



Guiding Principles for Establishing a Family-Centered Approach in Family Treatment Courts and Beyond



PUTTING IDEAS INTO ACTION - KNOWLEDGE APPLICATION SERIES | AUGUST 2021



Advancing the capacity of family treatment court teams to provide a comprehensive family-centered approach that improves child, parent, and family outcomes

About the Prevention and Family Recovery Initiative

The Prevention and Family Recovery (PFR) initiative strived to advance the capacity of family treatment court (FTC) teams to implement and sustain a comprehensive family-centered approach for children, parents, and families affected by substance use disorders and child maltreatment.

Children and Family Futures (CFF), with support from the [Doris Duke Charitable Foundation](#) and [The Duke Endowment](#), worked intensively with eight diverse FTCs (two rounds of four grantees) to integrate and institutionalize evidence-based parenting and children's services into their larger FTC systems of care.

About the PFR Knowledge Application Series

CFF produced a series of [five PFR briefs](#) in 2017 detailing cross-cutting lessons and experiences from the round 1 grantees. CFF designed the series to help the field replicate effective FTC practices. This latest *Putting Ideas into Action: Knowledge Application Series* highlights the round 2 grantees' progress and challenges. It also provides strategies for other FTC teams and stakeholders involved in designing, implementing, sustaining, and evaluating systems change initiatives that advance a family-centered approach.

THE KNOWLEDGE APPLICATION SERIES INCLUDES THREE RESOURCES:

- 1** [Advancing a Family-Centered Approach: Lessons from the Prevention and Family Recovery \(PFR\) Initiative](#) updates the original nine PFR lessons published in 2017.
- 2** [Guiding Principles for Establishing a Family-Centered Approach in Family Treatment Courts and Beyond](#) expands on Lesson 7 by outlining 10 guiding principles that help operationalize a family-centered approach. This resource also includes key questions for each guiding principle that FTC teams can discuss to assess and build their family-centered capacity.
- 3** [Data Capacity: What Is It and Does Our Family Treatment Court Team Have It?](#) elaborates on Lesson 8 by describing how FTC teams can assess their cross-systems data capacity, use their data to improve their programs, and communicate their successes to various audiences.



For more information on the PFR initiative – including the grantees, the round 1 publications, and these latest round 2 resources – visit the [PFR home page](#) or [email CFF](#).

Guiding Principles for Establishing a Family-Centered Approach in Family Treatment Courts and Beyond

Before You Get Started: Building the Necessary Collaborative Foundation

Family treatment court (FTC) professionals and the broader social services field increasingly recognize that a comprehensive, collaborative family-centered approach works best for families affected by substance use disorders and child maltreatment. However, ensuring the collective FTC team – which includes the court and its many cross-systems partner agencies – has a shared understanding of what a family-centered approach entails and how to apply it in practice can be a challenge for many jurisdictions.

To achieve a true family-centered approach that spans all levels of collaborative practice (see sidebar, *Practicing a Family-Centered Approach at All Levels*), FTC leaders, team members, community partners, and other key stakeholders will need to adopt new ways of thinking and talking about families, themselves, and their systems.

A family-centered approach is essential and attainable, whether an FTC operates as a parallel model with separate dockets and judges for treatment court and juvenile dependency court, or as an integrated model in which one judge oversees the treatment and child welfare case in one court. Regardless of the FTC model, parents participate in an FTC with the hope of preserving or reunifying their family.

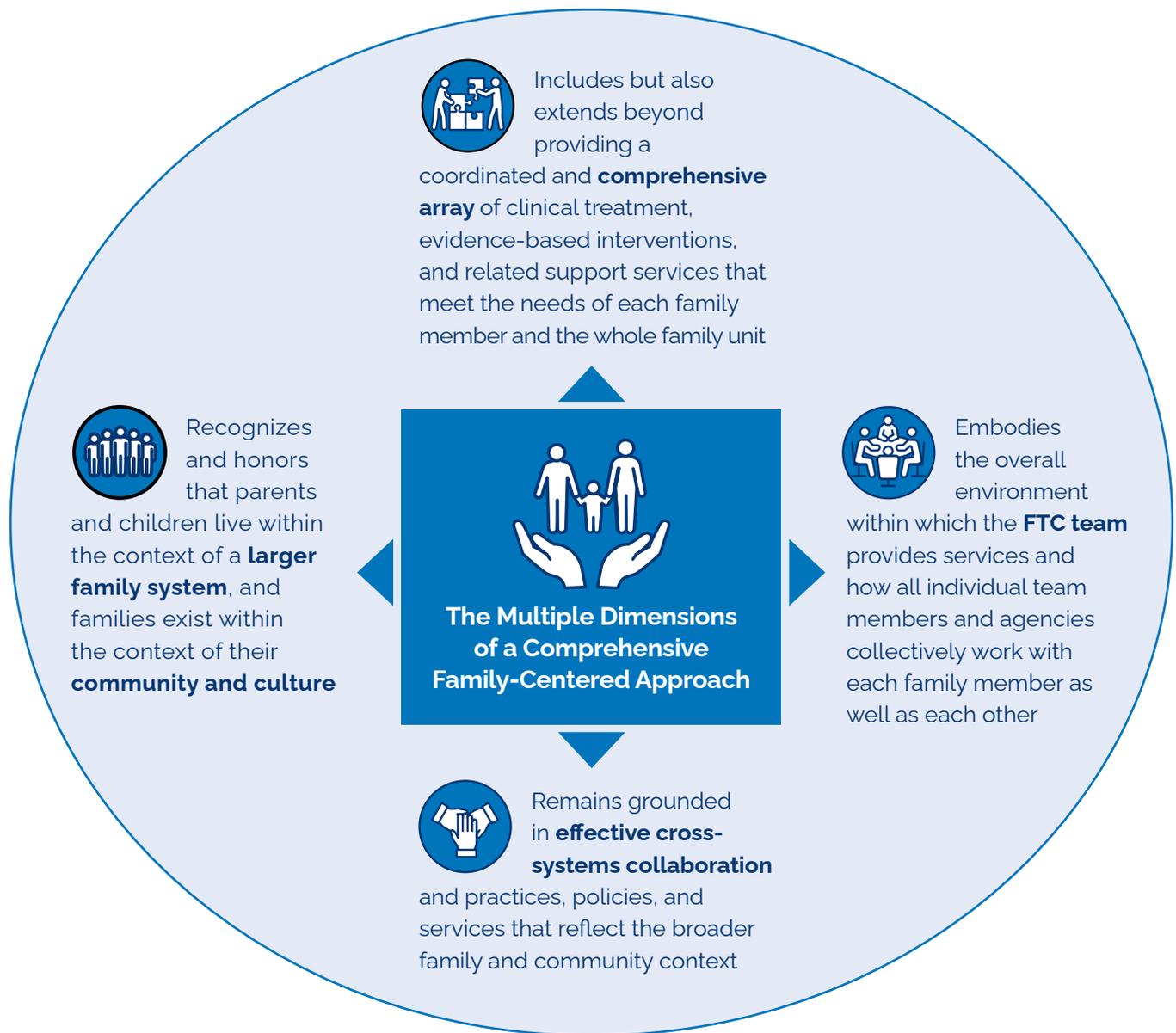
Families participating in family treatment courts (FTCs) are involved with multiple systems. These include child welfare and substance use disorder treatment at a minimum, but may extend to physical and mental health, criminal justice, or other services. “FTC team,” the term used throughout this document, refers to all cross-systems professionals and agencies comprising the FTC collaborative that together serve families.



The specific strategies and methods to implement a family-centered approach may vary somewhat according to jurisdiction and community context. However, in all settings, strong collaborative relationships, effective communication, and mutual trust comprise a foundation fundamental to making the shift.

The Prevention and Family Recovery (PFR) grantees acknowledged that becoming truly family centered requires hard work and a

commitment to continuous improvement. However, they felt the time and effort to make the shift was well worth it — both in strengthening the FTC’s overall operations and improving how families engage with the FTC program and team. The ultimate benefit, grantees noted, is that the family-centered approach helps prevent families from returning to the system, which can break the cycle of substance use disorders and child maltreatment for future generations.



Practicing a Family-Centered Approach at All Levels

INDIVIDUAL LEVEL

Each FTC team member:

- ▶ Acknowledges that a family-centered approach is essential to best meet family members' needs; preserve families' connections; and improve child, parent, and family well-being
- ▶ Applies a family-centered mindset in all their interactions with families
- ▶ Shares their expertise and knowledge with others to advance a family-centered approach
- ▶ Encourages and challenges others to adopt family-centered practices and counter non-family-centered approaches

DIRECT SERVICE LEVEL

Each distinct intervention, treatment, and service component is:

- ▶ Family-centered in design, approach, and purpose
- ▶ Appropriate for a family's background, culture, circumstances, responsibilities, needs, and overall readiness
- ▶ Shaped to the culture, values, and traditions of the family and community
- ▶ Easily accessible to family members and provided in a timely manner
- ▶ Clearly articulated to family members and FTC team members

FTC PROGRAM OPERATIONS LEVEL

A family-centered approach is:

- ▶ Embedded in the day-to-day operations of the collective FTC team as well as its individual partner agencies
- ▶ Integrated and formalized in the FTC's policies, procedures, and core operations
 - Includes (but not limited to) participant handbooks, intake processes, reporting forms, pre-court staffing and other treatment team meetings,* court hearings, the FTC phasing structure, responses to behaviors, staff training and orientation, and drug testing protocols
- ▶ Reflected in the FTC program's budget and resource allocations

SYSTEMS LEVEL

A collaborative family-centered approach is:

- ▶ Mirrored and supported in systemwide policies, priorities, staff training and certification, data-sharing agreements, and other memorandums of understanding among system partners
- ▶ Incorporated in legislation, funding, payment structures, requests for proposals, service contracts, and quality assurance processes
- ▶ Exhibited in shared cross-systems outcomes and performance monitoring that represent the experiences, challenges, progress, and well-being of the whole family served by multiple systems
- ▶ Applied beyond individual agency operations to encompass larger systems (and cross-systems) initiatives — at the county, state, and tribal level — that improve outcomes for all families

*See [Lesson 7](#) in *Advancing a Family-Centered Approach: Lessons from the Prevention and Family Recovery (PFR) Initiative* for selected examples of how the PFR grantee teams enhanced pre-court staffing and team meetings to prioritize and embed a family-centered approach into team discussions.

About This Resource

[Lesson 7](#) in *Advancing a Family-Centered Approach: Lessons from the Prevention and Family Recovery (PFR) Initiative* briefly highlighted 10 guiding principles that help operationalize a family-centered approach across the various levels of practice. This new companion resource, meanwhile, delves deeper into the 10 guiding principles. It describes each one in more detail while encouraging FTC teams to “Pause and Reflect” on key discussion questions.

As FTC team members individually and collectively work to embrace and apply the guiding principles, each team member will need to reflect on their own values and actions as well as those of their respective agency or organization. FTC teams can use the discussion questions for conducting a self-assessment, identifying training needs,

informing professional and agency growth, and strengthening family-centered practice.

This resource does not review specific evidence-based services, interventions, or programs considered “family centered.” Rather it focuses on providing a broader conceptual framework to operationalize a family-centered approach, together with practical guidance for applying it in practice.

Children and Family Futures hopes this resource provides new insights and prompts meaningful reflection among all FTC teams, including those operating for many years and those in early implementation stages.¹ As one PFR grantee noted: “When I look back now, I remember at the beginning feeling, ‘Well, of course we’re family-centered and child-centered. We’re a family treatment court.’ Until we started doing this work, [I] certainly didn’t get how far we needed to go to really become family centered. We’ve come a long way and still have continued to work on it.”



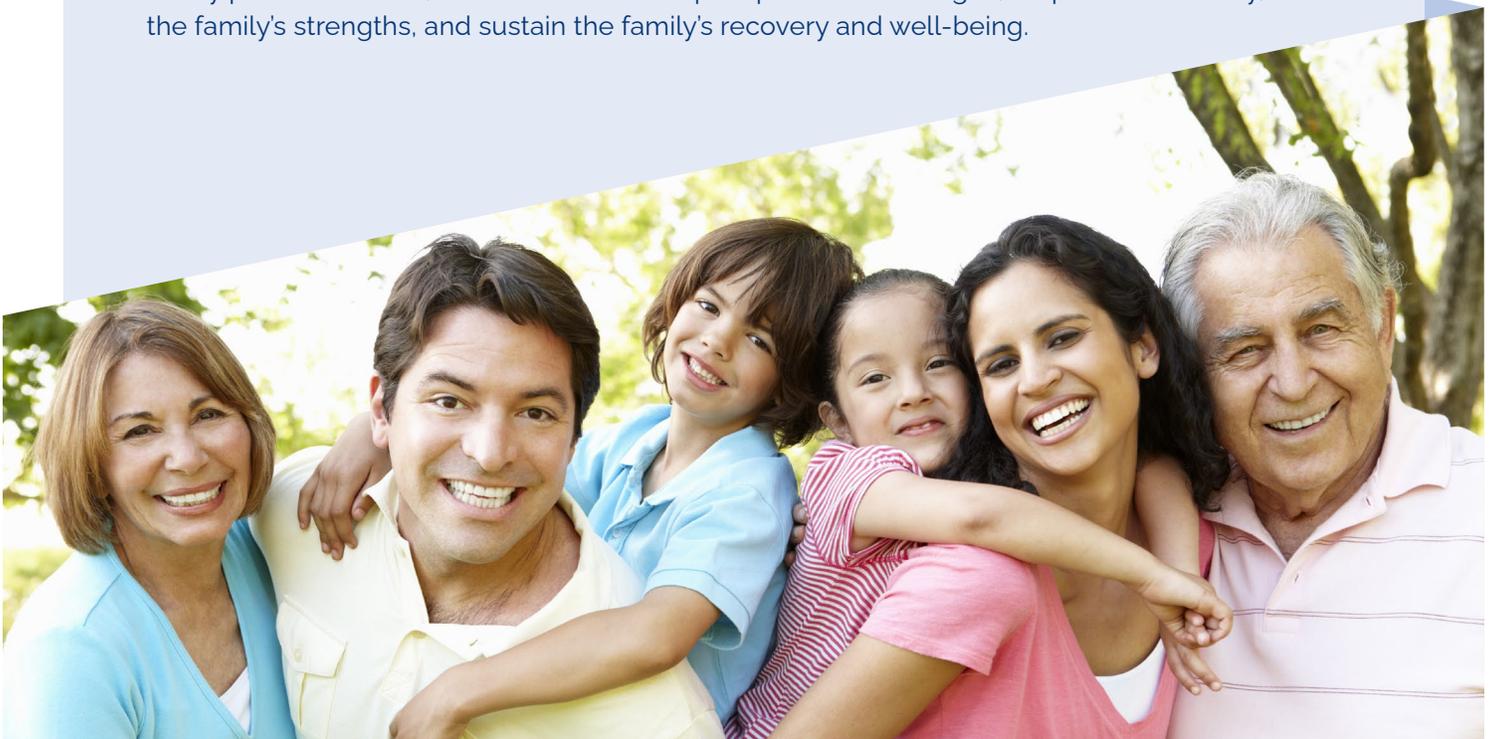
¹ In addition, the National Center on Substance Abuse and Child Welfare (NCASCW) recently released a series of three modules on [Implementing a Family-Centered Approach for Families Affected by Substance Use Disorders and Involved with Child Welfare Services](#). The series is designed for partners at the state, county, and agency levels that are striving to improve systems, services, and outcomes for children and families affected by substance use disorders.

WHO DO WE MEAN WHEN WE SAY “FAMILY”?

A parent's family may span multiple generations and households — including their immediate or nuclear family members (e.g., the children and the other parent), extended family members (e.g., aunts, uncles, cousins, stepparents, and grandparents), and individuals who play a significant role with parents but are not related by blood or marriage.

Each person may play a different role or function within a parent's defined family unit, and their level of direct engagement in the FTC's treatment, services, and program operations may differ. This document considers “family” to encompass both family members and family supports.

- ▶ **Family member** refers to the parents, children, and other individuals receiving treatment and services that meet their identified needs as an individual within the family unit, while also strengthening the family's overall functioning, relationships, and well-being. Family members are generally those most affected by the parent's substance use; they are usually included in the FTC team's case planning, service provision, and related decision-making.
- ▶ **Family support** refers to individuals with whom the parent or child has a meaningful relationship and considers to be an important part of their extended supportive network. Individuals designated as family supports are not receiving clinical treatment services from the FTC. Rather, they provide valuable emotional as well as concrete (e.g., transportation, childcare) supports to family members, in addition to the FTC's formal supports, and can serve as part of the family's safety plan. In this role, these individuals help respond to challenges, empower the family, build the family's strengths, and sustain the family's recovery and well-being.



LANGUAGE MATTERS: THE SHIFT TO A FAMILY-CENTERED APPROACH BEGINS WITH WORDS

Language can affect the way FTC team members and the larger systems interact with families. Language can help lift up and empower families or, conversely, exacerbate the sense of hopelessness, powerlessness, stigma, and inequity families may feel. The importance of language cuts across all practice levels and plays a role in:

- ▶ Terms FTC team members use when talking about and interacting with families
- ▶ Written materials that describe and guide the FTC's operations (e.g., policies, interagency agreements, participant handbooks)
- ▶ Words, phrases, and terms commonly used in child welfare, court, and treatment reporting and documentation to describe children, parents, and families
- ▶ Wording and intent of larger systems policies

Developing a shared agreement about using appropriate language when describing parents, children, and families is an important aspect of effective cross-systems collaboration. Defining key terms; using person-first language; staying mindful of stigmatizing and harmful language; and using objective, behavior-based descriptors can help advance a family-centered approach.² Understanding the potential effects of language on families can help FTC team members achieve improved outcomes.³

The field has already witnessed some subtle but powerful language shifts that help engage families affected by substance use disorders. For example, professionals are increasingly using person-first language to convey the individual has a disease (e.g., a person with a substance use disorder) that can be treated, rather than implying that the person is the problem (e.g., referring to a parent as an addict). As noted in some of the guiding principles, the field has also recently moved to using "resource parents" rather than foster, kinship, or substitute caregivers; and "parenting time" or "family time" rather than visitation.

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Gila River Indian Community changed their program's name from Family Drug Court to Family Healing to Wellness Court. A team member explained, "[The change] was important because we're healing the family and the parents and the children, which would ultimately mean they're not coming back to the system. It became a Family Healing to Wellness Court because that's truly what we [are] doing, trying to heal the entire family."

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2 For more information and resources on improving the language used in child welfare reporting, see the Capacity Building Center for States' Buzzwords: Moving to Behavioral Descriptors. For more information on the importance of non-stigmatizing language for people with substance use and mental health disorders, see for example, National Academies of Sciences, Engineering, and Medicine (2016). *Ending discrimination against people with mental and substance use disorders: The evidence for stigma change*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/23442>.

3 See, for example, Kelly, J.F., Dow, S.J., & Westerhoff, C. (2010). Does our choice of substance-related terms influence perceptions of treatment need? An empirical investigation with two commonly used terms. *Journal of Drug Issues*, 40(4), 805-818, and Kelly, J. F., & Westerhoff, C.M. (2010). Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. *International Journal of Drug Policy*, 21(3), 202-207. doi: 10.1016/j.drugpo.2009.10.010

Guiding Principles for a Family-Centered Approach

Given the multidimensional nature of a family-centered approach, all FTC team members must agree on their definition of “family-centered,” what their shared goals are, and why they need to collaborate effectively to provide a family-centered approach. The 10 guiding principles below serve as the foundation for helping FTC team members promote

“When there are people [family] on board, we are seeing that reunification is more likely to happen [as opposed to] clients who don't have as much of a support system, or they're not including family members into this whole process.”

– Grantee team member



a consistent vision, coordinated policies and practices, joint resource sharing, and collective learning. Following these principles will cultivate a more holistic and integrated approach to serving families.

In short, the guiding principles establish a shared framework for what it means to be family centered.



Guiding Principle #1:

The Parent Defines “Family”

Because families are diverse, complex, and unique, there is no set definition of “family” within a family-centered approach. Parents decide and include whoever they feel is part of their supportive network and represents their lived reality and culture. Knowing that families can look very different, the FTC team’s job is to listen and help parents identify a caring network that will, in turn, help their family unit – as they define it – achieve their goals.⁴



Pause and Reflect:

How is Our FTC Team Doing? What Action Do We Need to Take?

- ▶ Do FTC team members understand and respect that family is defined by the parent and child (as appropriate)? Do team members have adequate skills, knowledge, and capacity to support all parents and children in defining their family and building an effective support network?

⁴ An Ecomap is a tool that FTC staff may want to use to help a parent define their family support system. More information is available at <https://mswcareers.com/the-ecomap-a-social-work-assessment-tool/>.

- ▶ Does the FTC team (collectively and among its individual partner agencies) have formal policies in place regarding who is defined as family for case planning and service delivery? Do these policies limit, restrict, or contradict whom a parent and child can consider family in any way?
- ▶ At what point(s) in a parent's referral, engagement, and ongoing participation in the FTC does the team ask and revisit whom the parent and child want as part of their family support network? Is that an established and agreed-upon practice among the team? Where is that information documented so all team members can have shared knowledge about the parent and child's defined family supports?
- ▶ How does the FTC team create opportunities for parents and children throughout their participation in the FTC to define (or perhaps redefine) family in a way that best fits and supports their individual circumstances and needs?

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In describing how parents think about family, one grantee team member remarked, "The definition of family meant 'anyone who cared.' It didn't matter if you're an aunt or an uncle. It didn't have to be by bloodline or DNA. If you're the bus driver who takes care of me, you too are part of the family. Very community-oriented."

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BENEFITS OF FAMILY ENGAGEMENT

FAMILY INVOLVEMENT AT THE INDIVIDUAL LEVEL IN CASE PLANNING AND CARE COORDINATION HELPS TO:

- ▶ Ensure family members inform the needs assessment process and connect to services that best meet their identified needs
- ▶ Ensure case plan goals and outcomes reflect what matters most to the whole family
- ▶ Increase participant buy-in to complete the FTC program, substance use disorder treatment, and other needed services
- ▶ Establish shared accountability between the team and the family
- ▶ Empower parents as their children's primary caregiver while protecting their rights
- ▶ Identify solutions to resolve challenges families face

FAMILY INVOLVEMENT AT THE FTC PROGRAM OPERATIONS AND LARGER SYSTEMS LEVELS HELPS TO:

- ▶ Reduce duplication, fragmentation, and related service delivery inefficiencies
- ▶ Remove larger systems-level barriers to service access and participation
- ▶ Identify and drive needed program, practice, and service improvements to ensure systems of care are family centered and equitable
- ▶ Identify and respond to staff training, development, and education needs
- ▶ Inform larger systems changes that improve outcomes for all families



Guiding Principle #2:

The FTC Team Recognizes the Family as an Essential Collaborative Partner with an Equal Voice in the Process⁵

PFR grantees stressed that an essential aspect of family-centered practice is involving family members as equal partners in case planning, decision-making, and program improvement processes. The FTC team recognizes and respects the family as their own expert and, to the extent it is safe and possible, allows family members to decide what they need most, what services they receive, and who is involved. Engaging the family in shared decision-making means obtaining and listening to their input early in — and throughout — the process. The FTC team meets families where they are, plans

“We have all of these ideas about how we’re going to make it better for everyone. Ultimately, it’s the perception of the [family] that makes the difference. For those who are living it, breathing it, how does it feel to them at the end of the day?”

– Grantee team member

with and not for them, and builds on the family’s strengths. See [Lesson 7](#) for examples of how PFR grantees integrated the voices of participants and families into FTC program improvements and case planning.

OFF THE RECORD: HOW MILWAUKEE COUNTY USES FAMILY FEEDBACK TO BUILD TRUST

The Milwaukee County FTC began quarterly roundtables with participants that enable the judge and coordinator to obtain input on program improvements and other topics in an organic, informal setting. In response to participant feedback, the FTC also implemented individual Family Status Conferences with the family, judge, and team three months after every permanency plan review. These off-the-record meetings allow the judge to address the family’s progress toward their permanency and case plan goals, their engagement in the program, and the family’s needs and successes. The FTC encourages children to participate (as appropriate) and ask questions of the judge, parent, and team. However, the FTC reported that the children often do not want to take part or miss school. The grantee seeks to develop other effective engagement strategies for children.

5 This guiding principle aligns with the August 2019 Administration for Children and Families Information Memorandum ([ACYF-CB-IM19-03](#)) that strongly encourages the courts, child welfare, and other partners to use the family’s voice to drive child welfare case planning and system improvement efforts.



“Participants in the [FTC] really understand what is going on in their case, and what is happening because they’re able to get their questions answered, and they’re able to have conversations. Not only with a judge, [but also] with their lawyer, with the guardian ad litem, with their social worker.”

– Grantee team member

Family engagement, at its core, means establishing a significant, authentic relationship. Grantees learned that the collaborative relationship with family members — like all other FTC partners — requires mutual trust and respect, open and effective communication, clear roles and responsibilities, agreed-upon expectations, shared vision and goals, and regular opportunities for feedback. Meaningful engagement acknowledges the importance of basing policies, programs, and services on the lived experiences of families who have dealt with these barriers.

Pause and Reflect:

How is Our FTC Team Doing? What Action Do We Need to Take?

Family engagement - setting the stage

- ▶ How well does the FTC team’s culture incorporate family engagement as a core value? Do members express this idea in their written policies (e.g., mission statements, memorandums of understanding, participant handbooks)?

- ▶ What concrete steps has the FTC team taken to create a friendly and supportive environment that requests and welcomes the contributions of each parent and their family members? Do parents and families have a safe space to discuss challenges in their case? Can they suggest which provided services work — and which do not?
- ▶ To what extent do the FTC team’s structures and processes facilitate active and genuine parent and family engagement?
- ▶ How does the FTC team identify and resolve individual- and organizational-level barriers (e.g., schedule conflicts, lack of transportation, lack of translators, physical access to meetings) that may interfere with a parent’s or family’s ability to fully engage as a partner?

Family case planning

- ▶ What strategies does the FTC team routinely use to ensure children can also have a voice in the case planning and monitoring process?
- ▶ Do the judge and team give parents the opportunity to talk about their progress and concerns during court? How are the needs of the child addressed?

- ▶ Does the FTC team have an established process or formal policy for obtaining regular input from parents and children (when appropriate) about the family's case plan, goals, strengths, progress, and challenges? At what points in the process does the FTC team obtain the children and parents' input about what they need and want?

Program and systems improvements

- ▶ How does the team obtain regular feedback from parents and family members on their overall experiences in the FTC program as well as larger cross-systems service delivery strengths, gaps, and solutions?
 - For example, does the team hold regular roundtable discussions, listening sessions, or other informal meetings with parents; or conduct surveys, focus groups, or needs assessments?
- ▶ What policies and procedures has the FTC team established for including parents (both current and past participants) and their family members, as well as peer supports, in program planning, governance, policymaking, services, and evaluation? For example, are FTC participants and peers represented on, or invited to actively participate in, advisory councils, steering committees, or other decision-making boards?
- ▶ What does the FTC team do with the feedback it obtains?
 - How are family members able to see their voices, choices, and feedback reflected in program, practice, and service improvements?
- What has the FTC team or individual partner agencies done differently in response to engaging families and obtaining their feedback?
- ▶ Does the FTC team provide skill-building opportunities and supports (e.g., mentoring, training, education) for parents and their families to participate in program and systems improvement initiatives?

"[The parents] feel like they're part of a team. It's not us and them, not this complete divide. There's a lot more conversation from the bench to the person participating. Real conversations."

– Grantee team member





Guiding Principle #3:

The FTC Team Recognizes Participants are Parents and Strong Parental Capacity is an Integral Part of Family Recovery and Well-Being

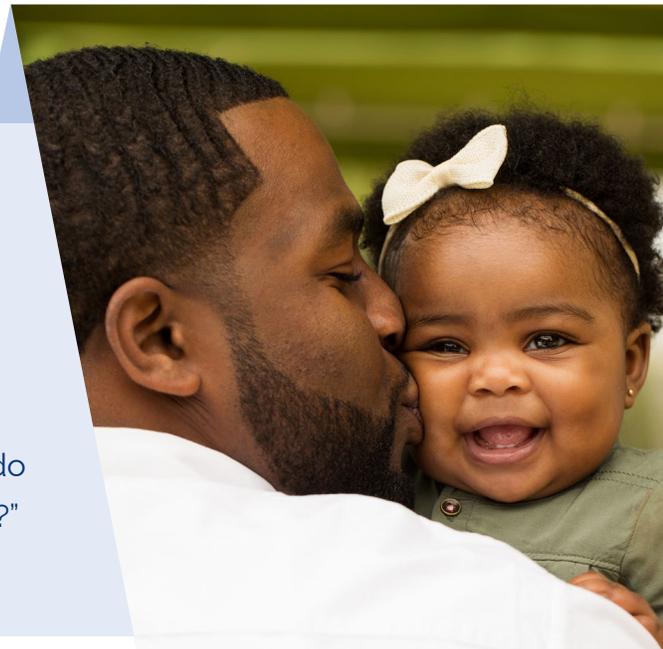
A family-centered approach recognizes that FTC participants are parents and their parenting roles and practices must be integrated into, and not separate from, the family's substance use disorder treatment and other services. The FTC team fully supports participants in their parenting roles and seeks to build parental capacity to improve the parent-child relationship and overall family well-being. FTC teams also connect family members to evidence-based parenting and family-strengthening programs, while children receive the necessary services and supports to remain

with their parent(s) during the substance use disorder treatment and recovery process.

Importantly, the FTC team views quality parenting time⁶ as an essential support for the whole family, not something the parent must earn. Parenting time is critical to healthy bonding and attachment and child development, while also promoting earlier and safer reunification.⁷ The importance of quality parenting time warrants its own set of discussion questions (see sidebar, *The Family-Centered Mindset: Making the Shift from Visitation to Quality Parenting Time*). See also [Lesson 7](#) for examples of how the Jefferson and Milwaukee County PFR grantees improved quality parenting time.

“We know there’s research [about] the need to start parenting time quickly. But if we’re not preparing parents and children for what that could look like, and having someone in the room with you supervising and coaching, we may set them up to have a bad first experience. We took a good look at that. How can we do better with orienting both the parents and the children?”

– Grantee team member



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- 6 A growing number of jurisdictions have reframed their language regarding “visitation.” These communities are instead using “parenting time” or “family time,” which affirms the importance of the parent-child relationship and facilitating frequent and quality time to heal and strengthen the relationship. (Visitation remains the legal term, however.)
- 7 See “High-Quality Parenting Time (Visitation)” in Standard 6 – Comprehensive Case Management, Services, and Support for Families in [Family Treatment Court Best Practice Standards](#) (published by the Center for Children and Family Futures and the National Association of Drug Court Professionals).

THE FAMILY-CENTERED MINDSET: MAKING THE SHIFT FROM VISITATION TO QUALITY PARENTING TIME

All families are entitled to parenting time. However, the quality and dynamics of this essential service can vary. Considerations for meaningful, family-centered parenting time include:

- ▶ Does the FTC team work together with parents and families to establish **clear and shared expectations** for parenting time, while ensuring parents have a clear understanding of what they need to accomplish to increase parenting time? How does the team help prepare parents and children emotionally for parenting time?
- ▶ Does the FTC team have a **formal policy** preventing the use of parenting time as either an incentive or sanction for a parent's compliance or non-compliance with case plan requirements?
- ▶ To what extent do the FTC's parenting time **observation and reporting processes** provide objective, appropriate, and meaningful information about the parent-child relationship (e.g., parental capacity, parent-child interaction, bonding, attachment, and related behaviors)?
- ▶ Does the FTC team use parenting time as an opportunity for parents to **practice and enhance** their parenting skills? Is parenting time scheduled so parents take part in their child's everyday life (e.g., getting ready in the morning or for bedtime, attending doctor or school appointments or extracurricular activities)?
- ▶ Are the individuals who **monitor and supervise** parenting time adequately trained on standardized identification, documentation, and reporting of parenting behaviors that can inform decisions about service needs and case plan adjustments?
- ▶ To what extent does the FTC team **make decisions** about increasing parenting time and decreasing the level of supervision based on current safety and presence of protective factors rather than on risk?
- ▶ During court, does the judge routinely **ask parents questions** about parenting time (e.g., how sessions are going, whether they or their children are struggling with any issues)? Do the judge and FTC team provide information to parents, with concrete examples of parenting time progress or areas needing improvement?
- ▶ Does the **parenting time plan** account for the age and the overall well-being of the child, the child's placement, the geographical location of the parent and resource parent(s), the parent's daily schedules (e.g., work, school, treatment), and other factors that can affect the family's experience?
- ▶ Has the FTC team assessed the **quality and setup** of the parenting time location and environment to determine whether it promotes or inhibits the family's success?



Pause and Reflect:

How is Our FTC Team Doing? What Action Do We Need to Take?

- ▶ Does the FTC team assess the parent-child relationship (including attachment) from the start, and prioritize their relationship in service delivery?
- ▶ Does the FTC team proactively ask parents about areas of difficulty or stress related to parenting, and where they might need more support?
- ▶ Does the case plan specifically include strategies and services designed to strengthen their parenting capacity?
- ▶ How – and how often – does the FTC team reassess parents' knowledge, strengths, and capacity? What does the team do with the information gained through the assessment? How does it ensure parents receive services that match their identified needs?
- ▶ Are available parenting and family-strengthening programs evidence based and structured to provide parents with support? Do they offer hands-on learning opportunities for attachment and bonding, appropriate parenting, restoring the parent-child relationship, and related matters? Do they seek to build family well-being by working with parents and children together?
 - Do any of the programs also include extended family members to reflect a multigenerational approach?
- ▶ During staffing, treatment, and other case planning meetings, does the team focus on a parent's progress and positive behavioral

changes that demonstrate improvements in parenting capacity and family functioning?

- ▶ To what extent does the FTC team emphasize a child's attachments and connections while ensuring safety, rather than solely prioritizing timeframes? Does the team have a shared agreement that timeliness is just one consideration in determining what is best for the child?



Guiding Principle #4:

The FTC Team Uses a Holistic, Integrated Approach to Serving the Family Together as a Unit Rather than Treating the Individual Parent or Child Separately

PFR grantees all defined family-centered, at its most fundamental level, as treating the whole family together as a unit. This means moving beyond providing individual services to parents and children *in isolation* to ensuring they receive and participate in services together (where appropriate and possible). The family is the focal point.

Moreover, there is an expectation to deal with parents' and children's needs at the same time. The FTC team does not prioritize a parent's needs over the child's (or vice versa); nor does it wait to resolve one over the other. Putting this into practice may require team members to shift their mindset regarding a parent's capacity to simultaneously engage in family-strengthening services while in substance use disorder treatment.⁸

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

Prior to the PFR initiative, the Jefferson County FTC team said it successfully identified treatment needs for parents but struggled to pinpoint children’s needs — often not referring them to services until later in the case, which sometimes delayed reunification. The FTC now prioritizes parent’s involvement in children’s services early on. The team believes the shift has increased parental engagement and will help families reunify faster.

Families participating in FTCs are involved with multiple systems. One central case plan built around the whole family — rather than individual plans for each individual family

member spread across multiple agencies — is an effective strategy for treating the family as a whole. However, implementing a unified case plan is challenging since partnering agencies often have separate data and case management systems, as well as funding streams, program requirements, and other related processes.⁹

This holistic, integrated, and multigenerational service delivery approach reduces duplication among agencies, decreases the burden on families, and helps ensure all involved understand and agree on service provision timelines. A single, unified case plan manages a family’s pressing basic needs upfront (e.g., medical, dental, food, transportation, housing, childcare). Yet it also emphasizes prevention of myriad issues (e.g., substance use disorders, child maltreatment, domestic violence, trauma) for future generations.



“What the FTC tries to remember is that when we separate a parent from their child in order to have the parent get better over here and the child get better over [there], and then we try to put them back together, it doesn’t always work. They need to be doing these things together in order to get back to where they can function as a family.”

– Grantee team member

9 For more information on how cross-systems collaboratives can jointly develop family case plans that are supportive and considerate of the requirements placed on the family by each involved system, see [Module 7: Developing and Monitoring Joint Case Plans and Promoting Treatment Retention and Positive Family Outcomes](#) of the NCSACW’s Building Collaborative Capacity Series.

Pause and Reflect:

How is Our FTC Team Doing? What Action Do We Need to Take?

- ▶ Does the FTC team conduct a comprehensive assessment of the parent's and children's needs and strengths? Does the FTC team use the results to then match families to appropriate services reflecting the family's needs, strengths, and culture?
- ▶ Does the FTC team use an integrated case planning process that includes and manages the needs of the whole family with appropriate emphasis on the children, the parent, and their relationship?
- ▶ Has the FTC team established formal information sharing and communication protocols between systems partners, as well as defined roles and responsibilities to promote service coordination and consistent messaging to families?
- ▶ Does the FTC team consider how many treatment and case plans families have? How do team members ensure families do not have competing or duplicate case plan or service requirements across systems? (For example, a parent enrolled in substance use disorder treatment upon entering the FTC may already participate in parenting as part of their treatment program.)
- ▶ Has the FTC team identified the major barriers to effectively implementing an integrated case plan for the whole family and discussed possible strategies to overcome those hurdles?
- ▶ During FTC pre-court staffing meetings and court hearings, do the judge and FTC team members discuss cases in the context of the family and review the status and needs of the children and other family members, in addition to the parents?
 - Do court report summaries include a section on the children (e.g., how the child is doing, if they are involved in any treatment, whether the parent participates in treatment with their child)?
- ▶ To what extent does the FTC team ensure family-centered substance use disorder treatment options are available and accessible — specifically, options that allow parents to have their children live with them while safely developing and demonstrating their parenting skills? How does the FTC team respond to identified gaps in treatment options?





Guiding Principle #5:

The FTC Team Recognizes and Seeks to Engage Resource Parents (Foster Parents and Kinship Caregivers¹⁰) as a Valuable Support for the Family

In defining the essential elements of a family-centered approach, PFR grantees stressed that resource parents can provide critical support to both the parent and the children as families seek to achieve and sustain recovery, safety, stability, and permanency. Grantees noted the many valuable roles resource parents can play in modeling healthy co-parenting, supervising parenting time, providing compassion and encouragement through the parent's recovery process, and supporting children affected by out-of-home placement and parental substance use disorders.

The FTC team, in consultation with the birth parent, strives to create opportunities to involve resource parents from the onset of a family's engagement. Leveraging resource parents can help build a support system to sustain a family's recovery and reunification beyond FTC program completion and child welfare case closure. See [Lesson 7](#) for examples of how grantees have leveraged resource parents to specifically improve parenting time.

"Having [resource parents] come to hearings and team meetings has been a huge change. It really creates less stress for the children because the children see that both sets of parents are communicating and they're updating the court on the children's needs. We're not just talking about what needs to happen in order to achieve permanency, we're talking about what needs to happen to have this child have the healthiest development."

- Grantee team member



10 At the local, state, and national level, many professionals now refer to foster parents and kinship caregivers as "resource parents." This language shift supports a family-centered approach and reflects the critical role these caregivers have in the lives of families involved in the child welfare system and courts. For more information on resource parents in FTCs, please view a recording of the May 2019 café conversation hosted by Children and Family Futures, [The Role of Resource Parents in Supporting Family Recovery and Reunification in FTCs](#).



Pause and Reflect:

How is Our FTC Team Doing? What Action Do We Need to Take?

- ▶ What type of universal outreach, recruitment, and engagement of resource parents does the FTC team do to position them as a collaborative partner and support toward reunification?
- ▶ In what ways has the FTC team agreed to use resource parents as a support? Are these agreed-upon roles formalized in any policies or procedures? For example:
 - Does the team use resource parents to strengthen parenting time (e.g., to observe, supervise, coach) or co-parent with the birth parent?
 - Does the FTC, in consultation with the birth parent, invite resource parents to attend court hearings or provide updates at pre-court staffing sessions or other family team meetings outside of the FTC?
- ▶ What kind of training, education, and other supports does the FTC team provide to resource parents to help them succeed in their designated roles and effectively work together with birth parents?¹¹ For example:
 - How does the FTC prepare resource parents to manage the effects of parental substance use disorders on infants, children, and families?
 - Do resource parents receive training or education on how the court and child welfare system operate?
 - Are kinship caregivers, in particular, trained on the treatment and recovery process, as well as how to establish roles, responsibilities, and expectations with the birth parent, especially for parenting time?
- ▶ What kind of strategies does the FTC team use at the beginning of the child's out-of-home placement to build a strong connection between the birth parent and resource parent? What about during the placement and after reunification to support a continued relationship? How does the FTC team establish shared understanding and expectations between birth parents and resource parents?
- ▶ What activities are birth and resource parents able and encouraged to do together (e.g., attend parenting classes, medical appointments, school meetings, family field trips)?
- ▶ Does the FTC advisory board, steering committee, or other governing body include a resource parent representative?

"That was one of my lived experiences. Knowing the person that's got your kid, and knowing that they are for you, not against you, and pulling for you is big. That shared parenting piece is crucial."

– Grantee team member / Peer support specialist

11 The 2018 Family First Prevention Services Act provides funding for effective kinship navigator programs. These types of programs (there are many different models) help kinship caregivers become familiar with and access supports and services to meet their families' needs. Rushovich, B., McKlindon, A., and Vandivere, S. (2021). *Strategies to build evidence for kinship navigator programs under the Family First Act*. Washington, DC: Child Trends.



Guiding Principle #6:

The FTC Team Uses a Supportive, Nurturing, Strengths-Based Approach Rather than a Punitive One

A central distinguishing characteristic of an FTC is its overall supportive, nurturing, and therapeutic approach. All team members and resource parents understand the dynamics of the recovery process. The FTC responds to parents' behavior after a comprehensive assessment of the situation and in a way that motivates and heals families. When there is a lack of progress or a setback with the case plan, the FTC team works with the parent as a partner to resolve the issue, identifying and building safety supports and protective factors (see also [Guiding Principle #2](#)).

The team focuses on uplifting and supporting parents, children, and family members, while also holding parents and the involved service

systems accountable. Parents involved in the child welfare system have noted they are much more likely to engage when agencies approach them in a supportive fashion, as individuals who love their children, rather than treating them punitively and assuming they do not care about their children.¹²



Pause and Reflect:

How is Our FTC Team Doing? What Action Do We Need to Take?

- ▶ Do all FTC team members and key stakeholders understand the major differences between an FTC and adult criminal drug court model? Have they established shared values?
- ▶ In discussing child safety, does the FTC team lead with, "What services and supports can we provide to keep this family safely together?" Or does it go straight to investigating risk and ask, "Do we need to remove the child from the home?"



"Just recognizing how difficult [reunification] is and giving the parents an opportunity to talk about what those struggles look like sends the message that we know this is difficult and we're going to be there to support them in any way we can."

– Grantee team member

¹² Administration for Children and Families. Information Memorandum: Achieving Permanency for the Well-being of Children and Youth ([ACYF-CB-IM-21-01](#)). Issued January 5, 2021.

- ▶ To what extent do FTC partners provide examples of verbal praise, positive behavior, and progress for the judge to share during court hearings and interactions with parents? How about for other team members to weave into their interactions with parents?
- ▶ How does the team make a concerted effort to regularly celebrate a participant's successes (small and large)?
- ▶ During staffing, to what extent does the FTC team focus on solving both system barriers and individual participant barriers preventing family engagement and success — versus simply reporting problems?
- ▶ What types of strengths-based, therapeutic responses to behavior does the FTC team use to engage (or re-engage) the parent in treatment and other services? When responding to behavior, does the team first modify treatment and service plans before relying on sanctions?
- ▶ What types of responses does the FTC team use that are, or could be perceived by parents as, punitive (e.g., jail, automatic change in permanency plan, reduced parenting time, return to phase one of FTC program)?
- ▶ Has the FTC team reviewed its identification, referral, and engagement processes as well as investigation reports, court reports, and related case management documentation to identify the prevalence of judgmental, biased, or other stigmatizing language in describing families? (See earlier sidebar, *Language Matters: The Shift to a Family-Centered Approach Begins with Words.*)

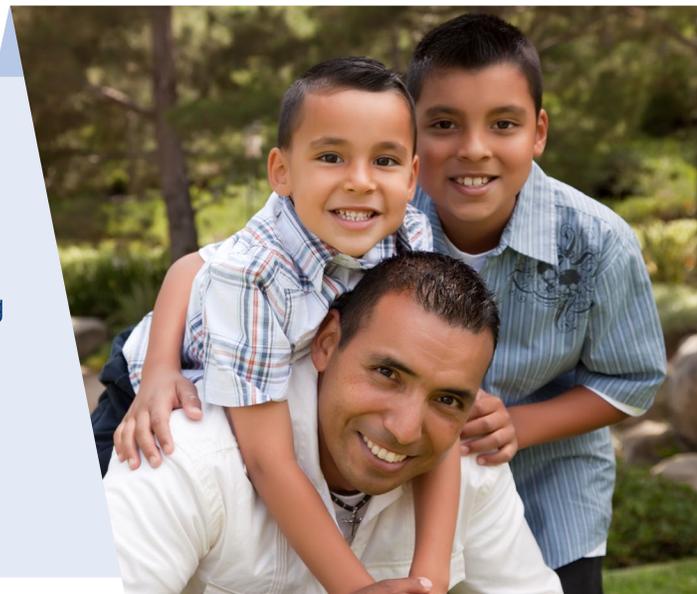


Eliminating jail as a sanction is “a huge deal for [families] to feel comfortable,” said one grantee team member. “Until we made the change, I didn’t realize how uncomfortable it made parents to have jail as a possibility. It allows the kids to trust more about our system too, so the kids are more bought-in. I have far fewer children talking to me about how little they trust the system.”



“We see a lot more about figuring out what’s actually getting in the way of them doing the things we’ve asked them to do and figuring out how we can remove some of those barriers, instead of sanctioning the client when they didn’t come to treatment. The court has changed to be more therapeutic and supportive of what’s going on with the clients.”

– Grantee team member



DRUG TESTING: A TOOL TO SUPPORT PARENTAL RECOVERY

In FTCs, drug testing is a standard practice the team uses to help monitor participants' substance use and treatment. However, drug testing is just one of many tools an FTC team should use to assess a participant's engagement and progress in treatment and recovery. Below are selected questions to help the team determine if its drug testing policies and protocols embody a non-punitive approach.¹³

Does the FTC team:

- ▶ Use drug testing as an opportunity to engage parents about their substance use and help facilitate recovery, rather than as a “gotcha” to catch them doing something wrong?
- ▶ Rely more on observed parental behavior versus the outcome of a single drug test in decisions about safety, child removal, parenting time, reunification, or termination of parental rights?
- ▶ Incorporate drug testing as just one of multiple assessment tools – rather than the driving factor – to inform, guide, and modify case planning?
- ▶ Understand the burden that frequent drug testing places on parents involved in multiple systems (child welfare, courts, and substance use disorder treatment)? Has the team successfully streamlined drug testing to reduce duplicate or inappropriate testing between all the systems working with parents?

¹³ For more guidance and considerations on developing and implementing appropriate drug testing policies and protocols, refer to Standard 5 in the [Family Treatment Court Best Practice Standards](#) (published by the Center for Children and Family Futures and the National Association of Drug Court Professionals) as well as the NCSACW's resource page on [drug testing in child welfare](#).



Guiding Principle #7:

The FTC and Partner Agencies are Trauma-Responsive to Parents, Children, and Families

Recognizing, understanding, and responding to each family member's trauma is central to a family-centered approach and critical to all FTC practices and operations. As one grantee team member emphasized, “Trauma is 100% impacting where [families are] and how they will reunify.” The FTC team presumes its children and parents have a history of trauma and seeks to reduce the likelihood that

participating in the FTC program will lead to further or recurring trauma.

Staff at all levels, across all involved systems and service agencies, must be trauma-responsive and use trauma-informed practices in their daily operations, processes, language, and interactions with families. For example, staff avoid using terms such as “no show,” “non-compliant,” or “resistant” to label a parent, when these behaviors may in fact reflect a parent's trauma response. Staff recognize that parents typically view court as a punitive setting, which can intensify parents' feelings of lack of control and exacerbate their existing trauma. The

“Because of a traumatic experience, because of a lot of political issues that have happened in Indian country, the family unit has been fractured for many years. Our traditions have been stripped down. You would hope that you have a strong parental unit, strong parents, that have passed on the knowledge that they had learned down to their kids. For a number of generations, that chain has been broken. Out here in this community, we’re trying to mend that. The family-centered approach is at its core.”

– Grantee team member



FTC judge and team members thus seek to create a safe environment where staff can converse and connect with parents, providing empowerment and respect, while still holding individuals accountable.

Viewing the family’s barriers and circumstances through a trauma-informed lens includes understanding how historical and racial trauma may affect families. These experiences may influence each individual and family’s participation and experience in the FTC program and how they respond to interventions and treatment. (See also [Guiding Principle #8](#) on the importance of cultural responsiveness.)

Overall, many family-centered guiding principles for the FTC team embody overarching trauma-informed principles (e.g., safety, empowerment and choice, collaboration, trustworthiness).¹⁴ Just as trauma-informed practice reframes the question to ask, “What happened to you?” instead of, “What is wrong with you?” a family-centered approach asks, “What does your family need to begin healing?” instead of “Why won’t you stop using alcohol and drugs?”

See [Lesson 7](#) for examples of how PFR grantees strengthened their capacity to account for a family’s trauma.¹⁵

14 Substance Abuse and Mental Health Services Administration (2014). [SAMHSA’s concept of trauma and guidance for a trauma-informed approach](#). HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

15 For more information and resources on trauma-informed courts, see the NCSACW’s resource page on [Trauma Issues Within Juvenile Justice, Family Drug Court and Other Justice Systems](#) and the National Drug Court Institute’s recorded webinar on [Trauma-Informed Treatment Courts](#).



Pause and Reflect:

How is Our FTC Team Doing? What Action Do We Need to Take?

Trauma-responsive culture

- ▶ To what extent is a commitment to being trauma-responsive embedded as a **core value** in the culture of the FTC team collectively and each of the partner agencies individually? How is that core value represented in the FTC team's formal policies and procedures related to trauma? Are these policies and procedures clearly communicated to participants?
- ▶ How does the FTC team's use of **language** to discuss and document a family's needs, circumstance, behavior, and progress reflect an understanding of trauma?
- ▶ To what extent is the **environment** of the court, treatment, and other settings where families receive services both physically and emotionally safe and comfortable? What intentional efforts do FTC team members (collectively and individually) make to create a calm, welcoming, and engaging environment for parents, children, and families?
 - For example, during court hearings, to what extent do the judge, FTC team, and other court staff demonstrate trauma-informed practices (e.g., no visible weapons, calm voices, refrain from threats, engage in active listening and responding, ask questions in a way that does not trigger a participant's trauma)?
- ▶ Have all agency leaders and staff at all levels (including receptionists, front lobby personnel, and security guards) been **trained on trauma** — including cultural and historical trauma

and trauma-responsive practices? What mechanisms are in place to promote ongoing cross-systems trauma training and education?

- ▶ How does the FTC team incorporate trauma in its **quality improvement processes**? For example, does the FTC team:
 - Regularly review intake, screening and assessment, and goal planning processes (within the FTC and across partner agencies) to identify and modify lengthy or duplicate questions?

"[Becoming more] trauma-informed has made an enormous difference. It changes the courtroom, who sits where, or how much talking [and] movement goes on. Those changes and our ability to manage [participants'] trauma contribute significantly to a parent's ability to be successful."

– Grantee team member



- Conduct a trauma-responsive assessment (such as a trauma walkthrough¹⁶) of the FTC as well as the individual partner agencies to identify and manage potential environmental triggers?
- Track measures that demonstrate the FTC's level of trauma-responsiveness?

Trauma-responsive practice

- ▶ Does the FTC team universally or routinely **screen and assess** parents and their children for trauma? How does the FTC team use that information to understand behaviors, deliver responses, and develop an integrated family case plan?
- ▶ Does the FTC team include **peer support** specialists with experiential knowledge of trauma or domestic violence to orient and support parents while guiding the team on how to best meet participants' needs?
- ▶ Has the FTC team eliminated jail as a sanction while strengthening the **use of therapeutic responses** to encourage behavioral changes; improve parent engagement and retention in FTC program and services; and promote positive child, parent, and family outcomes?



Guiding Principle #8:

The FTC Team is Culturally Responsive to Families

A family-centered approach means cultural responsiveness extends beyond the FTC team's provision of culturally appropriate direct services to encompass the team's interactions with families and each other. Cultural responsiveness must exist at all levels within the court and its partner agencies; this includes individual staff as well as broader organizational, program design, and implementation. All FTC team members (individually and collectively) must understand and respect cultural differences. They also must recognize their own potential biases as well as those of their agency to work effectively with families whose cultural contexts are different from their own.^{17,18}

Being culturally responsive also means individual FTC team members and their respective agencies recognize historical trauma (see [Guiding Principle #7](#)) and acknowledge systemic racism and its effects on families. The FTC team strives to adopt policies and practices that reduce disproportionality among participants, remove barriers to services, and improve equity in outcomes for all participants.

16 A trauma walkthrough is an organizational assessment and change process that includes all levels of staff from the FTC and its partners. It helps organizations and individuals examine how trauma responsive they are by identifying potential practices and procedures that may retraumatize clients and implementing strategies to mitigate them. Refer to Brown, V. B., Harris, M., & Fallot, R. (November 2013). Moving toward trauma-informed practice in addiction treatment: A collaborative model of agency assessment. *J Psychoactive Drugs*, 45(5),386–393. Also refer to Brown, V. B. (2018.) *Through a trauma lens: Transforming health and behavioral health systems*. New York, NY: Routledge.

17 See the Child Welfare Information Gateway's resource page on [Cultural Responsiveness](#).

18 Cultural responsiveness extends beyond race and ethnicity to encompass, for example, sexual and gender orientation, language, geography, physical and developmental disabilities, religion, culture, veteran status, income, and other factors that may characterize a particular group.

Finally, being culturally responsive involves more than sensitivity and awareness. It is not just about teaching the values, traditions, and practices of a particular group. It is instead about understanding behavior and why a group of people act or interact with court, child welfare, substance use disorder treatment, and other FTC professionals in a certain way. In tribal communities, for example, a handshake conveys the nature of the relationship. An individual will use a soft, fingertip handshake when they do not know the other person. As a Gila River Family Healing to Wellness Court team member noted, “If lawyers or others don’t know that, they may perceive the participant as weak or not strong when they shake the client’s hand. If we’re not teaching about that, what are [FTC professionals] thinking when they walk away from that handshake? They’re going to judge [parents] on the wrong scale.”

Pause and Reflect:

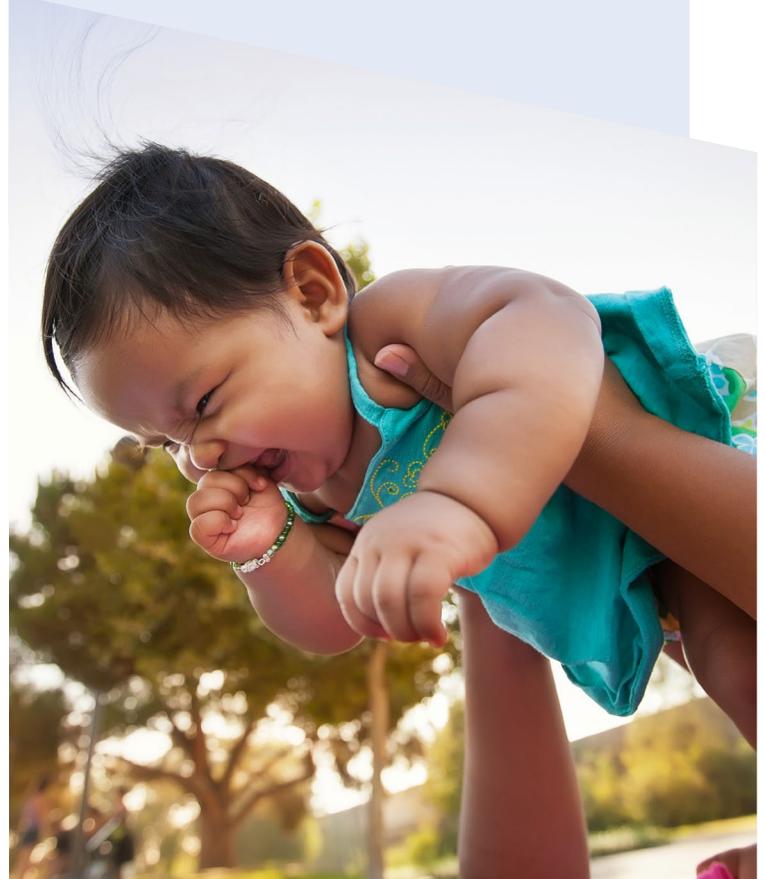
How is Our FTC Team Doing? What Action Do We Need to Take?

Culture and values

- ▶ Does the FTC team have a defined and established set of values and principles regarding cultural responsiveness incorporated into all aspects of policymaking, administration, practice, and service delivery?
- ▶ How are a family’s cultural beliefs, values, and traditions recognized and respected during the intake process, assessments, staffing and treatment meetings, court hearings, and other routine interactions with families?

“The FTC team needs to have policies that include some cultural aspects which allow participants to embrace their spirituality and own value and belief systems. For example, a policy that says, ‘Let me go see a traditional healer, or someone whom I value for change.’ It’s simple things that you bring back into that process. Even in the rewards system, there should be culture, not just a day and a diploma.”

– Grantee team member



- ▶ Do the FTC team's mission, vision, or goal statements include a commitment to diversity, equity, and inclusion?
- ▶ To what extent are the FTC team's core operations, standardized practices, and interactions with families non-discriminatory and free of bias, stereotyping, racism, and prejudice? How does the FTC team ensure all parents, children, and families are equally protected and supported, regardless of race, ethnicity, gender, sexual orientation, income, geographic location, veteran status, or other factors associated with one's cultural identity?

Staff training and knowledge

- ▶ To what extent does the FTC team have the understanding, knowledge, expertise, and resources to assess and proactively ensure services respect and respond to the cultural identities and needs of the parents, children, and families it serves?
 - Does the FTC team collaborate with service providers who reflect the makeup of the FTC's target population and have the knowledge and capacity to meet families' specific cultural needs?
- ▶ To what extent does the FTC team, leadership, and governance structure reflect the culture, race, ethnicity, and other demographics of the target population the FTC serves?
- ▶ Does the FTC team (collectively or through its individual partner agencies) provide or require implicit bias and other types of trainings to strengthen the cultural competence and responsiveness of all team members, including treatment and service providers? How does the FTC team promote and support positive and culturally responsive learning environments?

Program improvements

- ▶ How has the FTC team adapted its services or modified its program components, phasing, and overall service delivery practices (including the treatment and service matching process) to respond to the diversity and cultural contexts of the communities and families served?
- ▶ How does the FTC team incorporate attention to culture in the FTC and partner agency quality improvement processes? For example, does the FTC team:
 - Use any self-assessment or related tools to identify policies, programs, and practices that need revising to ensure cultural responsiveness?
 - Regularly review its eligibility criteria to ensure it is equitable in intent and effect?
 - Use data disaggregated by race, ethnicity, gender, or other demographics to identify issues of disproportionality and inequities in access, engagement, and outcomes?
- ▶ Has the FTC implemented strategies to obtain feedback from those most affected by inequitable conditions to identify needed program, practice, and policy changes to ensure equal access and equitable outcomes?

Guiding Principle #9:

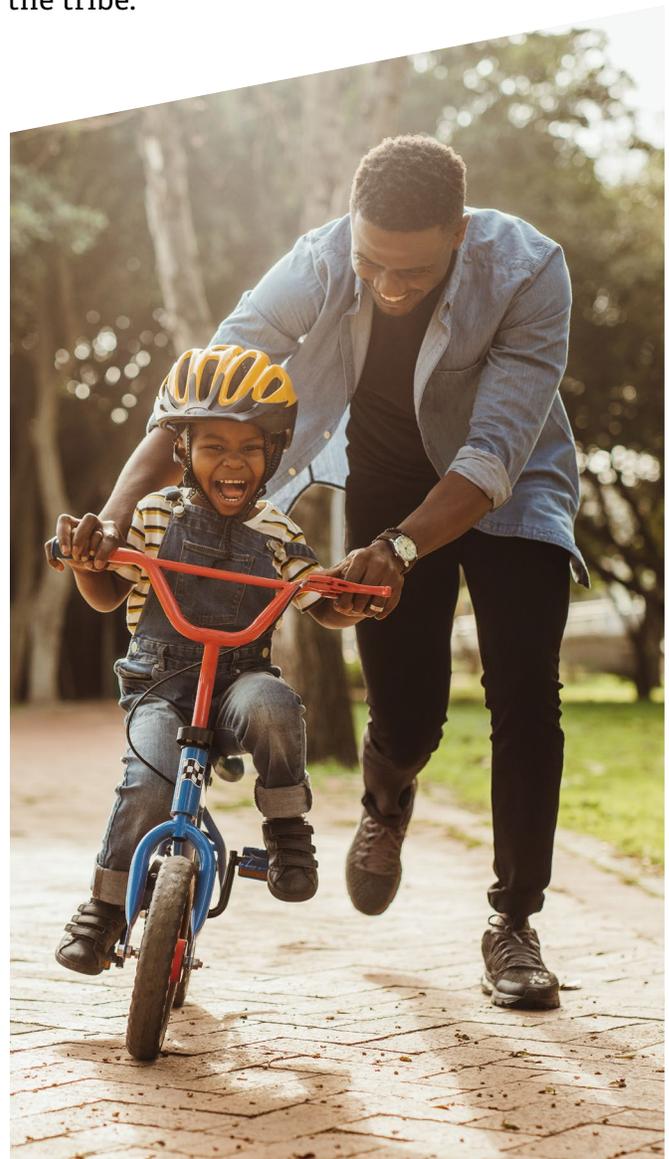
The FTC Team Defines and Measures Parent Progress and Success in Terms of Desired Behavioral Changes, Not Solely Compliance and Attendance

A family-centered approach involves treating parents and children in the context of their larger family systems, communities, and culture. The FTC team's agreed-upon process and outcome measures reflect this broader, holistic view. The team goes beyond monitoring a participant's completion of required services. It also assesses demonstrated behavioral changes that resolve the underlying reasons for the parent's involvement with the FTC and child welfare system. As active partners in the process (see [Guiding Principle #2](#)), parents provide input on what outcomes and behavioral changes are important to their families.

As one grantee team member noted, the FTC team stresses to participants, "Let's focus on what you need to do to demonstrate the behavior change, as opposed to going to [a specific] number of programs or being sober for 90 days. All that's great, but now let's drill down a little deeper on the behavior change."

FTC teams and all stakeholders will need to discuss their priorities and shared goals to incorporate other meaningful process and outcome measures that more fully

assess family well-being and success, reflect the values of the FTC team and its community, and help tell the FTC story. This is particularly true in tribal communities which may not collect standardized federal child welfare and substance use disorder treatment indicators. For example, some tribes will not terminate parental rights and therefore need to define and measure time to permanency in a way that is appropriate and relevant to the tribe.





In seeing their site's outcomes data for the first time, one grantee team member recalled: "[The team] was saying this doesn't tell the story of how treatment court has affected permanency, how it has affected any changes that families have made. [The data] really didn't tell the story. It led to a lot more questions. That 'aha' moment was also that we wish we had more data available and that we were reporting on more."

Pause and Reflect:

How is Our FTC Team Doing? What Action Do We Need to Take?

- ▶ Has the FTC team established quantitative and qualitative measures that assess and convey whole family well-being and functioning instead of relying on measures such as recidivism and graduation?
- ▶ How often does the FTC team review and assess (or reassess) its indicators of program success to determine if they align with the FTC's family-centered mission, goals, and desired results?
- ▶ How does the FTC also ensure the data it collects, analyzes, and uses has value, meaning, and relevance to other key stakeholders (e.g., policymakers, funders)?
- ▶ Has the FTC team documented what child, parent, and family-focused data elements each partner agency and system collect and how they can help measure progress toward a family-centered approach? Are existing FTC and partner agency data systems generally individual-focused rather than family-focused (i.e., child welfare collects data by child, substance use disorder treatment collects data by adult participant, court collects data by parent with abuse allegation)?
- ▶ What data are included in the progress reports that partner agencies (e.g., child welfare, substance use disorder treatment, parenting services) provide to the FTC? Do these data adequately document a family's progress and outcomes resulting from treatment and service participation or only report attendance?
- ▶ To what extent does the FTC team feel that the current quantitative and qualitative data collected and reported adequately represent the progress, challenges, and well-being of the whole family served by multiple systems?
- ▶ Do current data capture the diversity, culture, and complexity of the families who participate in the FTC as well as the family as defined by participants? What additional data does the FTC team need to provide context for program and family outcomes?



Guiding Principle #10:

A Family-Centered Approach Needs to be a Cross-Systems Effort Involving All Partners, Rather than Simply a Court Endeavor

Collaborative partnerships are the foundation of an effective and sustainable family-centered approach. PFR grantees reiterated that no one agency or system in isolation can meet the complex needs of children, parents, and family members affected by substance use disorders and child maltreatment. The systems have a shared responsibility to help families achieve and maintain safety, permanency, recovery, and well-being.

The family-centered approach may start within the FTC setting, but needs to permeate the larger dependency dockets, the child welfare system, substance use disorder treatment, early childhood, public health, and other agencies and individuals that serve and interact with families. All individuals

“Change can’t happen in a silo. Whether it’s within a family system, court system or child welfare system, you need to lean on each other to make progress.”

– Grantee team member

and systems must collectively embrace the shared value that parents, children, and families are most effectively served through a comprehensive, cross-systems, family-centered approach rather than by individual, fragmented systems of care. In short, all FTC team members and key stakeholders must agree a family-centered approach is the expectation, not the exception.



Pause and Reflect:

How is Our FTC Team Doing? What Action Do We Need to Take?

- ▶ Do pre-court staffing meetings include all the people who can provide needed information about each family member and the whole family’s well-being and progress in services? If not, who’s missing? Where are the information gaps?¹⁹



19 Participants in the staffing regularly include the judge, coordinator, case manager, parent’s counsel, guardian ad litem or children’s counsel, prosecuting attorney, treatment staff, child welfare caseworker, and other representatives with information critical to the family’s overall well-being.

- ▶ Has the FTC team established memorandums of understanding and interagency agreements, including formal data- and information-sharing agreements, among system partners that demonstrate a commitment to a comprehensive family-centered approach?
- ▶ How do the budgets of the FTC and all partner agencies reflect a commitment to, and support a family-centered approach? Has the FTC team developed or secured funding, payment structures, and service contracts that provide adequate flexibility to meet the emergent needs of family members?
- ▶ Has the FTC team identified the current landscape of related family-centered work among key partners and other stakeholders? Has the FTC team determined how it can work together with other initiatives to maximize available resources (human, financial, and physical) to advance a family-centered approach and reach more families?
- ▶ How do the FTC's desired outcomes align with the outcomes of other related systems reforms initiatives at the local, county, tribal, and state level?
- ▶ Which effective family-centered FTC practices have been or have the potential to be institutionalized in systemwide policies and priorities beyond the FTC's jurisdiction? Has the FTC team identified which effective practices and interventions demonstrate a readiness for expansion and replication, and which systems might be ready to take them to scale?
- ▶ Has the FTC assessed to what extent the necessary supports and infrastructure are in place to advance a cross-systems family-centered approach (e.g., widespread leadership, buy-in, and political will)?

Conclusion

The PFR grantees acknowledged that becoming truly family centered requires hard work, patience, and commitment to continuous improvement. It takes time for the guiding principles to blossom first within the FTC team and then branch out to the larger systems. Achieving family-centered systems change requires effective collaboration, transparency, information sharing, mutual trust, collective learning, and adaptation. It also involves thoughtful and honest self-reflection of individual and organizational practices and policies within the FTC team and at each partner agency.

Ensuring both the FTC team and larger systems understand the complexities of a family-centered approach and embrace shared accountability and urgency for advancing such an approach is an essential first step. Moreover, a family-centered approach requires practice. FTC team members need consistent opportunities to engage with a family-centered vision and take part in continued learning, reflection, and growth.

Children and Family Futures hopes the lessons and insights of the round 2 PFR grantees that informed this resource (and the full PFR [Knowledge Application Series](#)) can help other FTC teams shift the way they think about, work with, and support families to help improve parent, child, and family outcomes.

Family-Centered FTC Staffing Sessions Checklist

✓ DO

- ✓ Involve a broad range of service providers and agency partners to obtain a complete picture of the family's progress, strengths, and barriers
- ✓ Immediately raise children's status, health, well-being, education, development, behavior, service needs, and progress
- ✓ Discuss what is going on with the children and parent's interaction and bonding
- ✓ Discuss quality and frequency of parenting time directly — including progress, concerns, observed behavioral changes, and the experiences of the parent and child
- ✓ Talk about the clinical and related service and support needs of the whole family
- ✓ Discuss the parent's housing, employment, physical health, and other related basic needs
- ✓ Discuss each family's progress and celebrate their accomplishments and successes
- ✓ Focus on a parent's progress, positive behavioral changes, and skills development that show improved parenting capacity and family functioning
- ✓ Discuss ways to strengthen a family's protective factors to enhance safety, permanency, and well-being
- ✓ Routinely engage in problem-solving, action-oriented discussions (e.g., identify the "why" behind behavior, connect the parent and family to additional needed services and supports)
- ✓ Focus on needs, strategies, and therapeutic responses to increase participant engagement and retention
- ✓ Incorporate the parent, child, and family voice in team decision-making
- ✓ Use person-first, non-stigmatizing language and objective behavior-based descriptors when talking about parents and their children and families
- ✓ Refer to all family members by name

✗ DON'T

- ✗ Include only court, child welfare, and substance use disorder treatment staff
- ✗ Talk only very generally (or not at all) about how the children are doing while focusing solely on parental treatment progress
- ✗ Ignore the participant's role as a parent and overlook the dynamics of the parent-child relationship and overall family functioning
- ✗ Report whether and when parenting time occurred and if the parent violated any aspect of the plan (e.g., did not show up on time or bring needed materials)
- ✗ Focus only on the parent's substance use disorder treatment needs
- ✗ Focus only on the parent's substance use disorder treatment needs
- ✗ Discuss only those families in non-compliance and only talk about a family's problem areas
- ✗ Focus primarily on a parent's program and treatment compliance and parenting class attendance
- ✗ Dwell on risk factors and harm preventing a family's reunification
- ✗ Limit discussion to problem-reporting (e.g., stating that the parent missed an appointment)
- ✗ Focus on punitive responses to compliance issues
- ✗ Unilaterally decide what is best for the parent, child, and family without their input
- ✗ Use subjective, biased, and judgment-laden language that may further stigmatize a parent, child, and family
- ✗ Refer to family members only in the context of their role (e.g., mom, grandma, dad)

For additional guidance on family-centered staffing sessions and court hearings, watch CFF's animated video, and listen to the May 2021 FTC Practice Academy session, [Putting the Pieces Together: Applying a Family-Centered, Problem-Solving Approach to Family Treatment Court Staffing and Court Hearings](#).



Children and Family Futures

Strengthening Partnerships, Improving Family Outcomes

Children and Family Futures (CFF) is a national nonprofit organization based in Lake Forest, California that focuses on the intersections among child welfare, mental health, substance use disorder treatment, and court systems. CFF has over two decades of experience in practice, policy, and evaluation arenas to support tribes, states, regions, and communities in their efforts to improve outcomes for children and families. We believe parents with mental health and 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, we recognize 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 prevent child abuse and neglect while improving safety, permanency, well-being, and recovery outcomes with equity for all children, parents, and families affected by trauma, substance use, and mental disorders.



The mission of the [Doris Duke Charitable Foundation](http://www.dorisduke.org) is to improve the quality of people's lives through grants supporting the performing arts, environmental conservation,

child well-being, and medical research, and through preservation of the cultural and environmental legacy of Doris Duke's properties. The mission of the foundation's Child Well-being Program is to promote children's healthy development and protect them from abuse and neglect. To that end, DDCF takes a funding approach that centers on intergenerational work that bolsters culturally, geographically, and locally relevant programs with and for communities to foster the long-term well-being of families. To learn more, visit www.ddcf.org.

THE DUKE ENDOWMENT

Based in Charlotte and established in 1924 by industrialist and philanthropist James B. Duke, [The Duke Endowment](http://www.dukeendowment.org) is a private foundation that strengthens communities in North Carolina and South Carolina by nurturing children, promoting health, educating minds, and enriching spirits. Since its founding, The Duke Endowment has distributed more than \$4 billion in grants. The Endowment shares a name with Duke University and Duke Energy, but all are separate organizations. To learn more about the Endowment, visit www.dukeendowment.org.