Parental substance use disorders are frequently one of the reasons that children and families become involved with the child welfare system and family courts. Parental substance use, child maltreatment and removal from the home adversely affect children’s overall well-being and the quality of the relationship with their parent. Thus, effective systems must deliver or connect families to interventions that rebuild the parent-child relationship as well as respond to children’s social, emotional, developmental and behavioral needs.

Evidence-based children’s therapeutic interventions and parenting programs are critical to address unmet needs and to break the cycle of child abuse, substance use disorders and trauma among families at high risk of negative outcomes. Such interventions lead to improved social skills and health outcomes for parents and children, better family bonding and relationships and improved school outcomes. In child welfare, parenting interventions are associated with significantly lower repeat child maltreatment rates.

Advancing the Knowledge Base

As the push for evidence-based practice in child welfare continues to accelerate, providing parenting and children’s interventions within Family Drug Courts (FDC) promises to be a key method for improving family functioning and well-being. A primary goal of the Prevention and Family Recovery (PFR) initiative is to expand the service array of FDCs by integrating evidence-based parenting and children’s therapeutic interventions into established FDCs.

In the first round of PFR (April 2014 – May 2017), four geographically and culturally diverse FDC grantees implemented different evidence-based parenting and children’s interventions in varying county and state sociopolitical contexts. The grantees’ collective journeys provide valuable insights about how an FDC can effectively integrate these interventions and shift from being an independent, adult-focused program within the court to an integrated, cross-systems collaborative centered on the whole family.
About This Brief

PFR Brief 2 highlighted nine key lessons for implementing a family-centered approach within the FDC context. This brief expands on lesson five: Developing the evidence-based practice capacity of sites is a complex undertaking.

The field of evidence-based program implementation in the social services sector has grown substantially in recent years. A number of useful frameworks, guides and databases of research-supported programs exist to assist organizations with the selection of appropriate interventions. Still, gaps remain about how evidence-based program implementation unfolds in a cross-systems collaborative context.

Accordingly, this brief focuses on the experiences of the PFR grantees to highlight lessons about evidence-based program selection and early implementation, specifically within the context of FDCs and broader-based collaborative efforts. Many of the grantees’ experiences resonate with themes discussed in the literature, yet their insights deepen our understanding of how research looks in practice.

The PFR grantees implemented the following evidence-based parenting and children’s services enhancements to their existing service array:

- Celebrating Families!
- Child-Parent Psychotherapy
- Incredible Years
- Incredible Years Dinosaur School
- Strengthening Families Program
- Parents as Teachers
- SafeCare
- Trauma-Focused Cognitive Behavioral Therapy

Read the grantees’ individual case studies for more in-depth information about their PFR initiatives (available at http://www.cffutures.org/pfr/profiles).

Given the overall mission and goals of PFR, this brief centers on evidence-based parenting and children’s therapeutic interventions. However, it is important to acknowledge that an effective comprehensive family-centered approach also encompasses evidence-based substance use disorder treatment for parents as well as trauma-informed and trauma-specific practices. As established FDCs, the PFR grantees were expected to already be providing quality substance use disorder treatment to their participants.

For more information about research-based components and common principles of effective family-centered substance use disorder treatment, see Understanding Substance Use Disorder Treatment in Your Community: A Draft Discussion Guide for Child Welfare and Court Professionals to Identify the Best Treatment Fit for Families.

The Complexity of Evidence-Based Program Integration into FDCs

The appropriate selection, implementation and sustainment of evidence-based programs for families can be challenging for even the most well-established FDCs, particularly when implementing multiple interventions simultaneously. The PFR grantees learned that evidence-based interventions cannot simply be dropped into the existing FDC service array. They need to be approached as an integrated set of services and supports within an evidenced-informed collaborative court, rather than as a separate, disconnected program. Thoughtful planning and consideration was needed of a myriad of issues.

Moreover, to achieve the larger-scale systems changes needed to help children, parents and families achieve improved outcomes required a paradigm shift. The FDCs and their partners had to agree and work from the standpoint that evidence-based practices should be the expected standard of care for families. As this brief discusses, through strong partnerships and the ability to resolve early implementation challenges, the grantees achieved positive results for families and their communities.
Initial Planning – Assessment of Community Readiness and Need

The FDC does not operate in a vacuum. As PFR Brief 3 makes clear, cross-systems collaboration with a broad range of agencies and providers is an essential component of evidence-based service implementation, integration and sustainability. Stakeholders need to understand how the selected evidence-based interventions fit in the existing service infrastructure, why they may differ from current services for families, what the expected outcomes are and how to advocate for these services for families. The FDC must engage partners to clearly identify and agree on the service gap to prevent competition and duplication with effective services already in the community.

The PFR grantees operated in resource-rich communities, in which a number of parenting or children’s services already existed through substance use disorder treatment providers or other community-based organizations. Yet grantees noted the quality of these services varied greatly by provider. To develop a deeper understanding of the current service array, grantees found they needed to map their community service infrastructure to document:

- Whether existing services are evidence-based and appropriate for the needs and goals of families in the FDC
- How the effectiveness and fidelity of services are measured
- The extent to which services address child development, attachment and bonding—which are key issues particularly for families in FDCs
- Whether existing services span the continuum of all child age groups served by the FDC
- What referral and service linkage networks are in place for families in the FDC

Key Starting Point: Map the Community’s Resources

Evidence-based program implementation requires intensive financial and human resources—and as such, strategic thinking and planning. The PFR grantees’ experiences highlight the need for FDCs and their partners to map the community’s existing resources. This important first step serves two main purposes: it identifies service gaps and reveals opportunities to leverage existing resources.

Insights from the PFR Grantees

In Pima County, the FDC team knew that various parenting services existed in the community. However, the team lacked a solid understanding of whether those services were evidence-based, included a parent-child interaction component and demonstrated positive outcomes. They completed an initial “parenting services inventory” to fill these information gaps. The resulting inventory revealed a lack of evidence-based parenting, which came as a surprise to the regional behavioral health authority as well as the dependency judges. The inventory served to open up a larger, ongoing discussion in the community about available evidence-based parenting and children’s interventions.
In addition to illuminating service gaps, community mapping can identify opportunities to connect to existing resources to meet families’ complex needs. PFR grantees maximized current partnerships and resources to fill service gaps in the following ways:

- Tompkins County leveraged the capacity of the four existing home visitation agencies to provide SafeCare to FDC participants and connected to an established community provider of the Strengthening Families Program (SFP).

- San Francisco leveraged child welfare’s existing relationship with the public health department to obtain a dedicated FDC Public Health Nurse (PHN) and expand SafeCare to FDC families with children 0 to 5 years old.

- Robeson County worked with the county health department to integrate their long-standing Parents as Teachers program into the FDC’s continuum of care.

- Pima County tapped the expertise of a well-established children’s mental health provider to implement and monitor Child Parent-Psychotherapy (CPP) for all FDC families.

Whether an FDC decides to implement a new evidence-based program or expand and enhance an existing community intervention, the court and its partners need to consider goodness of fit on multiple levels—for the target population, the FDC collaborative and the larger community. This brief goes on to discuss these issues.

### Goodness of Fit for Families in the FDC

Accounting for the special needs, backgrounds and circumstances of participants is key to implementing interventions that are an appropriate fit for the families served. FDCs should develop this understanding from reliable data. Several key demographic factors that the FDC and its partners need to consider are outlined below.

#### Parental Factors

- **Gender.** There is increased recognition of the important role that fathers play in positive child outcomes. Some evidence-based parenting and family strengthening programs were not designed with fathers in mind and may not take into account the unique needs of both custodial and non-custodial fathers. The FDC and its partners need to use their data to examine what percentage of current and potential FDC participants are fathers. The collaborative should assess how that number has changed in recent years and may shift moving forward.

- **Education level and cognitive abilities.** The format, materials and expectations of a given intervention need to match the education level and cognitive capacities of parents in the FDC. Interventions that are not adaptable to the needs of participants with cognitive or learning limitations will likely have a limited effect on desired parenting and family functioning outcomes.

- **Co-occurring mental health disorders and trauma.** In addition to substance use disorders, many parents in FDCs have co-occurring mental health disorders or trauma that affect their parenting capacities and their ability to engage in and complete services. FDCs and their partners should review their intake and assessment data to identify the prevalence and type of co-occurring disorders. The FDC teams should consider the benefit of an intervention that explicitly addresses a parent’s trauma or includes a trauma-specific component.
Child Factors

• **Age.** Most evidence-based parenting programs and children’s therapeutic interventions are designed for a specific age group. The overall goals and intended program outcomes may differ depending on the age of the child. For instance, attachment-based parenting programs may offer the best fit for families with infants and toddlers (ages 0 to 3 years). A skills-based parenting program may be better suited for parents with older school-aged children.

• **Specific needs.** The developmental and therapeutic needs of children affected by parental substance use disorders and child maltreatment vary in range and severity. Moreover, different programs may target different issues. The FDC and its partners need to review their available screening and assessment data to identify the prevalence and severity of the social, emotional, behavioral, cognitive, developmental and related issues that children of parents in the FDC face.

• **Placement status.** Whether the child is in out-of-home care or residing in-home with their parent may affect the family’s ability to participate in services. Placement status may create logistical challenges with transportation and influence the timing of services. For example, a family-based group intervention may not work with children placed in out-of-home care a significant distance away from the group location.

Family Factors

• **Family composition.** Family structures are diverse. Many FDCs serve primarily single parents. Yet others may serve a substantial number of families that involve two parents or caregivers, or grandparents and other extended family members. The FDC and its partners need to consider what their data show about the make-up of families served, including the average number of children that participants have. All of these factors should inform program selection.

• **Living situation and location.** Where families live affects their ability to access and engage in services. The FDC and its partners should consider what percentage of participants reside in rural or distant communities where transportation is a major barrier. In addition to geographical location, the collaborative needs to take into account participants’ other living situations, such as long-term residential treatment or supportive or transitional housing.

• **Cultural match.** Evidence-based interventions should be responsive to the unique cultures of participants in the FDC. In addition to race, ethnicity, gender and language, cultural factors include socioeconomic status, sexual orientation, religion, political affiliation, community and geographic location, among others. Not all evidence-based programs have been tested or proven effective across all cultural groups. FDCs should examine the extent to which the cultural group for which the intervention was designed and tested matches that of families served by the FDC.

• **Self-sufficiency, poverty and related factors.** Families in FDCs typically face substantial challenges with basic needs related to self-sufficiency, such as poverty, unemployment, life skills and homelessness, among others. These factors are interrelated with many of the above considerations and can affect a family’s ability to succeed in treatment services and achieve positive outcomes. FDCs and their partners should also consider the effectiveness of programs in promoting and improving self-sufficiency.

**Insights from the PFR Grantees**

In Robeson County, the existing SFP targeted families with children ages 6 to 12 years. However, the FDC’s data showed that more than three-fourths of children of parents in the FDC were 0 to 5 years old. The FDC team thus chose to implement Celebrating Families! for families with children ages 3 to 18 years. This strategy enabled them to reach a greater number of families, but still left a service gap for the approximately one-third of children younger than 3 years old. To close the gap, the FDC team integrated the existing Parents as Teachers program for children ages 0 to 5 years.
Goodness of Fit for the FDC Collaborative

In addition to ensuring the selected intervention is appropriate for the families it serves, the FDC needs to determine if the program is a good fit for the larger cross-systems collaborative as well as the designated community service provider. The FDC must actively involve partners and providers in the discussion and selection of interventions to: gauge their readiness to change or adopt new practices, determine compatibility with the FDC, assess fit with community and institutional capacity, and secure buy-in and commitment of resources.

General Considerations

Key discussion areas regarding goodness of fit with the larger collaborative and key stakeholders include:

• **Partners’ goals.** Have all collaborative partners identified and prioritized certain outcomes that they want to achieve within the areas of improved parental capacity, parent-child relationships and overall family functioning? For example, partners may be interested specifically in increased use of nurturing behavior by parents or decreased aggressive behavior by children.

• **Related community initiatives.** How does the proposed intervention fit with other related community initiatives and institutional or systems reforms? Will its implementation adversely or positively affect the goals and outcomes of these related efforts? The Tompkins County FDC’s implementation of SafeCare enhanced the county’s current home visitation services and complemented the state’s existing Coaching Visitation Model. San Francisco had to integrate PFR service enhancements into existing major foster care service delivery reform efforts.

• **Larger service infrastructure.** How does the intervention fit with the community’s overall service system, including organizational structures, staffing capacity and funding sources? What system barriers exist that might adversely impact the FDC’s ability to assess, refer and connect families to services? For instance, Robeson and Pima counties encountered constraints with their larger behavioral health care systems that affected referrals for the children’s therapeutic interventions.

• **Legislative or regulatory mandates.** Are there legislative or regulatory mandates that the FDC needs to consider? The child welfare agency, in particular, may have specific requirements that affect implementation. For example, Pima County’s child welfare system required that parenting programs include an interactive component where staff could observe parent-child interactions.

Provider Considerations – The Who is as Important as the What

Key considerations to establish that the designated community service provider is a good fit for the target population and the FDC include:

• **Knowledge and experience with target population.** Does the identified provider have adequate knowledge about and experience with serving families in the child welfare system who have a parental substance use disorder? Do they understand the unique challenges and complex needs of families in the FDC? If providers are new to working with families in the FDC or lack knowledge about substance use disorders, they may require additional training and support to ensure they can engage clients effectively.
• **Shared mission and goals.** Does the provider have an interest and willingness to be part of a larger collaborative whose overall mission is to improve outcomes for all families or are they strictly a vendor of services? In the PFR sites, most of the community service providers shared accountability for improving family outcomes and were integral members of the FDC teams. They were committed to the collaborative and ensuring families received needed services.

• **Coordination and consistency.** If working with multiple providers, what barriers exist to ensuring uniformity and consistency among providers (e.g., turf issues, funding contracts)? Partnering with multiple providers may build overall capacity, increase sustainability potential and ensure families have broad access and availability to services. However, it may also complicate matters, as each provider may face its own unique set of administrative, staffing and service delivery challenges.

**Insights from the PFR Grantees**

Tompkins County learned that one community provider’s lack of staff training and limited experience in working with parents in the FDC led to their hesitancy to accept referrals, conduct active outreach and engage with participants. This inexperience ultimately resulted in a reluctance to provide SafeCare services. The Tompkins FDC team concluded the SafeCare model fit best with the training and work of the Health Department nurses, who are skilled at providing home-based services to at-risk families, such as the FDC population.

**Staffing and Other Supports – Initial Planning and Ongoing Implementation Needs**

The integration of evidence-based programs can improve outcomes for families. Yet many evidence-based parenting and children’s interventions are resource-intensive, requiring adequate planning to manage staffing, physical space, time, transportation and other factors needed for effective program delivery. The selection and implementation process needs to account for these logistical issues to ensure participants can easily access services.

**Insights from the PFR Grantees – The Importance of Logistics**

- The Robeson County FDC implemented Celebrating Families! (CF!) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) into the infrastructure of the FDC’s main substance use disorder treatment provider. This strategy provided convenient access for participants in the FDC who resided at this supervised living facility. However, participants who did not live there or received substance use disorder treatment at another facility, had difficulty accessing services due to transportation barriers.

- In Tompkins County, partners faced several challenges implementing SFP during the first cycle. To help ensure implementation with fidelity and reduce the complexity of coordinating three separate children’s skills groups, the FDC decided to implement only the SFP curriculum for children ages 6 to 11 years. The team felt this would increase their familiarity with the intervention before expanding to other age groups.
Key Staffing Considerations

Importantly, evidence-based interventions also require additional expertise to implement. Building and retaining qualified staff can be a significant challenge. Since successful program implementation and sustainment is contingent on qualified staff, the collaborative needs to work through issues of staffing and training upfront in the intervention selection process.

The FDC and its partners need to consider the following staffing issues:

- **Availability of required training and certification.** During early planning, the FDC team should research the availability and timeliness of required training. Both Robeson and Pima counties experienced major difficulties and delays of 9 to 12 months after PFR began in obtaining training for their respective interventions. Pima County’s challenges stemmed from unexpected changes in the rostering process by the CPP trainers. In Robeson County, TF-CBT training was extremely limited in the region and involved a highly competitive application process.

- **Duration of training or certification.** For most evidence-based programs, training and certification is an ongoing process, not a one-time event. For instance, CPP rostering takes 18 months and involves three in-person trainings, clinical consultations twice a month and monthly supervisor calls. TF-CBT certification is an equally intensive process, involving eight specific steps. Where possible, the FDC and its partners should develop an interim or back-up plan while training is underway.

- **Rates of staff turnover.** The FDC and its partners need to discuss openly their staff turnover rates to inform planning. The team should develop a contingency plan for turnover of trained or certified staff or larger provider organization changes that may occur during and after training. Where feasible, the FDC collaborative should consider opportunities for broader community-wide trainings that include many staff from multiple community organizations (rather than one individual) to build a network of providers.

- **Capacity of designated staff.** In addition to staff turnover, high caseloads are an all-too-common challenge for many social service agencies. Planning discussions need to address staff capacity and reach consensus on the roles and responsibilities of staff providing the intervention.

Insights from the PFR Grantees

In San Francisco, referrals to SafeCare quickly exceeded the dedicated FDC PHN’s maximum caseload of 10 families. With the collaboration of the other PHNs and the community SafeCare providers, the team developed a back-up staffing plan to ensure a seamless continuation of services for families.

To implement CPP, the Pima County FDC chose to train and credential approximately 50 Master’s level therapists at their children’s mental health services partner agency. At the time, there were no known rostered CPP providers in the state, let alone Pima County. This widespread training enabled the team to build the community’s capacity to provide CPP to all FDC families as well as the more than 2,000 families in the Pima County dependency system.
The Difficult Issue of Cost

Quality, intensive, evidence-based programs generally come with a sizable price tag. The FDC and its partners need to map out the costs associated with all stages—from planning and start-up, including training and certification, to serving families at the projected and potentially increased scale, to establishing the infrastructure needed to sustain the program with fidelity.

The collaborative needs to determine whether the total costs will outweigh the expected benefits. If an evidence-based program shows positive outcomes, but only a small number of families ultimately engage and complete services, then the program may become more expensive and difficult to sustain.

Medicaid may cover a number of evidence-based interventions, such as CPP, TF-CBT and SafeCare. However, a state’s billing and reimbursement policies may differ based on the license and qualifications of staff providing the service and where services are delivered. Further, Medicaid typically does not cover transportation for the whole family—a critical component and major barrier to service participation.

Early in the selection and implementation process, the FDC and its partners needed to actively engage and garner the support of key stakeholders, including state agency leadership and contracted service providers. In Robeson County, the FDC team succeeded in working with state partners to ensure that CF! was covered by substance abuse prevention and treatment block grant funding.

Early Implementation – Ensuring Service Linkages and Information Sharing

To establish a solid evidence-based infrastructure requires more than the comprehensive selection and planning steps discussed above. It also requires the FDC teams to identify and respond to problems during early implementation to ensure families receive the services they need. Through their strong collaborative partnerships, all PFR grantees were able to overcome most early implementation challenges.

Establishing Clear Referral Processes and Protocols

The PFR grantees all invested a significant amount of time and resources to make evidence-based services available to families in need. But as they came to learn, availability did not always equate to service linkage and use. The PFR grantees had to develop clear processes for timely identification and referral of families to services as well as systematic tracking of service linkages.

Grantees encountered challenges with referrals, albeit for different reasons. Some had to deal with the constraints of their larger substance use disorder and mental health treatment systems. Others dealt with more localized challenges, such as inappropriate referrals and insufficient information sharing to help determine the most appropriate service for the participant.

Insights from the PFR Grantees

Robeson County discovered that for Medicaid to cover TF-CBT, a pediatrician had to first authorize a medical referral for a trauma screening or assessment. They successfully worked with child welfare to institute a standardized medical referral protocol so that all children entering the child welfare system—not just families in the FDC—would receive a trauma screening.
In establishing clear referral protocols, the grantees had to determine the best timing for the services. The FDC teams considered factors that included:

- **The status of the family’s dependency case or FDC phasing.** Many evidence-based parenting and children’s therapeutic interventions are lengthy and take substantial time to complete (from several months to a year). In determining when to start services, grantees had to think about whether a participant’s dependency case was likely to close or if they were likely to graduate from the FDC before they completed the evidence-based intervention.

- **Where parents are in their recovery or progress towards reunification.** The structure and approach of a given evidence-based intervention may influence when a parent with a substance use disorder can effectively engage in services. The FDC teams had to consider where the parent needs to be in their recovery to engage in services with their children in a meaningful way and retain and apply the skills, knowledge and resources they are learning. Grantees also worked to maximize the program’s benefit in relation to a family’s case progress. For example, the San Francisco FDC typically begins SafeCare after the family has reached overnight visits so the PHN can help the parent transition back to a full-time caregiver role more smoothly.

- **How the evidence-based intervention may fit (or conflict) with other case plan requirements.** Families participating in FDCs are involved with multiple systems, which include child welfare and substance use disorder treatment at a minimum, but may extend to others such as the criminal justice or mental health systems. The FDC and its cross-systems partners need to integrate and coordinate a family’s many services, so as not to overwhelm or unnecessarily burden the family. For instance, a parent enrolled in substance use disorder treatment upon entering the FDC may already be participating in parenting as part of their treatment program.

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**Insights from the PFR Grantees**

- **For the first cycle of SFP, Tompkins County referred families to the intervention who were in Phase II or Phase III of the FDC program, meaning parents were actively participating in their child welfare case requirements and demonstrating behaviors consistent with early stages of recovery. However, families stopped attending SFP when child welfare closed their case during the program. The team then broadened participation criteria to include families in Phase I.**

- **During early CF! implementation, the Robeson County team noticed some families were dropping out of the program. The team learned through training and ongoing provider feedback that they were referring parents to CF! too early in their recovery to fully benefit from the services. They refined the identification and referral process to look more closely at the parent’s stage of sobriety and recovery.**

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**Ensuring Participant Engagement and Retention**

Once grantees resolved their referral challenges, implementation ran relatively smoothly. The FDC teams seemed to encounter fewer challenges with engaging and retaining families in services. Grantees reported evidence-based program completion rates ranging from 78 to 100 percent. The following engagement strategies proved to be particularly effective:

- **Set clear program expectations.** Grantees made sure participants clearly understood the evidence-based approach, program expectations and anticipated benefits.

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**Insights from the PFR Grantees**

- The San Francisco FDC team provided parents with ample notice about the SafeCare program, the referral process and how SafeCare services fit within the larger FDC program. The FDC Judge explained SafeCare and introduced the FDC PHN to participants. Further, parents could ask questions or raise concerns before initiating services.
Brief 4: Evidence-Based Program Implementation Within the FDC Context: Finding the Right Fit

• **Support opportunities for additional parent-child interaction and parenting time.** Tompkins County presented participation in the parenting program as an opportunity for parents to spend extra parenting time with their children—on top of and not in place of regular visitation. Pima County noted that coached visitation also provided parents with an opportunity to practice what they learned in the Incredible Years parenting program.

• **Co-locate services and partners.** Grantees found that co-locating services or front-line staff increased participant access to and engagement in services. Pima County held parenting groups at court on the day of FDC hearings to reduce barriers to services. Tompkins County held SFP groups on Tuesday evenings after court hearings so participants could come directly after court.

• **Present evidence-based services as an opportunity, not a “sanction.”** The Robeson County FDC Judge used Motivational Interviewing techniques and intentionally presented referrals to parenting services as an acknowledgement of parents’ progress in their recovery and reunification plan. He also relayed positive feedback from the staffing to the parents and asked them to share what they learned or found most helpful about parenting services.

Sharing and Using Information about Families’ Progress

Once families are connected to services, it is important to monitor their progress. In the PFR sites, a lot of the work with families in the evidence-based interventions happened outside of the court with partner agencies. The FDC teams recognized they needed to bring information about a family’s progress in services into the court processes. Grantees worked with their community partners to decide how best to share information about a parent’s participation in services, family functioning, parental capacity and safety with the FDC team.

To integrate information into the court processes, the FDCs and their partners:

• Formally added parenting and children’s services providers as members of the core FDC team

• Assigned dedicated agency liaisons to regularly share and relay information to the larger FDC team

• Modified family progress and court reports to include information about a parent’s participation and progress in services and children’s developmental and therapeutic needs and services

“It’s been a work in progress for the [child welfare protective services workers], but when they partner with the PHNs and really understand SafeCare, they are able to follow up with a parent about what they are learning and how they’re applying it in their daily activities, and they can report that back to the court. So it’s more concrete information that they’re gathering… much more specific about what behaviors the parents need to change in relation to their child’s health and safety, and they put that in the case plan.”

– Deputy Director, Human Services Agency of San Francisco
Positive Effect on Families and the Community

The grantees’ successful implementation and integration of the evidence-based parenting and children’s interventions moved their collaboratives closer to a comprehensive family-centered approach. The teams’ increased focus on meeting the needs of the parent and the child, within the larger context of a healthy parent-child relationship, benefitted the families they served and their broader communities.

- **Paradigm shift to proven practices as the expected standard of care.** As a result of PFR, grantees helped their communities gain an increased understanding of and rationale for appropriate evidence-based parenting and children’s interventions that improve outcomes for families affected by substance use and child maltreatment.

- **Increased access to services for more families.** Grantees’ improved cross-systems collaboration led to increased access to effective services for all families in the dependency system. In Robeson County, child welfare social workers refer all families with children in foster care to Parent as Teachers and offer CF! to all families in child welfare with an identified substance use disorder (not just FDC participants).

- **More informed decision making about readiness for reunification.** By successfully integrating information about parenting and children’s services into court processes, the FDC teams developed a more complete picture of parenting capacity and overall family functioning. Grantees reported more informed decision making about a family’s readiness for reunification.

**Insights from the PFR Grantees**

- The Pima County team says they changed from a system that did not talk about evidence-based practices to one where evidence-based practice is infused into the culture of Pima County. The push for proven practices that improve outcomes is now common among child and adult behavioral health service providers and has become standard language for many judges and attorneys. Evidence-based parenting is a requirement built into the FDC’s behavioral-based phasing and a comprehensive, evidence-based Parent-Child Relationship Assessment is included on every dependency case plan, not just for families in the FDC.

- In Tompkins County, SafeCare participation has increased the FDC team’s confidence in moving families whose children are in out-of-home care towards trial discharge more quickly. The Judge and FDC team, including child welfare, feel more confident in their decisions, knowing that a SafeCare worker conducts weekly visits with the family during this time of transition and updates the team about any potential safety concerns.
Headed in the Right Direction – Signs of Positive Outcomes

Adequate time is needed to measure changes in family well-being and functioning that may result from these intensive evidence-based programs. With their interventions now fully implemented, the PFR grantees will focus more attention on assessing improvements in child, parent and family outcomes. Yet grantees’ preliminary results show they are already achieving positive outcomes for families.

**Tompkins County, NY**
The percentage of children who returned home within 12 months significantly increased from 20 percent prior to PFR to 67 percent by the end of year two of PFR.

**San Francisco, CA**
Among the families (25 parents and 31 children) that successfully completed SafeCare and the FDC program to date, there has been no repeat child maltreatment or foster care re-entries.

**Pima County, AZ**
Preliminary data showed that children and parents who receive CPP have a higher rate of reunification and graduation from the FDC than families who did not receive CPP.

**Robeson County, NC**
Among the 73 children reunified to date, none have experienced repeat maltreatment or re-entered foster care.

**Family Functioning**
Overall, families significantly improved in all areas of family functioning from FDC intake to discharge. More than half of families experienced positive change in the following domains:

- Family safety (57%)
- Family interactions (55%)
- Parental capabilities (54%)
- Readiness for reunification (53%)

- Family health (53%)
- Self-sufficiency (52%)
- Environment (52%)
Summary Takeaways

The PFR grantees’ experiences with integrating evidence-based interventions into their larger FDC systems of care point to several overarching messages that can guide other FDCs and broad-based collaboratives:

- **Plan ahead but also look long-term.** Think through evidence-based program selection and implementation. Make use of available tools and resources in the field.

- **Expect midcourse corrections.** Include time for reflection and recalibration along the way.

- **Use your data** to make informed decisions about which interventions will best meet the needs of your target population and community and result in the desired outcomes.

- **Start with sustainability** in mind by seeking to identify, connect to, and leverage existing resources.

- **Strengthen cross-systems collaboration.** Strong, broad-based partnerships are needed to build a site’s capacity to effectively implement, integrate and sustain evidence-based interventions within the FDC context.

- **Remember the importance of substance use disorder treatment** in promoting family recovery. Recognize the link between effective treatment and effective family strengthening interventions.

Endnotes


3. A recent study found that families receiving FDC services that included the use of two evidence-based parenting programs, implemented with ongoing fidelity monitoring, were more than twice as likely as a matched comparison group to reunify in a 45-month observation window. Brook, J., Akin, B. A., Lloyd, M. H., & 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.

4. PFR did not prescribe specific evidence-based parenting and child therapeutic interventions that the four grantees had to implement. The PFR initiative understands the specific programs must be appropriate and responsive to an individual FDC’s population, identified needs, setting, geographic location and other jurisdictional factors. However, research has identified a set of common components that effective parenting programs typically include – see Barth, R. & Liggett-Creel, K. (2012). *Parenting Programs for Children Birth-8: What is the Evidence and What Seem to be the Common Components?* December 13, 2012 Webinar presentation for the California Evidence-Based Clearinghouse for Child Welfare. Retrieved June 21, 2017 from http://www.cebc4cw.org/cebc-webinars/cebc-sponsored-webinars/.


6. In addition to their evidence-based parenting and children’s services enhancements interventions, Tompkins and Robeson counties identified a specific need to strengthen trauma-informed best practices. They integrated trauma-informed care and trauma-responsive practices within their FDCs and partner agencies by conducting a facilitated trauma walkthrough; providing training and coaching to the FDC teams; conducting broader community-wide training; and changing FDC practices (e.g., revising intake and assessment processes, using solution-focused reflective questions during court sessions). Refer to their individual PFR case studies (http://www.cfutures.org/pfr/profiles) for more information.

7. This guide features a series of discussion questions that FDC and child welfare professionals can use to determine whether a given substance use disorder treatment program is a good fit for their participants’ needs. It is available from the National Center on Substance Abuse and Child Welfare at: https://nscacw.samhsa.gov/files/Quality_Treatment_Guiding_Questions_March2017_508.pdf.

8. Research suggests that parents can be enrolled concurrently in substance use disorder treatment and parenting interventions, rather than delaying the parenting intervention, provided that the parenting intervention begins with fundamental psychological processes (e.g., developing emotional regulation mechanisms) before teaching specific parenting techniques. Neger, E. N. & Prinz, R. J. (2015). Interventions to address parenting and parental substance abuse: Conceptual and methodological considerations. *Clinical Psychology Review*, 39, 71-82.

9. The PFR grantees measured child and family well-being using the North Carolina Family Assessment Scales for General Services and Reunification (NCFAS G+R). The NCFAS G+R is a standardized tool that assesses 10 domains of family functioning. Grantees completed the assessment for each family at FDC intake and closure. See PFR Brief 1 for additional results.
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 for Systems Change
• Brief 4: Evidence-Based Program Implementation within the FDC Context: Finding the Right Fit
• Brief 5: Building the Evaluation and Performance Monitoring Capacity of FDCs (Coming soon)

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 and to download the case studies and other PFR briefs, visit the PFR webpage (http://www.cffutures.org/pfr) or email us at pfr@cffutures.org.

For more information about the PFR initiative, contact Children and Family Futures at pfr@cffutures.org

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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.

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.

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.