Advancing the capacity of Family Drug Courts to provide comprehensive family-centered treatment that improves child, parent and family outcomes.

The Prevention and Family Recovery Initiative

Case Study: Robeson County, NC
About the Prevention and Family Recovery Initiative

Prevention and Family Recovery (PFR) seeks to advance the capacity of Family Drug Courts (FDCs) to provide and sustain a comprehensive family-centered care approach that improves outcomes for children, parents and families affected by substance use disorders and child abuse and neglect.

In April 2014, Children and Family Futures (CFF), with the support of the Doris Duke Charitable Foundation and The Duke Endowment, began working with four diverse FDCs to integrate evidence-based parenting programs and children’s developmental and therapeutic services into their larger FDC systems of care. The FDCs received a direct financial grant and intensive technical assistance and coaching via a dedicated PFR Change Team.

The grantees’ original project period was April 1, 2014 to May 31, 2016. After recognizing that two years was not enough time to integrate evidence-based interventions while simultaneously tackling more global systems change, the four grantees received an additional year of capacity-building support. Their PFR grant period ends May 31, 2017. (Visit the PFR web page for more information.)

**PFR is about broader, sustainable systems improvements rather than a single intervention. It is about transforming the way FDCs and their cross-system collaborative partners make decisions about policies, programs and resource allocations, and ultimately how to better serve, support and improve outcomes for families in the child welfare system that are affected by parental substance use disorders.**

About the PFR Case Studies

PFR is multifaceted and complex. The grantees implemented different evidence-based interventions in four varying county and state sociopolitical contexts. The PFR case studies provide a context-rich story of each site’s PFR journey – their successes, challenges and lessons learned about effective evidence-based service implementation within the FDC context.

These case studies tell how each FDC’s initiative evolved during the initial two-year PFR grant period. They highlight practice and policy changes grantees made at the project, organizational and systems levels to shift from being an independent program within a single system (the court) to an integrated family treatment collaborative that is part of the larger systems of care (involving child welfare and substance use disorder treatment) for these families.

The grantees’ stories will continue to unfold during their continuation year, as they further examine the effectiveness of their PFR enhancements and modifications, and assess their initiative’s impact on child, parent and family well-being. At the end of the second year, most of the grantees’ families were still involved in the FDC program and receiving services. As such, the case studies do not provide outcome data at this point in time.

Acknowledgments

Children and Family Futures (CFF) acknowledges and thanks the grantees for their tremendous effort and hard work. The four grantees’ perseverance and willingness to share their successes and challenges provides guidance so that other collaborative courts might learn from their experiences. These case studies reflect a significant collaborative effort of the grantees, the PFR Change Teams and the larger PFR Project Team. PFR would not have been possible without the generous support and commitment of the Doris Duke Charitable Foundation and The Duke Endowment. Their understanding of the difficulties and time-intensive nature of systems change work, coupled with their leadership and forward-thinking, adaptive funding approach created a robust and supportive peer learning environment. This level of involvement and support has resulted in a richer, stronger and more comprehensive set of outcomes. Finally, the “PFR community” would not be complete without the PFR National Advisory Council, whose expertise and insights helped guide the larger PFR initiative as well as advance the work of the four grantees in immeasurable ways.
This case study is one of a series of four that describe how a group of diverse Family Drug Courts, under the Prevention and Family Recovery (PFR) initiative, are transforming the way they work to better serve, support and improve outcomes for children, parents and families affected by substance use disorders and child abuse or neglect.

WHAT PFR SEEKS TO ACHIEVE

• Comprehensive family-centered treatment
• Effective cross-systems collaboration
• Child safety – no repeat maltreatment
• Timely and sustained reunification
• Improved parent-child relationships

This case study tells the story of the Robeson County (Lumberton, NC) PFR initiative. The case studies for the other three grantees—Pima County (Tucson, AZ), Tompkins County (Ithaca, NY), and San Francisco, CA—are available on the PFR web page.
An Introduction to the Robeson County Family Treatment Court

Target Population

The Robeson County Family Treatment Court (FTC) was established in March 2008 as an integral component of the Robeson County Bridges for Families Program, which is a large-scale, cross-systems collaborative effort that serves families in the child welfare system who are affected by parental substance use disorders. The FTC has successfully partnered with the Robeson County Department of Social Services, Robeson County Guardian ad Litem and Robeson Health Care Corporation (RHCC) since its inception.

The FTC’s current target population is parents with a substance use disorder who have a petition filed with the dependency court and a plan of reunification. Referrals come primarily from the Department of Social Services or the dependency court. The FTC can serve 37 families at any given time and is an approximately 12- to 18-month long program.

During the initial grant period, the FTC served 121 PFR adult participants and their 172 children. PFR parents enrolled in the FTC were nearly all mothers (99%) who were, on average, 28 years old and unemployed and looking for work. Approximately 7% of females were pregnant at time of FTC admission. Approximately three-fourths (74%) of participants were American Indian, while 19% were White and 6% were African American. The majority of children (63%) were 0 to 5 years old at FTC enrollment. The racial and ethnic makeup of children is relatively similar to adults: 82% were American Indian, 8% were White and 7% were African American (the remaining 3% were Hispanic). More than two-thirds (68%) of all children were in out-of-home care at time of FTC enrollment.*

History of the FTC Program Model and Practices

The family treatment court movement in North Carolina grew out of the success of the state’s adult drug court programs, which began in 1995 with state General Assembly funding. In 2001, the General Assembly expanded drug courts to include juvenile offenders and parents with substance use disorders who are involved with the child welfare system. This state funding, along with a seven-year federal Regional Partnership Grant, supported the implementation of the Robeson County FTC.

Robeson County drew on the state’s adult drug court experience and research to develop its program. The result was an FTC model of intensive judicial monitoring, high levels of coordination between the court, child welfare and community treatment agencies, effective communication, and services designed to improve outcomes for families affected by parental substance use and child maltreatment.

FTC Structure

The Robeson County FTC is a parallel court model. The Hon. Stanley Carmical has served as the FTC Judge since its inception in 2008. Typically, in most parallel courts, there is one Judge who presides over the FTC hearings and a different Judge who conducts the dependency court hearings. Robeson County is unique in that, for the majority of FTC families, Judge Carmical (who is also the Chief District Court Judge) presides over both the FTC and dependency case. As a result, communication between the two courts is strong. This unique structure, together with Judge Carmical’s exemplary leadership, was instrumental in helping advance major policy and practice changes during the PFR initiative.

The FTC team staffs cases prior to each court session with input from all key partners, including the child welfare social workers assigned to FTC families. FTC sessions are held semi-monthly. Participants appear semi-monthly before the Judge and briefly interact with the FTC Coordinator and other service providers to discuss their participation and progress in services, case management needs and drug testing results.

*Snapshot based on grantee data submitted June 2016.
When a parent agrees to participate in the program, she (or he) immediately enters into substance use treatment (if not already in treatment). Parents must complete the program’s three phases to graduate. Each phase consists of a set of progress markers established by the FTC team that include treatment engagement, specified periods of sobriety, participation in recovery support meetings, regular contact with the FTC Coordinator, and stable employment and housing. A participant may graduate if they achieve a minimum of 6 months of negative drug tests, are employed or in school, have obtained a permanent sponsor and have secured stable, drug-free housing. Although success in the FTC informs dependency case decisions, reunification and matters of visitation are ultimately determined by the dependency court. FTC graduation does not automatically qualify a family for reunification.

**FTC Core Team and Existing Collaborative Relationships**

Robeson County FTC began the PFR project with a strong core team, which consists of the:

- Chief District Court Judge
- FTC Coordinator
- Parent Attorney
- Robeson County Guardian ad Litem Administrator
- Robeson Health Care Corporation Substance Use Treatment Provider (Grace Court)
- Robeson Health Care Corporation Prevention Services Provider
- Robeson County Department of Social Services Liaisons
- Southeastern Family Violence Center

Nearly all core team members have been involved with the FTC since its inception, serving to create a uniquely cohesive unit built on strong collaborative relationships and a fervent sense of shared mission (see “A Foundation of Strong Collaboration and Leadership”).

- **Child Welfare.** Robeson County Department of Social Services (DSS) was a key partner in the implementation of the FTC in 2008 and remains one of its biggest advocates. The FTC first fostered this relationship by using prevalence data on the number of child welfare cases involving parental substance use disorders to raise awareness and establish the scope of the problem in the community. This sparked the beginning of a strong relationship with child welfare, whose backing then influenced county- and state-level political support beyond child welfare. This broad-based support helped advance the FTC’s sustainability efforts during PFR.

- **Substance Use Treatment.** As the primary provider of substance use treatment services for FTC participants, Robeson Health Care Corporation (RHCC) and the FTC have a well-established collaborative relationship. RHCC operates Grace Court, a 24-bed, supervised living facility for women and their children, where approximately 80% of FTC participants receive their substance use treatment services. Grace Court provides comprehensive and intensive outpatient services as well as basic mental health and other support services. Women and their children can stay in treatment for 180 days and transitional housing for up to 2 years. Grace Court along with Our House, both under the Robeson Health Care Corporation, are the only two gender-specific treatment programs in the county. Our House is a 10-bed facility for pregnant women and their child(ren) up to age 1 year. While at Grace Court, women participate in the evidence-based parenting and trauma services. Staff use Motivational Interviewing and the Matrix Model, both evidence-based practices, to guide practice and therapeutic service delivery. Shortly after admission to Grace Court, all children are assessed for behavioral and developmental service needs and referred to community agencies, as needed. Grace Court provides therapeutic children’s services onsite including group, individual, family counseling, Play Therapy and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Additionally, children participate in prevention activities offered by the RHCC prevention staff.

Through their strong partnership, the FTC and RHCC have established a comprehensive and unified continuum of care for families. However, this close collaboration has also inadvertently created a barrier in
We are good at looking at what we need, what needs to be done, and how can we fix it. If there has to be a policy change, it's through much discussion and research. We might even check out how somebody else did it, or consult other courts.

– Department of Social Services (Child Welfare) Liaison for the Court

The GAL District Administrator is an integral member of the FTC core team. Her leadership has helped the court consider the needs of the child and family as a whole.

• Parent Attorneys. “There is one lead FTC parent attorney who acts as the liaison between the other parent attorneys who may be serving FTC participants and the FTC core team. Although the lead parent attorney has changed three times since the FTC’s inception, the position overall has been a collaborative asset and helped further strengthen the relationship between the FTC and the parent attorneys (as described later in this case study).

• The Lumbee Tribe. As noted earlier, the majority of parents (74%) and children (82%) in the FTC are American Indian, specifically members of the Lumbee Tribe of North Carolina. Since the FTC’s inception, representation and participation of the Lumbee Tribe has ebbed and flowed. However, over the past five years, the Lumbee Tribe has been minimally involved with the FTC. During PFR, the FTC continued to explore ways to increase the tribe’s engagement and strengthen this relationship. Moving forward, the team will further strategize to ensure they are providing culturally responsive services and addressing any unique or unmet service needs of Lumbee families in the FTC.

The FTC’s ability to fully engage the other community substance use treatment providers. There is a perception among these other providers that the court looks to RHCC as the preferred treatment agency. The team recognizes and has taken steps to address this challenge. For instance, in launching PFR, the FTC team held a community-wide PFR Kick-Off meeting, with a specific focus of engaging the substance use treatment providers.

As a result of the effort, two of the providers began attending FTC staffing and court. The team continues to work on improving collaboration with the community treatment providers.

• Guardian ad Litem. When PFR began in 2014, the FTC had an existing relationship with the Guardian ad Litem (GAL) program, which was a core partner. However, the GAL District Administrator was relatively new to the FTC team. She sought to determine how she could best contribute to the partnership, as the FTC’s primary focus at the time was the parent’s recovery. As this case study later explains, this collaborative relationship evolved over the course of PFR.
A Foundation of Strong Collaboration and Leadership

The long-standing commitment and dedication of the core FTC team is one of the program’s greatest assets. The team attributes the strength of their partnership to:

• **Shared Mission and Vision.** The team has a clear, agreed-upon mission and vision for the families they serve, which propels continuous growth, shared accountability and a willingness to change, as needed, to better serve families.

• **Collaborative Maturity.** Most of the team members have been working with each other for more than a decade, some for more than 20 years. They describe their team as “healthy and mature.”

• **Trust and Communication.** Team members trust each other implicitly. This trust is built on open communication and a willingness to acknowledge barriers to collaboration and effective service delivery.

• **Inclusion, Collaborative Action and Leadership.** Each member of Robeson County’s multidisciplinary team brings a wealth of information, experience and expertise to the table. Team members respect each other’s expertise in their given field and rely on it during decision-making and consensus-building processes. They promote leadership as a shared process and encourage collaborative rather than individual action.

• **Judicial Leadership.** Judge Carmical is a leading advocate of family drug courts at the state and federal levels and has developed relationships with policy makers across the state. In addition to higher level outreach and relationship building, the Judge remains an integral member of the core team and contributes to program and practice decision making. Although recognized as a formal leader, the judge relies on the expertise of the core team, and entrusts them with decision making responsibilities. This leadership has helped create an environment of shared responsibility and continuous improvement.

Governance

The FTC’s governance structure was established when the FTC was implemented in 2008 and includes two levels of governance—the FTC core team and the Steering/Advisory Committee (officially called the Bridges for Families Committee). The Bridges for Families Committee meets quarterly to discuss needed policy changes and guide decision making. The Committee is well-represented at both the local and state levels.

In addition to FTC core team representatives, regional and local committee members include the Robeson County Health Department, Eastpointe Managed Care Organization, the Lumbee Tribe and Robeson County Commissioners. State members include North Carolina Department of Health and Human Services, North Carolina Administrative Office of the Courts, University of North Carolina at Chapel Hill, the Governor’s Institute on Substance Abuse and a state senator and congressional representative.
Meet the Robeson County PFR Core Team and Partners

• **Robeson Health Care Corporation (RHCC)** – Serves as the lead agency for the PFR initiative. RHCC is the primary substance use treatment provider for participants in the FTC and operates Grace Court (a transitional living facility for women and their children). RHCC provides the Celebrating Families! program and also employs the clinician who is providing Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and play therapy to the children of FTC participants.

• **Robeson County District Court** – Employs the FTC Judge and Parent Attorney Liaison. Both are members of the core team and participate in staffing as well as strategic planning. The Parent Attorney Liaison facilitates communication between other Parent Attorneys and the FTC. She also plays a leadership role in outreach efforts and policy development.

• **Robeson County Guardian ad Litem** – Employs the Guardian ad Litem District Administrator who is a member of the FTC core team. She plays the role of child advocate by helping the FTC make decisions regarding the best interests of each child.

• **Department of Social Services** – Supports social workers who are a part of FTC cases as well as two key DSS liaisons that support policy and practice development and strategic planning. DSS also built a courthouse within the DSS building that is solely dedicated to juvenile and FTC hearings.

• **Robeson County Health Department** – Provides the evidence-based Parent as Teachers program to FTC participants with children ages 0 to 5 years. Parents as Teachers is funded by Smart Start and housed at the Health Department.

Robeson County’s PFR Plan

At the start of PFR, the Robeson County FTC was well positioned to affect practice, policy and systems change to move closer to a comprehensive family-centered approach. As described above, the FTC had an established governance structure with state level buy-in, a committed core team of professionals, strong judicial leadership and a true understanding of the importance of a family-centered approach. PFR provided the FTC with an ideal opportunity to build on this existing foundation.

Through PFR, the FTC and its key partners sought to expand access to children’s and parenting services to move closer to their goal of a holistic child and family systems approach. In doing so, they would eliminate fragmented services and provide a continuity of care for children and families in the FTC. Robeson County’s PFR goals were to:

- Increase family reunification and positive family relationships
- Address recovery for parents with substance use disorders
- Help families overcome trauma-related difficulties
- Create an environment that will permit children to experience a high-quality atmosphere while helping to develop their cognitive, social and behavioral abilities
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The court decided on a two-pronged approach to achieve its goals. They used PFR funds to:

1. Implement Celebrating Families! for families with children ages 3 to 18 years
2. Implement Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and play therapy

This case study of Robeson County continues with how the FTC team and its partners implemented these specific enhancements, the early challenges they encountered with each strategy and how they overcame those barriers. Their story conveys how, as the FTC team carried out their chosen strategies, they needed to make broader changes at the practice and systems level to become truly family focused.

By the end of the second year of PFR, the team had initiated a paradigm shift and created new norms within service systems and the community that recognize a child’s success is integrally linked to the success of the parent and the family.

The focus used to be primarily on the adult participant. Looking at the family as a whole was something we as a team had the desire to do, but we just weren’t sure how to get there.

– Substance Abuse Prevention Program Director, Robeson Health Care Corporation

Moving towards a Comprehensive Family-Centered Approach with Celebrating Families! and TF-CBT

Selecting Evidence-Based Practices: Why Celebrating Families! and TF-CBT?

The FTC’s collaborative efforts during the seven-year Regional Partnership Grant greatly helped the team determine how to best expand and enhance services under PFR to benefit families in the FTC and the larger community. In 2008, the successful integration of the Strengthening Families Program (SFP) into the FTC service array and community helped build relationships across agencies and systems. It also identified some emerging and unmet needs of families. The team used these experiences and insights to inform the proposed PFR approach.

The existing SFP curriculum targeted families with children ages 6 to 12 years. However, when the FTC reviewed their data in 2014, they discovered that more than three-fourths of the children of parents in the program at that time were 0 to 5 years old. Celebrating Families!, designed to serve families with children 3 to 18 years old, would expand parenting services to a much larger proportion of families.

In addition, early in year one, the FTC also decided to integrate Parents as Teachers (PAT)—an existing evidence-based program provided by the Robeson County Health Department—into the FTC continuum of care. With its focus on children ages 0 to 5 years, the PAT program helped fill the gap in parenting services for families with infants and toddlers. It also addressed some early implementation challenges with CF! (see below).
When it came to children’s services, the Robeson County PFR team sought to increase the availability of developmental and therapeutic services for young children. At the start of PFR, RHCC did not directly provide such services to the younger children of Grace Court residents. DSS did conduct assessments of children and would refer them to existing services in the community for any identified needs. The FTC thus proposed to enhance the existing RHCC service array with the addition of TF-CBT as well as play therapy. (While Robeson County also implemented play therapy, this case study focuses primarily on their experiences and lessons learned with TF-CBT and CF!)

By implementing the new CF! and TF-CBT interventions in the RHCC infrastructure and also integrating PAT, an existing community service, the Robeson County FTC sought to create a comprehensive, centralized continuum to meet the needs of all children and families.

Early Implementation Experiences and Challenges – Parenting Interventions

During early implementation of CF!, the team and partners experienced challenges with referrals to the program and parent engagement. However, as explained below, the FTC team successfully addressed these challenges through modifications to their PFR plan, innovative engagement and retention strategies, and improved cross-systems information sharing protocols. As a result, all families participating in the FTC had access to parenting programs and the majority of those that started a program also completed the program.

By the end of PFR year two, RHCC had completed three cohorts of CF! Of these three cohorts, 90% of families graduated and completed all 16 weeks of CF!

The FTC team originally anticipated that approximately 70% of participants would receive CF! However, their expectation to “open the flood gates” did not materialize. Lower-than-anticipated referrals and problems with parent engagement were the result of the following:

- **Children in out-of-home care.** The majority of children were in out-of-home care at the time of FTC entry. This resulted in transportation and scheduling challenges for foster parents and other caregivers.

- **Children’s Age.** CF! is designed for children ages 3 to 18 years. Families with children younger than 3, approximately one-third of the FTC children, could not be referred to the program.

- **Service Access.** CF! was provided at the Grace Court substance use treatment facility. Families who did not reside at Grace Court’s supervised living facility or received substance use treatment at another facility, had difficulty accessing CF! due to transportation barriers.
• Parents’ “readiness” to begin services. Early in CF! implementation, the team noticed that some families were dropping out of the CF! program. The team came to learn, through training and ongoing provider feedback, that they were referring parents to CF! too early in their recovery, before they had achieved a level of sobriety or progressed far enough in treatment to fully benefit from the services.

The CF! referral and engagement process evolved and improved throughout early PFR implementation. The FTC team and its partners took several measures to overcome their identified challenges:

• Refined the identification and referral process. When CF! was first implemented, the team referred participants to the program without specific referral criteria. Now, the GAL, District Attorney and RHCC Prevention Specialist work together to identify and refer all eligible FTC participants. They first determine if the child is within the target age group for CF! (3 to 18 years). Then they look at two other primary factors: the child’s placement status and the parent’s stage of sobriety and recovery. The team ensures that parents are at a point in their recovery where they can engage in CF! with their children in a meaningful way and retain and apply the parenting skills, knowledge and resources acquired through CF!

• Leveraged existing community-based parenting services. To accommodate the needs of parents not eligible for CF! because of their children’s age or their stage of recovery, the team worked with the Robeson County Health Department to implement PAT, an existing evidence-based program that the health department had been providing in the community for approximately 15 years. Leveraging this existing community resource helped ensure all families in the FTC had access to appropriate and effective parenting services.

• Increased parent engagement using Motivational Interviewing techniques. Prior to PFR, parents generally perceived a referral to parent training as a punitive sanction or a hoop to jump through to reunite with their children. In contrast, the FTC Judge uses a strengths-based approach to empower participants and improve engagement. He intentionally presents referrals to parenting services as an acknowledgement of parents’ progress in their recovery and reunification plan. Moreover, after parents begin services, the Judge relays positive feedback from the staffings and asks parents to share what they learned or found most helpful about CF! or PAT. By creating this feedback loop between participants, the court and providers, the FTC can learn what is or is not working and make further practice and policy changes to improve engagement and overall effectiveness.

The Judge delivers a referral in a very intentional positive way, so that our parents don’t hear, “You need to do one more thing.” The way he delivers it is almost like a reward—he says to them, “Our team recognizes that you’re at such a great place in your recovery and your relationship with your child that you’re ready for this, you’re ready for the next big step.”

– Robeson County Guardian ad Litem District Administrator
Early Implementation Experiences and Challenges – TF-CBT

The single greatest barrier that the FTC team faced in implementing TF-CBT was obtaining the necessary training to certify the RHCC clinician to provide this therapy to children of FTC participants. Unbeknownst to the FTC team at the time PFR began, TF-CBT training was extremely limited in the region and involved a highly competitive application process. RHCC applied for and was awarded one of the few training slots available through the North Carolina Child Treatment Program’s Learning Collaborative in Trauma-Focused Cognitive Behavioral Therapy. However, the training did not begin until February 2015 – approximately nine months after the PFR initiative started.

While the designated clinician completed the training, RHCC was able to temporarily use one of its other clinicians, who had existing capacity to provide TF-CBT to five FTC children. This was a short-term solution, as after November of 2015, the back-up clinician left RHCC. Finally, near the end of PFR year two, the designated RHCC clinician completed the training and was certified to begin providing TF-CBT to children. This clinician was also trained in and provided play therapy to the families who resided at Grace Court.

In addition to overcoming training challenges, the team had to work with child welfare to institute referral protocols that ensured funding coverage for children receiving trauma services. Shortly after PFR began, the FTC learned that for TF-CBT to be covered by Medicaid, a pediatrician must first authorize a referral for a trauma screening or assessment. After a pediatrician makes a medical referral, a clinician then determines the trauma service needs of a child. Upon learning of this hurdle, the FTC team quickly began working with child welfare to ensure all children of parents participating in FTC had the required medical referral.

As a result of these discussions, DSS instituted a standardized medical referral protocol so that all children entering the child welfare system—not just FTC families—would receive a trauma screening. Through their strong collaborative relationships and willingness to continuously improve services, the FTC and its key partners achieved an important systems change. As of April of 2015, a pediatrician refers all children entering the child welfare system in Robeson County to receive a trauma screening or assessment.

For so long, children’s services was the missing link. The PFR initiative has made it possible for RHCC to focus on the family as a whole and bridge a gap. We are able to provide quality evidence-based services that are child and family centered.

– RHCC/Grace Court Program Director

How the PFR Enhancements Positively Affected Families and the Community

The implementation and integration of the evidence-based parenting and children’s interventions successfully moved the FTC closer to a comprehensive family-centered approach. The team’s increased focus on addressing the needs of the parent and the child, within the larger context of a healthy parent-child relationship, has benefited both families in the FTC and the larger Robeson community in the following ways:

• New norms and a culture change that sees the value of a family-centered approach and treating the family as a whole. Prior to PFR, most community service providers, and even the participants themselves, viewed parenting services as just another requirement. Through the continuous community outreach and training that occurred as a part of the PFR initiative, the FTC team, its key partners and other community service providers increased their awareness and knowledge of addiction as a disease. They have a better understanding that parental substance use disorders affect the whole family, parenting is an essential component of recovery, and a child’s well-being is integrally linked to a parent’s health and well-being. Practitioners and service providers
community-wide now recognize the importance of providing appropriate, evidence-based, family-centered services to families affected by substance use disorders and child abuse and neglect.

When we ask participants what they need from us, they say, “We want to work with our children! We want to do activities around our children, we want to help them so they don’t end up where we are.” That’s what parents want to do. This is about prevention and healing.

– Robeson County FTC Coordinator

- The integration of parent-child services expanded partnerships. The successful integration of the PAT program would not have been possible without the commitment of the Health Department. The FTC team worked closely with the Health Department to build a sense of shared mission by educating staff on the needs of the target population and emphasizing the important role the Health Department can play in improving the health and well-being of families. The PAT parent educators now attend FTC staffing and court sessions to provide progress updates on the children and families participating in these services. As the GAL administrator remarked, “Even after all the funding goes away, that’s a relationship that will last.”

- The increased focus on children strengthened the existing FTC-GAL partnership. Although the partnership between the GAL and the FTC program was strong to begin with, the improved child focus of the court through PFR reinforced their commitment to each other and to serving families in the community. Through consistent leadership, the GAL District Administrator acted as the liaison between the two systems. She provided a consistent voice for the child in the context of the parent’s recovery and also educated her GAL colleagues about the FTC’s successes inbecoming more responsive to children’s needs. Through the team’s leadership, the larger GAL program increased its understanding and buy-in of the FTC.

- Greater access to evidence-based interventions for all families involved with child welfare. The new community norms and improved cross-systems collaboration have, in turn, led to increased access to effective services for all families in the dependency system. Child welfare social workers now refer all families with children in foster care to PAT. In addition, the FTC and social workers now refer pregnant mothers to the prenatal component of the PAT program. RHCC has offered to provide CF! to non-FTC child welfare families with an identified substance use disorder. Further, as noted earlier, all children entering the child welfare system are referred to a trauma screening or assessment by a pediatrician.

The Importance of Language

The FTC understood that language can perpetuate the stigma that individuals with substance use disorders often feel. This stigma may adversely affect participants’ treatment engagement and outcomes and, ultimately, the likelihood of reunification and sustained recovery. During PFR, the FTC team and partners underwent a cultural shift in how they talk about and approach addiction. For example, they now use:

- Lapse instead of relapse
- Substance use disorder instead of substance abuse
- Sustained recovery instead of “clean time”
- Substance exposed newborns instead of babies that are addicted or born positive
As the next part of the Robeson County story explains, to move towards a unified system of care and a comprehensive family-centered approach, the FTC team did more than add new parenting and children’s interventions. They undertook larger program and systems changes to increase FTC outreach and engagement and also improved court practices and structures to reduce fragmented systems of care.

Program and Systems Change to Improve FTC Engagement and Retention

The needs of families in Robeson County are complex. Like most families affected by parental substance use disorders and involved in the child welfare system, Robeson County FTC participants face competing, and often duplicative, demands and timelines that often hinder their involvement in the FTC and progress towards reunification and sustained recovery. The FTC team recognized they faced considerable difficulties in providing timely and quality treatment to participants within child welfare system’s permanency timelines—and that this problem was contributing to low graduation and reunification rates.

But the FTC’s data also showed some good news. At the end of year two, among the 44 children who were reunified with their families, none of them re-entered foster care. These promising outcomes suggested that FTC families could achieve sustained reunification. The challenge, though, was to get the parents engaged in the FTC and help them successfully complete the program. The FTC team thus set out to make program changes to increase their graduation and reunification rates, while ensuring the safety of children and families’ long-term success.

Identified Barriers to Participants’ Success

The first step to increasing outreach and engagement was to understand the major barriers. At the beginning of PFR, the FTC team identified the following challenges that were adversely affecting participants, and were also associated with a dramatic (though temporary) decrease in FTC referrals and entries during the second year:

- **Lengthy delays in entering the FTC.** Participants experienced a significant time lag, on average 6 months, between when their child welfare case was opened to the time they entered the FTC. Several factors contributed to this delay, including 1) participants are typically in DSS case management services for 6 months before they come to the attention of the FTC; 2) a parent’s substance use disorder may not be identified in a timely manner; and, 3) the pre-adjudication, adjudication and dispositional hearings that must take place before a parent enters the FTC take considerable time.

- **FTC as a last resort.** In addition to the above factors, many child welfare social workers viewed the FTC as a “last ditch effort” for families and typically only referred those parents that were unsuccessful in substance use treatment. By this time, their children had been in foster care for 6 months or more. Because these participants entered the FTC so late in their cases, they had a short window of time to demonstrate progress in treatment and achieve reunification. The FTC team noted that when participants were ultimately referred to the FTC, their motivation to engage in services was often very low.

Strategies to Increase Timely FTC and Treatment Entry

Through the strength of its partnerships, particularly with child welfare, and court leadership, the FTC made several practice and systems improvements to increase the number and timeliness of referrals to the FTC. As a result of these efforts, described below, the FTC team reduced the average time to FTC entry (from when the child welfare case was opened) from 6.5 months to 4 months. In addition, within the span of one year, the FTC team and partners increased the caseload from 12 adults and 30 children to 36 adults and 72 children. With an average of 200 children entering foster care a year in Robeson County, the FTC is now serving a significant proportion of children entering care.
• Revised Child Welfare Referral Protocol. To improve identification and referral of families, child welfare implemented a new practice in which they conduct a structured review of cases at 3 months after a child welfare case is opened, rather than waiting 6 months, to see if a parent is eligible and appropriate for the FTC. In determining if a referral is needed, child welfare staff consider all aspects of the parent’s case, including their mental health status, the severity of their substance use disorder, additional support needs and progress with their dependency case plan.

• More Routine and Accurate Tracking. Child welfare leadership and FTC partners knew that estimates of parental substance use disorders in the Robeson County child welfare population underestimated the scope of the problem. In response, child welfare agreed to modify their existing data system to more accurately track child removals associated with parental alcohol or other drug use. These improvements resulted in a more accurate understanding of the magnitude of the problem and improved timely identification and referral of cases to the FTC. The FTC now regularly disseminates and discusses prevalence data with stakeholders to help identify needed program, practice or policy improvements.

When we first decided to better track [substance use disorders], we first went to the state, but quickly realized they don’t track it anywhere. So, we decided we needed to take this into our own hands. We developed our own database in house and now consistently track if [parental substance use] is a part of a case. After doing this, we said, “Why stop there – let’s look at housing, let’s look at the families that have mental health issues, let’s track domestic violence…”

– Department of Social Services Adoption and Foster Care Program Manager

• Increased Attorney Engagement. The FTC team recognized that the support of the parent attorneys would be essential to speed up parents’ entry to the FTC. As a first step to garnering their support, the FTC conducted a parent attorney training to explain the benefits of the program and address attorneys’ perceptions that participation in the FTC was a burden and could negatively affect their client’s dependency case due to an increased level of requirements. The FTC team then drew on the leadership and buy-in of the FTC’s parent attorney liaison to help improve collaboration and information sharing between the FTC and the attorneys. The liaison instituted a regular meeting with the other attorneys to keep them updated on emerging information that would facilitate parents’ entry into the program and to provide timely answers to questions about program requirements and eligibility. The liaison’s efforts were key to the successful implementation of new and improved communication practices.

By communicating with the clients earlier, attorneys may be able to waive pre-adjudication, consent to adjudication, and get their client into treatment court faster without the case lingering for months before an adjudication is entered. This provides a way to engage clients in the treatment process sooner.

– FTC Lead Parent Attorney Liaison

Addressing Parents’ Basic Needs to Increase FTC Engagement and Retention

In strategizing how the FTC could improve participant engagement and retention, the team also recognized that systemic and community barriers—particularly poverty and related factors—affected the majority of families in the program. For instance, the latest census data indicate Robeson County has the second highest rate of poverty (33%) in the state and is one of the 100 poorest counties in the U.S. Among FTC participants, more
than 90% are unemployed when they enter the program and self-sufficiency is identified as one of their greatest problem areas.

To address these financial and environmental instabilities and meet participants’ basic needs, the FTC made the following program and policy improvements to increase the provision of supportive services:

• **Child Support.** During PFR, the team determined that paying child support while in the program was a major barrier to success. The Judge described this as an example of a fragmented system that contributes to distrust towards service providers and a lack of engagement. In response, the FTC collaborated with the Division of Child Support Enforcement to institute a policy change that deferred child support for families while they are participating in the program. This policy change allows parents to focus on their treatment goals without fear of their child support obligations going into arrears.

• **Addition of employment supportive services.** The FTC reached out to form a partnership with a local employment agency to provide employment services to all FTC participants. A representative of the employment agency attends staffing to help coordinate services and provide updates on participants’ employment accomplishments.

• **Alumni group.** The team recognized a need to provide participants with continuing care and recovery supports to help sustain their recovery long after FTC completion. During year two, the FTC thus developed and implemented an alumni group. After program completion, participants are strongly encouraged to connect with sober support systems and develop relationships with other recovering individuals. The alumni group became a formal mechanism to ensure this continued support. The team hopes this will allow parents to continue to work on their recovery even when formal treatment or monitoring is completed.

In addition to the above improvements to increase participant engagement and retention in the FTC, the Robeson County team also achieved larger systems changes to move towards a more family-centered approach.

**Looking Beyond the Project – Changes in Court Practices and Structure to Strengthen a Family-Centered Approach**

Over the course of PFR, the FTC engaged in many discussions about how to improve their successful FTC discharge rate. The high rate of unsuccessful discharges (in the 64% to 67% range) was cause for concern. One priority area they identified as needing improvement was their response to participants who relapsed.

As a key starting point, they honed in on the FTC’s existing policy that required participants to “start over” after a positive drug screen. Many participants were succeeding in their recovery efforts until the last phase in the program. Because of the short timeframe for reunification and the amount of time already spent in the program, having to start over often meant the family was unable to reunify and therefore the parent was unsuccessfully discharged from the program.

Having come to better understand that relapse and non-compliance can occur, even among those who ultimately succeed, the FTC team changed their policy. Rather than automatically requiring participants to return to phase one after a lapse, the FTC moved to a more addiction-informed approach where they assess an individual’s unique situation and circumstances surrounding the lapse. The team now bases their response on a thorough review of the individual’s progress with treatment, parent-child bonding and self-sufficiency, and not just on compliance for a set number of days.

**Changing the Culture around Relapse**

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Becoming a Trauma-Informed Court to Improve Engagement, Retention and Outcomes

Helping families overcome trauma is a primary goal of the Robeson County team. All team members and partners understand that trauma-informed and trauma-responsive practices improve participants’ engagement and are critical for families’ long-term success.

Early in year one, the team conducted a Trauma Walk-Through with PFR National Advisory Council member and national trauma expert, Dr. Vivian Brown. They identified areas for improvement and developed a comprehensive action plan that led to the following advancements:

- **Trauma Training for the Community and FTC Team.** To increase the understanding of trauma and how it affects families, the FTC convened a two-day trauma training. The first day brought together service professionals from throughout Robeson County, including staff from child welfare, the GAL, the Robeson County Bar Association and community-based provider agencies. The community-wide training addressed the nature and effects of trauma on women and children, components of a trauma-informed community and agency response system, and the identification, prevention and treatment of secondary trauma. The second day involved a facilitated meeting with the FTC core team to examine the FTC’s policies and practices. The trainer observed staffing and FTC progress hearings to identify concrete ways that all team members could improve trauma responsiveness.

- **Environmental Improvements.** The FTC team improved the physical space in the DSS building to make it more welcoming for parents, children and families. For example, they reduced ambient noise in the hallway outside the visitation/interview room and added artwork and other décor to make the visitation/interview room more inviting and comfortable.

- **Intake Assessment Review.** The FTC reviewed their intake, screening and assessment process to reduce duplication of questions. They examined the way questions were asked to avoid potential triggers and simply allowed a parent to skip questions that were uncomfortable.

- **Court Continuances.** The dependency court added additional judicial time to the weekly docket to avoid unnecessary continuances to participants’ dependency cases. This is not only trauma responsive, but also an effective engagement strategy.
How many of you have had participants right on the verge of graduating that have positive drug screenings after months of nothing but success, success, success? Under our approach, we ended up losing those participants because they ran out of time under how we were treating them. You had to have so many months of what we used to call “clean time” …. We realized we were losing people that on the whole, were really being successful in FTC and we realized as a team that something had to give—and it was probably us…. Now we try to distinguish between a full blown relapse and just a lapse. We’re really trying to make qualitative evaluations of what is going on with this participant in hopes that we don’t cause failure.

– Robeson County FTC Judge

Infusing Family Functioning into Information Sharing, Case Planning and FTC Phasing

With a more holistic understanding of the role that the family plays in a parent’s treatment progress, the FTC team and its partners sought to infuse information about the child, family functioning and self-sufficiency into several court processes.

• Improved information sharing about family functioning. The FTC added children’s and parenting services information into court reporting and protocols. They also now employ a family-centered assessment process that takes into account the quality of a family’s progress. All of the newly added service providers attend staffing and provide updates on the family’s progress in a more integrated manner (rather than individual family members being discussed). This more substantive information sharing with all partners about all aspects of family functioning has provided a more holistic picture of families. It has improved participant engagement and enabled the FTC to make more informed decisions about readiness for reunification.

With Parents as Teachers and Celebrating Families, we’re able to not only observe them in a different environment, but we’re able to get feedback from other professionals in the parenting context. They can really help us make decisions sometimes about, “Is it time for trial home placement? Are they going to be in a good place if they need that child to go with them to residential treatment?”

– Robeson County Guardian ad Litem District Administrator
Shift to a behavior-based FTC phasing structure. Given the FTC’s parallel structure, the FTC team does not make decisions about a participant’s child welfare case plan or requirements for reunification. Additionally, participants are required to comply with two separate case plans, despite that the goals of both plans—recovery and reunification—are inherently related. About midway through year two, the FTC team began to rethink its phasing structure and recently began collaborating with child welfare to change the FTC’s phase system so that progress in the FTC is better aligned and coordinated with progress in the dependency court. The planned changes represent a shift away from adult-centered, compliance-based decision making to a family-centered, behavioral-based approach.

With the improved information sharing and revised phasing structure, the FTC hopes to increase participant success and child safety by addressing the needs of the entire family and focusing on the ultimate goal of reunification.

We used the system that was used in adult treatment courts and focused on phase progressions. After years of doing it, you couldn’t get any participant to tell you what is the difference between Phase 1 and Phase 2, most of the team members really couldn’t tell you the difference. We came to realize the reasons for that disconnect was there was no connection between progressing in phases and getting my children back. Completely unrelated things…. Shifting to milestones makes so much sense. It’s easier to explain to the participants—they see a direct connection between if I do this, good things will happen with my family relationship.

– Robeson County FTC Judge

Building the Infrastructure to Support a Family-Centered Approach

Mobilizing resources is at the heart of program enhancements and systems change. An overarching goal of the PFR initiative is to create broader, sustainable change through institutionalization of practice and stabilized funding. When the FTC was first implemented with federal grant funding, the long-range sustainability plan was for the North Carolina Administrative Office of the Courts to support the FTC when the grant ended on September 30, 2012. Unfortunately, as previously mentioned, the North Carolina General Assembly defunded all drug courts statewide in 2011. Since then, Judge Carmical (as FTC and Chief Judge) has worked tirelessly with local government officials to effect a sustainable solution. The Judge and team consider sustaining the FTC in the wake of state defunding as one of their greatest achievements.

During the initial PFR grant period, as the FTC enhanced services and made program and systems changes, they had to rely on the continued support of key partners and find new ways to sustain the more comprehensive family-centered approach.

Sustaining the PFR Enhancements

By the end of the initial grant period, the Robeson County team had created a plan to sustain all of their PFR-supported enhancements.

• Celebrating Families!: The FTC team succeeded in working with state partners to ensure that CF! would be covered by substance abuse prevention block grant funding.

• Parents as Teachers: This long-standing community resource would continue to be funded through Smart Start and supported by the Health Department (at no cost to the FTC).
Prevention and Family Recovery – Robeson County, NC Case Study

• **TF-CBT**: This children’s intervention is reimbursable under Medicaid and sustainable as long as the certified clinician remains with RHCC.

• **Play therapy**: This children’s intervention is used during individual services and is also reimbursable under Medicaid.

**Sustaining and Redefining the FTC Coordinator Position**

In addition to sustaining the PFR service enhancements, the FTC also sought to find sustained funding for the FTC Coordinator position. Armed with cost savings data showing the money saved on families who participated in the program compared to those who did not participate, the FTC was able to garner the support of the County Manager, who agreed to fund the Coordinator position (beginning in October 2014) through the Department of Social Services (child welfare).

Unfortunately, because the position was funded through child welfare and had to meet certain state staffing requirements, the Coordinator had to serve dual roles. She handled general court management and administrative functions and provided direct case management to participants. However, as PFR progressed and the FTC fully implemented its more comprehensive programming, the team became acutely aware of the limitations of this staffing structure. In dividing her time between competing responsibilities, the FTC Coordinator could not fully focus on broader FTC strategic planning, sustainability, community outreach, policy development or evaluation activities.

Thus, the team began working to secure funding to support the Coordinator and a new FTC case manager position. Establishing this new position would free up the Coordinator to focus on overall FTC operations, including programmatic and systems issues. In 2015, the team obtained funding from The Duke Endowment to hire the Coordinator under RHCC (rather than DSS) to fulfill this intended role. The funding for this position will end in December 2017. Additionally, the FTC team and its stakeholders secured short-term funding from Eastpointe Managed Care Organization and the United Way to support a new FTC Case Manager. Several factors contributed to the team’s success in securing these additional funds:

• Judicial leadership and commitment to the FTC

• Continuous community and stakeholder outreach

• Dissemination of data and participant success stories that demonstrated the FTC’s effectiveness and positive affect on families

• Maximizing existing relationships with community foundations and local policy makers

Realizing that the above funding was temporary, at the end of the initial grant period, the team initiated sustainability discussions with the Robeson County Commissioners to establish institutional funding for the Coordinator and Case Manager positions. During the continuation year, the team will continue these conversations and work diligently to ensure the longer-term sustainability of the FTC and this enhanced staffing structure.

**Evaluation Capacity and Performance Monitoring**

The overall PFR initiative has constantly pushed all four PFR grantees to collect and use data to assess the effectiveness of their efforts. All four grantees experienced substantial challenges in this area, though to varying degrees. The Robeson County FTC made substantial progress over the course of the PFR grant in building their performance monitoring and data-driven decision making capacity. They put processes in place and developed knowledge about the value of evaluation and performance monitoring that helped change the culture of the FTC to be more data driven and outcome focused. However, the team continues to face challenges with data collection and reporting and information sharing. The discussion that follows looks at where the team started and the progress they achieved along the way.
Prevention and Family Recovery – Robeson County, NC Case Study

As part of the larger PFR project evaluation, all four grantees:

• Provide monthly data “snapshots” on basic FTC operations, provision of substance use disorder treatment, and referrals and service linkages to parenting and children’s interventions

• Submit cumulative, semi-annual, aggregate-level data on core FTC, child welfare and substance use disorder treatment performance measures

• Administer the North Carolina Family Assessment Scales for General Services and Reunification (NCFAS G+R) at baseline and discharge to help assess improvements in family functioning

• Provide basic demographic information on parents and children and their service needs at FTC intake and discharge

The Existing Data Landscape and FTC Team’s Infrastructure

At the start of PFR, like the other PFR grantees, data existed in multiple places and systems and varied in its completeness, quality and complexity. Most importantly, none of these data systems were linked together, which meant the FTC could not readily access child welfare, substance use disorder treatment or children’s services data on the families it served. In short, there was no centralized system that could provide the FTC team and partners with a complete picture of what was happening with the whole family across all systems.

Overall and throughout PFR implementation, the FTC team faced numerous challenges with data collection and reporting, in part because of the existing fragmented and disconnected data landscape. However, they were further hampered by the FTC Coordinator’s lack of sufficient time to devote to administrative duties. Other staffing challenges also affected the FTC team’s ability to effectively implement the NCFAS, a PFR requirement (see sidebar). For example, the person administering the NCFAS changed several times throughout the first two years of the grant, creating issues with consistency and standardization.

The FTC team faced one additional and considerable barrier: a lack of local ownership for routine data collection and performance monitoring. This was largely the result of the strong governance role that the state had played since the FTC’s inception. Leading up to PFR, an external evaluator collected, analyzed and reported all FTC data. These data were shared with state-agency leaders, primarily to monitor the FTC’s performance. However, the state leadership did not regularly share findings with the Robeson County core team and when they did, it was not done in a way that was conducive to data-driven decision making. As such, the FTC team viewed data collection as a state compliance requirement, rather than an opportunity to improve practice to better serve families.

Learning to Navigate the Data Landscape – Strategies to Overcome Bumps in the Road

Over the course of the initial two-year grant period, the Robeson County team began to build its capacity to take greater ownership of data activities and become a data-driven collaborative. They undertook the following strategies to address the above challenges:

• Developed consensus on shared outcomes. To help the collaborative achieve its goals, the FTC team understood that cross-systems partners at all levels of governance needed to embrace the value of regular performance monitoring and ensure it becomes standard operating procedure. Nurturing this value has been a developmental process. For the FTC team, this process started first with operationalizing the program’s goals and then deciding on a plan to measure these goals. Key team members and partners gathered multiple times to discuss and agree on the most important outcomes to monitor. Through this consensus-building process built on a shared mission and vision, the FTC team became knowledgeable about how data could be used to better understand the program and they took ownership of evaluation and performance monitoring.
• **Implemented primary data collection.** As previously noted, the FTC does not have a common reporting system across agencies. Additionally, the databases within each individual agency and major service system are difficult to access and often contain inaccurate or incomplete data. All of this made using existing administrative datasets to extract data for local performance monitoring unfeasible. As a result, the FTC team had to implement primary data collection protocols across child welfare, substance use treatment and the court. This allowed the team to consistently collect accurate data across multiple systems. However, without a centralized data system or method of extracting administrative data, this process required considerable time and resources.

• **Developed an FTC database.** To address the lack of a centralized data system, the outside evaluator for the FTC developed a local database to enable the team to track referrals and services provided, input and access data from multiple systems, and generate regular automated reports. The database has helped the FTC better manage their data. Further, building the team’s data infrastructure signifies a shift from state to local leadership, as the team expects the database will ultimately help them to better share information and make data-informed decisions at the local level. However, the team continues to face difficulties with effectively and efficiently integrating the data system into their regular operations, as it requires the ongoing commitment of all team members to consistent and quality data collection and reporting.

• **Implemented processes to regularly discuss and use data for program improvement.** Through the PFR initiative, the FTC team learned it is critical to keep the conversation going about developing and implementing processes, structures and systems that sustain high-quality evaluation and performance monitoring at the local level. The team now presents and discusses findings at its quarterly Steering Committee meetings to monitor program performance and stimulate conversation about program improvements. They say implementing such processes has helped ensure accountability across systems, created an environment of continuous quality improvement and increased the demand for ongoing data collection and performance monitoring. FTC and partner agency staff now have a better understanding of evaluation and the confidence to apply basic evaluation approaches and methods to their work.

By taking steps to address their challenges, the team has adopted a culture of recognizing the importance of collecting and analyzing data to continuously monitor the effect of the FTC and its collaborative efforts on families in Robeson County.

**Overarching Lessons Learned**

During the initial two-year PFR project period, the Robeson County FTC team experienced successes and challenges with evidence-based program implementation, performance monitoring, program quality improvement and effective governance. Through the team’s strong and expanded collaborative relationships, dedicated team members and partners, and exceptional judicial leadership, Robeson County made substantial progress towards a unified and comprehensive family-centered approach to better meet families’ needs and improve outcomes. During their journey, the team discovered several overarching lessons.

• **Local leadership is needed to drive systems change.** When PFR began, the FTC already had established collaborative partnerships and an existing governance structure. But, as this case study explained, that oversight structure was “state heavy” and served primarily in an advisory role, when needed. This was especially true after federal grant funding ended. The local FTC team quickly came to realize that to expand their scope of services, tackle systems change and ensure
sustainability, they needed stronger local level leadership and governance. During PFR, the team succeeded in doing just that. Through cross-systems training and education, expanded collaborative relationships, shared decision making and mutual responsibility, they developed the local leadership capacity needed to transition from state-level oversight to local-level ownership.

- **Moving to a family-centered approach is a developmental process that requires service providers and systems to shift their thinking from individual to family functioning.** When the FTC was first established, it adapted many adult drug court standards to fit a dependency court context. Over time, the team realized that many of these adult-centered practices were not effective for families in the FTC and they needed to focus on the family as a whole. For the FTC, a comprehensive family-centered approach meant more than simply adding services. It was, and continues to be, a developmental process that requires community collaboration, systems change and a culture shift that values treating the family as a whole. Throughout PFR, the FTC team worked diligently to lead change and influence these new norms. Through training and continuous outreach, they promoted the value of fostering parenting skills and strengthening the parent-child relationship as a way to improve family functioning and prevent child maltreatment. In Robeson County, providers and systems are now more aligned because of a common understanding that parents and children are most effectively served through a comprehensive family-centered approach rather than individual disparate systems of care.

- **Relationships and results are necessary ingredients to obtain resources.** The team sustained PFR service enhancements and the FTC Coordinator position through strong existing partnerships. The FTC team attributes their success in engaging local and state leaders and decision makers to a ground-up approach, which grew from the FTC’s relationship with county child welfare and their express buy-in and commitment to the FTC. During PFR, the team leveraged their relationships with policy makers by using data and stories to induce commitment and mobilize resources. They conveyed the efficacy of the program through outcomes, as well as personal stories that described how FTC participants improved because of the program. As the Judge remarked,

> “[Stakeholders] want the feedback. They want that hard data that says this is why it’s making a difference and not because it’s a feel good thing.”

- **Building sustainable evaluation capacity is developmental in nature and requires a change in perception that sees data as an asset rather than a liability.** Given the extensive time and resources required to collect, synthesize and manage primary data, the FTC core team members and partners initially questioned the feasibility of continued data collection and performance monitoring beyond that required by PFR or any other grant. However, as demand for evaluation and performance monitoring increased during PFR, the team identified potential solutions to improve the efficiency of collection and management of data across multiple systems. The team now sees data collection as a necessity and continues to garner resources to improve and sustain its practice.

- **Evidence-based interventions cannot simply be dropped into the existing service array.** The FTC team learned that they could not simply integrate evidence-based programs into the existing continuum of care. The selection of the most appropriate interventions took thoughtful planning and consideration of issues such as the target population, eligibility criteria, screening and referral processes, placement of
the child (e.g., in-home or out-of-home), participants’ “readiness” for services, and limited availability of transportation that might prevent access to services. Further, they needed to understand and map existing community services first to make sure they were not duplicating what already existed in the community. Given the intensive financial and human resource commitment to implementing most of these programs, they had to ensure that they were meeting the needs of the community.

Looking Forward – Plans to Build on the Momentum

The team is ready to build on the success of the first round of PFR. In their PFR continuation year, the FTC team plans to focus on strengthening and growing several priority areas. These include:

• **Revised FTC Phasing Structure.** At the end of year two, the FTC had already begun working closely with child welfare to restructure the phasing system to reflect a family-centered, behavioral-based approach to decision making that would unify the FTC and dependency court goals. During the continuation year, the FTC and child welfare will finalize revisions to the phasing, implement the new structure and assess its effect on improving outcomes for families.

• **Increased Dissemination of Results to Advance Sustainability.** During PFR, the team made considerable progress in sustainability planning and acquiring new sources of funding. The team would like to take the next step by acquiring institutional buy-in and support to sustain the program long term. They are in the process of developing dissemination materials, including a one-page informational document that includes both outcomes and success stories. This document will assist the FTC with their community outreach and education, including a proposal to local county government to sustain the program.

• **Further Strengthen Local Governance and Leadership.** In their continued efforts to expand on state-level oversight and assume greater local ownership, the FTC will establish a local Oversight Committee in year three. They have identified potential members, and have started developing formal roles and responsibilities as well as Memoranda of Understanding.

• **Continue to Build Evaluation and Performance Monitoring Capacity.** The FTC team plans to build on the progress made during the first two years to enhance their evaluation capacity and foster an outcomes-focused culture that drives strategic planning, policy and practice change, and sustainability efforts. This will include the development of a data dashboard for ongoing performance monitoring. During year three, the team will also seek to identify ways to make cross-systems data collection and reporting more efficient so that it can be sustained beyond PFR.

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 FTC Judge

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

For more information about the Robeson County Family Treatment Court, please contact Valerie Vann-Comrie, FTC Program Director, at valerie_comrie@rhcc1.com

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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 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 states, tribes, 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 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, NC, 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.