

# Prevention and Family Recovery

Advancing the Capacity of Family Drug Courts to Provide a Comprehensive Family-Centered Approach to Improve Child, Parent and Family Outcomes



## Brief 2: Key Lessons for Implementing a Family-Centered Approach

April 2017

The Prevention and Family Recovery initiative is generously supported by the Doris Duke Charitable Foundation and The Duke Endowment.

### Introduction

Family-centered services that focus on parent-child relationships are a critical ingredient of effective family drug courts (FDCs).<sup>1</sup> The Prevention and Family Recovery (PFR) initiative strives to build the capacity of FDCs and their partner agencies to provide a more comprehensive family-centered approach—grounded in cross-systems collaboration and evidence-based practices—that strengthens the parent-child relationship to improve parent, child and family well-being.

In the first round of PFR, four geographically and culturally diverse FDC grantees implemented different evidence-based interventions in varying county and state sociopolitical contexts. The grantees' journeys provide valuable insights about the practice and policy changes needed for an FDC to shift from being an independent program within the court to an integrated cross-systems family-centered collaborative.

#### First Round of PFR Grantees

- Pima County Family Drug Court, Tucson, AZ
- Robeson County Family Treatment Court, Lumberton, NC
- San Francisco Family Treatment Court, San Francisco, CA
- Tompkins County Family Treatment Court, Ithaca, NY

See PFR Brief 1 for an overview of PFR, the four grantees and the families that they served.

### Putting PFR Lessons into Practice

This second PFR brief provides nine key lessons that other jurisdictions can apply in their own efforts to implement and integrate evidence-based parenting and children's interventions and move to a comprehensive family-centered approach. These lessons, which fall into three domains, can help inform the field as FDCs seek to institutionalize best practices and systems reform for families affected by parental substance use disorders and child maltreatment.

#### Key Implementation Lessons At-a-Glance

<b>FDC Core Practices and Collaborative Capacity</b> (Lessons 1 – 4)		Reiterate the need to stay true to and focused on fundamental FDC best practices when expanding the FDC's programmatic scope
<b>Evidence-Based Services Implementation and Integration</b> (Lessons 5 – 6)		Underscore the challenges associated with developing the capacity to implement evidence-based interventions within the FDC context and then ensuring that families are connected to these service enhancements
<b>Systems Change</b> (Lessons 7 – 9)		Emphasize the need for FDCs to look beyond "project thinking" and apply an understanding of how their initiatives fit into their larger systems and communities

The nine lessons are briefly summarized below. To help others move these lessons into action, the brief highlights *critical components* for effective FDC practice, shines a *spotlight on breakthrough strategies* and outlines other key considerations. The other PFR briefs in the series and the companion case studies provide more detailed descriptions and specific examples of how grantees changed the way they operate to improve outcomes for children and families.



### Lessons About FDC Core Practices and Collaborative Capacity

#### **1 Increased, Renewed and Continued Focus on Cross-Systems Collaborative Partnerships is Needed to Expand and Sustain the FDC**

All four FDCs had established cross-systems collaborative teams in place when PFR began. However, grantees quickly learned that to successfully integrate parenting and children's services into the FDC, they had to strengthen existing relationships between the core systems (e.g., child welfare, substance use disorder treatment and family courts) and cultivate new partnerships with other diverse community agencies and providers.

All core systems and community partners must be ready and willing to contribute time and resources to the effort and agree on its importance to improve outcomes for parents, children and families. The FDC, on its own, cannot carry such a large-scale initiative without the full commitment and buy-in of the partnering systems, particularly child welfare and the dependency court.

With a growing broad-based collaborative, all staff and partners need to clearly understand their respective roles and responsibilities—within and outside the FDC—to operate effectively as a team. Roles and responsibilities may change as the FDC expands its scope of services, increases its scale to serve more families and infuses effective practices into the larger system of care for all families affected by substance use disorders and child maltreatment. Collaborative partners will also inevitably have to grapple with the substantial costs associated with a full-scale comprehensive family-centered approach that includes more intensive interventions, fully integrated and coordinated service delivery and extensive cross-systems collaboration.

Continued collaborative progress requires patience and persistence, which paid off for grantees. They formalized many of their new partnerships, particularly with parenting and children's services providers and public health systems. These partners are now core members of the team and regularly attend case staffings and court.



#### **Critical Components for... Effective Collaboration to Deliver a Family-Centered Approach**

- Shared mission, vision and goals and a common definition of participant success
- Judicial and other agency leadership
- Shared decision making
- Understanding of each partner's operations, needs, values and competing demands
- Clear roles and responsibilities for all partners—individual team members as well as the agencies they represent
- Prioritizing collaboration as a means to better serve families
- Prioritizing the needs of families over the interests of individual agencies, organizations or systems
- Cross-systems training on best practices and proven interventions to improve parent, child and family outcomes



### **Spotlight on Breakthrough Strategy to Strengthen Collaboration Enhanced or Restructured Clinical and FDC Case Staffings**

All PFR grantees restructured their case staffings to more effectively collaborate and share information across systems. Enhancements have resulted in staffings that:

- Are inclusive of more partners and service providers and provide a venue for meaningful partner input where all voices are heard
- Focus discussions on desired behavioral changes of participants versus only program or treatment attendance
- Address the needs and progress of children, parents and the whole family
- Use court reports or staffing templates that incorporate parent and child information
- Discuss progress of all cases, not just those in non-compliance, and celebrate participants' successes
- Allow the Judge and team more time to reflect on and process information
- Address ongoing program and service delivery improvement

*On average, across the four grantees, substance use treatment completion rates were close to two-thirds (64.6%), which is substantially higher than treatment completion rates for the general child welfare population.<sup>2</sup>*

## 2

### **The Effectiveness of Parenting and Children's Services is Integrally Linked to Timely, Effective Substance Use Disorder Treatment**

A parent's successful treatment engagement, retention and completion and transition to sustained recovery is essential to positive child welfare and court outcomes. As a parent's substance use disorder can negatively affect their parenting capacity and bonding and attachment with their child, the provision of quality treatment is critical to improved family functioning. Yet, like many FDCs, when the grantees began PFR, the community substance use disorder treatment providers tended to operate disconnected from FDC operations. They were not routinely engaged in FDC staffings or court hearings.

To effectively move to a family-centered approach and optimally support family well-being, the court, child welfare and treatment providers had to strengthen their relationships, increase communication and enhance information sharing. The FDC needed to better understand what treatment services are provided and, importantly, the effectiveness of that treatment for families in the FDC. Treatment providers needed to understand how parents' success in treatment is directly linked to their parenting capacity and their relationships with their children and other family members.





### Critical Components for... Effective Integration of Substance Use Treatment into FDC Operations

- Mutual trust between court staff, child welfare workers and substance use disorder treatment providers
- Regular and ongoing meetings with providers, often facilitated by a neutral third party, to identify and resolve barriers to effective service delivery, communication and coordinated case planning
- Treatment agency and community provider representation on the FDC's governance structure (see also Lesson 3)
- Dedicated and engaged treatment liaisons that actively participate in staffings and attend court sessions
- Clarity on and evidence of how information about a participant's progress in treatment informs the court's case planning and decision making
- Training and education for treatment providers on the effects of parental substance use disorders on children and the parent-child relationship and the benefits of a family-centered approach
- Training and education for court and child welfare staff on substance use disorders, the recovery process and research-based principles of effective treatment for parents and families, particularly those in the child welfare system
- Ability to obtain and openly discuss data on treatment referrals, admissions and discharges and the implications for needed program or policy improvements

### **3** A Formal Governance Structure is Necessary to Prioritize, Oversee and Sustain the FDC Work

An established cross-systems oversight and governance infrastructure—with executive-level representation from all key partners—is essential as FDCs expand their services and partnerships and strive to create larger cross-systems change. Regular, ongoing meetings are critical to identify and manage emerging issues and keep the team focused on its mission, vision and goals. Such a structure promotes accountability, collaborative decision making about program and policy decisions, and increased information sharing and communication. Further, a formal governance structure elevates needed discussions about the FDC's outcomes and effectiveness (see Lesson 8). Such discussions are an important mechanism to integrate FDC practices more fully into the larger court and child welfare systems.



### Critical Components for... An Effective Governance Structure

- Three-tiered structure that includes an 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 FDC staff
- Defined mission statements
- Regular, ongoing meetings to identify and address emerging issues

### 5 Standing Agenda Items for Steering Committee Meetings

**Data dashboard** – three to five critical data points that provide the leadership, team and key partners with current information to monitor progress on agreed-upon, shared outcomes and identify needed program improvements. Ideally, performance is compared to the larger system or business as usual.

**Systems barriers** – discussion of pressing policy, resource and systems barriers (e.g., lack of housing, transportation, child care or specialized treatment for parents with children) identified by the operational team and development of strategies to overcome them.

**Funding and sustainability** – development of a long-term sustainability plan and review of up-to-date inventory of federal, tribal, state and local funding streams that currently fund the FDC or can be leveraged to support and sustain the collaborative's operations and goals. Regular review of and shared decision making on resource allocations.

**Staff training and knowledge development** – to establish an environment of continuous learning and development and ensure interdisciplinary knowledge. Creation of a staff development plan that includes protocols for new team member orientation; identifies training opportunities, gaps and needs; and outlines expertise to be shared with the entire operational team.

**Outreach efforts** – strategic planning about opportunities to educate and engage others about FDC outcomes, the needs of families in the FDC and the larger dependency system, and FDC best practices proven to improve outcomes. Outreach should encompass diverse audiences, including key FDC stakeholder groups (child welfare, attorneys and treatment providers), policy makers and funders, community development and service organizations (e.g., Rotary Club) and faith-based organizations. Widespread outreach creates a receptive environment for parents going through the FDC and enhances the community's understanding of substance use disorders.

### 4 FDC Teams Need to Maintain a Consistent and Strong Focus on FDC Participant Recruitment, Timely Engagement and Retention

In the midst of fully implementing parenting and children's services enhancements and pursuing large-scale systems improvements, the grantees found they had to also refocus attention on a core issue: increased participant engagement and retention in the FDC. Grantees had invested substantial financial, human and other resources to expand their program's service array. Not maximizing or operating at their full FDC capacity meant that families needing these intensive, comprehensive family-centered services were missing out. In short, low FDC enrollment translated to low referrals to parenting and children's services. Grantees endeavored to reach a greater number of eligible participants and involve them earlier in their child welfare services. The grantee teams recognized that timely engagement in the FDC is essential to expedite referrals to needed parenting and children's interventions (see also Lesson 6).



#### Critical Components for... Timely and Effective FDC Engagement and Retention

- Effective processes and protocols that ensure all eligible parents are identified, referred and engaged in the FDC early in their dependency case
- Streamlined FDC intake processes
- Engagement and buy-in of parent attorneys
- Use of data to identify and respond to drop-off points, barriers and service gaps related to FDC engagement and retention
- Intensive, coordinated case management
- Phasing that aligns with progress towards reunification (see Spotlight on Breakthrough Strategy on page 6)
- Trauma-informed and trauma-responsive court practices and proceedings
- Use of motivational interviewing techniques by all members of FDC team, including the Judge
- Appropriate response to relapse informed by a comprehensive assessment of the parent's situation and contributing factors
- Established plan for continuing care and recovery supports early in a parent's FDC participation



### Spotlight on Breakthrough Strategy to Strengthen FDC Engagement and Retention

#### *Rethinking Traditional FDC Phasing Structures to Better Align with Progress Towards Reunification*

As part of the shift to family-centered practice, all four grantees either implemented or were working towards a restructured, behavioral-based FDC phasing system that better aligns with the family's progress towards reunification. The grantees moved away from a traditional FDC phasing structure focused primarily on achieving a certain number of compliances and set tasks. Instead, they sought to take into account parents' strengths, readiness to move forward and desired behavioral changes. As one of the PFR grantee FDC Judges explained, with a behavioral-based approach, participants better understand how progressing in phases relates to getting their children back. "They see a direct connection between if I do this, good things will happen with my family relationship."



### Lessons About Evidence-Based Services Implementation and Integration

*Over the course of PFR, one grantee learned that the SafeCare home visiting model of parenting skills training fit best with the work of the county's public health nurses rather than another community-based provider. The health department nurses were already skilled at providing home-based services to at-risk families, such as families in the FDC who are affected by parental substance use disorders.*

### 5 Developing the "Evidence-Based Practice Capacity" of Sites is a Complex Undertaking

Evidence-based program implementation in real-world practice settings is challenging for even the most well-established FDCs. The PFR grantees learned that evidence-based interventions—whether implementing new ones or leveraging what already exists in the community—cannot simply be dropped into the existing FDC service array. Thoughtful planning and consideration is needed of a myriad of issues (as outlined in the "Key Considerations" sidebar on page 7).

Grantees' experiences indicate that sites need to ensure they are meeting the needs of the FDC target population and the larger community. Ample time is needed to develop the readiness of FDC partners and the community. All stakeholders need to understand the place of the selected evidence-based interventions in the system, why they may be different from current services for families in the FDC, what the expected outcomes are and how to advocate for these services for families. To then integrate and sustain the evidence-based interventions with fidelity into the larger FDC and partner systems takes additional time, dedication and ongoing monitoring. (For further discussion on grantees' experiences with evidence-based program implementation, see PFR Brief 4, Evidence-Based Program Implementation within the FDC Context: Finding the Right Fit.)



### Implementing Evidence-Based Services that are a Good Fit for Families, the Collaborative and the Community – Selected Key Considerations

#### Practice Level

- Extent to which the intervention meets families' needs and will result in the desired outcomes; decisions should be grounded in data
- Target population and eligibility criteria (e.g., does the program match the child's age, is the intervention effective with populations whose characteristics match those of participants in the FDC)
- Readiness for services (e.g., where does the parent need to be in their recovery to meaningfully engage in services)
- Placement of the child (e.g., is the child in out-of-home care or in-home with their parent and how might that affect the ability of the parent and child to participate in services)
- Location, time and accessibility of services (e.g., are services provided at court, the treatment facility or some other community-based organization; does the day or time conflict with other case plan requirements)
- Length of the intervention (e.g., is the family likely to graduate from the FDC or have their dependency case closed before the intervention is over, increasing the likelihood that they may stop attending the program)

#### Collaborative and Community Level

- Clear identification and agreement on the service gap to be filled to prevent duplicating existing community services
- Degree of provider knowledge about and experience with serving families in the child welfare system who have a parental substance use disorder and other complex needs
- Availability and duration of required training or certification, including ongoing staff training and coaching needs
- Staffing contingency plans for turnover of trained or certified staff or provider changes
- Fidelity monitoring (e.g., how often and whose responsibility)
- Standardized screening and referral processes with feedback loops between the FDC and the community provider
- Protocols for information sharing and communication about families' progress among providers and the FDC team and other key partners
- Long-term sustainability of the intervention

## 6 FDC Teams Need to Build Bridges to Connect Families to Services and Service Providers to Each Other

Effective FDCs must connect families to the needed array of treatment and support services. They must also connect service systems and community providers to each other to create a comprehensive family-centered system of care for the families they jointly serve. Timely engagement in the FDC is an essential part of both connections so that families are assessed, referred and linked to evidence-based parenting and children's interventions early in their child welfare case (see Lesson 4). All four grantees experienced substantial challenges with developing effective mechanisms to adequately track and monitor PFR service referrals and linkages. Through their increased collaborative efforts and selected breakthrough strategies, namely co-location and the addition of a parent-child services coordinator, grantees were able to build these bridges.



### Critical Components for... Creating Effective Service Linkages

- Fully understand, map and track the community service landscape
- Conduct a systems walkthrough to map how families come into and make their way through the court, child welfare, substance use treatment and other service systems
- Identify and remove barriers to service access and engagement at the participant, agency and systems levels
- Incorporate the perspective of families into collaborative discussions about effective and coordinated service delivery
- Establish standardized screening, assessment, referral and follow-up processes to ensure timely identification of needs and initiation of essential services
- Develop cross-systems protocols and processes for interagency communication, information sharing and case management
- Orient new team members and partners to the operations of the FDC and all partner systems



### Spotlight on Breakthrough Strategies to Connect Families to Needed Services

#### *Co-Located Services and Co-Located or Dedicated Staff*

Co-locating services or having co-located or dedicated staff and agency liaisons are an efficient and effective way to build connections on multiple levels—between families and services, service systems and providers, and problems and solutions. This practice can take several forms:

- Co-located services – for example, providing substance use assessments or holding parenting groups at court on the day of FDC hearings to increase participant access and engagement.
- Co-located or dedicated front-line staff – for example, having child welfare social workers or case managers, recovery support specialists, or public health nurses dedicated to serving families in the FDC. In many cases, these direct service staff may be co-located at the court, thereby further integrating service delivery and reducing barriers to services for participants.
- Dedicated liaisons from partner agencies that regularly attend staffings – for example, a mental health department liaison to increase the team’s understanding of co-occurring disorders and facilitate participants’ access to needed mental health treatment, or a clinical children’s services provider liaison to provide progress updates on all families in the FDC being served by their agency.

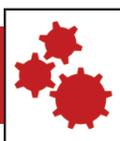


### Spotlight on Breakthrough Strategy to Enhance Service Linkages and Information Sharing

#### *Parent-Children's Services Coordinator*

A Parent-Children's Services Coordinator is not a traditional member of most FDCs. The addition of such a position helps ensure adequate attention is focused on discussing and meeting the needs of the parent-child dyad. These individuals are instrumental in their role to:

- Coordinate referrals and service linkages
- Streamline processes
- Improve communication
- Integrate information about the parent-child relationship into the larger FDC processes and operations



### Lessons About Systems Change

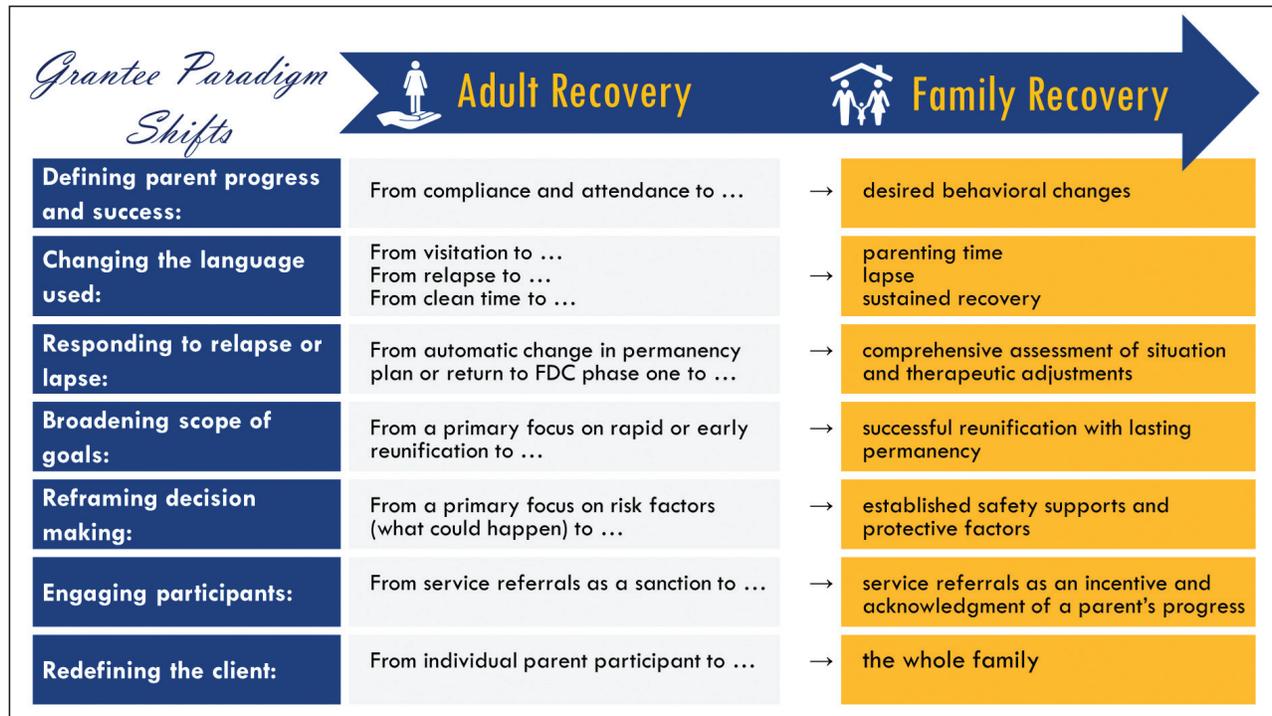
## 7 To Integrate a Truly Family-Centered FDC Approach Requires Several Paradigm Shifts

For grantees, achieving a comprehensive family-centered approach required more than simply adding services. It was, and continues to be, a developmental process, grounded in effective community collaboration and an understanding of the need for change at the organizational and systems levels.

To achieve large-scale systems change for families required several paradigm shifts among the FDC team and its partners. Chief among these shifts were:

- The need to **apply a family-focused lens** built on knowledge and understanding of family dynamics, child development, healthy parent-child relationships, the effects of trauma on the parent-child relationship and overall family functioning. This approach to parental recovery in the context of the family acts as a catalyst for systems change that leads to improved outcomes for families and a philosophical shift from the goal of parent recovery to one of family recovery.
- The need to **institutionalize evidence-based practices** as the expected standard of care for families in the FDC. Grantees helped their communities gain an increased understanding of—and rationale for—evidence-based parenting and children's interventions that improve outcomes for families. The PFR initiative brought a wider view of the value of evidence-based practices to grantees' communities and created an environment where tough conversations have begun about the needs of families and the quality of existing services (see also Lesson 5).

Grantees influenced change by promoting the value of strengthening parenting skills and the parent-child relationship as a means to improve overall family well-being and prevent child maltreatment. Grantees' actions resulted in a shared understanding that parents and children are most effectively served through a comprehensive family-centered approach rather than individual, fragmented systems of care.



### PFR Grantees are Using their Data To...

- Identify gaps in services to meet the needs of parents, children and families
- Improve engagement and retention strategies
- Examine and improve referral and service delivery processes
- Make the case for improved tracking and monitoring
- Improve the FDC's phasing system
- Build relationships and promote shared decision making
- Educate stakeholders about the needs of FDC families and the FDC's effectiveness in meeting those needs
- Garner support to sustain the program and increase its scale to reach more families
- Infuse effective FDC ingredients into the larger systems

### 8 Sustained and Consistent Evaluation and Performance Monitoring Provides a Continuous Feedback Loop Needed to Drive Ongoing Program Improvement and Systems Change

Through the course of PFR, grantees moved from seeing data collection solely as a grant requirement to considering it a valued resource. Grantees recognized the need to use data for ongoing program monitoring as well as to communicate program effectiveness to potential funders and key stakeholders. To evolve and grow into a data-driven collaborative takes significant time and resources. Among the team, it necessitates effective communication, trusting interagency relationships, complete staff and partner buy-in, dedicated leadership and political will. It also requires a sound infrastructure that includes adequate staff time, knowledge, training and resources to collect, manage and analyze data.

By the end of PFR, grantees embraced the importance of data and regularly shared and discussed data at oversight, steering and other committee meetings to identify needed practice, policy and systems improvements. They prioritized the need for continued evaluation and performance monitoring capacity building. However, grantees struggled to balance this critical need with the substantial resource commitment required to sustain and institutionalize regular evaluation and performance monitoring. With a strong collaborative foundation in place that values data and its role in driving continuous program improvement and larger systems change, grantees are optimistic they will find innovative solutions to overcome this challenge. (For further discussion on this topic, see PFR Brief 5, Building the Evaluation and Performance Monitoring Capacity of FDCs.)



### Critical Components for... Effective Cross-Systems Performance Monitoring and Data-Driven Decision Making

Building capacity to become a truly data-driven collaborative is a difficult endeavor for even the most advanced of sites. A host of factors need to be in place:

#### ***Collaboration, Leadership and Buy-in***

- Agreement on shared outcomes, priority data elements and definitions to operationalize measures
- Trusting interagency, collaborative relationships
- Staff and partner buy-in and commitment at all levels and across all systems
- Dedicated leadership and political will
- Recognition of the critical need for cost data and cost analyses

#### ***Resources and Infrastructure***

- Cross-systems tracking and monitoring system
- Mapping and assessment of community's existing information systems and data infrastructure
- Adequate staff, knowledge and training
- In-house evaluator as member of core team
- Clear data collection and information-sharing protocols, processes, roles and responsibilities

#### ***Data Utility and Value***

- Culture that embraces the value of data
- Local ownership of data
- Routine sharing and discussion of data with all levels of staff and key partners
- Governing committees and leadership that use data to inform decision making
- Regular performance monitoring and evaluation institutionalized as FDC standard operating best practice versus a time-limited grant requirement

***Case managers, supervisors, judges and project directors will not be around forever. Our efforts going forward must focus on analyzing and disseminating solid data about the effects of our efforts. It will only be through frequent and accurate reporting to our collaborative partners that we will be able to sustain true system changes and a family-centered focus on dependency court cases with parental substance use disorders.***

– Pima County PFR Team



### 9 To Achieve Larger Systems Change Requires Understanding and Adapting to the Changing Contextual Environment

Grantees' PFR initiatives did not operate in a vacuum. Just as parenting and children's interventions needed to be integrated into larger FDC operations, the FDC's initiative—in turn—needed to be integrated into the larger community environment. Because PFR is about systems change rather than isolated projects, grantees had to learn to creatively navigate and respond to changes in the larger systems in which the FDC operates.

Throughout PFR, the four FDC grantees experienced several local- and state-level contextual events that affected their collaborative efforts to varying degrees. These contextual environments included:

- Parallel local, state or national reforms or related initiatives
- Budget cuts and agency reorganizations at the local or state level
- Project and partner staff turnover at management and front-line levels, including judicial succession
- Policy changes that affected access, availability and quality of services



#### Critical Components for... Adapting and Responding to an Ever-Changing Contextual Environment

- Strong and expansive cross-systems collaborative relationships
- Broad-based leadership that
  - Proactively responds to change and sees barriers as opportunities for innovation
  - Is capable of systems thinking and assesses the initiative's progress in the context of larger system performance
  - Has effective working relationships with key decision makers in the larger systems
- Extensive community outreach and active involvement in related initiatives (e.g., team members participate on implementation or other committees)
- Ongoing community education about the complex needs of families involved in child welfare and the FDC
- Empowerment of FDC team members and operational staff to develop and implement local program improvements



### Moving from Single Innovation to Widespread Practice

During the course of the PFR grant period, all four grantees implemented systems improvements to enhance their individual FDC programs and operations. Moreover, they also succeeded in achieving broader systems changes that extended beyond the FDC to affect their larger communities and child welfare and substance use treatment systems, as the following examples show:

- In Robeson County, a standardized medical referral protocol was instituted so that all children entering the child welfare system now receive a trauma screening. In addition, child welfare social workers refer all families with children in foster care to the Parents as Teachers program, and Celebrating Families! is offered to families in child welfare with an identified substance use disorder who are not in the Family Treatment Court.
- In Pima County, a Parent-Child Relationship Assessment is now included in nearly all dependency case plans. Further, community-wide capacity to provide evidence-based parenting programs to all families in the community has greatly increased (from 4 to 13 evidence-based parenting programs).
- In San Francisco County, the Department of Public Health has implemented a substance use disorder assessor position to assess all families involved with child welfare, using the evidence-based Addiction Severity Index and American Society of Addiction Medicine (ASAM) Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions.
- In Tompkins County, child welfare and public health worked together to increase access to SafeCare for all families involved in child welfare. In addition, the team increased parenting time for all parents and children, recognizing the importance of addressing the parent-child bond, particularly among families with newborns.

***By incorporating more comprehensive care into our services, some of the most vulnerable parents and children in our county are being given the resources for better outcomes. A family-centered focus gives us a chance to have an impact on generations to come.***

– Robeson County  
Family Treatment Court Judge



### About the Prevention and Family Recovery Briefs

Prevention and Family Recovery (PFR) strives to advance the capacity of family drug courts (FDCs) and their partner agencies to provide a comprehensive family-centered approach for children, parents and families affected by parental substance use disorders and child abuse and neglect.

In April 2014, Children and Family Futures (CFF) awarded PFR grants to four FDCs to integrate evidence-based parenting and children's interventions into their larger FDC systems of care. CFF has produced a series of briefs that highlight cross-cutting PFR lessons and experiences that the field can use to replicate effective FDC practices. A companion set of case studies tells a more in-depth story of each grantee's PFR journey.

The series of PFR briefs includes:

- Brief 1: Overview of the Prevention and Family Recovery Initiative
- **Brief 2: Key Lessons for Implementing a Family-Centered Approach**
- Brief 3: Cross-Systems Collaboration, Governance and Leadership: The FDC Trifecta (*Coming July 2017*)
- Brief 4: Evidence-Based Program Implementation within the FDC Context: Finding the Right Fit (*Coming July 2017*)
- Brief 5: Building the Evaluation and Performance Monitoring Capacity of FDCs (*Coming July 2017*)

In January 2017, PFR expanded to four new FDCs, which will further expand the knowledge base about an effective family-centered approach. For more information about the PFR initiative, visit the [PFR webpage](#) or email us at [pfr@cffutures.org](mailto:pfr@cffutures.org).



### Endnotes

<sup>1</sup> See, for example: Brook, J., Akin, B.A., Lloyd, M.H., and Yan, Y. (2015). Family drug court, targeted parent training and family reunification: Did this enhanced service strategy make a difference? *Juvenile and Family Court Journal*, 66(2), 35-52; and Substance Abuse and Mental Health Services Administration. (2014). Children Affected by Methamphetamine (CAM) brief: Grants to expand services to children affected by methamphetamine in families participating in family treatment drug court. Prepared by Children and Family Futures for the Substance Abuse and Mental Health Services Administration.

<sup>2</sup> Oliveros, A. & Kaufman, J. (2011). Addressing substance abuse treatment needs of parents involved with the child welfare system. *Child Welfare*, 90(1), 25-41.



### About Children and Family Futures

Children and Family Futures (CFF) is a national nonprofit organization based in Lake Forest, California that focuses on the intersections among child welfare, mental health, substance use disorder treatment and court systems. CFF has over two decades of experience in practice, policy and evaluation arenas to support tribes, states, regions and communities in their efforts to improve outcomes for children and families who are affected by substance use disorders. CFF believes parents with substance use disorders should maintain hope of achieving recovery and family stability so they can care for their children. While no single system or agency working by itself can help parents achieve

that goal, CFF recognizes that recovery happens within the context of the family and that professionals from a variety of agencies and systems must work together to meet the needs of families.

Children and Family Futures provides a full range of consulting, technical assistance, strategic planning, and evaluation services for substance use disorder treatment, child welfare, courts, and the communities they serve. To learn more about CFF, visit [www.cffutures.org](http://www.cffutures.org).

*The mission of Children and Family Futures is to improve safety, permanency, well-being and recovery outcomes for children, parents and families affected by trauma, substance use and mental disorders.*



### About the Doris Duke Charitable Foundation

The mission of the Doris Duke Charitable Foundation (DDCF) is to improve the quality of people's lives through grants supporting the performing arts, environmental conservation, medical research and child well-being, and through preservation of the cultural and environmental legacy of Doris Duke's properties. The foundation's Child Well-being Program aims to promote children's healthy development and protect them from abuse and neglect. To learn more about the program, visit [www.ddcf.org](http://www.ddcf.org).

A handwritten signature in cursive script that reads "James B. Duke".

THE DUKE ENDOWMENT

### About The Duke Endowment

Since 1924, The Duke Endowment has worked to help people and strengthen communities in North Carolina and South Carolina by nurturing children, promoting health, educating minds and enriching spirits. Located in Charlotte, North Carolina, the Endowment seeks to fulfill the visionary genius and innovative legacy of James Buchanan Duke, one of the great industrialists and philanthropists of the 20th century. Since its inception, the Endowment has distributed more than \$3.6 billion in grants. Now one of the largest private foundations in the Southeast, the Endowment shares a name with Duke University and Duke Energy, but they are all separate organizations. To learn more about the Endowment, visit [www.dukeendowment.org](http://www.dukeendowment.org).



For more information about the PFR project, contact  
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