiple sources to identify FDC TTA needs. Primary data collection and analyses were conducted in different formats:

- **FDC TTA online survey—**which asked FDC practitioners to rate the extent they were experiencing barriers in implementing key FDC strategies and identify specific barriers and TTA needs of their FDC
- **In-depth stakeholder interview with State and Federal stakeholders—**to gather their input on the TTA needs of FDCs and feedback on preliminary findings of the FDC-NA

Secondary analysis was conducted from three data sources:

1) **Technical Assistance (TA) Tracker—**which is a web-based data system used by CCFF to manage and analyze the content of previously received TTA requests
2) **Post-webinar online surveys—**completed by attendees from the FDC Learning Academy regarding their feedback on priority content for future webinar presentations
3) **FDC Self-Assessment Surveys—**administered to 16 jurisdictions regarding their level of agreement in implementing key FDC recommendations.

Through this design and process of the FDC-NA, CCFF was able to draw from its prior TTA work and garner input from FDC practitioners and stakeholders in determining the current TTA needs of FDCs. The findings showed widespread interest in and the need for TTA across a broad range of topics. A synthesis of the data revealed four priority content areas and specific topics for TTA:

1) **Services to Parents**—Respondents cited the challenges of meeting the complex and multiple needs of parents as a result of trauma, dual-diagnosis, domestic violence and the use of medication-assisted treatment (MAT). Specific content for TTA included engagement and retention strategies, recovery supports, and serving parents in MAT.
2) **Funding and Sustainability**—A lack of continued funding for staff positions, treatment and a broad service array were raised as barriers to sustaining FDCs. There is a need to engage sites in active sustainability planning by exploring barriers and working towards strategic activities including cost analyses, the use of baseline measures and outcome data, and exploring refinancing and redirection strategies.
3) **Cross-Systems Knowledge**—A need for ongoing cross-system training to bridge the divisions between professional disciplines, agency mandates, values and practice was cited frequently by respondents. These include training in gender-specific issues, trauma, co-occurring conditions, enhancing motivation and dynamics of addiction and recovery.

4) **Mission and Values**—Although abstract in nature, several of the most frequently mentioned content was categorized under this foundational category. These include TTA requests for FDC models, policies and procedures, scope of services, eligibility criteria, target population, cross-system collaboration, and buy-in, particularly from child welfare systems and parent attorneys.

CCFF will use the FDC-NA findings to develop a comprehensive Strategic Plan, which will identify strategies, activities and performance measures that are tied to specific benchmark and timelines. The Strategic Plan will be delivered to OJJDP by January 31, 2014.

INTRODUCTION

The Center for Children and Family Futures (CCFF) is a small business devoted to improving the safety, permanency, well-being and recovery outcomes for children, parents, and families affected by trauma, substance use and mental health disorders. CCFF's delivery of training and technical assistance is built on its past and current work with hundreds of courts, including its previous role as the Office of Juvenile Justice and Delinquency Prevention's Family Drug Court Training and Technical Assistance (FDC TTA) Program contractor. In 2010, CCFF completed a Needs Assessment, which found widespread interest and need for TTA among a diverse group of both new and established courts (Young, Breitenbucher, Lemus, Boles, 2010). The results showed that there were no significant differences in TTA needs based on FDCs' stage of development. A consensus on higher priority topics for TTA included: 1) working toward stronger collaboration and shared outcomes; 2) budgeting and sustainability issues; 3) greater focus on serving children; and, 4) clarity on different FDC models and structures. Implementation challenges included: 1) child welfare and attorney buy-in; 2) tough fiscal environments; and, 3) ensuring treatment access and quality. The need for an organized framework was also identified.

CCFF used the findings of the 2010 FDC TTA Needs Assessment to develop and successfully implement the National FDC TTA Program from 2010 to 2013. During this period, CCFF responded to over 2,500 specific TTA requests from over 300 FDCs across all 50 states, including 43 requests targeting a national audience. CCFF reached over 28,000 FDC professionals through 130 presentations, 35 site visits, 29 Learning Academy webinars, participating in 12 exhibit booths and the distribution of over 21,000 resources and materials. These TTA activities covered an expansive range of TTA topics requested from a diverse group of new and established FDCs. This experience helped shape the methods and plan of this current FDC-NA.

On October 1, 2013, CCFF entered into an Operational Agreement (No. 2013-DC-BX-K002) with the OJJDP to implement the 2013-2015 National Family Drug Court Training and Technical Assistance Program. The mission of CCFF's FDC TTA program is to improve outcomes for children and families by providing TTA that supports planning and implementation of comprehensive FDCs. This FDC-NA is a critical step in accomplishing this goal with the purpose of determining the actual TTA needs of FDCs throughout the country.

BACKGROUND AND ORGANIZING FRAMEWORK

This FDC-NA is being conducted during a pivotal time for the FDC field. FDCs have grown exponentially in the past two decades from only two programs in 1995 to 346 FDCs (NADCP, 2012) serving more than 19,000 families in 2012 (Delaney, 2012). These families enter with multiple and complex service needs that require a strong collaborative response from child welfare, treatment, and court systems. Local independent evaluations have offered convincing evidence that FDCs produce clinically meaningful benefits and better outcomes than traditional family reunification services for families affected by parental substance use. These outcomes include higher treatment completion rates, shorter time in foster care, higher family reunification rates, lower termination of parental rights, few new CPC petitions after reunification, and cost savings per family (Marlowe & Carey, 2012). A growing knowledge base has provided the field specific practice and policy strategies that have contributed to these outcomes.

Although these promising developments justify expansion and enhancement of FDC programs, most states have yet to develop FDC standards to provide direction in planning, implementing, and evaluating their programs. In response to the increased focus on implementing evidence-based or evidence-informed practices in FDCs, CCFF engaged a team of expert FDC consultants and Federal and State stakeholders to publish *Guidance to States: Developing Family Drug Court Guidelines (Young, Breitenbucher and Pfeiffer, 2013).* Released in May 2013, this document's purpose (hereinafter referred to as FDC Guidelines) is to enhance and expand FDCs across the nation and provide guidance on best practices and principles for developing and sustaining FDCs.

The FDC Guidelines framework is built on a foundation of a shared mission and vision, supported by client services and agency collaboration, and achieved by shared outcomes and accountability.

The FDC Guidelines serve as the organizing scheme for the presentation of data collection methods, analyses, and findings of this FDC-NA. A table in Appendix E provides a summary of identified TTA needs categorized under the FDC Guidelines across the five methods of data collection.

METHODOLOGY

To conduct the FDC-NA, CCFF collected multiple data sources for secondary and primary analyses and synthesis. The design and process of the FDC-NA allowed CCFF to draw from its existing knowledge and prior TTA work with FDCs, yet ensure that FDC practitioners and stakeholders had input in identifying barriers and TTA needs.

SECONDARY DATA

Secondary analyses were conducted using three data sources:

1) **Technical Assistance Tracker Content Analysis—**CCFF utilizes a web-based database system called Technical Assistance Tracker (TA Tracker) to record, assign tasks and activities, manage TTA requests and conduct sophisticated analyses and reporting. Each TTA request is entered by classifying TTA requests into assigning categories used to frame collaborative practice between child welfare, treatment, and court systems. An analysis was conducted of all TTA requests related to FDCs received during the time period of October 2009 to November 2013 to identify content areas of FDC TTA requests.
2) **FDC Learning Academy Webinar Attendee Feedback—**The FDC Learning Academy offers web-based training events to enhance, expand, and sustain FDC programs. Launched in 2010, the Learning Academy consists of five "Learning Communities" – Planning Community, Early Implementation, Enhanced Community, Advanced Practice, and Knowledge Sharing Community. To date, the Academy has offered a total of 29 webinars with over 50 presenters, reaching over 2,000 attendees from 45 states, Washington, DC and Puerto Rico. After each FDC Learning Academy webinar, attendees have the opportunity to complete an online survey regarding their satisfaction with the webinar. Attendees are also asked to identify any topics they would like

addressed in future webinars. Responses collected from 25 post-webinar surveys were coded and categorized to identify potential areas of FDC TTA.

3) **FDC Self-Assessment Survey—**To assess an FDC prior to an onsite visit or project meeting, CCFF developed the FDC Self-Assessment Survey to elicit responses from team members regarding their current policies and practices. The survey is a set of FDC characteristics that the respondent is asked to rate their agreement with a statement that each particular characteristic is operational in their community. The results are then shared during the meeting and are used to launch team discussions about target population, scale and scope, exploring challenges and strengths, and guiding goal setting and action planning. An analysis was conducted of responses collected from a set of surveys administered to 16 jurisdictions and five states. Responses were analyzed and organized according to level of agreement in implementing each of the 10 Key Recommendations from the FDC Guidelines document.

PRIMARY DATA

Primary data were collected using two formats:

1) **FDC TTA Online Survey—**An online survey was conducted with FDC practitioners to identify barriers and the most pressing areas for TTA. The survey created on Survey Monkey, included scaled questions framed by the 10 Recommendations from the FDC Guidelines. Respondents were asked to respond to what extent they are experiencing barriers in implementing specific strategies. The survey also included two open-ended questions to identify barriers and the most pressing TTA needs in their FDC. These qualitative responses were coded and thematic analysis was used to identify barriers and priority TTA needs.

2) **In-depth Stakeholder Interviews—**CCFF conducted in-depth interviews with key stakeholders from both the Federal and State staff to gather their feedback about the TTA needs of FDCs. Participants were identified for their knowledge and experience in working with FDCs and/or other collaborative projects involving child welfare, substance abuse, and the Courts. The interviews included questions about the most pressing TTA needs for new and existing FDCs and specific strategies necessary to address critical issues including expanding scale and scope of FDCs and sustainability. Stakeholders were also asked to respond to emerging themes, preliminary findings and key themes gathered from the other sources for the FDC-NA. Thematic analysis of these data identified additional barriers and priority TTA needs.

The following sections provide descriptions of data collection and analysis and summarize key findings for each of the data sources. A synthesis of common themes of TTA needs and barriers along with implications for TTA delivery are provided at the end of this report.

TECHNICAL ASSISTANCE TRACKER CONTENT ANALYSIS

APPROACH

A content analysis of FDC TTA requests received from October 2009 to November 2013 was conducted to identify frequencies and the most common types of TTA requests.

KEY FINDINGS

A total of 2,588 FDC-related TTA requests[1] were entered into TA Tracker during the selected time period. Please see Table 1 and Appendix B.

TABLE 1: FDC TTA CONTENT ANALYSIS - TA TRACKER

CONTENT CATEGORY	FREQUENCY PERCENTAGE
Cross-system knowledge	30%
Needs of parents	24%
Shared mission and vision	19%
Needs of children	19%
Early identification and assessment	17%
Funding and sustainability	12%
Interagency partnerships	11%
Information sharing	9%
Community support	8%
Shared outcomes	8%

The top four most frequently mentioned content categories were:

1) **Cross-system knowledge (30%)—**refers to the ongoing training of FDC team members and stakeholders at all levels to ensure collaboration and effective practice. Nearly 70% of the TA requests were regarding the online tutorials offered by the National Center for Substance Abuse and Child Welfare for legal, child welfare, and treatment professionals.2
2) **Services to Parents (24%)—**refers to treatment services and engagement and retention strategies implemented to ensure that parents remain in treatment for sufficient time to meet their recovery goals and learn new coping skills. Most frequent TA requests

[1] The term *"FDC-related"* is defined as the requester identifying themselves a coming from a Family Drug Court program.

[2] For more information, please visit: http://www.ncsacw.samhsa.gov/training/default.aspx

included information regarding substance abuse treatment, parent education, drug testing, substance abuse specialists, responses to behavior, client handbook and phase advancement. Information on trauma, client-walkthroughs, alumni groups, and aftercare were also requested.

3) **Shared Mission and Vision (19%)—**refers to the foundational processes, which specifies the FDC's purpose, overarching goals, and populations it will serve. This process often leads to discussions of practice and policy decisions. The most frequent TA request under this category involved inquiries about target population. Other content areas included values and collaborative values tools, State and local priority access policies, and FDC models. There were also requests for examples or assistance in formulating MOUs, interagency agreements, policies and procedures, and job descriptions.

4) **Needs of Children (19%)—**refers to prevention, intervention, and treatment services aimed to address the physical, developmental, social, emotional, and cognitive needs of children. The most frequent TA requests were related to substance-exposed infants and drug endangered children and trauma-informed services.

SUMMARY

The content analysis of TA records showed a widespread need for TTA in cross-system training, supporting parent recovery through engagement and retention strategies, collaborative values, formulation of policies, procedures, and agreements, and substance-exposed infants.

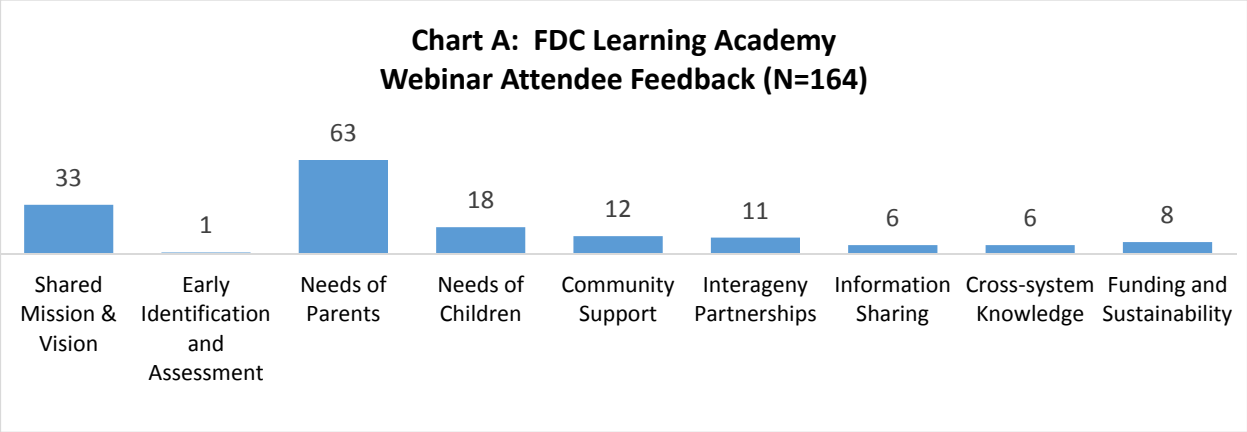
FAMILY DRUG COURT LEARNING ACADEMY WEBINAR ATTENDEE FEEDBACK

APPROACH

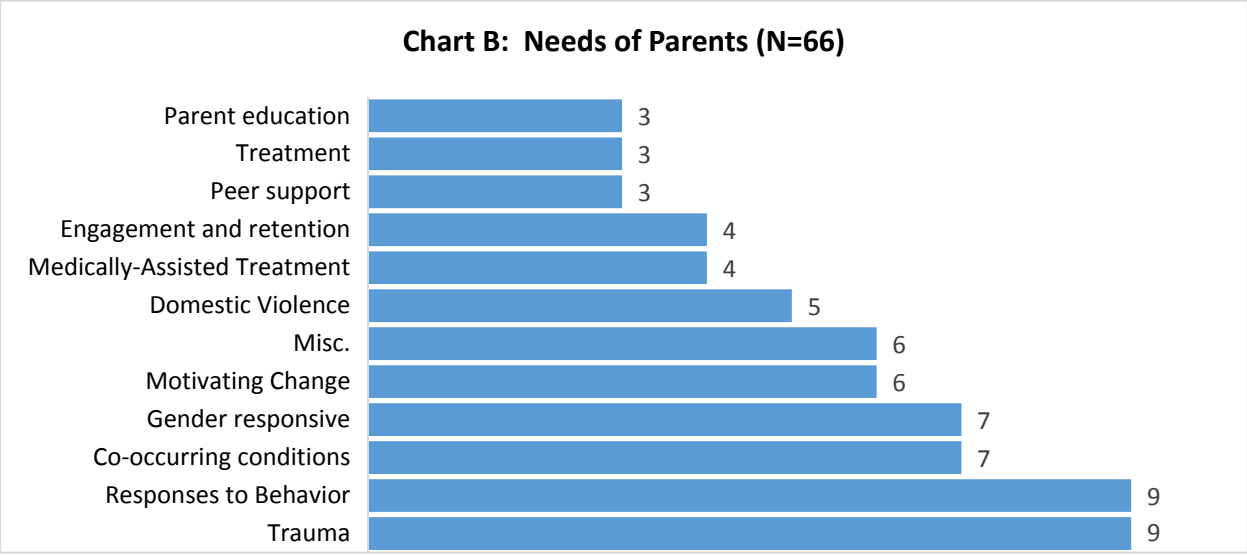
An analysis was conducted of attendee responses from 25 webinar presentations (October 2010 to November 2013) regarding what type of content they would like to see in future webinars. These responses were coded and categorized by the FDC Guidelines and then sorted under specific sub-categories for further content detail.

KEY FINDINGS

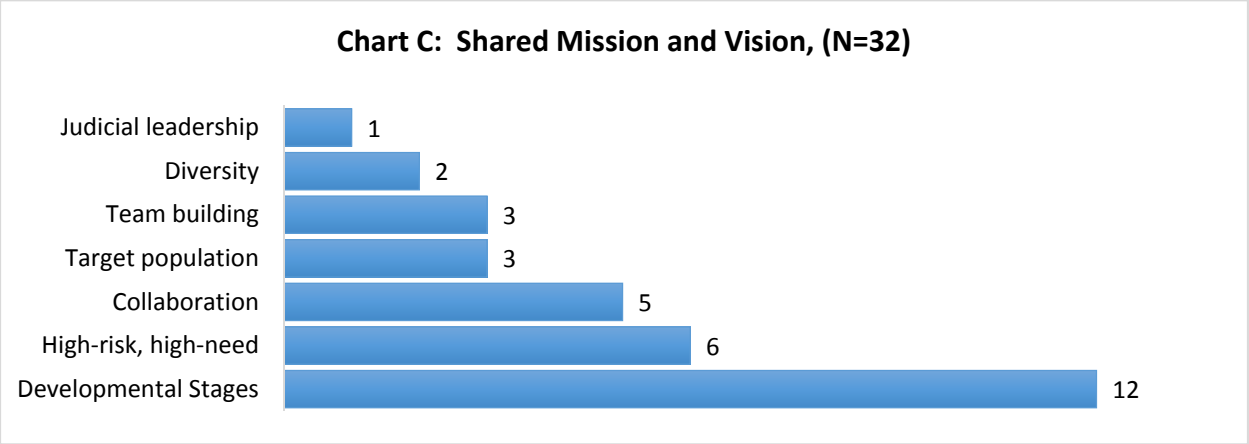
A total of 164 responses were analyzed from 25 webinars (see Chart A).



The content category of *Needs for Parents* received the most responses (total 66) which were further analyzed and coded under specific content areas (see Chart B). Respondents were most interested in trauma-informed practice in FDCs, sanctions and incentives, co-occurring disorders, and engaging fathers. Domestic violence and MAT were also identified as a priority webinar topics.



A similar breakdown was also conducted for *Shared Mission & Vision* (see Chart C), which had the second most responses (total 32). The most recurrent content was meeting the TTA needs of planning and early implementation FDCs (start-up) as well as established FDCs (tune-up).



Respondents also identified high-risk and high-need as a topic for future webinars as noted by following: *"Doug Marlowe comes to every national event and talks about using risk and needs scales to determine where on a matrix clients fall. He separates addicts from abusers. However, treatment providers (including the new DSM) no longer divide clients into those treatment categories. We need more discussion on how or if this applies to Family Courts."*

Respondents also identified cross-systems collaboration as a priority topic with specific need for practical guidance as noted by this response: *"Cross-systems collaboration—the nuts and bolts rather than theory."*

SUMMARY

The findings from webinar attendee feedback identified particular interest in learning more about parent recovery, target population, and learning from other FDCs' across their stages of development.

FAMILY DRUG COURT SELF-ASSESSMENT SURVEY

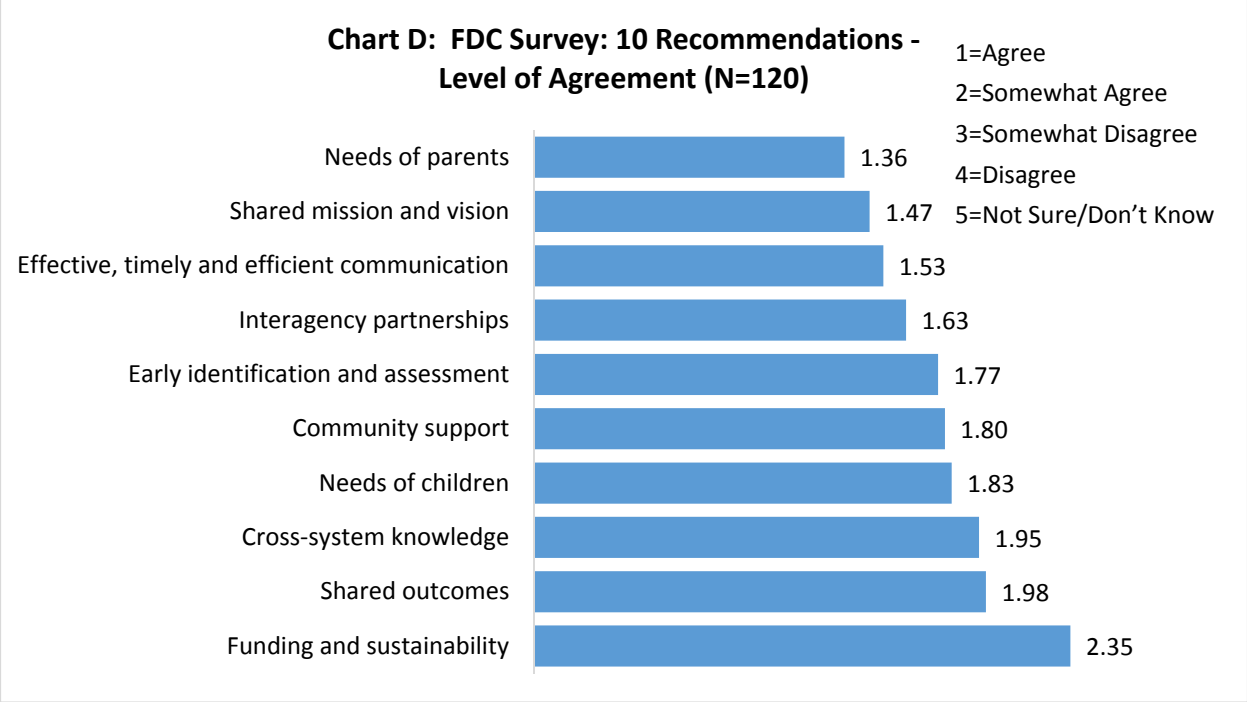
APPROACH

A content analysis was conducted on responses collected from FDC Self-Assessment Surveys administered to 16 jurisdictions in five states (Alabama, Colorado, Kentucky, New Jersey, and Washington). Respondents were asked to select their level of agreement in implementing the 10 Recommendations from the FDC Guidelines (see Appendix B).

KEY FINDINGS

A total of 120 survey responses were collected, analyzed, and organized according to level of agreement that the practice was operational in their FDC (see Chart D). The three recommendations that drew the lowest-level of agreement were:

1) Funding, staffing and community resources
2) Agreed upon goals and established performance measures to ensure join accountability
3) Ongoing cross-training



SUMMARY

The results showed FDC's struggles in areas of funding and sustainability, use of outcome measures and data to guide collaborative practice, and provision of ongoing cross-training to FDC team members and stakeholders.

FAMILY DRUG COURT TRAINING AND TECHNICAL ASSISTANCE ONLINE SURVEY

APPROACH

An online survey was conducted to elicit responses from FDC practitioners regarding barriers and most pressing TA needs in their FDC programs. An email announcement with a link to the online survey was sent out via CCFF and FDC email listserv. Responses were collected from November 5-12, 2013.

Respondents were asked to respond to 19 scaled questions by indicating to what extent they are experiencing barriers in implementing the FDC Guidelines. Respondents were then asked to provide responses to two open-ended questions: 1) Please briefly describe other barriers your FDC is facing; and, 2) what do you see as the most pressing or needed technical assistance needs of your FDC? (see Appendix C to view the Survey). Qualitative responses were analyzed by categorizing them under the FDC Guidelines framework and sorted further under specific sub-categories. Responses were coded and analyzed to identify themes. The online survey platform (Survey Monkey) provided basic descriptive statistics regarding the quantitative data.

KEY FINDINGS

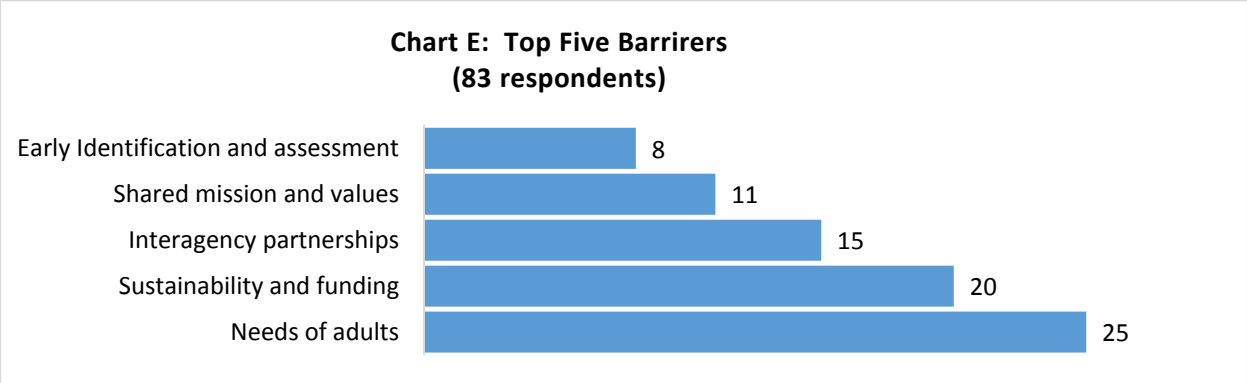
A total of 133 respondents completed the FDC TTA online survey. For the 19 scaled questions, responses were analyzed by combining *Extensive Barriers* and *Moderate Barriers* responses together to identify areas that FDC were experiencing barriers to success. The top three barriers included:

1) Automating data of FDC participants compared to larger CWS and AOD systems (44.5%)
2) Timely access to treatment (34.3%)
3) Treatment to address co-occurring disorders (32.9%)

Responses were analyzed by combining "Have yet to implement" and "Uncertain" to identify strategies drawing the least attention or focus in implementation. The top two strategies that reported highest percentage of responses in this area were:

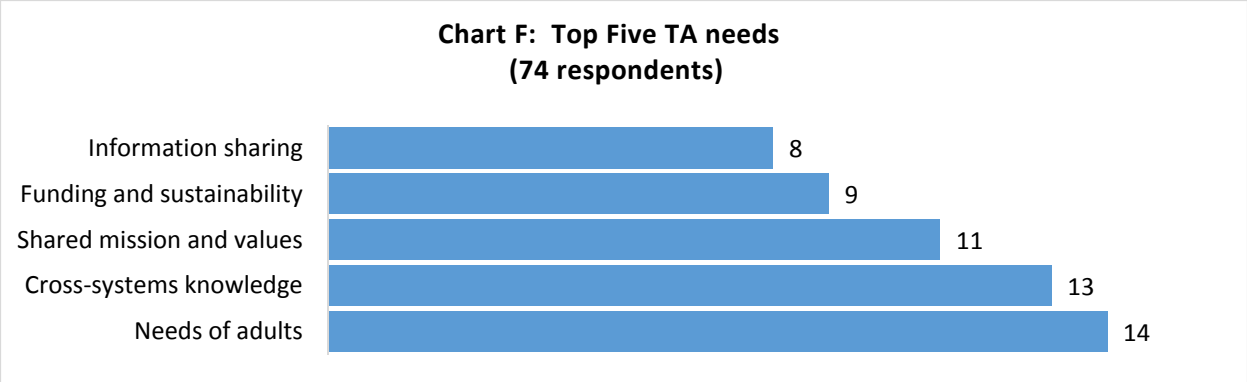
1) **Historically disadvantaged groups —**Over half (52.6%) of the respondents indicated that that they have yet to implement this strategy or were uncertain about it.
2) **Compilation of an annual funding inventory—**Nearly half (45.2%) of the respondents had yet or did not know whether their FDC had compiled an annual funding inventory.

For the two open-ended questions, responses were categorized under the FDC Guidelines Recommendations with the top five listed in Charts E and F. Responses were then categorized under sub-themes.



BARRIERS

- **Needs of Parents**—the most common barriers mentioned were related to recovery supports, dual diagnosis, and trauma. As one respondent noted "The clients we are now screening have more serious trauma than when we started 7 years ago. As a result, many of these clients, in our opinion, are not able to complete all the required treatment in the 12-18 months we have according to statute. The backgrounds of many of our parents are severe." The lack of treatment, particularly for MAT clients was also raised, as noted by one respondent, "MAT is unavailable for all low-income clients. No methadone coverage and only 45 days Suboxone for birth mothers."
- **Sustainability and Funding**—lack of funding for staff positions, such as recovery specialist or FDC coordinator along with lack of funding for treatment and service array were all identified as barriers.
- **Interagency Partnerships and Shared Mission and Values**—securing buy-in across systems was cited as a barrier, particularly with CWS and attorneys. As one respondent noted, "The biggest barrier that our FDC is facing is the resistance from the parent's attorneys. Most are not in favor of their clients joining FDC." CWS as a partner was frequently cited as a barrier as reflected by this response: "Despite having many partners and stakeholders, there are also pressure points within the 'system' that essentially sabotage/undermine the work that FDCs are doing (e.g., referrals, information sharing with CPS, coordinating with CPS and others)."
- **Early Identification and Assessment**—one of the most frequent barriers cited were the intake and assessment process. The lack of referrals, particularly from CWS, was cited as another barrier—"Our primary source of referrals (Department of Human Services) is not providing potential candidates. They either do not understand the value or do not want to make the effort." Mental health screening was also cited as a challenge.



TTA Needs

- **Needs for parents—**received the most responses across a range of topics, with medically-assisted treatment as the most frequently identified. One respondent *noted "An understanding of using Suboxone and other narcotic medications if needed. All that I am told is that we are an 'abstinence program.'"*
- **Cross-systems knowledge—**team training was frequently identified as stated by a respondent *"Specialized FDC training for each member of the team and continuous educational opportunities to learn about our roles, drug testing, and best practices."*
- **Shared mission and vision—**a wide range of TA topics were raised, including building capacity, FDC models, leadership, and overall sense mission as shared by one respondent *"We need to regroup. We have been running for 7 years and seem to have hit a plateau and 'lull.' We are struggling to get proper new candidates. We are having trouble getting team members to staffing. Everybody is burned out."*
- ***Information sharing***—protocols for "good communication" and information sharing were cited as TA needs along with assistance in data management.

Summary

The results revealed that FDC practitioners are encountering barriers and need TTA in addressing co-occurring and MAT clients, sustainability planning and sustained funding for FDC staff positions and service array. FDC practitioners also cited challenges and the need for assistance in team-building and working toward a shared mission and vision, as well as securing greater buy-in and more referrals from CWS.

IN-DEPTH STAKEHOLDER INTERVIEWS

APPROACH

CCFF conducted in-depth interviews with stakeholders from the Federal and State level to gather their feedback about the TTA needs of FDCs. The interviews involved a set of questions along with preliminary findings of the FDC-NA, which were sent to the stakeholders prior to their scheduled interview (see Appendix D). Interviews were facilitated during the first week of December 2013 by two CCFF staff persons and joined by a third staff person who served as a note taker. A total of five interviews were conducted with seven participant stakeholders from OJJDP, Children's Bureau, State Drug Coordinators, and State Court Improvement Programs. Stakeholders were selected based on their knowledge of and experience with Family Drug Courts and/or other problem-solving court models. Each of the interviews lasted from 30-60 minutes. Post-interview debrief discussions were conducted between the facilitator and the note taker to review notes and responses.

KEY FINDINGS

The interviews with State and Federal stakeholders provided a macro-level perspective to the TTA needs of FDCs compared to responses provided by FDC practitioners. During the course of the five interviews, numerous themes emerged:

- ***Shared Mission and Values***— Stakeholders raised issues regarding the decisions surrounding target population, particularly who FDC serves and the importance of matching assessed needs with appropriate services. There was a general affirmation of the need to clarify what high-risk and high-need means to FDCs and further guidance on how to serve challenging populations, including MAT and co-occurring clients.
- ***Needs of Parents*** – Stakeholders affirmed the importance of meeting the co-occurring needs of parents. The selection and implementation of evidence based practice and application of implementation science principles in FDCs were also raised by stakeholders as TTA needs.
- ***Needs of Children***—The importance of focusing on the needs of children and family-centered treatment in FDCs was raised by Federal child welfare stakeholders. The need to address child and family trauma, support quality visitation and the parent-child relationship through therapeutic interventions were specifically raised. Stakeholders noted that they were not surprised that the needs of children were less frequently mentioned in the FDC-NA relative to services to parents given the focus on parent recovery in most drug courts.
- ***Shared Outcomes and Accountability***— One idea raised during the interviews was the potential impact FDCs can have on larger systems, including adult drug courts and existing court and agency partnerships that do not include FDCs. This potential impact included opportunities to infuse practice-based innovations, such as quality judicial interaction and monitoring, recovery supports, and family-based treatment, into the larger CWS, treatment, and court systems. One stakeholder pointed to opportunities for FDCs to impact other collaborative court programs, including adult and veteran's court, by

raising the focus on children and families. Other opportunities included partnerships between FDCs and state Court Improvement Programs.

The importance of data was also a prominent theme during the stakeholder interviews. When presented with the preliminary findings that the automation of data was one of the greatest challenges identified by FDC practitioners in the TTA online survey, one stakeholder noted the potential relationship of data with other identified challenges, including targeting and sustainability planning. The opportunity to use data for practice and program improvements was also discussed.

Table 2 provides a summary of these interviews:

TABLE 2: SUMMARY OF INTERVIEWS

STAKEHOLDER PARTICIPANT	KEY THEMES
State Drug Court Coordinators (2)	• Local issues vs. statewide issues • Challenge of dealing with criminal needs of parents in FDCs • Targeting and services – e.g. MAT • How to assess needs of families within time mandates • How to assess high-risk, high-need; who decides who gets in? • Final disposition but still participating in FDC • Voluntary vs. mandatory participation in FDCs • Family recovery - reintegration of the parent and child • Partnership involvement • Veterans' issues as an opportunity for FDCs
State Court Improvement Program Coordinators (2)	• Opportunity for FDCs to partner with state Court Improvement Programs (CIPs) • Emphasis on impacting larger systems beyond FDC programs; infusion of FDC best practices to dependency, child welfare, and treatment systems
Child Welfare Program Specialist, Office on Child Abuse and Neglect Children's Bureau, Administration of Children Youth and Families, Administration for Children and Families	• Technical vs. adaptive barriers • Implementation of evidence-based practice; implementation science principles • Evaluation of TTA impact • Network analysis – to review the strength of connections and how that impacts outcomes • Most pressing TA needs – MAT, prescription meds, neonatal exposure; improve data-sharing, resiliency and protection factors • Importance of quality visitation

TABLE 2: SUMMARY OF INTERVIEWS	
STAKEHOLDER PARTICIPANT	**KEY THEMES**
	• Assessing site readiness – do they have the resources and steps of implementation? • Use of data in real time for practice improvements
Federal Project Officer, Office of Juvenile Justice and Delinquency Programs, Office of Justice Programs	• Co-occurring conditions • Assessment before referral, matching need with service • Evaluate data points • Revision or update of FDC Guidelines
Child Welfare Program Specialist for Court Improvement Children's Bureau, Administration for Children and Families, HHS	• Trauma services for children and families • Sustainability planning – using lessons learned from RPG for FDC and beyond • Evidence-based practice, implementation science • Parent-child psychotherapy • Quality hearings – infusing what is effective in FDCs to larger dependency court system

SUMMARY

The interviews with State and Federal stakeholders provided a macro-perspective to the TTA needs of FDCs with particular emphasis on impact of TTA and overall impact on larger systems. Themes emerging from these interviews included the need for FDCs to impact the larger dependency, child welfare, and treatment systems, the importance of using outcome data for program improvements and sustainability, and the impact of TTA received.

SUMMARY OF KEY FINDINGS AND IMPLICATIONS FOR TTA DELIVERY

SUMMARY OF KEY FINDINGS

This FDC-NA provides a comprehensive look at the current TTA needs of FDCs nationwide by analyzing information from multiple data sources. It draws from CCFF's existing knowledge and prior TTA work with FDCs yet seeks to capture the emerging issues and concerns raised by FDC practitioners and stakeholders.

For the purposes of analyzing the data and the discussion of the findings, the identified barriers and areas of TTA Needs were combined. A synthesis of the data revealed four content areas for FDC TTA that were consistently identified across the different data sources:

1) ***Services to Parents—***Under this broad content category, there were specific areas of practice and policy identified as barriers and need for TTA. Respondents cited the challenges of meeting the complex and multiple needs of parents as a result of trauma, dual-diagnosis, domestic violence, and medically-assisted clients. Specific content identified for TTA included engagement and retention strategies, client walkthroughs, alumni groups and aftercare, responses to behavior, gender-responsive treatment, trauma-informed practice, and recovery supports. These strategies are aimed towards keeping clients in treatment and achieving desired behavioral changes as part of their recovery. Below are two specific content areas of TTA:

   - ***Recovery Support Specialist***—One of the collaborative solutions identified in some FDCs is the utilization of Recovery Support Specialists or Recovery Coach model as a proven engagement and retention strategy. The utilization of a Recovery Specialist model has shown positive outcomes, including reduced costs of out-of-home placements and/or reduces time of children in foster care, removed barriers and improves linkages between CWS and AOD to better serve parents, and improved collaboration between systems (CSAT, 2010). FDCs can benefit from TTA in implementation of a Recovery Coach model, with particular attention in hiring, training, and funding these positions and outcome data to demonstrate its impact.
   - ***Medication-Assisted Treatment (MAT)***—Respondents also identified a need to provide FDCs guidance on serving clients with pain management and formulating MAT policies and procedures. Most FDCs have predominately been "abstinence-based programs" and exclude clients who are taking prescribed medication to address a co-occurring mental health diagnosis, chronic or acute pain condition, or substance use disorder. There are myriad of practice and policy concerns expressed by FDC teams about this issue raising the need for thoughtful guidance, greater awareness, continuing education regarding MAT. The convergence of various trends, including the advent of new medications for substance use disorders highlight the need for greater understanding of MAT for FDC programs. TTA should also include practice and policy examples and implications for collaborative practice between CWS, treatment, and the Courts.

The high frequency of *Services to Parents* mentioned during the FDC-NA may reflect the prevailing focus of drug courts on parent's recovery and the need for TTA in improving engagement and retention of parents in treatment. In contrast, *Services to Children* was less frequently identified as a barrier or a pressing TTA need. Although FDCs are presumably about families, children services are still not typically part of FDC programs. Grant programs, such as *Children Affected by Methamphetamines*[3] have advanced practice in this area and have integrated various service components in FDCs: parent education, comprehensive assessments and services to promote healthy growth and development, child-focused therapy to address mental health and trauma issues, interventions to address parent-child relationship issues, and supportive services following reunification. There is a growing knowledge base on how to support children affected by parental substance use and an increasing awareness of family-centered treatment. Future TTA will continue to address services to both parents and children while increasing awareness of family recovery and well-being and individual well-being in the context of parent-child relationship.

2) ***Funding and Sustainability***—The lack of funding was frequently identified as a significant barrier by FDCs, many of which are operating in challenging fiscal environments. The lack of continued funding for staff positions, treatment and service array, and the overall FDC program were raised specifically. Aside from a few mentions about conducting a cost analysis, the specific strategies of sustainability planning were rarely mentioned. There is a need to help sites engage in meaningful and active planning, including formulation of cost analyses, use of key baseline measures and outcome data, and exploring refinancing and redirection strategies.

   There is a clear need to further explore barriers of FDCs for sustainability planning and urging sites to see these challenges as targets for change. Automating data is one of the most challenging areas of practice for FDCs. TTA can help FDCs make the crucial connections between sustainability planning, data collection and evaluation.

3) ***Cross-systems knowledge—***Another recurrent need identified is ongoing cross-system training to bridge the divisions between professional disciplines, agency mandates, values, and practice. This need for ongoing training is critical, particularly for FDCs who face the common challenge of staff turnover. TTA should address working with families affected by substance abuse, all of whom arrive with multiple and complex needs. These include training in gender-specific issues, trauma, co-occurring conditions, enhancing motivation, and the dynamics of addiction and recovery. TTA should also address the need for greater understanding on the responsibilities and mandates and how to work collaboratively across these systems. The need for discipline-specific resources, particularly as it relates to cross-system knowledge, roles, and responsibilities, was also raised.

4) ***Mission and Values***—FDCs are built on a foundation of shared mission and vision, supported by client services and agency collaboration, and achieved by a focus on shared outcomes. Mission and values are abstract concepts but were frequently conveyed by respondents related to FDC models, scope of services, eligibility criteria, policies and

[3]For more information, please visit: http://www.ncsacw.samhsa.gov/technical/cam.aspx

procedures, cross-system collaboration and buy-in. Three of the most frequently identified areas for TTA are described below.

- ***Collaborative Values and Capacity***—An ongoing barrier reported by FDCs in working across systems is the difference in systems' values and a lack of understanding of each system's roles and responsibilities. TA requests regarding team roles, job descriptions, and policies and procedures were raised frequently. Lack of, or inconsistent participation from one or more critical partners was also cited. Respondents expressed specific concerns about the level of buy-in from parents' attorneys and CWS.

  Other barriers included differing values at include attitudes about the nature of addiction, abstinence, relapse, and the effects of substance use on parenting. In a recent study, it was shown that compared to CWS respondents, AOD respondents were: (a) less likely to believe that parents could provide effective parenting; (b) more likely to believe that abstinence should be a criterion for reunification; (c) more likely to agree that parents should receive jail time as a consequence for noncompliance with court orders; and, (d) more likely to believe that parents could succeed in treatment (He, Traube, Young, in press).

  FDC teams need TTA to establish a shared mission based on a mutual understanding of families' needs and the roles and responsibilities of each partner, develop collaborative measurable goals based on their shared vision and establish cross-system collaborations for both policy and practice.

- ***FDC Models***—Practitioners also expressed interest in FDC models, namely integrated (one-judge, one court) and/or parallel (separate judges assigned to handle recovery and dependency matters) models. TTA can provide packaged material explaining:

  - Practical and ethical considerations in implementing each model
  - Strengths and challenges of each model, particularly as it relates to judicial oversight, scope and scale, and collaborative practice
  - Perceived concerns with ex-parte communications and other judicial ethical considerations in each model
  - Primary factors to be considered when selecting or evaluating the most appropriate model for your jurisdiction.

  There was also interest in pre-file court models, which is an intensive court supervised program designed to assist parents that have been identified as having a substance abuse problem and are at risk of losing their children due to neglect. Families are referred prior to filing a petition with the Court. For those interested in knowing more about this model, TTA can provide packaged material on how certain jurisdictions have successfully implemented pre-file courts programs and the inherent challenges in working with CWS and engaging clients.

- ***Target population***—One of the challenges cited by FDC teams are the decisions regarding target population, eligibility criteria, and what resources are needed to serve them. These issues were raised by respondents in regard to serving clients with co-

occurring conditions, dual-diagnosis, and medication-assisted treatment. FDCs are in need of further guidance on how to serve these populations with specific TTA on key FDC processes including screening and assessment, staff training and partnerships needed to provide the scope of services needed to match identified needs. TTA should also explore the utilization of data systems to support decisions regarding target population as well. To impact the larger CWS system, FDCs need to consider the changing population of the overall CWS population, including the increased number of children remaining at home, younger and older children in out-of-home care, and higher risk and higher need families.

NEXT STEPS - TTA DELIVERY

The findings of this FDC-NA will be used to develop a Strategic Plan due to OJJDP by the end of January 2014. The Strategic Plan will identify strategies, formats, activities, performance measures that are tied to specific benchmarks and timelines. The following are next steps in planning, implementation, enhancement, and evaluation of a comprehensive FDC TTA program.

1) ***Meet TTA needs across the stages of development and expand peer learning—***With the growth of the FDC movement, more jurisdictions are at the planning or early implementation phases of development with a growing presence of established court programs. As previously demonstrated in the FDC-NA in 2010, there were no significant differences in the TTA needs of the FDCs based on their stage of development. FDC professionals expressed the desire to learn what other FDCs were doing across all areas of policy and practice. These requests included inquiries for sample policy and procedures, screening and assessment tools and protocols, parent and family engagement strategies. Thus, the TTA program must address the full range of FDCs from planning, implementing, and well-established FDCs.

2) ***Expand utilization of the FDC Guidelines as a framework and guide for implementation***—In 2010, the FDC-NA determined the need for a framework to guide jurisdictions in developing standards for FDCs. CCFF, with support from OJJDP, published the *Guidance to States: Recommendations for Developing Family Drug Court Guidelines* in 2013. The FDC Guidelines provides a helpful framework upon which FDCs can analyze their needs, assess their strengths and weaknesses, plan, grow, and help their FDC achieve positive outcomes. The significance of this publication is that it provides guidance for planning, implementing, and evaluating FDCs in a framework of recommendations with over a hundred effective strategies. It also provides a systems perspective to create systems changes and lasting impact. The publication is currently the most viewed resource on the CCFF website with approximately 110,000 views since its release in May 2013.

   The FDC Guidelines offer opportunities for wide utilization at different jurisdictional levels (e.g. State, local), along different stages of development (e.g. planning, advanced practice), and professional levels (e.g. policy leaders, service providers). For example, at the local level, FDC teams can use the publication to assess their FDC or as a guide during administrative or strategic planning meetings. At the State level, the Guidelines can be used to compare existing guidelines or standards and develop training plans.

Another important consideration is the potential impact FDCs can have on larger systems, including adult courts and existing court and agency partnerships that do not include collaborative court structures. Recognizing that not all jurisdictions are able to implement an FDC, the need to infuse proven solutions into the current court or agency system is an opportunity for greater impact of FDCs. These ingredients include utilization of substance abuse specialist and recovery coaches, increased judicial monitoring, family-centered treatment, priority access to treatment, home visiting, developmental screenings and training in the use of universal screening tools.

The FDC Guidelines document and implementation of its recommendations raise a clear need for TTA. Since the recommendations are interrelated with several cross-over themes, prioritization and thoughtful decisions will be required to determine which recommendation(s) to focus on first. TTA can help jurisdictions examine key considerations, such as resources available, target population, and strengths of providers to guide these important decisions. TTA can also provide tools to analyze and clarify priorities. TTA can be helpful in broadening an FDC's perspective of its challenges and barriers with a particular recommendation and guide them towards strategic solutions.

3) ***Expand network of consultants, advisors, and subject matter experts—***The broad range of topics identified in this FDC-NA raises the importance of a wide network of consultants, advisors, and subject matter experts available to provide assistance in meeting emerging TTA needs. These include TTA on cross-system best practices for serving medically-assisted treatment (MAT) clients and pregnant and post-partum women with opioid dependence and high-risk and high-need participants in FDCs.

4) ***Follow-up and evaluation of TTA impact—***There is a need to determine the impact and outcomes of TA delivered, including what policies or practices were changed as result of its TTA efforts. For TTA aimed at capacity building, the documentation of the processes undergone by particular sites, including decision-making points, barriers encountered, and solutions formulated can be particularly meaningful.

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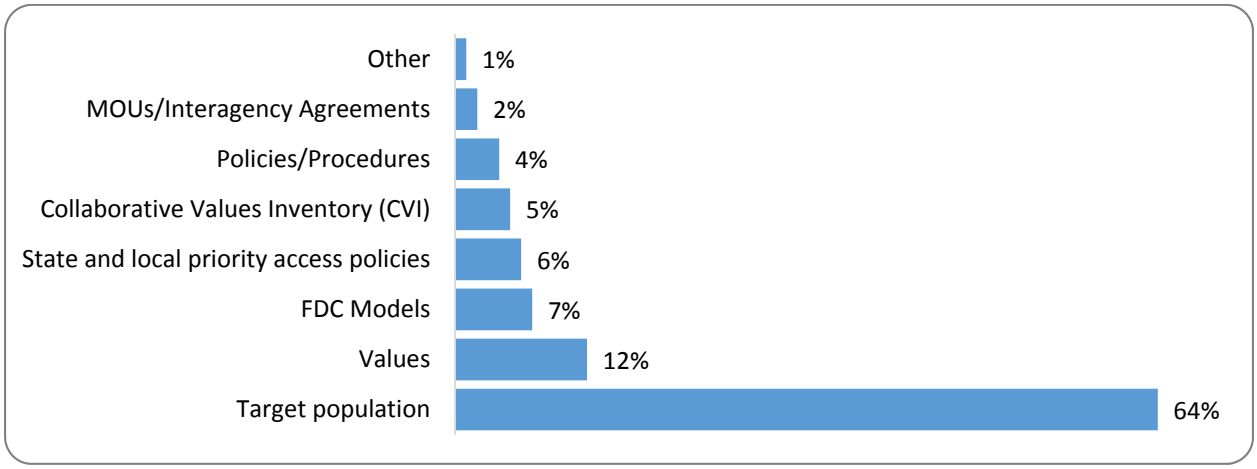
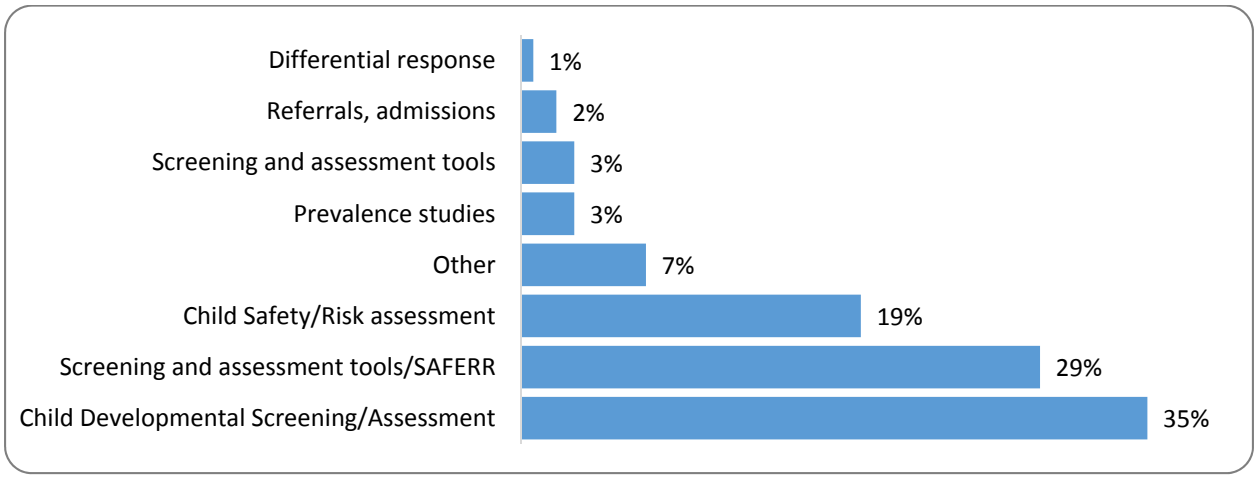
APPENDIX A: TECHNICAL ASSISTANCE TRACKER CONTENT ANALYSIS CHARTS

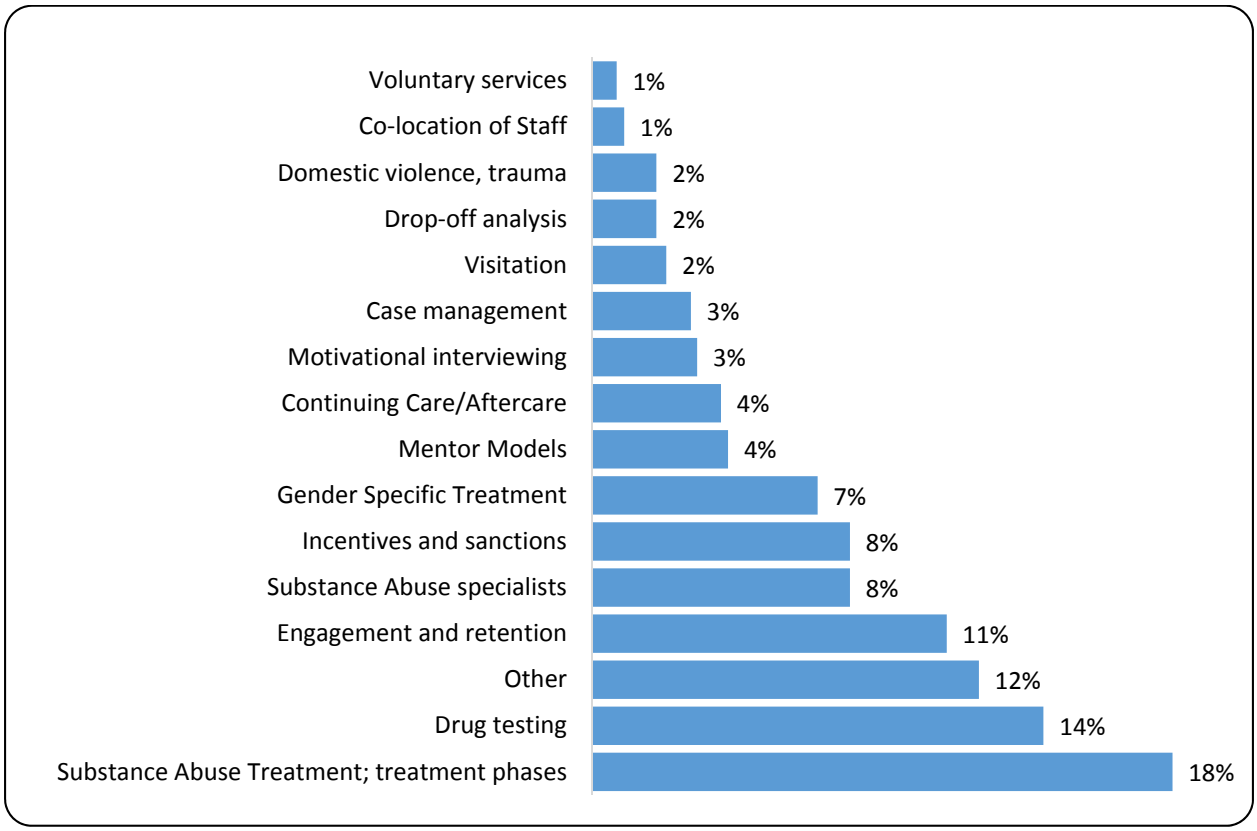
SHARED MISSION AND VISION (N=484)



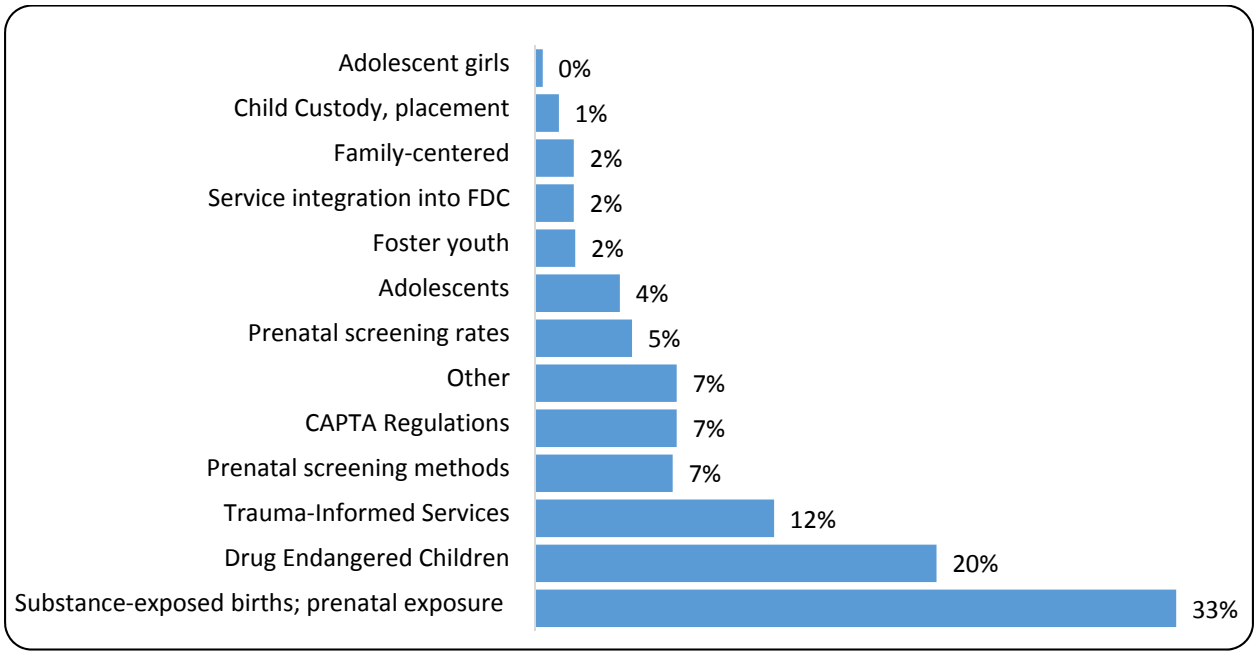
EARLY IDENTIFICATION AND ASSESSMENT (N=443)



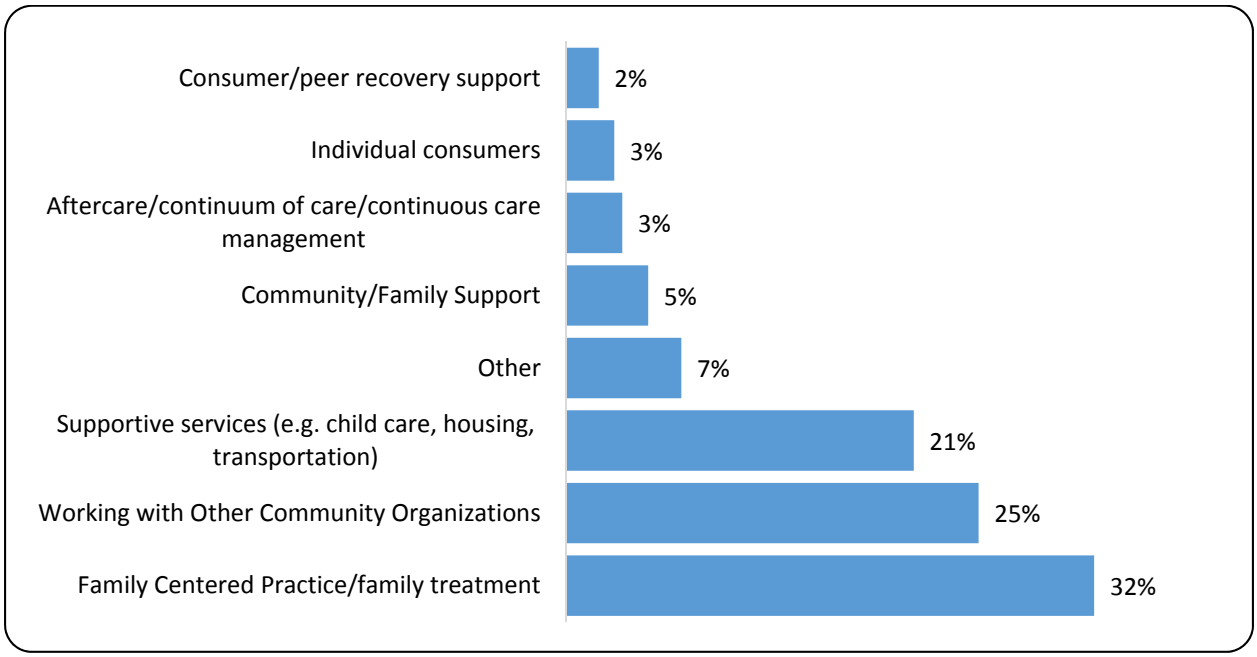
NEEDS OF PARENTS (N=609)



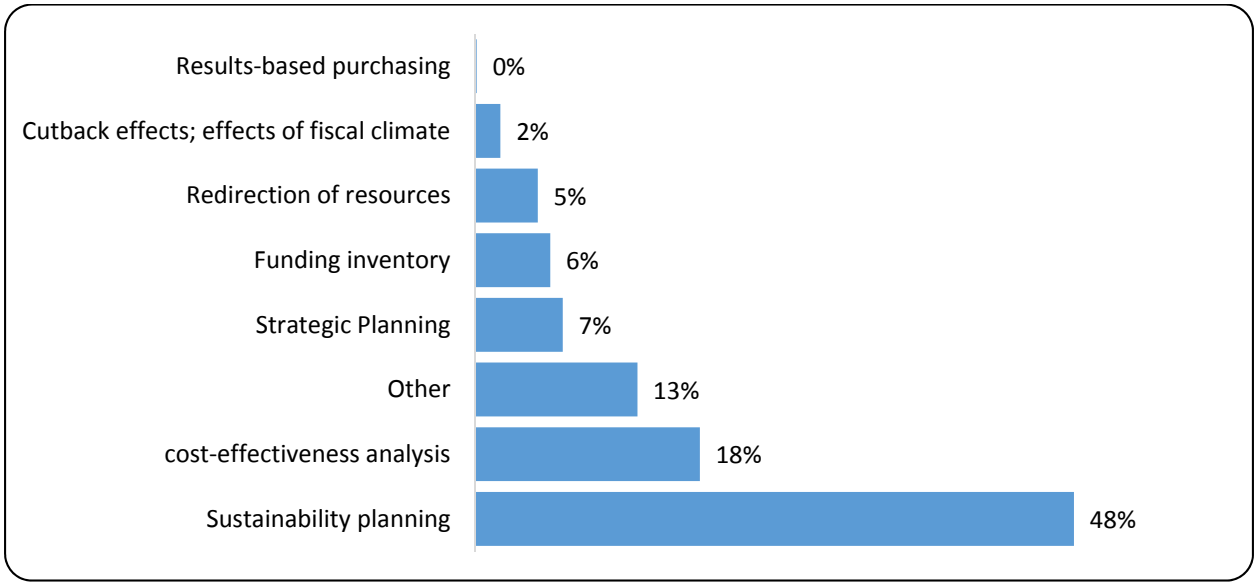
NEEDS OF CHILDREN (N=504)



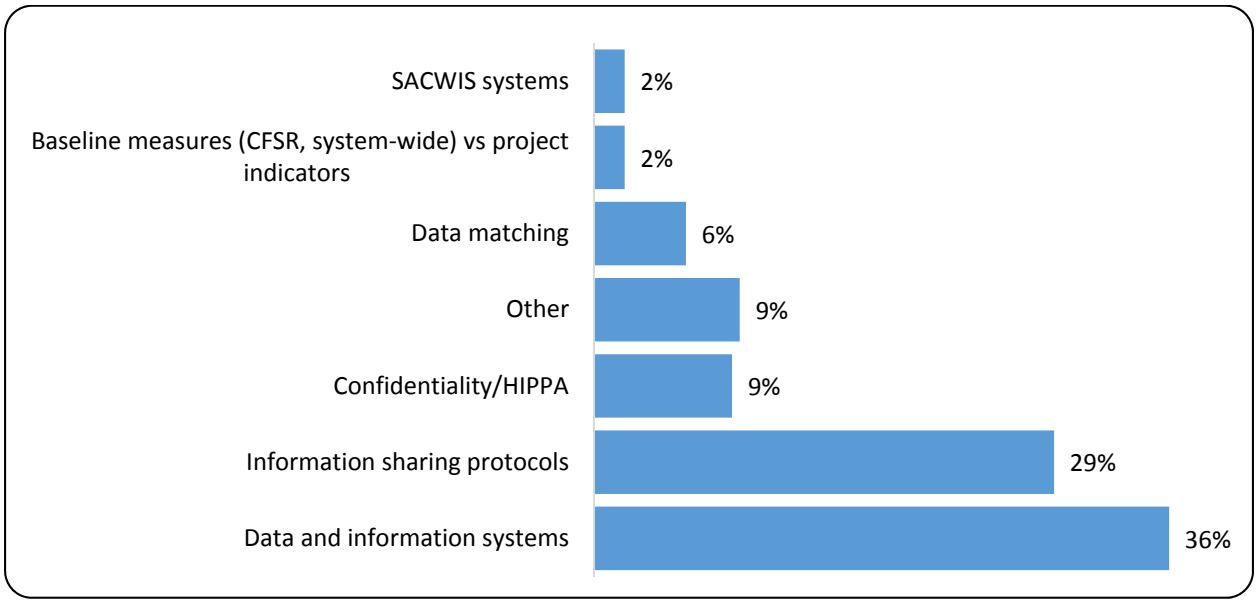
COMMUNITY SUPPORT (N=207)



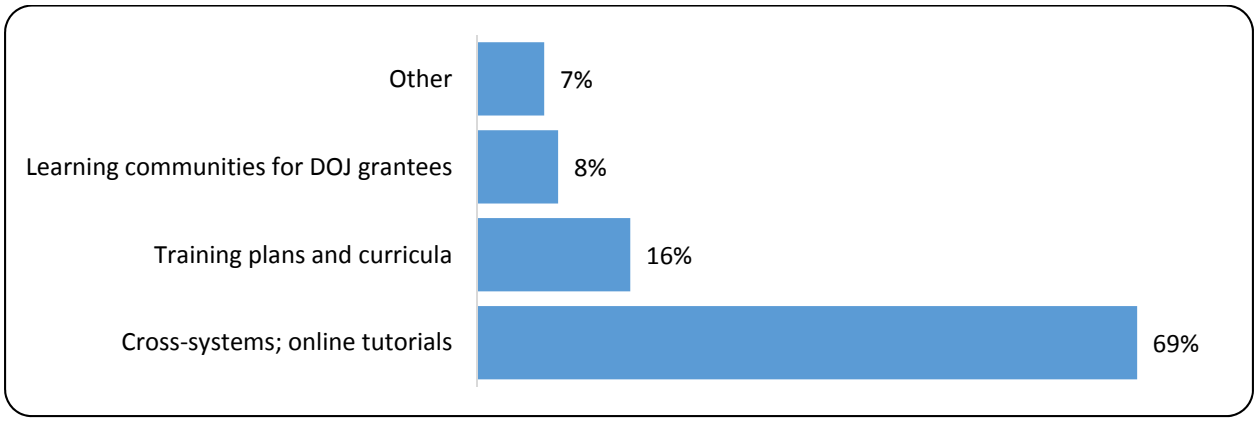
FUNDING AND SUSTAINABILITY (N=300)



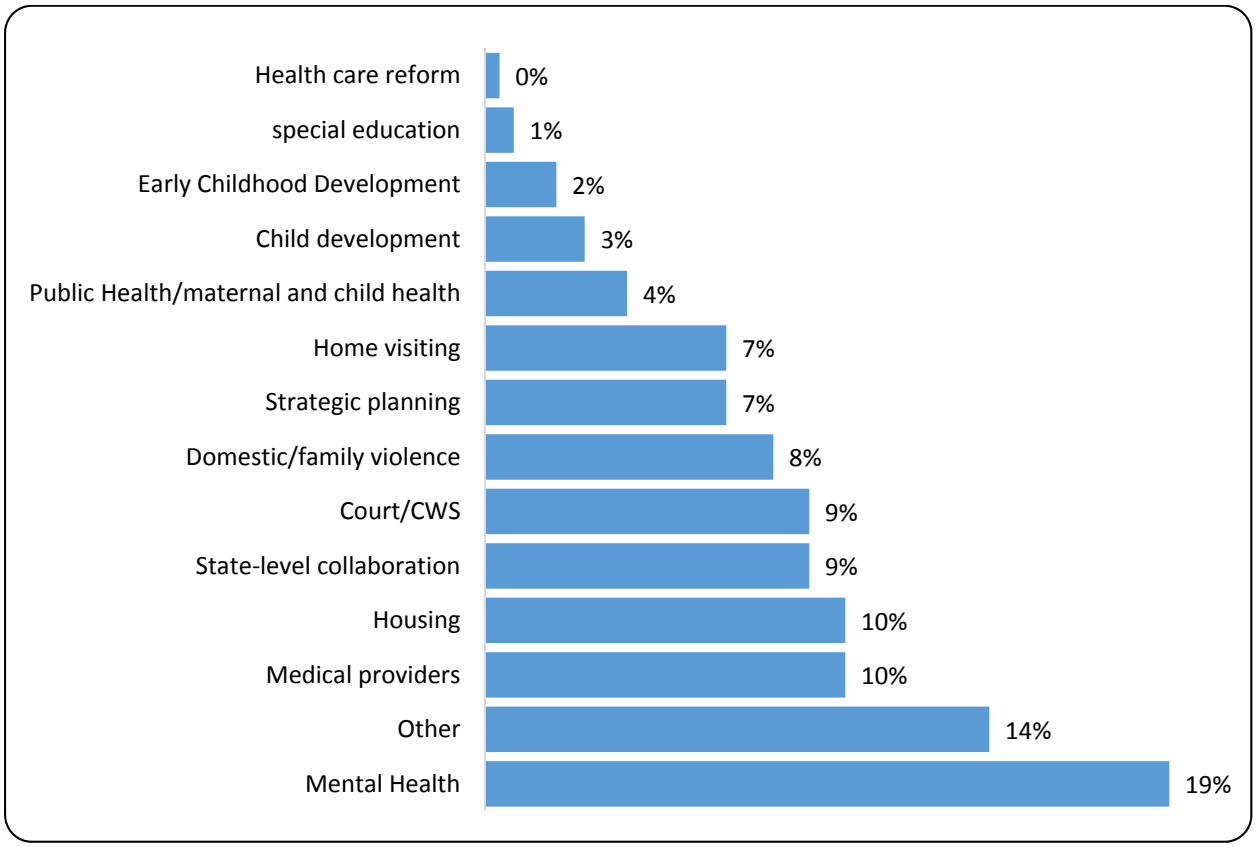
INFORMATION SHARING (N=234)



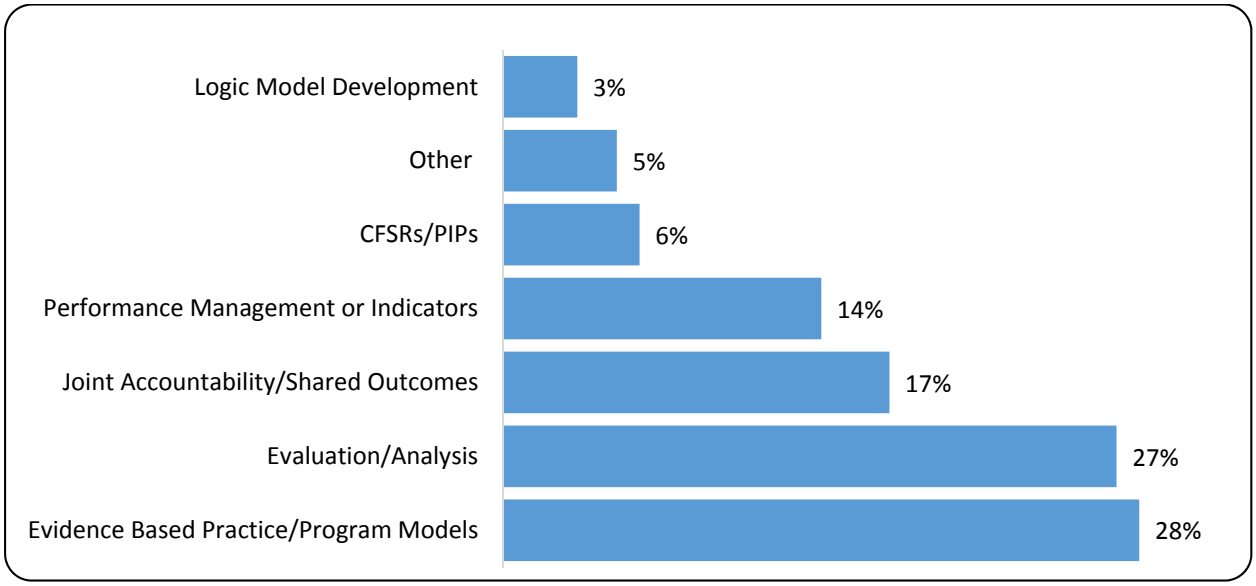
CROSS-SYSTEM KNOWLEDGE (N=786)



INTERAGENCY PARTNERSHIPS (N=278)



OUTCOMES (N=210)



APPENDIX B: FAMILY DRUG COURT SELF-ASSESSMENT SURVEY

Please select your level of agreement with the following statements about your FDC team:

FDC Strategy	Agree	Somewhat Agree	Somewhat Disagree	Disagree
FDC partners have a shared mission and vision to define their work together. They engage in discussions about values and agree on common principles.	○	○	○	○
The FDC has formed relationships with mental health, domestic violence, primary health, child development and other agencies to fully meet the needs of the parent, child, and family.	○	○	○	○
The FDC Team engages in effective, timely, and efficient communication and information sharing process for individual case monitoring.	○	○	○	○
There is ongoing cross-training of FDC team members and stakeholders at all levels ensuring collaboration and consistent, effective practices.	○	○	○	○
The FDC identifies participants early and uses screening and assessment to determine the needs and strengths of the parent/caregivers, the child and family, and accurately determines the most appropriate treatment and services.	○	○	○	○
The FDC partner agencies encourage parents in the recovery process and assist them in meeting treatment goals, child welfare, and the court requirements. The Judge responds in a way that supports continued engagement in recovery and the entire team makes sure the parent has access to a broad range of services.	○	○	○	○

FDC Strategy	Agree	Somewhat Agree	Somewhat Disagree	Disagree
The physical, developmental, social, emotional, and cognitive needs of children in the FDC are addressed through prevention, intervention, and treatment programs. A holistic and trauma-informed perspective is in place to ensure children receive effective, coordinated, and appropriate services.	○	○	○	○
The FDC connects with community-based organizations to support the multiple needs of parents, children, and families during program participation and provide ongoing support for continued success after formal FDC services have ended.	○	○	○	○
The FDC has access to a full range of funding, staffing and community resources, and developed stability for its innovative approaches. The FDC has a governance structure that assures ongoing buy-in by policy makers, management, and operational staff.	○	○	○	○
The FDC team has agreed upon goals and established performance measures to ensure joint accountability. The FDC measures outcomes and uses evaluation results to guide the work of the collaborative.	○	○	○	○

APPENDIX C: FAMILY DRUG COURT TRAINING AND TECHNICAL ASSISTANCE ONLINE SURVEY

1. Please indicate your area of responsibility	○ Substance Abuse Treatment Services	○ Child Welfare Services	○ Judge	○ Attorney	○ Evaluator	○ Community Service Provider	○ Other

Please select your level of agreement with the following statements about your FDC team:

FDC Strategy	Extensive Barriers	Moderate Barriers	Few Barriers	No Barriers	Have Not Attempted to Implement	Uncertain/ Do Not Know
2. A process to revisit the mission, goals, target population and policies and procedures of the FDC on a regular basis.	○	○	○	○	○	○
3. Judicial leadership in our FDC helps promote teamwork and facilitate better working relationships between agencies.	○	○	○	○	○	○
4. The FDC partnership (or lack of) do not hinder the capacity of the FDC.	○	○	○	○	○	○
5. A process for developing and maintaining interagency partnerships, including linkage agreements or memoranda of understanding and having representatives of partner agencies that are members of an FDC advisory group.	○	○	○	○	○	○

FDC Strategy	Extensive Barriers	Moderate Barriers	Few Barriers	No Barriers	Have Not Attempted to Implement	Uncertain/ Do Not Know
6. Capacity to automate about the characteristics and service outcomes of the FDC participants compared to the larger child welfare and substance abuse treatment systems.	○	○	○	○	○	○
7. Ongoing, joint training programs for substance abuse treatment, child welfare and court staff and other service providers that address each partner's mandates, constraints and goals, as well as effective methods for working together.	○	○	○	○	○	○
8. A joint policy with the substance abuse treatment, child welfare, and dependency court systems governing standardized screening and assessment of substance use disorders among families in the child welfare system.	○	○	○	○	○	○
9. Obtain timely access to treatment (within 7 days of substance abuse assessment).	○	○	○	○	○	○
10. Routine monitoring of the quality of substance abuse treatment providers.	○	○	○	○	○	○
11. Uses Recovery Coach, Substance Abuse Specialists or similar type of engagement specialist that works with parents to support their recovery.	○	○	○	○	○	○

FDC Strategy	Extensive Barriers	Moderate Barriers	Few Barriers	No Barriers	Have Not Attempted to Implement	Uncertain/ Do Not Know
12. Children have access to services that include interventions that are appropriate for different developmental stages. These services include, for example, school readiness programs, adolescent substance abuse and other treatment services at at-risk youth prevention and intervention programs.	○	○	○	○	○	○
13. Policies and practices that link parents to continuing care services that include the full array of family income support programs (e.g. earned income tax credit, child support, State Children's Health Insurance Program, food stamps, and housing subsidies).	○	○	○	○	○	○
14. Compilation of an annual inventory of all funding sources of potential funding from all sources that could support the changes needed to support and/or expand the FDC program.	○	○	○	○	○	○
15. Identified shared outcomes for the families that it serves and uses the outcome evaluation results to ensure accountability and success.	○	○	○	○	○	○

FDC Strategy	Extensive Barriers	Moderate Barriers	Few Barriers	No Barriers	Have Not Attempted to Implement	Uncertain/ Do Not Know
16. Regularly monitors whether members of historically disadvantaged groups enter and complete the program at equivalent rates to other participants. If entry or completion rates are significantly lower, the FDC investigates the reasons for disparity and develops a remedial action plan.	○	○	○	○	○	○
17. Responsive to the needs of clients who receive Medication Assisted Treatment (MAT) for opiate addiction and/or mental health diagnoses.	○	○	○	○	○	○
18. Treatment addresses clients' co-occurring health and mental health disorders. The FDC may provide services for co-occurring disorders directly or through established linkages with community partners.	○	○	○	○	○	○

19. Please briefly describe other barriers your FDC is facing:

_____

_____

20. What do you see as the most pressing or needed technical assistance needs of your FDC?

_____

_____

21. Please provide additional comments, questions, or feedback regarding the National FDC Training and Technical Assistance Program.

_____

_____

APPENDIX D: IN-DEPTH STAKEHOLDER INTERVIEW HANDOUT

APPENDIX E: SUMMARY TABLE OF FDC TTA NEEDS

The following table provides a summary of identified TTA needs categorized under the FDC Guidelines across the five methods of data collection.

SUMMARY OF RESPONSES FROM ALL FIVE DATA SOURCES					
FDC GUIDELINE	**TA TRACKER**	**WEBINAR ATTENDEE FEEDBACK**	**FDC SURVEY**	**ONLINE SURVEY**	**STAKEHOLDER INTERVIEWS**
Shared Mission and Values	• Values • FDC Models • Team roles, job descriptions • Policy and procedures • Scale, scope • Target population • State and local priority access policies	• FDC developmental stages – planning and established FDCs • High-risk, high-need • Collaboration • Target population • Team building	---	• Monitoring historically disadvantaged populations • FDC models • Disproportionality • A process to revisit mission, goals, target population • FDC partnerships hindering capacity	• Increasing scale through partner buy-in, particularly CWS • Changing CWS population • Target population
Early Identification and Assessment	• Screening and assessment tools • Increase referrals and admissions • Child developmental screening/assessment	---	---	• Joint policy governing standardized screening and assessment of substance use disorders amongst CWS families • Barriers to receiving referrals and getting clients into FDC	• Assessment before referral; matching need with service

SUMMARY OF RESPONSES FROM ALL FIVE DATA SOURCES					
FDC GUIDELINE	**TA TRACKER**	**WEBINAR ATTENDEE FEEDBACK**	**FDC SURVEY**	**ONLINE SURVEY**	**STAKEHOLDER INTERVIEWS**
Needs of Parents	• Substance abuse treatment evidence-based practices • Responses to behavior • Engagement and retention strategies • Client handbook, phases advancement • Drug treatment, testing • Trauma • Walk-through • Alumni, aftercare • Co-occurring	• Trauma • Responses to behavior • Co-occurring conditions • Gender responsive • Motivating change • Domestic violence • Engagement and retention • Peer support • Treatment • Parent education	---	• Timely access to treatment • Treatment address co-occurring disorders • MAT for opiate addiction and/or mental health diagnoses • Recovery support	• Co-occurring conditions • Criminal needs of parents in FDCs • Implementation of evidence practice; application of implementation science principles • Family trauma; engaging the whole family unit in dealing with trauma • Importance of quality visitation
Needs of Children	• Integration into FDC • Family-centered practice • Substance-exposed infants; pre-natal exposure • Trauma	• Substance-exposed infants • Services for adolescent youth • Best practices in serving children	---	• Access to services across different developmental stages	• Child trauma • Family trauma; engaging the whole family unit in dealing with trauma • Parent-child focused interventions (i.e. parent-child psychotherapy)

SUMMARY OF RESPONSES FROM ALL FIVE DATA SOURCES					
FDC GUIDELINE	**TA TRACKER**	**WEBINAR ATTENDEE FEEDBACK**	**FDC SURVEY**	**ONLINE SURVEY**	**STAKEHOLDER INTERVIEWS**
Community Support	• Garnering support, buy-in	• Wrap-around Services • Housing • Coordinating and leveraging services in rural and urban communities	---	---	---
Interagency Partnerships	• Attorney • Judicial leadership • Child welfare system	• Child Appointed Special Advocate (CASA)	---	• FDC partnerships hindering capacity	• Implementation of EBP; implementation science principles • Network analysis – to assess the strength of current partnerships
Information Sharing	• Data collection, information systems	• Ongoing cross-systems collaborative data collection	---	• Data management • Sharing information between agencies	• Use of data to track target population (including historically disadvantaged populations) • Use of data for sustainability planning

SUMMARY OF RESPONSES FROM ALL FIVE DATA SOURCES					
FDC GUIDELINE	**TA TRACKER**	**WEBINAR ATTENDEE FEEDBACK**	**FDC SURVEY**	**ONLINE SURVEY**	**STAKEHOLDER INTERVIEWS**
Cross-systems Knowledge	• Legal professionals • Online tutorials • Child welfare professionals • Treatment professionals	• Defense and parent attorney – participation in FDC	• Ongoing cross-training	• Understanding of co-occurring disorders • Training for CWS social workers • Ongoing training for FDC team • Ongoing join-training for AOD, CWS, and Court staff that address respective mandates, goals, collaboration • FDC best practices	• Updating the *FDC Guidelines*
Funding and Sustainability	• Sustainability planning • Cost savings • Prospective funding streams • Funding specific services	• Funding for FDC • Lack of state funding support • Sustainability planning • Cost savings, cost-benefit analysis	• Funding, staffing and community resources	• Compiling annual funding inventory • Funding for staff positions, service array and treatment • Cost savings	• Use of outcome data for sustainability planning • Sustainability planning – using lessons learned from RPG for FDC and beyond

SUMMARY OF RESPONSES FROM ALL FIVE DATA SOURCES					
FDC Guideline	**TA Tracker**	**Webinar Attendee Feedback**	**FDC Survey**	**Online Survey**	**Stakeholder Interviews**
Shared Outcomes and Accountability	• FDC outcomes • Parent outcomes • Reunification outcomes	• Tracking outcomes from the Family Courts (i.e., Family Reunification, etc.) • Performance measures, self-evaluation, gauges for success • Communicating the program's outcomes to key stakeholders and potential funders.	• Agreed upon goals and established performance measures to ensure joint accountability • Measures outcomes and use evaluation results to guide collaborative practice	• Capacity to automate data about the characteristics and service outcomes of FDC participants compared to larger CWS and AOD systems • Evaluation	• Opportunity for FDCs to partner with Court Improvement Programs (CIP) • Interpreting and using outcome data for strategic planning and program improvements • Since not all jurisdictions can start and operate an FDC, how can best practice principles be infused into larger CWS and dependency courts systems?

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NEEDS ASSESSMENT REPORT JANUARY 2014

http://www.cffutures.org/files/publications/OJJDP_TTA_NAR_2014.pdf