The Prevention and Family Recovery Initiative

Case Study: Tompkins County, NY

Advancing the capacity of Family Drug Courts to provide comprehensive family-centered treatment that improves child, parent and family outcomes.
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 Tompkins County (Ithaca, NY) PFR initiative. The case studies for the other three grantees—Pima County (Tucson, AZ), Robeson County (Lumberton, NC) and San Francisco, CA—are available on the PFR web page.
An Introduction to the Tompkins County Family Treatment Court

Target Population

The Tompkins County Family Treatment Court (FTC) was started in 2001 under the supervision of Judge John Rowley and with the express commitment of Tompkins County Department of Social Services (DSS), the county child welfare agency. Since its inception, the FTC’s target population has been all parents involved in child welfare with substance use identified as a contributing factor in the determination of abuse or neglect. From 2009 to 2011, the FTC experienced a dramatic increase in the number of qualifying families and referrals due to an increase in reports with substance use allegations and greater severity of the cases due to increased heroin use in the community.

With this substantial increase, the court, child welfare and all partners encountered challenges with devoting adequate time and resources to meet the growing need for FTC services. However, the FTC team and its partners remained committed to providing the FTC to all eligible families, recognizing that the FTC’s collaborative approach and rich array of services are the best option for these families. In 2014 (the year PFR began), Tompkins County had 146 cases of child abuse and neglect, 44% of which had parental alcohol or other substance use identified as a factor in the maltreatment.

Through the PFR initiative, the FTC team and judicial and child welfare leadership leveraged available resources and technical assistance to make several systems improvements. As a result, Tompkins County increased its ability to serve all FTC families, improved service delivery to families and improved family outcomes. The FTC continues to serve all eligible parents – making it unique among most family drug courts.

All referrals to the FTC come from child welfare case-workers, in consultation with their legal team. In most cases, these referrals are made at the time the petition is filed, or within one to two days of the filing. As soon as the court is notified of the FTC referral, respondents’ attorneys and Attorneys for the Children are assigned. As core members of the FTC team, the parent and child attorneys play an important role in helping families determine if the FTC is the correct path for their cases.

At the time of this case study, the court was serving 59 families, representing 117 total adults (82 active FTC parents and 35 spouses, significant others or partners) and 112 children. During the initial two-year PFR grant period, the FTC served 173 PFR adult participants and their 171 children. PFR parents enrolled in the FTC were typically mothers (68%) in their mid-20s to early-30s who were unemployed, but not looking for work. The majority of participants (93%) identified as White (non-Hispanic). At the time of FTC enrollment, just over half of the children (51%) were ages 0 to 5 years, while 39% were school age (6 to 12 years) and 10% were teenagers 13 to 18 years old. Nearly three-quarters (74%) of all children were in out-of-home care at time of FTC enrollment.

Court Structure

The Tompkins County FTC is an integrated court, with Judge John Rowley presiding over both the dependency case and the parent’s recovery. Judge Rowley, as the founding FTC judge, has been instrumental in leading and advocating for the FTC for more than 15 years. Prior to the court session, Judge Rowley meets with the FTC team for a pre-court staffing. The FTC’s team has grown and evolved since PFR began in 2014 and now formally includes partners from the substance use treatment agencies and county mental health—all of whom attend the weekly pre-court staffing (see sidebar).
Broadening the Voices at the Table – The FTC’s Move to Family-Focused Staffings

The FTC’s multidisciplinary team has expanded since PFR began. Representatives from the following agencies currently attend the weekly pre-court staffing:

- Court – Judge, FTC Coordinator
- Department of Social Services – FTC Caseworkers, Parent-Child Services Coordinator, Unit Supervisor, Legal Unit Administrator, Department of Social Services Counsel
- Respondent’s Attorneys
- Attorneys for Children – Attorney, Social Worker
- Domestic Violence Services Advocate – Representative of the Advocacy Center
- Substance Use Treatment Liaisons – Representatives from each of the two local treatment agencies*
- Mental Health Liaison – Representative of Tompkins County Mental Health*

* These partners formalized their participation in staffing during the PFR initiative.

The FTC Coordinator plays a vital role in the Court’s functioning. However, during the first year of PFR, this position was cut from full-time to 20 percent; further, the FTC Coordinator was housed in a court in a different city. These factors created significant challenges, as the Coordinator was only onsite in Ithaca once a week and not able to meet with parents as regularly as needed. Recognizing the adverse impact on FTC operations, the Judge advocated for, and ultimately obtained, funding to restore the position to full-time in approximately April 2015. As a result, the FTC is better able to address the needs of parents and has improved communication with treatment providers, including those outside of the community seeking to transfer clients to local services.

At the time of PFR, Judge Rowley, representing the court, and DSS Commissioner Patricia Carey, representing child welfare, provided primary leadership and oversight for the FTC. The FTC Coordinator managed the day-to-day operations with participation from FTC team members. Over the course of PFR, the team saw the need to increase participation of other leaders at the oversight level and engaged the public health director. His involvement supported increased communication and coordination with both public health and mental health.

The team also realized the need for a Steering Committee where senior management could meet to address policies, protocols, monitoring and evaluation. During year two, the team took initial steps to develop the Steering Committee, including restructuring staffing to allow for more discussion of policy. Their identified goals for the continuation year include strengthening the Steering Committee, which meets quarterly, and increasing membership of leaders at the oversight level.
Meet the Tompkins County PFR Team and Partners

- **Department of Social Services (child welfare)** – serves as the lead agency for the PFR initiative. DSS supports a dedicated FTC unit that currently includes three full-time caseworkers, one senior caseworker and one casework assistant. Under PFR, DSS added a Parent-Child Services Coordinator (senior caseworker) who works to ensure families, and specifically children, receive needed services. The DSS Program Development Specialist is the program evaluator.

- **Tompkins County Courts** – employs the FTC Judge and full-time FTC Coordinator.

- **Respondent’s Attorneys** – represent parents in court proceedings; three respondents’ attorneys are currently assigned to the FTC.

- **Office of the Attorney for Children** – represents the children in court proceedings; includes both an attorney and a social worker assigned to the FTC.

- **Advocacy Center** – provides services to individuals affected by domestic violence, sexual assault and child sexual abuse.

- **Alcohol and Drug Council of Tompkins County (ADCTC)** – provides outpatient substance use treatment services to parents in the FTC.

- **Cayuga Addiction and Recovery Services (CARS)** – provides residential, intensive outpatient and outpatient substance use treatment services to parents in the FTC.

- **Cornell Cooperative Extension** – provides the Strengthening Families Program to FTC families.

- **Tompkins Community Action** – provides SafeCare to FTC families and operates Magnolia House, a 14-bed, permanent supportive housing complex, where some FTC participants reside.

- **Tompkins County Health Department** – supports a public health nurse to provide SafeCare to FTC families.

- **Tompkins County Mental Health** – provides mental health services to parents involved in the FTC and training on mental health treatment and related issues to the FTC team.
Existing and New Collaborative Partnerships

The Tompkins County FTC began the PFR project with a solid collaborative foundation and, importantly, the strong and long-standing support of DSS, led by Commissioner Carey. In addition to the court and DSS, key partners included the parent and child attorneys, local substance use treatment providers and domestic violence advocates, many of whom have been actively involved with the FTC since its 2001 inception.

The PFR initiative provided an opportunity to strengthen these existing partnerships, but also develop new collaborative relationships with several important stakeholders and community agencies. FTC leadership as well as DSS management sought out community partners serving FTC families. Through discussions of shared and improved outcomes, the FTC team engaged partners with a willingness to dedicate staff and assign liaisons to the FTC. These dedicated position led to stronger, more productive FTC relationships, as highlighted below.

- Prior to PFR, the office of the Attorney for Children (AOC) had a social worker assigned to the FTC. This person tracked services received by children that the AOC represented. Over the course of PFR, this dedicated staff person helped improve communication about services that the children of FTC participants received.

- To help connect parents in the FTC to substance use treatment services and improve communication about their progress in recovery, the two community substance use treatment agency partners each assigned a treatment liaison to the FTC. These liaisons are now regular members at the pre-court staffing meetings and attend court sessions.

- During year one of PFR, the Tompkins County Mental Health Department assigned a liaison to the FTC team to help address the mental health treatment needs of participants and increase their access to needed services. The forging of this collaborative relationship was again a testament to the DSS Commissioner’s intensive outreach to the Mental Health Commissioner. She conveyed how the department’s dual diagnosis coordinator would be a perfect fit in the FTC team and could increase the team’s understanding of parents with co-occurring mental health disorders.

Through their implementation of PFR, as described later in this case study, the FTC engaged in difficult and fruitful conversations to discuss roles, responsibilities, shared outcomes for families and how to address the multiple needs of FTC families. As a result, team members say communication has improved, partners’ roles and responsibilities are clarified and they have a better understanding of a shared mission for families.

“The it was an eye opening experience that these things are happening in the Department of Social Services and the Family Treatment Court, as we as nurses in the Public Health Department can certainly play a role in that because we are all after the same thing. We want healthy families, healthy children [and] successful outcomes for those children so they can have the best lives possible.”

– Public Health Director, Tompkins County Health Department

The Gap that PFR Sought to Fill

When the PFR opportunity arose in 2014, the FTC was experiencing increasing numbers of families eligible for the FTC. The FTC had a strong group of partners, which were faced with providing more services to more families with the same resources. The escalating number of families entering child welfare meant that the FTC had to add staff and find additional time from the Judge, attorneys and DSS staff, as well as look for innovative ways to address families’ increasingly complex needs. With increasing demands on team members’ time, limited community resources and the increasing needs of parents, the response felt inadequate and partners began to push away from the table.

Substance use treatment providers were also struggling to meet the complex needs of clients, many presenting
with opioid use disorders, and increased challenges with parent treatment engagement and retention. Services for children existed in the community, but few were designed to meet the specific needs of families and children affected by substance use. Additionally, substance use treatment providers, community service providers and housing partners needed training specifically about families in the child welfare system.

As is common with these systems, services were provided in silos, with each system working toward its goals for the individual parent or child rather than focusing on shared outcomes for the family. Limited communication between children’s service providers and the FTC also presented a challenge. The team identified a need for cross-systems training, as treatment needed to learn about child welfare and child welfare had much to learn about treatment and recovery.

PFR provided the FTC with an opportunity to build on its existing capacity and better serve the large number of families involved in the child welfare system in Tompkins County. Tompkins County FTC’s goals were to:

- Improve communication and collaboration between the FTC Team and the parenting skills and child development agencies;
- Improve systems for service referrals, linkages and follow-up with parenting skills and child development services for FTC participants;
- Improve available interventions to address the parenting skills and child development needs of FTC participants and their families; and
- Improve the integration of parenting skills, child development and substance use treatment information in the work with FTC participants.

The Tompkins County FTC decided on several new activities and interventions to achieve their goals. They used PFR funds to:

- Add a Parent-Child Services Coordinator to the FTC team;
- Enhance existing home visitation services through implementation of SafeCare;
- Implement the Strengthening Families Program for FTC families; and
- Provide training and family-based recovery enhancements to enable service providers to integrate information on parenting skills, child development and substance use treatment into their work with FTC participants.

However, not long after the team embarked on their PFR initiative, it became clear that they needed to address underlying issues affecting their ability to work together on behalf of FTC involved families. The team recognized the critical role that effective cross-systems collaboration plays in any larger systems change initiative such as PFR. The success of their evidence-based interventions and desire to shift to a family-centered approach would be contingent on addressing these core issues.

This case study thus continues with a discussion first about how, guided by strong and willing leadership, the Tompkins County team engaged in tough conversations to address roles and responsibilities, data sharing and information sharing, and to identify shared outcomes and accountability for the families in their community.

The case study then turns its attention to how the team implemented its PFR 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, their focus on improving collaborative relationships and their use of data and evaluation to make data-informed decisions, resulted in a stronger FTC team and improved outcomes for families.
Maintaining Collaborative Partnerships: A Focus on Shared Vision and Goals for FTC Families

The Tompkins FTC team and leadership faced several challenges to its collaborative relationships both prior to and throughout the PFR initiative. Although the FTC had been in existence for nearly 15 years, the FTC team seemed to have hit a roadblock. Due to increased demands on their time, partners were no longer discussing practice improvements and reviewing FTC operations. Instead, partners from all agencies were addressing crises related to child safety, housing and treatment. They no longer felt like partners were working towards an explicit and common goal. This contributed to each partner working towards the individual goals of their agency or program. Key staff who had been trained in FTC operations either retired or moved on from their positions, and staff turnover within the dedicated DSS unit and the substance use treatment provider agencies led to a frequent need to provide education.

Neither of these challenges is unique to Tompkins County; issues of staff turnover and the need for frequent and ongoing training are trends seen throughout the country. However, Tompkins County decided to take on challenges with the collaborative relationships in a unique way. They emerged from the process more determined to address the needs of parents and children and improve reunification and permanency.

Challenges to the Collaborative Relationship

During the PFR initiative, the FTC team faced several challenges with the functioning of the collaborative. In initial site visits, the PFR Change Leader team heard from all members of the FTC regarding challenges with information sharing, trust and communication. To ensure shared outcomes and a shared mission in serving families in the FTC, the leadership had to push team members to engage in difficult conversations to address what was not working. Through these conversations, they identified the following challenges:

- **Insufficient time dedicated to developing and maintaining a strong FTC team.** With both increasing caseloads and continued staff turnover, this already overburdened FTC team found it difficult to stop and take time to plan, negotiate and re-negotiate roles, responsibilities, mission and vision. When new people joined the FTC team, they received minimal training regarding FTC operations. As a result, the team did not feel unified, which led to additional challenges with trust and role confusion.

- **Different understandings of appropriate information sharing.** FTC team members represent diverse professions with different regulations and ethics regarding disclosure of client information. Although the FTC used appropriate releases, some partners felt too much information was being shared and they were uneasy about how that information was being used. In other situations, rather than risk an oversharing of information, some partners withheld information, which often left other partners feeling uninformed about services, placement changes or family progress.

- **Informal and inappropriate communication.** The FTC team struggled with how to ensure partners communicated about clients in a similar tone. Informal in-person or email communication felt like gossip rather than meaningful information to inform the case or the family’s progress. The team had to dedicate time to clarifying its communication pathways.

With these challenges identified, the FTC leadership sought out solutions to improve the relationships between partners and to ensure a shared mission and vision for the team. To strengthen the team and address ongoing challenges, the FTC looked for external support, reorganized staffings and committed to implementation of best practices.

“I think it’s important for me to see that every piece in this team is important, all of them are vital, and then trying to keep peace within that is almost impossible. But we can continue to work on that respectfully, more appropriately. “

– Tompkins County FTC Judge
Addressing the Relationship: Moving to Systems Improvement

The FTC leadership acknowledged the challenges to the FTC partnership and addressed these in several ways throughout the PFR initiative.

- **Mediation with an outside facilitator.** In September 2015 (about midway into PFR year two), Tompkins DSS began working with the local Community Dispute Resolution Center to provide group facilitation and skills building training to improve communication among the FTC team. The facilitation improved communication among partners and helped the FTC team focus on their shared goals for the families. The mediation work continued through the initial PFR grant period and, moving forward, the team plans to continue meeting quarterly with the facilitator. As the team noted in one of their progress reports, “It is difficult for any single team member or agency sitting on the team to have the ability to maintain both objectivity and credibility when intense conflict involving themselves or their agency arises. Hence, an outside facilitator, with no investment in any particular outcome, is needed. Furthermore, given the sheer number of cross-systems tensions that naturally exist on any FTC team, it may be useful to make it a general practice to have someone external come in periodically to work with the team.”

- **Integration of trauma-informed care within the FTC and partner agencies.** During year two, the FTC team and partners participated in a number of trainings to increase their understanding of how trauma affects a parent’s recovery and what trauma-informed approaches are most effective in working with participants. These trainings included consultation and coaching in Seeking Safety and Solution-Focused Trauma Informed Care. As a result of these trainings, the FTC team has incorporated grounding techniques in both its team meetings and its work with clients to improve engagement and retention. The FTC Judge now routinely uses a trauma-informed approach during court sessions. Solution-focused reflective questions are also being integrated into phasing.

- **Restructuring of staffings to ensure time to discuss both practice and policy.** As part of the goal to improve communication, the FTC team began to restructure their staffing to allow more time to discuss clients as well as allow time to discuss policy. The team anticipates that the new structure (see sidebar) will be solidified and fully implemented during the first half of year three (Fall 2016).

- **Provision of cross-systems training opportunities.** In addition to the skills building training, the FTC leadership created other training opportunities for all team members and partners on pertinent topics. These included lunch-and-learns where partners provided information about their services and received training on substance use and recovery, Seeking Safety and other topics relevant to the team. Through these cross-systems trainings, the team became more cohesive and gained the knowledge and background needed to move their discussions forward.

**A New Staffing Structure**

As the FTC caseload grew and the core partners expanded, the team found it needed more time to discuss both practice and policy within the FTC. The FTC team and partners agreed to restructure the format of their weekly staffings and team meetings to promote more focused discussions and address ongoing program improvement. The new structure now makes a clear distinction between the weekly case staffing, which takes place the day before court, and the weekly team meetings, which have a rotating focus and member participation. The weekly team meetings will alternate between: 1) the Judge and attorneys; 2) sharing of data and outcomes for performance improvement; 3) in-depth case review of two challenging FTC cases; and, 4) the Judge, FTC Coordinator, DSS Development Specialist (evaluator) and the FTC Unit Supervisor.
Lessons Learned about Effective Collaboration

In working towards systems improvements, partners and leaders of the FTC committed to participating in difficult conversations. Leadership sought strategies to help resolve the tensions and poor communication because partners supported the FTC model, they took part in the activities. Through these difficult discussions and meetings, the FTC learned several important lessons.

Cross-systems trainings are vital for a well-functioning collaborative FTC team. The FTC leadership stressed the importance of both initial and ongoing cross-systems training in evidence-based practice implementation, FTC best practices and communication skills for FTC team members. To maintain an effective collaborative approach to serving families, the FTC team and partners must review and revise, as needed, their shared mission and vision. They must also ensure that all team members understand their individual and collective roles and responsibilities. The team noted that ongoing and periodic training helps ensure they devote sufficient time and importance to these critical conversations.

Engagement of key partners requires involvement of leadership. One of the strengths of the court and DSS leadership in Tompkins County was their recognition that new partners needed to be brought in to better meet the complex needs of the parents, children and families involved in the FTC. The Judge and DSS Commissioner actively reached out to public health, mental health, housing and other community partners. When needed, FTC leaders reached out to these other agencies’ board members to discuss challenges with unmet client needs. This resulted in increased partner agency engagement.

An outside voice can help move a “stuck” partnership. The FTC leaders found it was necessary and important to look outside of the partnership to help resolve tensions and miscommunication among the team. Working with a skilled outside facilitator enabled the team to talk through its challenges and also provided education and training to improve communication, information sharing and identification of common goals. During the continuation year, the team will continue to work with the outside facilitator to integrate and sustain the progress made during mediation. The team hopes to continue this commitment to the partnership long-term (beyond the PFR grant period), by bringing in an outside consultant at least once a year to help the team review its mission, vision and values.

The court and DSS leadership identified a need to address the struggles with communication and trust among FTC team members. FTC operations have improved as team members now better understand their roles and re-
sponsibilities. These same skills have benefited the FTC team and their community partners as they have taken on the implementation of two evidence-based practices.

Supporting the Parent-Child Relationship through Evidence-Based Practices

Why SafeCare and the Strengthening Families Program?

As part of the PFR initiative, the FTC added two evidence-based practices to improve the parent-child relationship: SafeCare and the Strengthening Families Program (SFP). SafeCare was added to enhance the county’s current home visitation services and complement the state’s existing Coaching Visitation Model. The FTC planned to offer SafeCare to parents moving towards reunification to provide a structured approach to improving parent-child interactions. The Tompkins County team felt that the training and community capacity building associated with the SafeCare implementation would help ensure the sustainability of an evidence-based home visitation coaching program for all FTC participants, including at-risk families where children remained home.

SFP was implemented to improve overall family functioning and, like SafeCare, would support the family system as they moved towards reunification. Prior to the PFR initiative, there were no services available in Tompkins County to address what the FTC team identified as a need for family systems-level recovery. The Tompkins FTC team determined that SFP, which involves both the parents and children, would help fill this gap.

The FTC team and partners faced several early implementation challenges with SafeCare and SFP, respectively, as discussed below. Overall, however, the Tompkins FTC team and partners learned an overarching lesson—that the simultaneous implementation of multiple evidence-based practices in the community is a significant challenge.

SafeCare is an evidence-based, parent training curriculum for parents of children ages 0 to 5 years who are at-risk for or have been reported for child neglect or physical abuse. SafeCare providers work with families in their homes to improve parents’ skills in three areas: parent-child interaction, healthcare and home safety. The SafeCare program typically involves weekly home visits (60 to 90 minutes) for 18 to 20 weeks. SafeCare can be conducted by itself or with other services. For more information, visit the National SafeCare Training and Research Center.

The Strengthening Families Program (SFP) is an evidence-based training program for high-risk families that is proven to improve parenting skills, children’s social skills, and family life skills. Parents and children participate in the 14-session program, both separately and together. Sessions include all the critical core components of effective evidence-based parenting programs including: parent and child practice time in the family sessions to learn positive interactions, communication and effective discipline. For more information, visit the Strengthening Families Program.
Early Implementation Experiences – SafeCare

One of the primary and early challenges that the FTC team and partners encountered with SafeCare implementation was the slow rate of referrals. As explained below, this was largely a result of implementing a new evidence-based practice across four home visiting providers. However, with the help of its partners, the FTC team successfully addressed these issues to increase the number of families that were referred to and engaged in SafeCare services throughout the initial grant period.

- **The complexity of using multiple SafeCare providers.** To build community capacity and help sustain SafeCare, the FTC team chose to work with the four community home visiting agencies already working in Ithaca to implement the program. This assured broad availability and accessibility of SafeCare. However, it also complicated matters, as each provider faced its own unique set of challenges. The most significant of these challenges was that SafeCare was added onto already existing workloads and tasks rather than becoming an exclusive responsibility for newly trained staff. Typical program implementation challenges thus felt more overwhelming to the FTC team.

- **Lack of providers’ experience serving the target population.** During early SafeCare implementation, a couple of the community provider agencies showed reluctance in serving families involved in child welfare and affected by parental substance use. For example, some providers were identifying the client’s situation as too dangerous for them to conduct a home visit. This reluctance on the part of some providers may have been due to a lack of staff training and experience in working with parents in the FTC. Providers may not have had processes and procedures in place to help address staff reluctance. While this was challenging for the team, it also served to open a larger, candid discussion about the most appropriate match between provider agency, target population and selected intervention. Ultimately, the Tompkins FTC team determined that the SafeCare model is a good fit 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 FTC population. During the continuation year, the team plans to train additional Health Department nurses to be SafeCare providers.

- **Timing of SafeCare referrals.** In addition to the above issues, the initial timing of SafeCare referrals contributed to the slow rate of referrals during early implementation. In most cases, the FTC wanted to wait until the child was returned home before referring families to SafeCare. But this was often late in the dependency case and presented engagement challenges. After discussing the issue, the community partners, DSS and the FTC team agreed to refer families to SafeCare earlier in their case, as the first two units of the intervention could be provided without the child in the home and presented an opportunity to engage the parent in services.

Early Implementation Experiences – Strengthening Families Program

In leveraging the existing capacity of Cornell Cooperative Extension, an established community parenting provider with the ability to immediately contract with staff, the Tompkins PFR team was able to quickly train for and implement SFP for FTC participants. The first cycle began in August 2014. The FTC was a new target population for Cornell Cooperative Extension and so, as with SafeCare, the FTC team and its community partners had to work through implementation challenges. Ongoing conversation between FTC team members and Cornell have resulted in improved processes and increased referrals.

- **Timing of referrals to SFP.** For the first cycle of SFP, the FTC team opted to refer families who were either in Phase II or Phase III of the FTC program, meaning parents were actively participating in their child welfare case requirements and demonstrating behaviors consistent with early stages of recovery. This increased the potential of enrolling a larger group of families. Yet it also created several challenges—namely families who stopped attending SFP because their child welfare case was closed during the program. After the first cohort, the FTC team and SFP implementation staff from Cornell Cooperative Extension agreed to further broaden the participation...
criteria to include families in Phase I of the FTC. By allowing parents in the early stages of recovery to begin SFP sooner, the team hoped to increase overall engagement and retention. To further encourage parent participation, the FTC presented SFP as an opportunity for parents to spend extra parenting time with their children, on top of (and not in place of) regular visitation. The latter proved to be a key engagement strategy.

- **Clarifying and explaining program expectations to the children.** During early implementation of SFP, the community SFP provider noted that the children were exhibiting high levels of anxiety during transition times (for example, when the families broke into separate groups for the parents and the children). To make the program a better fit and reduce the fear and disappointment that the children were exhibiting, the SFP provider and FTC team made a concerted effort to better explain the program to the children by reviewing the evening activities. After taking these steps to help the children become more accustomed to what would happen during the SFP sessions, the FTC team and SFP partner reported that children’s anxiety decreased.

- **Sharing information about families’ progress in SFP.** The FTC team and Cornell Cooperative Extension engaged in several meetings to discuss how best to share information about parent’s participation in SFP. Together they developed a plan that included weekly reporting of parent participation and progress to the DSS Liaison, who then shared that information with the FTC team. This was a bit outside the typical practice of attendance-only reporting, but the FTC team deemed it important as they hoped to see behavioral changes in parents due to SFP participation.

**Lessons Learned Along the Way**

The FTC team and its community partners were quick to respond to the above implementation challenges and were open to feedback from the PFR Change Leader team about how to continue to strengthen their program. Through the process of implementing new evidence-based practices, the Tompkins County team learned several important and lasting lessons that included:

- **Ensure program fidelity.** After the first cycle of SFP, the FTC team and community SFP partner took time to reflect on the challenges they encountered and figure out how to address them, while maintaining fidelity to the program. The FTC strategically decided to implement only the SFP curriculum for children ages 6 to 11 years to reduce the complexity of coordinating three separate children’s skills groups. The team felt this would also help ensure fidelity to the program and increase their familiarity with the intervention before expanding to other age groups. Additionally, the SFP provider team started using SFP fidelity monitoring tools for the 6-11 curriculum to help ensure SFP was implemented as intended to positively affect family outcomes.

- **Coordinate exchange of information at the systems level to help expedite referrals.** During the first cycle of SFP, the Tompkins County team encountered several challenges including inappropriate referrals, such as families with legal custody battles or termination of parental rights; insufficient information about the number and ages of the children; and a lack of knowledge about children’s developmental delays or other needs that would inform the most appropriate curriculum to use. In response to these challenges, the DSS FTC Liaison took over primary responsibility for identifying and referring eligible children and families to SFP and SafeCare during the end of the first year. Prior to this, the individual DSS caseworkers identified eligible families and submitted referrals forms. Shifting this responsibility to the DSS Liaison increased the consistency and accuracy of information shared with the providers, ensured adequate staffing levels for parent and child groups and helped streamline communication with multiple providers.
• **Use the research base to build team members’ understanding and support of new interventions.** Initially, the introduction of the new PFR interventions was met with resistance from some FTC team members and local service providers. Leadership found that the ability to point to a strong evidence base demonstrating the effectiveness of the selected interventions with populations whose characteristics matched those of their FTC participants, greatly enhanced others’ support for implementing the interventions with fidelity.

• **Consider the skills and values of all providers to ensure consistency when implementing a new practice in the community.** One of the most significant lessons learned by the Tompkins County team was that from the outset, implementation of a new intervention requires uniformity and consistency. The effort to train all home visiting agencies in SafeCare conveyed a real vision for sustaining the intervention community-wide. However, this undertaking presented significant challenges in early implementation, in large part due to the agencies’ different levels of experience and knowledge in working with families affected by substance use disorders. Because some providers were new to working with the FTC, it took them some time to figure out effective engagement strategies, reach full caseloads and deliver SafeCare consistently to all families. The FTC team learned that engaging first with agencies experienced in working with individuals with substance use disorders may result in more successful early implementation. Other community agencies could be engaged after providing additional training and education in working with families affected by parental substance use.

**Additional Efforts to Build the Team’s Evidence-Based Capacity**

In addition to the SafeCare and SFP program enhancements, the FTC team also worked with other community partners during the PFR initiative to provide training and support for several other evidence-based practices – primarily to address participants’ trauma and mental health needs. The FTC team implemented a “community of practice” approach, in which practitioners can regularly interact and get feedback and coaching to apply these skills. This effort to improve services throughout the community demonstrates a commitment to improving care for FTC clients and the community at large.

**SafeCare’s Role in Moving the Team Towards More Timely Reunifications**

The successful implementation of SafeCare has elevated the FTC team’s confidence in moving families whose children are in out-of-home care towards trial discharge more quickly. The Judge and FTC team, particularly DSS, now feel more confident with such decisions, knowing that a SafeCare worker visits the family weekly to work with the parent during this time of transition, and keeps the team updated about any potential safety concerns.

Maintaining a clear exchange of information between the team and the SafeCare home visitor became essential. The team’s shift in focus to safety versus risk has helped significantly increase the percentage of children who return home within 12 months from 20% prior to PFR to 67% by the end of year two of PFR.

Given the success of SafeCare, DSS plans to train additional SafeCare home visitors and expand SafeCare to all child welfare cases with young children less than 5 years old (see Looking Forward). As the Public Health Director remarked, “We understand the value that any time you can get a nurse into the home, the outcomes are going to be significantly better. So we make that investment.”
• **Seeking Safety:** In December 2015, with PFR funds, the FTC team provided a Seeking Safety training to five agencies in Tompkins County that serve the FTC target population. These agencies—substance use treatment providers, child and adult mental health providers and domestic violence service providers—all committed to implementing some format of Seeking Safety. Twenty-seven people attended the training. To supplement the training, DSS incorporated Seeking Safety materials in the FTC staffings to help address communication and trust challenges among partners and increase their familiarity with the curriculum. Additionally, the FTC team, with DSS leadership, committed to securing additional funding for continued Seeking Safety supervision and coaching for the community providers.

• **Solution-Focused Trauma Informed Care (SF-TIC):** At the end of year two, the FTC team began a series of four Solution-Focused Trauma Informed Care trainings and consultation sessions to develop a trauma-informed framework in working with participants. This effort stemmed in part from the FTC Judge wanting to know how to clearly communicate case plan and treatment requirements to participants without triggering them. In the coming year, the FTC will complete the training series and provide additional coaching to support widespread integration of SF-TIC practices (see Looking Forward).

• **Motivational Interviewing:** During the first year of PFR, the FTC added a Mental Health Department liaison to the team who is a certified trainer in Motivational Interviewing (MI). He provided a general overview and introduction to MI in Spring 2015 and additional training is planned, along with regular quarterly feedback and coaching meetings with the FTC team to discuss their challenges and successes with MI. By providing ongoing training and coaching, the liaison has strengthened the FTC’s capacity in this evidence-based engagement approach.
Contextual Factors Impacting the Tompkins PFR Initiative

Like the other PFR grantees, several contextual issues—at the state and local level—are affecting the efforts of the Tompkins FTC—positively and negatively.

- **State-level Court Reform.** In 2014, New York embarked on a Statewide System Reform Program to strengthen and support existing FTCs in the state so they are operating at full capacity, and identify and apply FTC best practices to all child welfare cases. This state-level initiative is aligned with and supports the larger systems change work of the Tompkins County FTC. At the same time, Tompkins County has and will continue to inform the state about lessons learned regarding going to scale and infusing effective FTC practices into the larger systems. Further, DSS is part of the subcommittee that is reviewing and identifying evidence-based practices that will improve outcomes for FTC participants across the state.

- **Medicaid Redesign.** In the summer of 2015, the state Office of Addiction and Substance Abuse Services announced several proposed regulatory changes, under Medicaid redesign, that will increase access to treatment services when enacted. These include allowing substance use treatment providers to deliver selected services (e.g., assessments, brief interventions) at locations other than their designated facilities. For instance, the FTC’s two main treatment providers could then provide treatment services at the court. The state agency has also implemented new billing and reimbursement policies to increase access to services.

- **Opioid Crisis.** Like many regions of the country, Ithaca is feeling the effects of the opioid crisis. The FTC continues to experience an increase in the number of participants with opioid use disorders, who face challenges in sustaining their recovery and connecting to their children. FTC team members are working with the Felony and Misdemeanor Treatment Courts and other key stakeholders to increase access to medication-assisted treatment, including Vivitrol. The Mayor has also taken action to respond to the crisis. In February 2016, a special Mayor’s task force released a comprehensive plan that outlined several interventions and action steps, the most controversial of which was a supervised heroin injection site. This particular part of the plan gained national and international media coverage and sparked intensive community debate. On a positive note, this increased attention on substance use disorders as a public health issue. However, the intense focus on a supervised injection site distracted community leaders from considering other available interventions that could significantly improve treatment outcomes for FTC participants and others in the community.
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 Tompkins FTC, thanks in large part to having a dedicated and experienced evaluator from DSS on the core team, made significant progress over the course of PFR in building their performance monitoring and data-driven decision-making capacity. The DSS Program Development Specialist, in her role as evaluator, regularly compiled and reviewed child welfare data and worked with partners to develop data collection and reporting processes for substance use treatment data, child service data and court data.

The team continues to face challenges with data and information sharing. Yet, the processes and conversations put in place during PFR have improved child welfare outcomes reporting and identification of needed data points to monitor better the FTC’s effectiveness.

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 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

Like the other PFR grantees, at the start of PFR, data from child welfare, substance use treatment, children’s services and the court existed in multiple, separate databases. Partners did not share, link or discuss data across systems.

Child welfare data resided with the state child welfare office and presented the least amount of problems, as the DSS evaluator had access to the database. The Tompkins County court had its own database to track FTC clients, which included some substance use treatment information (drug tests). However, after the court
changed its database in August 2014 (early in year one of PFR) and DSS was no longer allowed access, the FTC team resorted to tracking substance use treatment through the treatment providers’ individual client-level court reports. The accuracy (or inaccuracy) of the reports made it difficult to get a true picture of participants’ progress and outcomes. As elaborated on below, obtaining substance use treatment data has been the most significant challenge for the team.

Finally, when PFR began, there was very little communication among the team about services received by children. Children’s services data was not housed in a central location with any one agency, making it difficult for FTC caseworkers to track and ensure children were linked to needed services.

Strategies to Navigate the Landscape and Overcome the Bumps in the Road

Tompkins County FTC has remained committed to serving all families affected by substance use and involved in the child welfare system. This has presented some challenges to monitoring performance indicators. Additionally, the FTC team had to address challenges with data and information sharing across systems as this was the first time many of these partners had to engage in these conversations. The Tompkins FTC team put in place several strategies to help address their data collection and reporting challenges and increase information sharing across systems:

• **Engage partners in conversations about data.** As previously mentioned, when PFR began, there was not a lot of communication and information sharing about selected services. In general, many of the partners had never engaged in meaningful conversations around data. This changed over the course of the initial PFR grant period, with welcome results. For example, the FTC team, with support from the PFR Change Team, began conversations with the two local treatment providers to learn what data they collect and report and to identify key performance indicators.

• **Define and recognize the effect of non-engaged parents on FTC outcomes.** All parents with an open child welfare case where substance use is identified as a contributing factor are identified as part of the FTC, including those that are not active or engaged. Families that are not actively engaged may adversely affect outcomes for the FTC. For example, they may have longer time in out-of-home care and therefore increase the overall time in out-of-home care for all FTC involved families. Through much of fiscal year 2015, this population was identified at approximately 35% of the entire eligible population. It will be important for the FTC team to continue to discuss this group of parents and identify strategies for engagement. It may also benefit the team to consider separate analysis with subgroups of engaged and non-engaged FTC families.

• **Track intermediate outcomes.** As noted earlier, the FTC had difficulty tracking substance use treatment outcomes data for its participants. Rather than focus exclusively on treatment outcomes, the FTC team identified intermediate data elements to track for program improvement. For example, the treatment centers began tracking all walk-ins to begin to identify the time from referral to treatment intake. They also added a staff meeting specific to FTC clients at one of the treatment centers. The intermediate data points helped open conversation with the treatment providers regarding service delivery.

• **Use dedicated staff or liaisons from partner agencies to improve tracking of parent and child services.** Tompkins added a Parent-Child Services Coordinator to the FTC team to ensure parents and children were connected to needed services. In addition, the Parent-Child Services Coordinator tracked referrals, linkages and follow-up for SFP, SafeCare, Early Intervention Assessments and services and mental health services for children. The addition of the Mental Health Department Liaison to the FTC staffing also improved communication about the parents’ mental health needs and services. The liaison tracks FTC participants that receive mental health services and has helped streamline referral and follow-up processes for these services.

• **Provide group-based learning to integrate new measurement tools.** All PFR grantees administered the NCFAS G+R to help assess and measure progress in family functioning. In Tompkins County, the DSS
Program Development Specialist, as the evaluator, coordinated a group-based learning process so that all the FTC caseworkers could discuss administration and scoring of the tool to improve reliability among staff. Eventually, the team decided that the DSS Liaison would work with the assigned FTC caseworker to complete the NCFAS.

### Overarching Lessons Learned

During the initial two-year PFR period, the Tompkins County team faced challenges head on and ended in a much stronger place with the improved ability to meet the needs of parents and children involved in the FTC. They worked through their challenges and were able to implement two evidence-based practices in the community, integrate information about children into their FTC process, and use their data for program improvement. They made substantial progress in meeting their overall goals and put several practices in place to help ensure their achievements will be sustained. During the grant period, the team learned several overarching lessons.

- **Effective and Engaged Leadership Drives Systems Change.** The leadership of DSS Commissioner Patricia Carey and FTC Judge John Rowley was instrumental to the progress achieved by the Tompkins PFR team. Both are highly committed to and invested in the success of the FTC and willing to take an honest look at what was not working and improve practices and policies accordingly. They reached out and engaged other community leaders in problem solving when systems were not functioning properly, and looked forward to ensure that their efforts are sustained.

- **Develop and Maintain Capacity to Adequately Evaluate FTC Activities and Outcomes.** The Tompkins County FTC benefited greatly from having an involved and engaged DSS staff member serve as the evaluator. She was able to help move conversations forward about the importance of collecting and reporting data. Presenting data back to the team allowed for discussion of service delivery as well as encourage discussion regarding shared outcomes for FTC families.

### Improving the FTC Program through Data-Driven Decision Making

The Tompkins County team was eager and willing to use their data to improve the FTC’s operations, service delivery and outcomes. Here are just two examples of how they used data for program improvements.

- Towards the end of year one, the DSS evaluator examined substance use treatment enrollment data for FTC participants. She was able to show that over two-thirds of new FTC participants had enrolled at the treatment agency that sent a treatment liaison to court to make immediate appointments with parents. The evaluator presented this data to the other community treatment provider, who then agreed to send a liaison to the court as well.

- In 2016, the FTC team analyzed data from DSS’s Risk Assessment Profile to compare risk profiles for cases involved in the FTC and those involved in DSS’s Regular Preventative Services (RPS) unit. The goal was to identify risk factors that may differ between the two populations. DSS leveraged a graduate student from the University of Buffalo to help collect and analyze the data. The analysis suggested that in addition to the presence of substance use, the FTC group had a significantly higher preliminary risk score: an average of 9.2, compared to 6.83 for the RPS group. While the rates of domestic violence and mental health were similar for both groups, a higher percentage of FTC families had a child in substitute care, an unsafe home and financial instability. As a result, when working with FTC participants, the team now pays greater attention to engaging participants in activities to enhance their education and employment opportunities.
• Collaborative Relationships Need Ongoing Maintenance. One of the most lasting lessons that the FTC team learned was that respectful interpersonal relationships are vital and need ongoing attention. With a push from leadership and support from an outside facilitator, the FTC team made progress with increasing trust and communication among team members and clarifying roles and responsibilities. To sustain and continue this progress, the team must regularly work on their interpersonal and collaborative relationships. This includes establishing a process for bringing on new partners and staff. The team stressed that new partners should be encouraged to review the FTC mission and vision to ensure that partners are aligned in their work. New staff must understand their roles and responsibilities on the team to help ensure that they are able to advocate for clients as best as possible, with family outcomes in mind.

Looking Forward – Plans to Build on the Momentum

In their PFR continuation year, the Tompkins County team will continue to promote systems changes that create a more family-centered approach for FTC families. They plan to focus on strengthening and growing several priority areas. Moving forward, they will continue to:

• Plan and implement continued cross-systems training. The FTC team will work with partners to continue to provide trainings that improve knowledge and the use of best practices to meet the complex needs of families in the FTC. Planned cross-systems trainings include child development and parenting education for substance use treatment providers, motivational interviewing training for parenting services providers, and continued Solution-Focused Trauma Informed Care training and coaching for the FTC team. The trauma training may include a specialized session for local judges—FTC Judge Rowley in addition to judges from the Misdemeanor and Felony Drug Courts—to improve and expand trauma-informed care in the courts. The trainers have experience working with drug court judges in Erie and Chattaqua Counties.

• Ensure system-wide implementation of SafeCare. The FTC and DSS remain committed to ensuring that all parents involved in the FTC with children ages birth to 5 years receive SafeCare services. The site has committed to training additional public health nurses in SafeCare. In addition, one home visitor will be trained as a local coach to ensure program fidelity and sustainability. Following training, the community will have six SafeCare trained home visitors, including one identified as the local coach.

• Develop communities of practice to support EBP implementation and fidelity. The Tompkins FTC used PFR funds to train local community providers in SafeCare and SFP during the initial grant period. The implementing partners have been successful in providing both these interventions in the community.

Last week we had 11 parents graduate, which is our biggest group ever… Three of those parents had lost children previously, had failed our family drug court previously and now they have come back to graduate. That really says a lot about where we’ve gone, where we’ve changed…. We’ve got people graduating who you would never have bet on.

– Tompkins County FTC Judge
and the team and partners are committed to sustaining them. In the year ahead, the team plans to provide additional follow-up coaching and training and develop communities of practice to support ongoing implementation and fidelity of evidence-based skills and practice, as well as build up local resources.

- **Strengthen data collection and reporting to continue to report on shared outcomes.** The FTC has used data in the PFR initiative to improve reporting on child welfare outcomes and to identify and address gaps in services to parents. The team will continue to work on the collection and reporting of substance use treatment data—particularly client-level data that will allow providers and the FTC to work together to identify evidence-based practices and interventions that can best meet the treatment needs of the FTC population. With additional information about parent access to treatment and treatment outcomes, the team will also have a better idea of how their system is serving families and what service delivery components may be affecting positive outcomes.

- **Continue to strengthen and broaden the FTC collaborative.** The PFR initiative allowed, and somewhat forced, the FTC team to engage in difficult conversations and tackle challenging group dynamics. The FDC team and leadership are committed to continuing this team-building work with an external facilitator. In the coming year, the team plans to continue to meet quarterly with the external facilitator to check-in on the effects of changes in meeting structure on team communication and collaboration.

- **Continue to better integrate the needs of children into the overall FTC case.** The FTC team has made progress in integrating information about children’s services into the FTC. However, this is an area for continued improvement. Currently, the communication between the social worker from the Children’s Attorney and the DSS FTC Liaison helps ensure that child specific information is shared in the FTC. However, it will be important to ensure that partners in the FTC standardize this communication so that it can be sustained. These standardized processes will help ensure that the team is making decisions that promote the overall safety, permanency and well-being of the family.

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**The first year [of PFR], there was a discussion about the need to make sure that what we’re doing is not just about Family Treatment Court, but it changes the community… I think in the next year, [we need to have] a community conversation about the people we serve and how they are in the community and how the community can embrace them and set up some structures to support them. We need to push back on the community and say, “You need to focus on the people who are at risk and prevent them from coming to our door.”**

– Tompkins County DSS Commissioner

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

For more information about the Tompkins County Family Treatment Court, contact Deana Bodnar, Program Development Specialist, Tompkins County Department of Social Services, at deana.bodnar@dfa.state.ny.us

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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 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 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.

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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.