




## Anchorage Family Care Court (FCC) and Family Preservation Court (FPC)

January 25, 2012

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<http://www.nccaw.samhsa.gov/>




A Program of the

Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment

and the

Administration on Children, Youth and Families  
Children's Bureau  
Office on Child Abuse and Neglect



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Administration for Children and Families  
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## Agenda

- Welcome, Introductions and Opening Remarks
- Anchorage Family Drug Courts: Past and Present
- Setting the Context: Challenges, Barriers and Opportunities
- Break
- Survey Results and Discussion
- Consensus Activity: Mission Statement, Target Population and Goals
- Lunch
- Report Out on Consensus Activity: Mission Statement, Target Population and Goals
- Break
- Developing a Plan to Create and Sustain Change
- Next Steps, Comments, Questions and Closing Remarks




## Welcome and Introductions

The Honorable Judge Tan

Robert Polley, Acting Court Improvement Program Coordinator, Alaska Court System

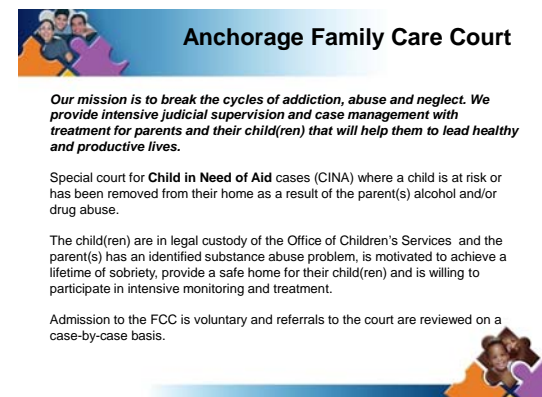
Phil Breitenbucher, Program Director, National Family Drug Court TTA Program



## Overview of Anchorage Family Drug Courts: Past and Present

*Michelle Bartley, ACS, Therapeutic Courts Program Coordinator*

*Desiree Sang, ACS, Project Coordinator-Care Court and Preservation Court*



## Anchorage Family Care Court

***Our mission is to break the cycles of addiction, abuse and neglect. We provide intensive judicial supervision and case management with treatment for parents and their child(ren) that will help them to lead healthy and productive lives.***

Special court for **Child in Need of Aid** cases (CINA) where a child is at risk or has been removed from their home as a result of the parent(s) alcohol and/or drug abuse.

The child(ren) are in legal custody of the Office of Children's Services and the parent(s) has an identified substance abuse problem, is motivated to achieve a lifetime of sobriety, provide a safe home for their child(ren) and is willing to participate in intensive monitoring and treatment.

Admission to the FCC is voluntary and referrals to the court are reviewed on a case-by-case basis.

## Eligibility Criteria

- Must be 18 years of age or older with no prior 3 convictions for murder, manslaughter, arson, robbery or sexual offenses;
- Ability to engage both mentally and physically in the AFCC and all required treatment services;
- Current CINA case with a reunification plan on file;
- Must not have a Termination of Parental Rights (TPR) petition filed in court; and
- While priority is given to those with previous treatment attempts, applicants must not have had more than five treatment attempts within the past 24 months.

## Anchorage Family Preservation Court

AFPC was established in December 2009

A voluntary program that serves families where a child is at risk from being removed from their home, primarily as a result of the parent's alcohol and/or drug abuse.

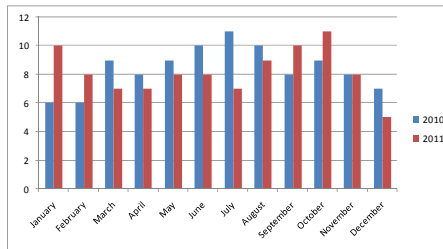
## Screening Criteria

- Parental substance abuse is identified in the home
- Safety assessment process identifies that if parent becomes engaged in treatment immediately the child(ren) could remain in the home
- Parent is motivated to begin treatment immediately and maintain placement of their child(ren) in their home
- Parent does not have a significant (to be determined by team) DV history
- Parent does not have any prior termination of parental rights or relinquishments
- Parent does not have a history of sexual offenses
- CINA case has not been active for more than 6 months
- Parent does not appear to have a cognitive impairment that would interfere with their ability to parent or complete treatment
- The petition is a non-emergency petition

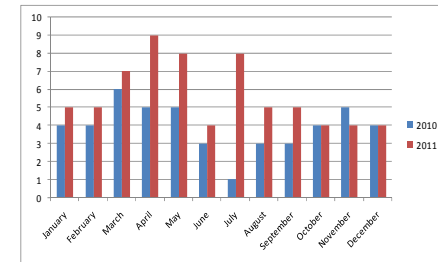
## Anchorage Family Drug Court Data


	FCC	FPC
Overall Capacity	15	15
Number of Clients Enrolled	21	18
Number of Graduates	3	5
Total Number of Drop Out/Terminated Clients	12	12
• Drop out Phase I	4	2
• Drop out Phase II	0	2
• Drop out Phase III	0	N/A
• Administrative Discharges	8	8

## FCC Participant Data



## FPC Participant Data







## Demographics Parents

- Gender: 100% Female
- Age Range:
  - Almost half age 20-29
- Ethnicity:
  - Caucasian: 63%
  - Alaska Native: 27%
- 72% of Participants Engaged in Prior SA Treatment
- Drug of Choice
  - Half are poly substance users
  - One quarter abuse heroin



AFCC Participant Admission Demographics 7/10-6/11

## Demographics Children



- 24 Children
- Age Range
  - Less than 1 Year: 16%
  - 1 - 5 Years: 54%
  - 6 - 10 Years :12%
  - 11 - 15 Years:12%
- Ethnicity
  - Caucasian: 29%
  - Alaska Native: 62%
  - African American: 4%
- Placement Status
  - In Home (w/Parent) and Safety Plan/Relative: 45%
  - Relative: 37%
  - Foster Care: 12%

AFCC Child(ren) Admission Demographics 7/10-6/11



## Data & Outcomes

- The graduation rate for the AFCC (29%) is on par with but on the very low end of the range of family drug court programs nationally (29% to 81%).
- On the whole, AFCC participants are equally as likely to reunify with their children (52%) as are parents with substance abuse problems who are traditionally adjudicated (51%).
- The reunification rate was substantially higher (85%) among AFCC graduates than the group opting out (32%).



## Data & Outcomes

- Children of AFCC participants experienced slightly fewer placement changes and spent less time in foster care than comparison groups.
- AFCC cases stay open longer than other comparison cases. Time to court case closure for AFCC participants (670 days) was longer than for those who did not matriculate into the program (605 days) as well as the comparison group of parents not referred to the AFCC program (578 days).


## Data & Outcomes

- Children of AFCC participants are equally likely to experience subsequent maltreatment (12%) as do children in the comparison group of families not admitted to the program (15%) and the comparison group of eligible, but unidentified families involved in the child welfare system (11%).
- The combined savings generated from less criminal activity (\$95,230) and fewer days in out-of-home placements (\$279,055) does not exceed the annual operating costs of the AFCC program (\$425,198).
- AFCC per-person savings (\$5,347) is only half the necessary per-person costs (\$10,124) required by the program to break even.

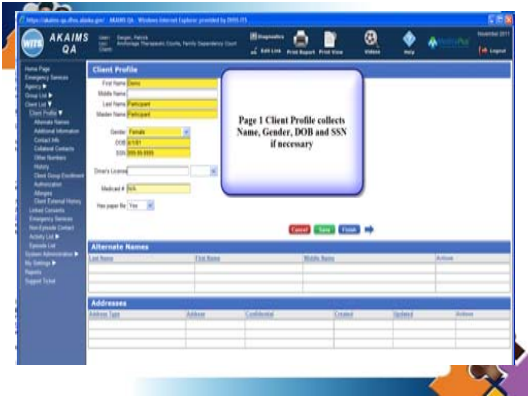
## Evaluation Recommendations

1. Expand the operational capacity of the Alaska Family Care Court (AFCC)
2. Revise admissions-related procedures and increase the pool of eligible referrals
3. Revise how participant progress reports are updated
4. Develop a more formalized system of graduated sanctions and incentives
5. Develop a management information system to meet the specific needs of the Anchorage Family Care Court
6. Develop standards for continuing interdisciplinary education for FCC team members
7. Consider changing the FCC model



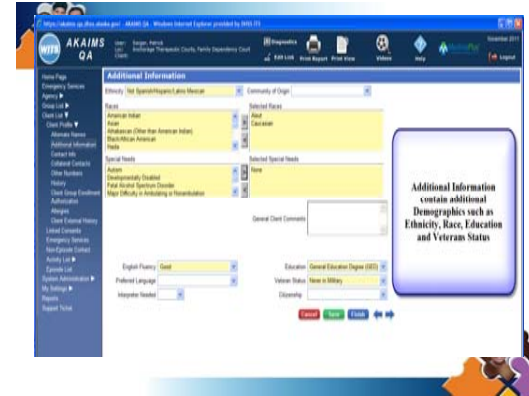
## Progress on Recommendations

- Develop a management information system to meet the specific needs of the Anchorage Family Care Court



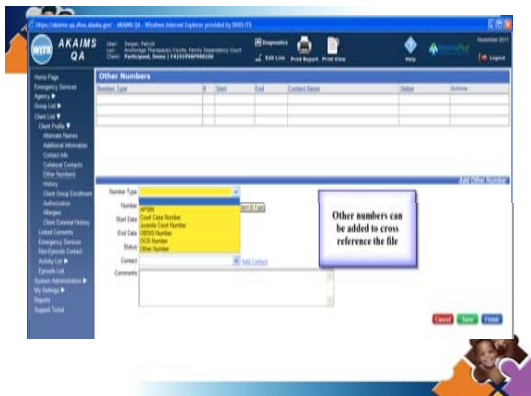
Page 1 Client Profile collects Name, Gender, DOB and SSS if necessary

The screenshot shows the 'Client Profile' form in the AKAIMS QA system. It includes fields for Name (First, Middle, Last), Gender, Date of Birth (DOB), and Social Security Number (SSN). There are also sections for Alternate Names and Addresses.



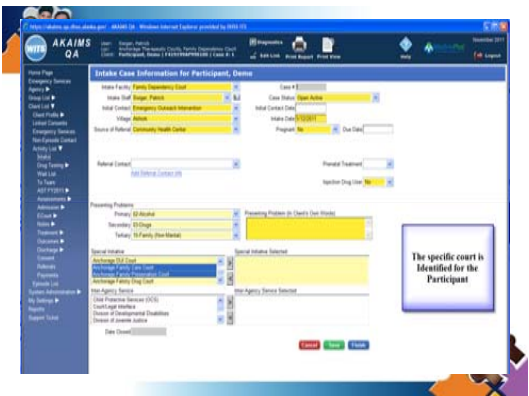
Additional Information contains additional Demographics such as Ethnicity, Race, Education and Veteran Status

The screenshot shows the 'Additional Information' form in the AKAIMS QA system. It includes fields for Ethnicity, Race, Education (General Education Degree (GED)), and Veteran Status (New or Military).



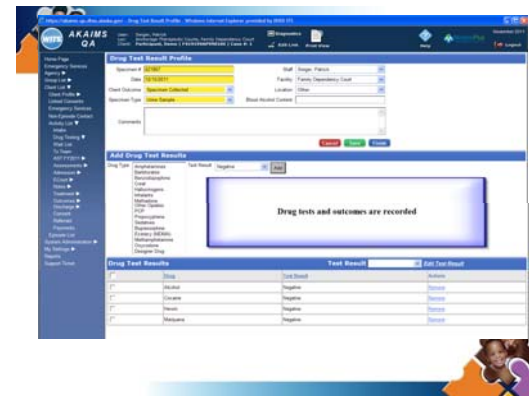
Other numbers can be added to cross reference the file

The screenshot shows the 'Other Numbers' form in the AKAIMS QA system. It includes a table with columns for Name, Type, Date, and Status. There are also fields for Name, Type, Date, and Status.



The specific court is identified for the Participant

The screenshot shows the 'Intake Case Information for Participant, Demographics' form in the AKAIMS QA system. It includes fields for Intake Facility, Family Court, Case #, and Intake Date. There are also sections for Placement, Social Services, and Agency Services.



Drug tests and outcomes are recorded

The screenshot shows the 'Drug Test Results' form in the AKAIMS QA system. It includes a table with columns for Drug Test, Date, and Outcome. There are also fields for Drug Test, Date, and Outcome.



## New Partnerships, Creative Approaches



The need for immediate and efficient intervention became overwhelming important in the face of implementing the Adoption and Safe Families Act

## Implications of ASFA (1997)

- Adoption and Safe Families Act, enacted in 1997 sought to address:
  - Cases lingering in the court system as parents cycled in and out of treatment
  - Children left in foster care for months or even years – (aka foster care drift)
- Emphasis on establishing permanency within federally mandated timeframes
- Created a need to find effective responses to substance abuse and child maltreatment within families

## Common Ingredients of FDCs in 2002 Process Evaluation

- System of identifying families
- Earlier access to assessment and treatment services
- Increased management of recovery services and compliance
- Responses to participant behaviors (sanctions & incentives)
- Increased judicial oversight

## Common FDC Outcomes

Safety (CWS)	Permanency (Court)	Recovery (AODS)
<ul style="list-style-type: none"> <li>• Reduce re-entry into foster care</li> <li>• Decrease recurrence of abuse/neglect</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce time to reunification</li> <li>• Reduce time to permanency</li> <li>• Reduce days in care</li> </ul>	<ul style="list-style-type: none"> <li>• Increase engagement and retention in treatment</li> <li>• Increase number of negative UA's</li> <li>• Increase number of graduates</li> </ul>

## The Present



## Family Drug Court Outcomes

- Parents enter treatment sooner
- Parents stay in treatment longer
- Parents complete treatment more often
- More reunifications
- Fewer incidents of non-compliance.
- Cost Savings



## Mendocino County, CA

- **77.6%** of FDDC adults entered treatment within one week of assessment date
- **63.2%** of FDD adults were successfully discharged from treatment; **78%** of FDDC adults who graduated FDDC successfully completed substance abuse treatment
- **81.1%** of the children whose parents graduated from the FDDC reunified within 12 months
- FDDC children averaged **375 fewer days** in foster care than the children in the comparison group
- FDDC children had lower recurrence rates of maltreatment compared to California and National rates
- The culmination of positive child welfare outcomes generated a cost savings of **\$1,010,118.30** due to shorter lengths of stay in foster care.



## Sacramento County DDC Year 7 Outcome & Process Evaluation Findings

- 74.3% of children of parents who graduated from the DDC are **living with their parents three years later**
- Half of the children of parents who were continuously compliant for 90 days with their recovery were living with their parents
- DDC children have significantly **higher reunification rates** than the comparison group at 12, 18, 24, and 36 months after starting the DDC
- The increased reunification rates for the DDC group led to substantial **foster care savings**.



## Sacramento County DDC Scale

- In Year 8, DDC children represented 31.7% of the children in Sacramento Child Welfare System
- DDC children have represented an increasingly larger percentage of children in protective custody with intake petitions filed
- DDC children have consistently comprised nearly one third of all petitions filed (except in Year 7).



## Baltimore, Maryland FDC

- Average **length of stay in treatment** was significantly longer (138 days vs. 82 days)
- Stronger likelihood of **completing treatment** (64% vs. 36%)
- Children whose parents participated in FDC spent significantly **less time in out-of-home placement** (252 days vs 346 days)
- Cases resulted in significantly **more reunifications** (70% of families vs. 45%)
- The culmination of positive child welfare outcomes generated a **cost savings** of \$1,095,598 for 200 served families or \$5,478 per family.



## Santa Clara, CA and Washoe, NV FTDC

- 55-60% increases in the **length of stay in treatment** services for participants
- 40%-54% increases in the rates of **treatment completion** for participants
- 14-36% reductions in the **number of days spent in out-of-home placements**
- 42-50% increases in the **percentage of children reunified** with their mothers

\* NPC Research March 2007



## Marion County, Oregon Cost Savings

- A criminal justice, treatment, and child welfare system cost savings per participant = \$13,104 over 2 years
- A projected 130% return on investment after 2 years
- A projected 330% on its investment after 5 years
- A clear benefit to participants and to society in choosing the FATC process vs. traditional court

\* NPC Research



## Jackson County, Oregon Cost Savings

- Program investment - \$12,147 per CFC participant
- Cost due to recidivism, treatment and foster care usage over 4 years = \$29,694 (vs \$35,287 comparison individual).
- A criminal justice treatment, and child welfare system cost savings of \$5,593 per participant over 4 years
- A 106% return on its investment after 5 years.

\* NPC Research

## Drug Courts: Ease State Budgets & Reform Justice Systems

- Governors from Georgia, New Jersey, Tennessee, and Virginia have made Drug Courts a priority in 2012.
- Forefront of justice reform efforts as a solution to overburdened budgets, overcrowded prisons, and families torn apart by drug addiction and crime

NADCP, January 2012



## ASAM Definition of Addiction

**“Addiction is a primary, chronic disease** of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.”

Adopted by the ASAM Board of Directors 4/12/2011



## ASAM Definition of Addiction

- Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response.
- Like other chronic diseases, addiction often involves cycles of relapse and remission.
- Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

Adopted by the ASAM Board of Directors 4/12/2011



## A Snapshot of Challenges and Barriers Faced by FDCs



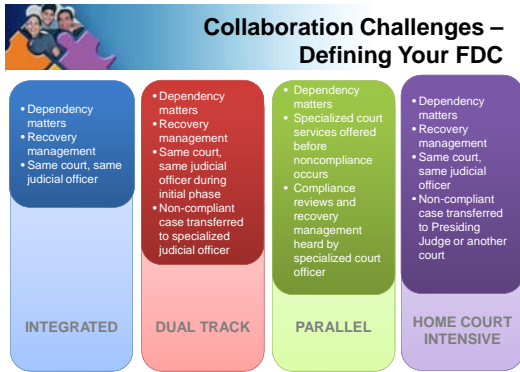
- FDC Needs Assessment
- Site visits, data, and observation
- Technical assistance requests



## FDC Needs Assessment Findings: Challenges and Barriers

- Collaboration challenges
- Screening and assessment – referral processes
- Engaging and retaining clients
- Comprehensive programs – children's services
- Performance measures/data collection
- Budget/sustainability – scale and scope

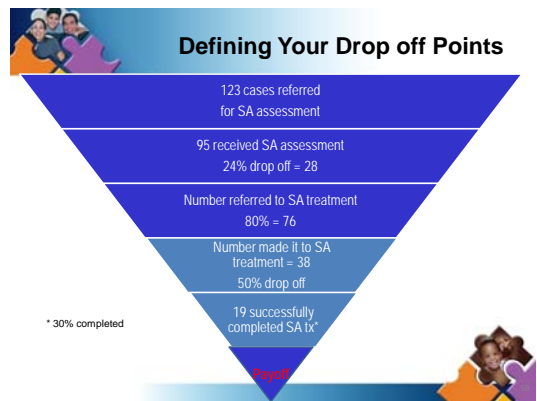




- ### Collaboration Challenges – Policies and Procedures
- Lack of or inconsistent participation or buy-in from one or more critical partners: child welfare, substance abuse treatment, judges, attorneys
  - Confidentiality issues not resolved; information and data sharing problems
  - Competing timeframes, lack of coordinated case planning
  - Time to meet as team
  - Lack of appropriate community resources
  - Issues of collaboration among agencies in understanding and working toward shared outcomes

- ### Screening and Assessment – Referral Processes
- Target population and process for identifying FDC clients is often unclear or inconsistently applied
  - No standardized screening for substance use disorders prior to referral to FDC
  - Sites are not at capacity and/or it is unclear how capacity rates have been established
  - Sites have exclusion criteria for serious mental health issues, felonies, and domestic violence; others deal with these as co-occurring issues

- ### Engaging and Retaining Clients
- Clients are given phone numbers or list of resources and instructed to call for assessment
  - Clients report lack of understanding with FDC requirements and expectations - especially in the beginning
  - Lack of consistency in responses to client behavior
  - No clear incentives for client participation
  - Time of groups; competing priorities (e.g. work vs. FDC requirements)
  - Issues of treatment availability and quality



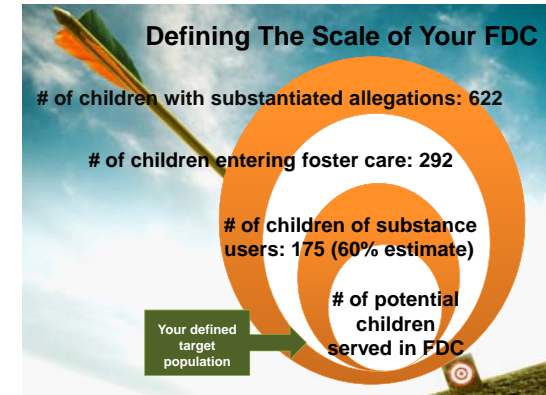
- ### Comprehensive Programs – Children’s Services
- Very little mention of services to children, though serving the family is one of primary differences between adult and family drug courts
  - A few sites focus on 0-3, 0-5 and Substance Exposed Newborns with partnerships that focus on parent/child interaction and developmental/health programs for young children.
  - Utilizing CAPTA and Part C partners

## Performance Measures and Data Collection

- Lack of prevalence data demonstrating the extent of substance abuse among child welfare population
- No uniform data collection; inability to measure effectiveness of program
- Lack of long-term data on child welfare and recovery outcomes; only while client is enrolled in DDC

## Budget and Sustainability

- Need for ongoing champions; challenge with turnover of judges
- Some FDCs operate as “projects” or “boutique courts”
- Inherent limitations on scale and scope in some FDC models
- No standardized cost analysis of total program cost or cost savings
- Lack of sufficient data on program effectiveness
- Resource problems worsened by State and local fiscal crises



## Defining the Scale and Scope

### Scale:

To what extent can FDCs respond to the full range of treatment needs among the child welfare population—as opposed to remaining marginal to the whole system or “boutique courts?”

### Scope:

To what extent can FDCs respond to the full range of co-occurring needs among the child welfare population—mental illness, family violence, family income and employment issues, developmental delays?

## The Project vs. The System

Some FDCs focus so heavily upon their project that they become isolated from the larger child welfare system, resulting in:

- Inability to track impact on the larger system
- Inability to develop to large enough scale to impact larger system

Isolation from the larger child welfare system results in:

- Continued marginalization for families affected by parental substance use

## The Project vs The System

The lack of Integrated or Coordinated Data and Information systems results in:

- Insufficient in-depth documentation of treatment and child welfare outcomes to enable evaluation of scale issues over time
- Lack of comparison between FDC child welfare outcomes to the entire child welfare caseload
- Lack of accurate data on caseload overlap among child welfare, treatment, mental health, child development, and other agencies
- Inability to determine if FDC results are able to “move the needle” in the larger child welfare system

## Barriers to Going to Scale

- Preference for manageable caseloads and project-level scale
- Time requirements of intensive client case management
- Lukewarm buy-in from child welfare and treatment agencies, resulting in low referrals or screened-out clients due to narrowed eligibility requirements
- Desire to retain fidelity to an FDC model that may not have been developed at scale
- Inability to sustain funding for an FDC model beyond the level of single project

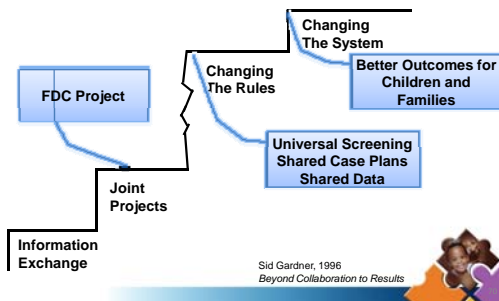
## Barriers to Expanding FDC Scope

- Resistance to engaging with other systems
  - Work load and effort – The “It’s Just one more Thing” Syndrome
- Other agencies’ resistance to coordination with a caseload defined by child welfare
- Clarity in roles and responsibilities
  - Assessment of substance use disorders
  - Referral to treatment
  - Coordination of services (mental health, housing, vocational training, etc.)
- Gaps in resources

## So How Did the Big Ones Get So Big?

- Judicial leadership in convening interagency players and tracking outcomes over time
- Child welfare, treatment agency and parents’ attorney buy-in based on recognition that FDCs could directly improve their own outcomes
- Data systems and case management tracking that focused on both FDC project and larger system
- Annual evaluations that included cost offset data powerful enough to convince policy leaders to expand FDCs

## Getting Better at Getting Along: Four Stages of Collaboration



## Focusing on Institutional Change

While many FDCs are able to “collaborate” at the level of FDC “project,” the ingredients for real systems change may not yet be present:

- Universal substance abuse screening for all parents involved with child welfare
- Universal child maltreatment screening for parents involved in substance abuse treatment
- Joint (SA/CW) case planning and monitoring
- Shared data systems
- Shared outcomes

## Anchorage Results of the Collaborative Values Inventory (CVI)

January 2012

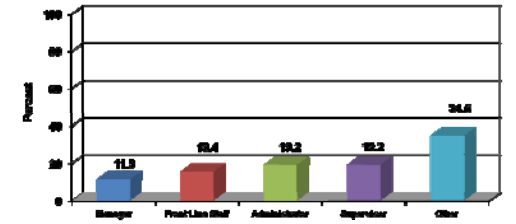
## Purpose

- To assist in clarifying the underlying values in collaborative work
- To assist in the development of common principles and goals
- To uncover differences in values that may impede future progress in cross-system collaboratives

## Demographics

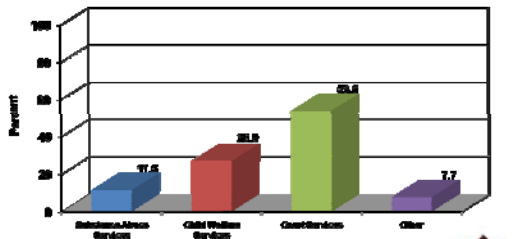
- Mean Age = 49.6
  - Range 33 to 74
- N=25
  - Years of Experience = 16.27
- Range 1 to 32
- N=26
- 76.9% Female
- 23.1% Male

## Staff Level



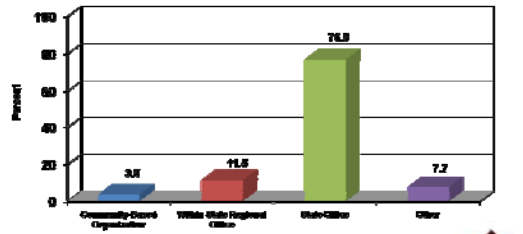
N = 26

## Area of Primary Responsibility



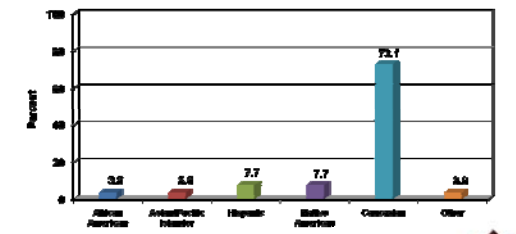
N = 26

## Jurisdiction of Agency/Court



N = 26

## Race/Ethnicity



N = 26

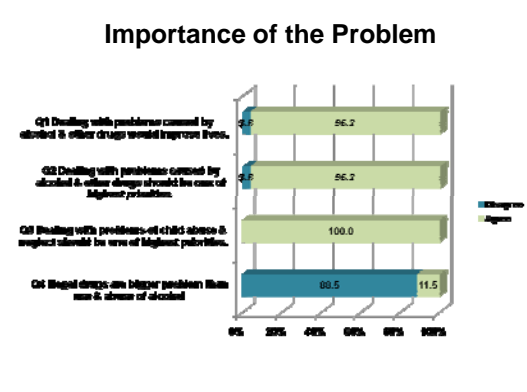
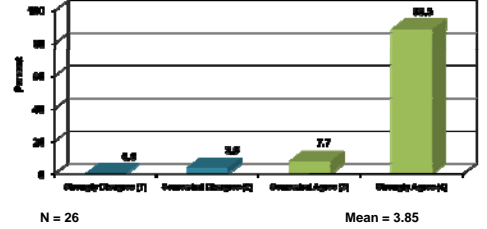
### Scale Rating

Strongly Disagree	= 1
Somewhat Disagree	= 2
Somewhat Agree	= 3
Strongly Agree	= 4

### Importance of the Problem

### Importance of the Problem

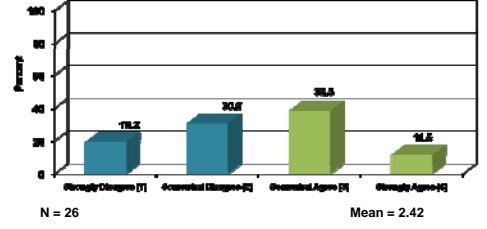
1. Dealing with the problems caused by alcohol and other drugs would improve the lives of a significant number of children, families, and others in need in our community.



### Community Involvement

### Community Involvement

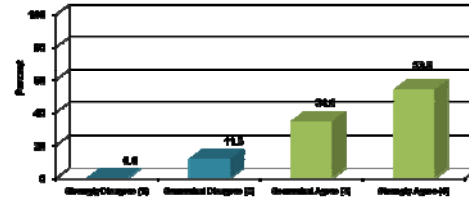
35. The most important causes of the problems of children and families cannot be addressed by government; they need to be addressed within the family and by non-governmental organizations such as churches, neighborhood organizations, and self-help groups.





### Addiction and Parenting

5. People who abuse alcohol and other drugs have a disease for which they need treatment.

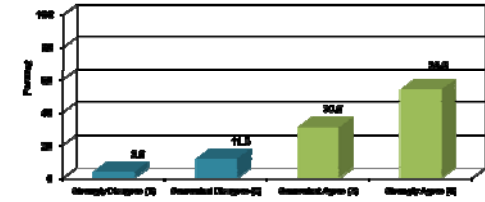


N = 26

Mean = 3.42

### Addiction and Parenting

6. People who are chemically dependent have a disease for which they need treatment.

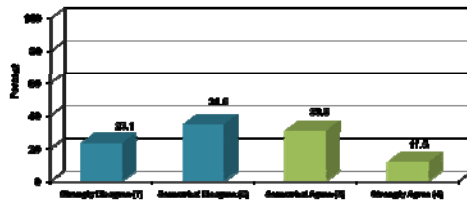


N = 26

Mean = 3.35

### Addiction and Parenting

8. There is no way that a parent who abuses alcohol or other drugs can be an effective parent.

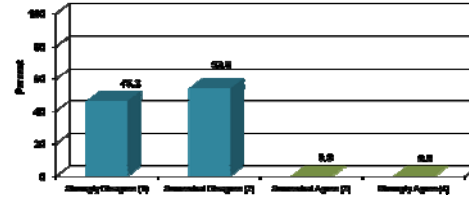


N = 26

Mean = 2.31

### Addiction and Parenting

9. There is no way that a parent who uses alcohol or other drugs can be an effective parent.

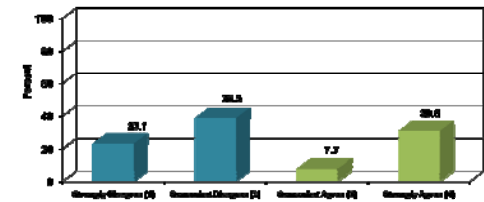


N = 26

Mean = 1.54

### Addiction and Parenting

10. There is no way that a parent who is chemically dependent on alcohol or other drugs can be an effective parent.

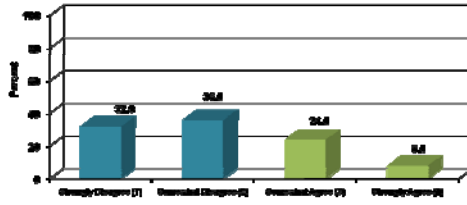


N = 26

Mean = 2.46

## Addiction and Parenting

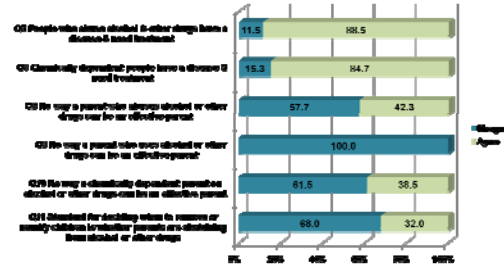
11. In assessing the effects of the use of alcohol and other drugs, the standard we should use for deciding when to remove or reunify children with their parents is whether the parents are fully abstaining from use of alcohol or other drugs.



N = 26

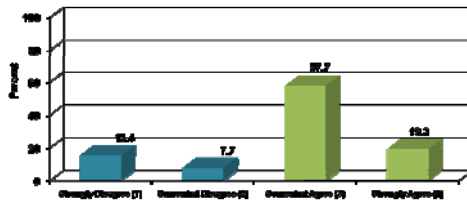
Mean = 2.08

## Addiction and Parenting



## Non-Compliance and Sanctions

12. Parents who have been ordered to remain clean and sober should face consequences for non-compliance with those orders.

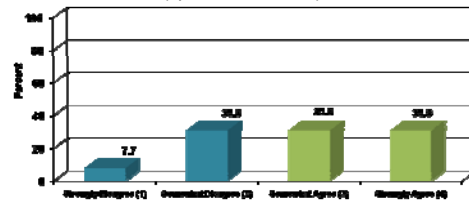


N = 26

Mean = 2.86

## Non-Compliance and Sanctions

34. The dependency courts should provide increased monitoring of parents' recovery as they go through substance abuse treatment, and should use the power of the court to sanction parents if they don't comply with treatment requirements.



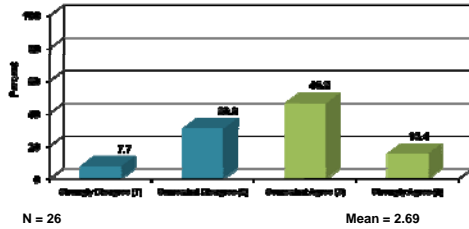
N = 26

Mean = 2.85



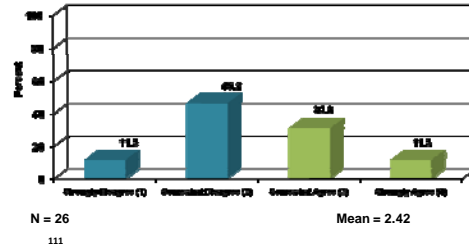
### Collaborative Issues

33. In our community, the judges and attorneys in the dependency court and the agencies delivering services to children and families are sometimes ineffective because they don't work together well enough when they are serving the same families.



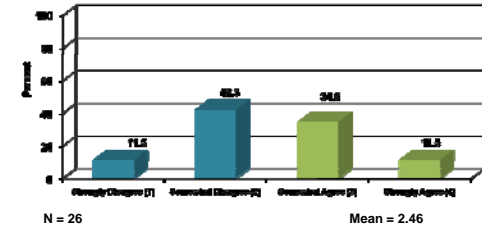
### Collaborative Issues

37. Our judges and attorneys' response to parents with problems of addiction is generally appropriate and effective.



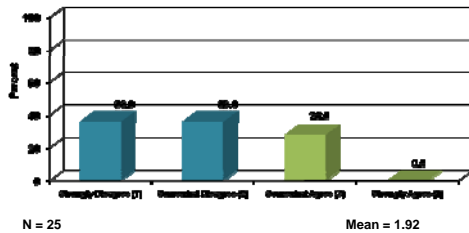
### Collaborative Issues

43. I believe that confidentiality of client records is a significant barrier to allowing greater cooperation among alcohol and drug treatment, children's services agencies, and the courts.

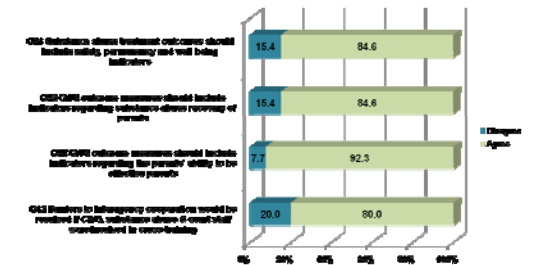


### Collaborative Issues

46. Attorneys who represent parents in DDC proceedings have an ethical conflict if they advise parents to admit they have a substance abuse problem or to seek treatment prior to the court taking jurisdiction in a case because the substance abuse admission could be negatively interpreted during the investigation of the child abuse and neglect allegations.

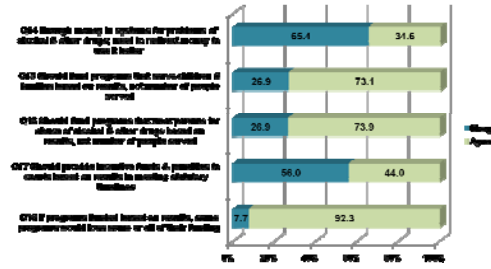


### Shared Outcomes and Cross Training



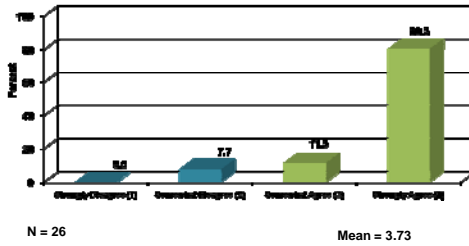


### Funding



### Service Priorities

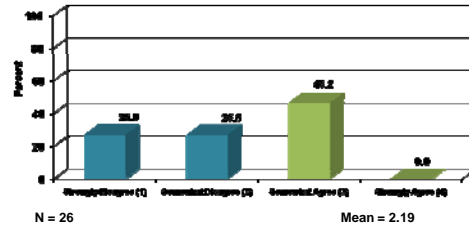
30. The problems of Indian children and families are significant in our community.



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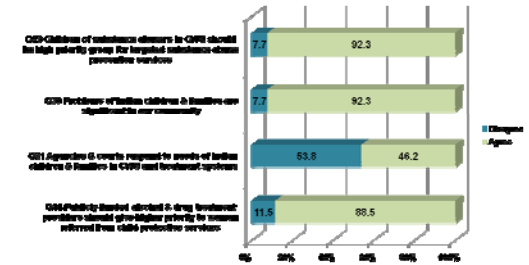
### Service Priorities

31. Our agencies and courts do a good job in responding to the needs of Indian children and families in the child welfare and treatment systems.



132

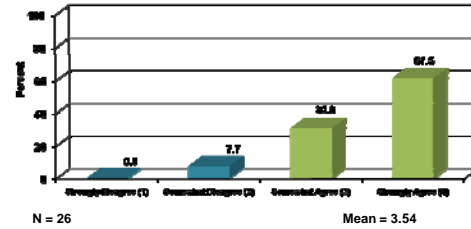
### Service Priorities





### System Improvements

29. Services would be improved if agencies were more responsive to the cultural differences between client groups.



### Estimates of Success

Q47 Some parents with problems with alcohol & other drugs will never succeed in treatment

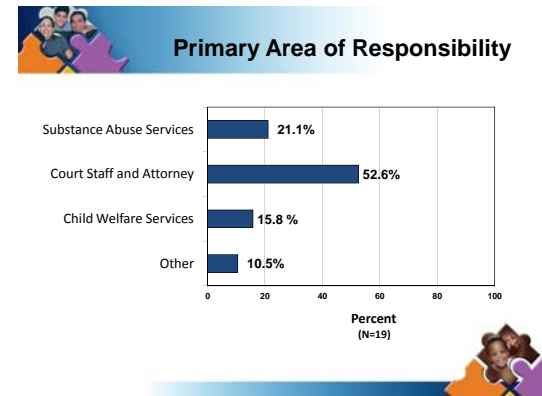
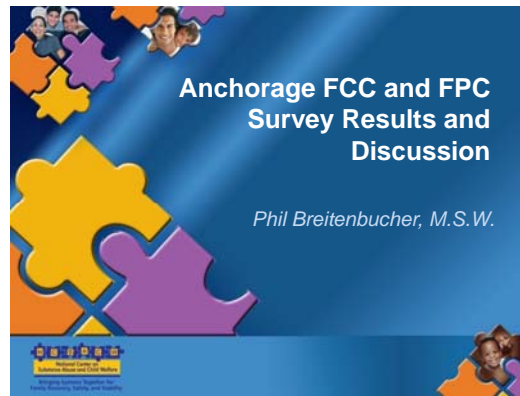
- 88.5% Agree; 11.5% Disagree

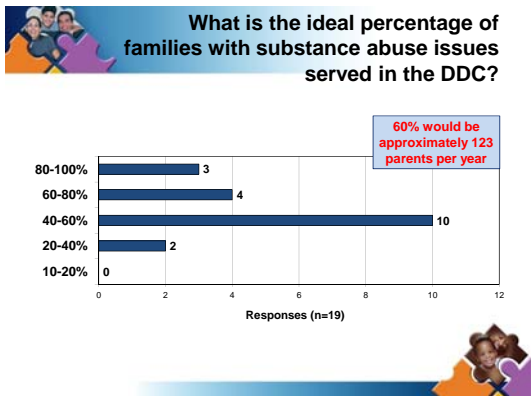
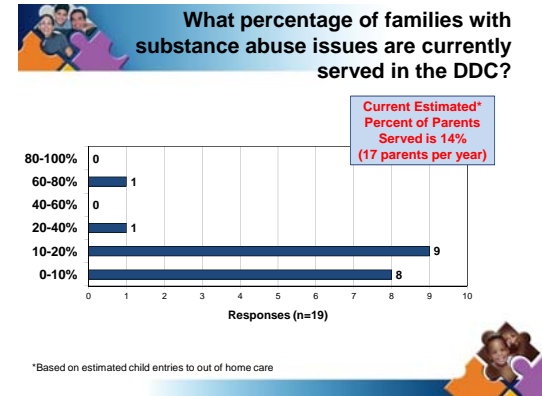
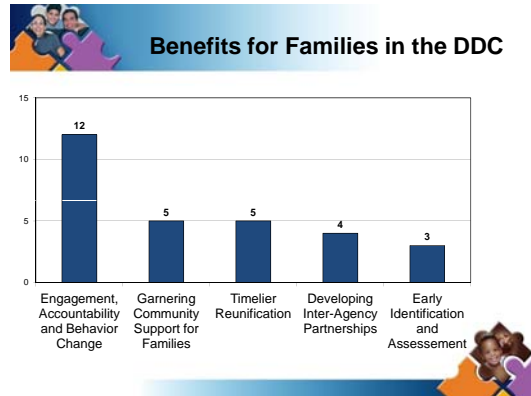
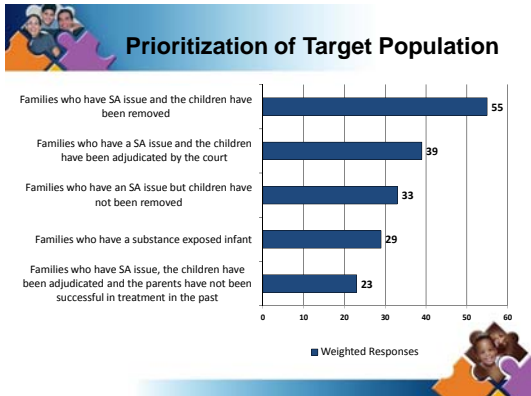
Q48 Approximate proportion of parents who will succeed in treatment for alcohol & other drug problems

- 30% to 50%

Q49 Approximate proportion of parents who will succeed in family services, regain custody & not re-abuse or re-neglect

- 40% to 60%





### Anchorage Child Welfare Statistics

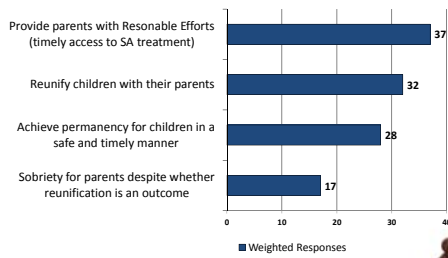
From January to December 2011:

- Number of substantiated assessments: **692**
- Number of children entering out-of-home placement: **292** (average: 25 a month)<sup>1</sup>
- Number of children of substance users: **175** (Rough estimate, based on 60% of cases involving substance abuse)
- Number of children served in the ACC: **29** (estimate based on 17 parents served by ACC)

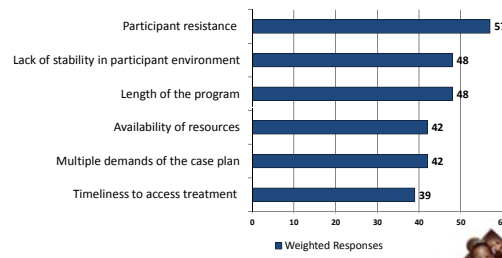
Data Source: ORCA. Program used to tabulate statistics: Monthly\_IA\_Web.sas  
1. October 2010 - September 2011.



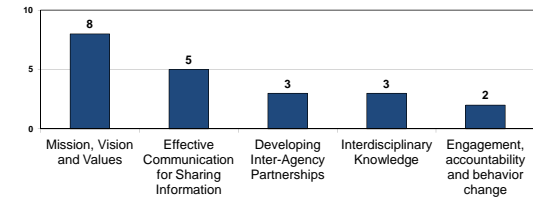
## Primary Goals for the DDC Program



## Barriers to Accessing the FDC/FPC

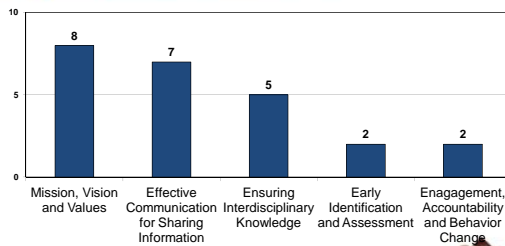


## Greatest Strengths of the DDC Partnership



Additional opportunities identified: Early Identification and Assessment

## Opportunities for Strengthening the Collaboration within the Partnership



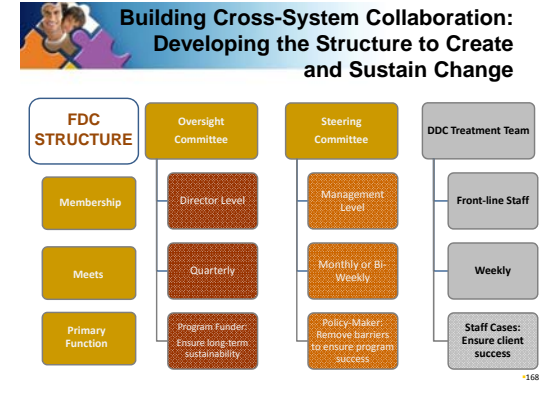
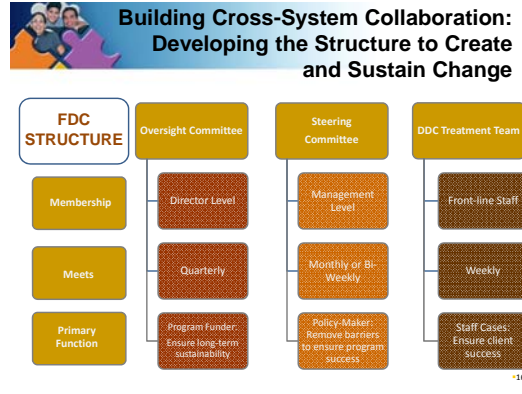
Additional opportunities identified: Gaming Community Support for Families

**Consensus Activity:  
Defining Your Mission,  
Target Population  
and Goals**

National Children's Advocacy Center  
A National Children's Advocacy Center Program

## Consensus Activity

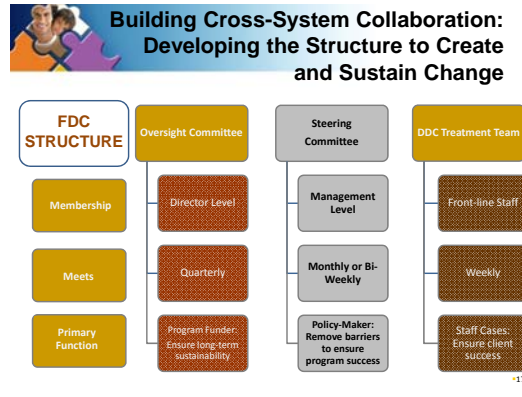
- Please break up into multidisciplinary groups
- Refer to your Break Out Group Discussion Guide to discuss:
  - What should be the mission statement of the FDC?
  - Who should be the FDC's target population?
  - What are the top three goals that the Courts should be working to accomplish?
- Record your top three challenges and training priorities on your flipchart, and prepare to report back to the group



## FDC Treatment Team

Membership:

- Individuals who perform the day-to-day tasks of the FDC
- Function:
- Case management
  - At a minimum, should include:
    - Judge
    - CPS Representatives
    - Attorneys for All Parties
    - Substance Abuse Treatment Providers
    - Case Manager



## Steering Committee

Membership:

- Representatives from many of the same agencies as the Oversight Committee; however, these members are typically at the Management Level
- Team members need sufficient authority and experience to approve policy and procedures.
- Membership may grow as the FDC program expands.





## Steering Committee

- Senior-level multidisciplinary committee charged with creating, directing, and evaluating the activities required to translate shared commitment at the top to shared screening, assessment, engagement, and retention policies and practices in the field
- Helpful if co-chaired by senior managers from the child welfare service, alcohol and drug service, and court systems who will share responsibility for ensuring that the Committee functions effectively
- Focus on the big picture of State policies, protocols, and monitoring and evaluation



## Primary Activities of the Steering Committee

- Create a mission statement based on exploration of values and principles
- Enhance understanding of current systems and the barriers to communication across systems
- Establish a common set of baseline information data to be used to establish goals and monitor progress
- Establish goals, timetables, and milestone products and implement a plan of action to achieve the goals and milestone products
- Identify training curricula and strategies that promote increased knowledge and collaboration
- Monitor progress and evaluate outcomes



## Building Cross-System Collaboration: Developing the Structure to Create and Sustain Change




## Oversight Committee

Membership:

- High level administrators who have the authority for their organization to engage in FDC planning and operations



## Oversight Committee

Function:

- Determine what resources are available to the FDC
- Determine whether a reconfiguration of existing services, new funding, or collaborative agreements are required, and how those should be secured



## Oversight Committee

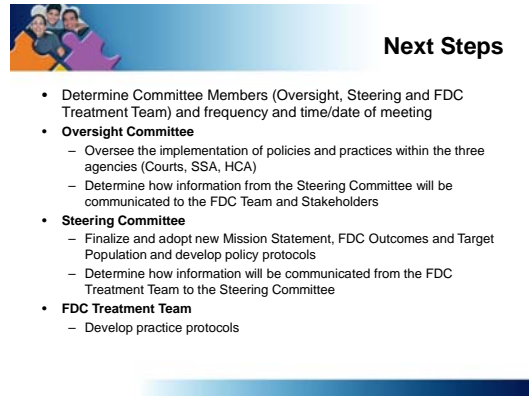
- Some Oversight Committees develop a set of shared principles to guide the creation of the FDC before engaging in concrete planning activities.
- Many Jurisdictions choose to build on existing collaborative(s):
  - Blue Ribbon
  - Children's Council





## Oversight Committee

- Composed of top child welfare, alcohol and drug services, and court officials
- Must be direct senior managers in their systems to give this initiative priority, and they must ask for periodic progress reports
- Willing to change their own agencies' policies when those policies impede the ability of staff to serve families
- This committee will meet as a group only three to four times a year, but each member will receive regular updates from Steering Committee members between meeting



## Next Steps

- Determine Committee Members (Oversight, Steering and FDC Treatment Team) and frequency and time/date of meeting
- **Oversight Committee**
  - Oversee the implementation of policies and practices within the three agencies (Courts, SSA, HCA)
  - Determine how information from the Steering Committee will be communicated to the FDC Team and Stakeholders
- **Steering Committee**
  - Finalize and adopt new Mission Statement, FDC Outcomes and Target Population and develop policy protocols
  - Determine how information will be communicated from the FDC Treatment Team to the Steering Committee
- **FDC Treatment Team**
  - Develop practice protocols



## Questions and Discussion

Family Drug Courts  
National Center of Excellence  
A National System Supported by  
Family Recovery, Safety, and Stability



## SAVE THE DATE

**Family Drug Courts  
A National Symposium  
to Improve Family Recovery,  
Safety and Stability**

**September 5-7, 2012  
Anaheim, CA**

More details to come



## Coming Soon!

### FDC Peer Learning Court Program

- Selected Mentor Courts will host visiting FDC professionals to view their FDC in action, receive national recognition for their program and receive travel scholarships to the 2012 National FDC Symposium.
- Two-part application - (1) a formal application submission; and (2) an onsite review; applications will be released soon.

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714-505-3525, ext. 240.



## Family Drug Court Learning Academy Webinar Series

*The FDC Learning Academy offers web-based training events to enhance, expand, and sustain FDC programs.*

91 - MISSION & VALUES	June 2010
92 - PRINCIPLES OF COLLABORATION	July 2010
93 - SCREENING & ASSESSMENT	August 2010
94 - ENGAGEMENT & RETENTION	September 2010
95 - INFORMATION SHARING & DATA SYSTEMS	October 2010
96 - ENGAGING DEFENSE ATTORNEYS	November 2010
97 - ENGAGING FATHERS IN FDC	December 2010
98 - SERVICES TO CHILDREN	January 2011
99 - TRAUMA-INFORMED SERVICES	February 2011
100 - ENGAGING THE COMMUNITY/MARKETING TO STAKEHOLDERS	March 2011
101 - RESPONSES TO BEHAVIOR	April 2011
102 - CRITICAL ISSUES - A PANEL DISCUSSION	May 2011
103 - JURY OUTCOMES & SHARED OUTCOMES	June 2011
104 - BUDGET & SUSTAINABILITY - CONDUCTING A COST-BENEFIT ANALYSIS	July 2011
105 - MOVING TOWARD SYSTEM-WIDE CHANGE	September 2011

Thank you for your participation!

- 15 Webinars
- 30 hours of content
- 1000+ attendees
- 43 states

[www.cffutures.org/presentations/webinars](http://www.cffutures.org/presentations/webinars)

**Family Drug Court Learning Academy Webinar Series 2012**

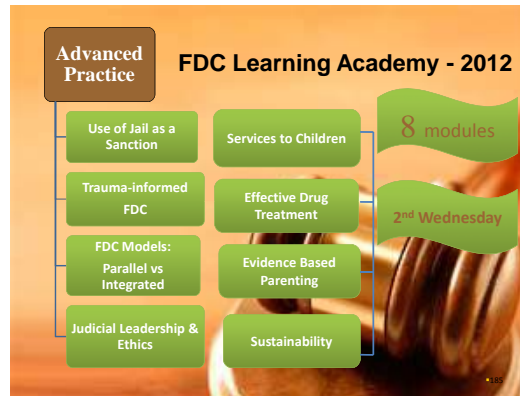
- 8 Webinars
- 2nd Wednesday

**Advanced Practice Community**

More details to come...

For more information, including playback of prior presentations and registration for upcoming presentations please visit: [www.cffutures.org](http://www.cffutures.org)

OJDP



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**FOR RESOURCES**  
 Please visit our website:  
<http://www.cffutures.org/projects/family-drug-courts>  
 or email us at  
[fdc@cffutures.org](mailto:fdc@cffutures.org)