



Family Drug Court Training and Technical Assistance Needs Assessment

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Executive Summary

Using four different methods of collecting information about the Training and Technical Assistance (TTA) needs of Family Drug Courts (FDCs), this needs assessment found widespread interest in and need for TTA among a diverse group of both new and established FDCs.

The needs assessment revealed specific areas of content on which FDCs want help, as well as specific means of providing TTA that are responsive to FDCs' stages of development and constraints on their travel and networking.

Strikingly, the Needs Assessment results showed that there were no significant differences in the TTA needs of FDCs based on their stage of development. Both new and planning FDCs had very similar TTA needs as more advanced and well-established FDCs. This may be a result of staff turnover in seasoned FDC teams with more inexperienced DC professionals replacing staff.

Only 28% of the FDC teams responding to the online survey were aware of prior TTA provided to their FDC. This may be a result of the lack of TTA available over the past few years or it may be a statement about the rates of turnover in FDC teams.

Higher priority topics for TTA differed somewhat across the four sources from which information was collected, but a partial consensus emerged on the following topics:

- Issues of collaboration among agencies in understanding and working toward shared outcomes;
- Budgeting and sustainability issues;
- Services to children as an area needing more emphasis;
- Clarity on different structures and models of FDCs, recognizing that definitions are sometimes different; and
- There is a desire for expanded national networks and clearinghouse roles to help FDCs.

Common themes were also found in discussing common challenges FDCs face, such as:

- Problems with the child welfare and attorney's buy-in as a collaborative partner;
- Resource problems worsened by State and local fiscal crises;
- Inherent limitations on scale and scope (how many and who FDCs serve) in some FDC models;
- Multiple frameworks among TTA providers and national organizations; and
- Issues of treatment availability and quality.

Introduction

Child welfare and family court systems have traditionally lacked sufficient resources to meet the needs of families in which parental substance use disorders contribute to child maltreatment (Boles, Young, Moore, & DiPirro-Beard, 2007). The accountable, time-limited system for achieving permanency for children set forth in the 1997 Adoption and Safe Families Act (ASFA) is driving the demand for better responses to the needs of families affected by substance use disorders (SUDs). In response to this need, a number of communities developed Family Drug Courts (FDCs). FDCs emphasize treatment for parents with substance use disorders to aid in reunification and stabilization of families affected by parental drug use. FDCs apply the drug court model to cases entering the child welfare system that include allegations of child abuse or neglect in which substance abuse is identified as a contributing factor.

By applying the drug court model to child welfare cases a number of complex issues arise, such as: 1) the need to establish meaningful collaborations among the court and the community's health and social service systems; 2) a lack of consensus at the national level on discrete practice elements and frameworks of analysis; 3) limited evaluation data to provide information about effective models; and, 4) substantial variation in policies, procedures and practice from site to site. The expansion of FDCs has created a growing need for training and technical assistance to assist State, local and Tribal jurisdictions to develop and improve the FDC model and approach.

The Family Drug Court Training and Technical Assistance (TTA) Program is funded by the Bureau of Justice Assistance, Office of Juvenile Justice and Delinquency Prevention (OJJDP) and is being implemented by the Center for Children and Family Futures (CCFF), a California-based organization providing policy analysis and technical assistance. The program's mission is to improve outcomes for children and families by providing TTA that helps courts and communities to develop, maintain, and enhance family drug courts. Year one of the program includes the development and implementation of a national needs assessment to determine the TTA needs of family drug courts.

The results of this needs assessment will inform TTA plans and assist in prioritizing TTA interventions to improve service delivery for FDCs. The needs assessment was designed to ensure that constituents and stakeholders have input in determining the TTA needs of FDCs. The approach and methods for conducting the needs assessment were developed by CCFF staff and consultants in consultation with the OJJDP Federal Project Officer (FPO).

CCFF developed the needs assessment methods leveraging the earlier work of the National Center on Substance Abuse and Child Welfare (NCSACW). The NCSACW report, *Findings from the National Technical Assistance Needs Assessment on Improving Outcomes for Families with Substance Use Disorders in Child Welfare Services and Dependency Courts, May 2003*, found a consensus on the challenging issues facing the fields of child welfare, substance abuse and the dependency courts. Top priorities were TTA regarding children's issues, practice and clinical issues, increasing collaboration, funding and systems issues, models of practice, and training. This earlier needs assessment relied upon a ten-element framework for cross-system collaboration used to measure the capacity of agencies to work as partners on the substance abuse needs of child welfare and FDC clients. The ten elements of the framework include: underlying values and principles of collaborative relationships, client screening and assessment, client engagement and retention in care, services to children of substance abusers, joint accountability and shared outcomes, information sharing and data systems, budgeting and

program sustainability, training and staff development, working with related agencies, and working with community members and supporting families. This ten-element framework served as the organizing scheme for the primary data collection methods and the “lens” in which the results of this needs assessment were interpreted.

The following are the primary research questions to be answered by the needs assessment:

- To what extent are FDCs receiving TTA services?
- What barriers to accessing or using TTA services do FDCs experience or perceive?
- What TTA programs, strategies or interventions work best with FDCs?
- What related resources and services are available, accessible and appropriate for FDCs?
- What is the need for additional TTA provision to new and existing FDCs?

Multiple methods were developed for data collection:

- Interviews with key stakeholders representing professionals from court, child welfare services, and substance abuse treatment systems with varying levels of history and involvement with FDCs
- In-depth discussions with each of the newly funded OJJDP FDC projects
- An online questionnaire that solicited responses from each FDC team member in the OJJDP project
- Analyses of TTA requests generated through the NCSACW since October 2007 pertaining to FDCs

Common themes of TTA needs, topics of TTA and method of delivery from each interview and online questionnaire have been summarized in this report. Results of the needs assessment will be reported to OJJDP and will be used to develop CCFF’s Action Plan for carrying out TTA activities over the next 18 months. It will inform OJJDP and other funders about the TTA needs of FDCs nationwide.

Stakeholder Discussions

CCFF conducted in-depth stakeholder discussions with nine nationally-recognized experts in the field of dependency and problem solving courts to gather information about the TTA needs of FDCs. The discussions included stakeholder’s opinions about the greatest TTA needs of FDCs, the extent to which FDCs are or are not receiving TTA services, the barriers to accessing or using services, which TTA programs, strategies or interventions work best with FDCs, what resources and services are available, accessible and appropriate for FDCs, and what is the need for additional TTA provision to new and existing FDCs.

A set of questions, the *Stakeholder Discussion Guide* (Appendix A), was developed to provide consistency across each of the stakeholder discussions. The questions were pilot tested using the expertise of retired FDC judge, Honorable Nicolette Pach, who reviewed the guide and provided feedback that was incorporated into the final version.

Methods

The key stakeholders were identified based on national recognition, knowledge of and experience with the Family Drug Court and/or other problem solving court models, including Tribal Wellness Courts. CCFF's FPOs from OJJDP, Substance Abuse and Mental Health Services Agency (SAMHSA) and the Children's Bureau provided input to finalize the list and narrow it to nine key stakeholders. Stakeholders were contacted via electronic mail, were introduced to CCFF and the OJJDP FDC project and were asked to participate in a 30-40 minute telephone interview using the Stakeholder Discussion Guide.

Stakeholders were informed that their responses would be transcribed into the data collection instrument and reported anonymously in the Needs Assessment. Each stakeholder was given a copy of the Stakeholder Discussion Guide in advance of their interview with CCFF.

The TTA Project Director, with the assistance of the TTA Program Associate and CCFF's Judicial Consultant, conducted the stakeholder interviews during the months of February, March and April 2010. Each interview began with a brief introduction to CCFF and a brief description of the OJJDP FDC project's major goals and objectives. Stakeholders were encouraged to respond to each question when asked, however they were informed that they could 'pass' on a question if they felt they lacked sufficient knowledge or expertise for that area. Each stakeholder was asked all 17 questions in the order they appear in the *Stakeholder Discussion Guide*. CCFF staff transcribed notes during the discussions. Following the last discussion, CCFF staff arranged the stakeholder responses into themes to develop a narrative of the nine stakeholder discussions. A summary of the stakeholder's responses can be found in Appendix B using Table 1.

Results

Overall, the common message arising from the stakeholder discussions is the need for a national consensus on FDC-related standards, including terminology and definitions and a common framework or key principles that FDCs can look to for ensuring the program carries out best practices. Tribal sites have a need for ensuring that standards and best practices are culturally relevant and customized for the individual tribe they are serving. Throughout the discussions, stakeholders identified tools and guidance that has assisted adult criminal drug courts to flourish and yet very few similar materials have been developed for the FDCs. In addition to the need for developing national consensus, the three most urgent TTA needs identified by the Stakeholders were:

1. Capacity Building
2. Building Cross System Collaboration
3. Services to Children

Capacity Building — Capacity building refers to the need for an organization or a system to strengthen, increase or improve its ability to operate and achieve its goals and its mission. Capacity building also refers to the ability to address infrastructure. In the context of the FDC, capacity building should address the ability to provide comprehensive services but also refers to the levels of knowledge and expertise of the FDC team members (institutional knowledge) and their ability to engage the community and sustain the FDC over time. There needs to be TTA to address the transition and turnover of FDC staff. The transition planning applies to FDC judges as well. Sites would benefit from TTA to establish an orientation and mentor program for judges

and staff of each participating agency so that each position has a familiar and well trained FDC back-up which constitutes succession planning.

The lack of FDC-specific TTA funding, coupled with the turnover of judges and staff in FDC programs has left many teams without sufficient knowledge and resources to carry out best practices and to engage the necessary support to sustain the FDC. Stakeholders noted that the widespread push for implementing FDCs in absence of FDC-specific TTA has resulted in some courts that have modified the adult, criminal drug court process to “fit” the FDC. As a result, there is a growing need for TTA specific to FDCs which focuses on the non-criminal aspects of the dependency case. In particular, several stakeholders identified the need for TTA for attorneys who are concerned with the voluntary admission of guilt and how that may impact the dependency case.

One of the most urgent training and technical assistance needs of the FDCs is the need to build the capacity of programs to increase performance through purposeful reflection, planning, and action to adapt to the changing needs of the population that it is serving and to ensure there are sufficient resources (including human resources) to sustain the FDC practice. Every stakeholder interviewed spoke to the critical need for FDCs to have the ability to collect data and report on the outcomes of the program. Stakeholders made a direct link between an FDCs data capabilities, the ability to show effectiveness, and the overall success and sustainability of their program.

Building Cross System Collaboration — The lack of current FDC-specific TTA has resulted in new FDCs which have relied upon the adult criminal drug court model to develop and operate the FDC. As a result, some FDCs operate without a clear understanding of the need for full participation by their child welfare agency and/or community treatment centers.

TTA is needed for FDC teams to understand the critical differences between the adult criminal drug court and the family drug court models. Cross system collaboration becomes much more complex in an FDC due to the fact that the FDC is responsible for serving the entire family. Also, each participating agency has a different responsibility to their client and each identifies the client based on their role on the team. For instance the court sees its primary responsibility to the family, the treatment provider sees its client as the parent and the child welfare worker identifies the child as the client.

The need for TTA to establish a common language for FDCs which incorporates the legal or judicial, the treatment or recovery and the child welfare perspective is critical in assisting teams to establish a cross-system and collaborative mission and goals for their FDC.

TTA is needed to help FDC teams create and maintain a solid foundation of a shared mission and goals of the program. On a similar note, each FDC team member should have a clear understanding about their own role on the team, as well as the roles of each other team member or partner organizations to achieve the shared mission.

TTA should include refresher courses for established FDCs as well as a way to gauge the “temperature” and culture of the FDC team as a collaborative group. The TTA should include facilitation to assist the teams in coming together to talk about their professional and personal agendas and how those may or may not impact their work together.

FDCs have a need for continuous cross-training of staff or team members. TTA should help FDCs identify and prioritize their immediate, short and long term training needs. TTA should focus on assisting teams to develop a curriculum of training based from their needs and

priorities. The cross-training curriculum must be ongoing, include team building activities (e.g. brown bag lunches) and be available for new team members. It is important that all FDC team members have at least a basic understanding of each of the systems involved in the FDC and how their role interrelates with that system. Eleven suggested training topics were listed by stakeholdersⁱ. Stakeholders also felt that TTA is needed to teach FDC teams about the role and ethical responsibilities of attorneys, which has been a problem for some FDCs requesting help.

Stakeholders communicated the lack of knowledge about the ASFA and the strict timelines that should serve as a basis of FDC planning. Specifically, stakeholders discussed the need for all FDC team members to understand the conflicting timelines associated with substance abuse treatment and the need to establish permanency for the child(ren) within the ASFA timeline. FDC teams need help resolving the fundamental tension between the best needs of the child and the rights of the parent(s).

FDCs need TTA to identify community leaders, looking to faith-based organizations, schools, and other groups to assist in supporting FDC families. TTA for FDCs should focus on strategies for involving the community in the FDC, including advisory boards which include community leaders and others invested in the FDC model who can champion the FDC cause. TTA should include ways to identify and recruit these stakeholders and leaders.

Services to Children — In serving families, stakeholders all touched upon the need for TTA to assist FDC teams in respecting and valuing different types or styles of families. There is a need for TTA to help team members understand different cultural beliefs and values about family, including styles of parenting. FDCs need TTA to understand how to assess for, or find the resources to assess the needs and provide services to serve children and youth. There is a need to provide TTA to assist FDC teams to ensure that children are not punished unintentionally as a result of responses to the parent's behavior. TTA should focus on the trauma-informed services for children and the long-term impact of parents' substance use disorders. Since FDCs differ greatly from the adult criminal drug court model in the need to ensure comprehensive services are being provided to the children of the parents participating in the FDC, FDCs need TTA to assist them in understanding the specialized needs of children of substance abusing parents. Finally, stakeholders discussed the need for all members of the FDC team and their participating organizations to serve the family through a strength-based lens and view the parents as part of the solution.

FDC Design — Stakeholders generally used different terminology and in some cases had different definitions for the two most typical FDC designs: the parallel or bifurcated and the integrated "one judge, one family" model. The stakeholder's responses indicate the need for national consensus for terminology across the FDC field. As an example, an FDC which operates a Dependency Court in parallel with an FDC may define itself as an "integrated court" because the FDC team and the Dependency Court Judge adhere to a consistent protocol for communication about the case. Thus to this site, they see themselves as "integrated" although the two courts operate in parallel. Also, there is a need for tribal-specific TTA that assists tribal FDCs to design a program that will be supported and sustained by the members it serves.

Stakeholders were asked to discuss two different FDC models (the parallel or bifurcated and the integrated "one judge, one family" model) and to discuss the strengths and the challenges presented with each of the models. All of the stakeholders indicated the need for each court or jurisdiction to weigh the pros and the cons of each model to decide which works best for their jurisdiction.

Responding to what types of TTA could benefit each FDC model stakeholders agreed that each model presents its own legal challenges. FDC teams may be able to utilize TTA to understand the issues unique to their population to make the best decision about the best model for their community. Despite the model chosen, coordination between courts and/or among FDC team members is critical. One stakeholder summed it up, “The biggest threat to effective outcomes is poor communication.”

Expansion of FDCs — Going to scale, or expanding the effort to serve a larger portion of court and child welfare-involved families with a substance use disorder is an issue for all problem solving courts. FDCs are “just touching the tip of the iceberg” as one stakeholder put it in reaching clients who could benefit from more intensive services and judicial supervision.

Stakeholders were asked about the barriers for FDCs to go to scale. An almost unanimous response to this question was that a lack of resources was a major problem. Since some judges operate the FDC on “their own” time, the resource issue is that the FDC is an extra workload on top of their regular caseload. Stakeholders also mentioned the lack of court space, judicial support or resources, insufficient time for FDC judges to manage a larger population and continue to give each client and family adequate time, a lack of services in the community to provide accessible treatment, a lack of wraparound services such as housing options and employment services, as well as a lack of staff from supporting agencies to work with FDCs. If expansion is desired, FDCs may need assistance to work with treatment providers and other community agencies to re-direct funding to accommodate increased numbers.

As FDCs expand in scale they are also expanding in scope, which raises the question of how FDCs relate to other agencies. Scale is the size of the FDC relative to total need, and scope is the range of services provided relative to families’ needs. TTA should assist FDCs on how to define their scope in involving agencies who also serve FDC clients (i.e., domestic violence, mental health). A Judge may have the best success at getting people from these other agencies to work collaboratively.

Screening and Assessment — FDCs may require TTA to choose appropriate screening and assessment tools concerning substance use disorders and ensure they are culturally relevant. Stakeholders noted that targeting issues and the degree of risk which the FDC decides they should accept in screening clients may also require TTA. With respect to engagement and retention of FDC participants, team members should receive TTA in evidence-based practices such as motivational interviewing and understanding how to treat clients and families from a strengths-based perspective.

Treatment Quality — Stakeholders strongly agreed that teams should engage substance abuse treatment programs early in the planning stages of the FDC, including raising issues of treatment quality. FDCs need to receive TTA which educates the team on what to look for in a quality treatment program or provider including licensing, accreditation, different treatment philosophies and counseling styles, evidenced-based practices, engagement and retention rates for the provider, and whether the program provides comprehensive, culturally relevant, gender-specific and family services. The FDC team should also be educated about the National Institute on Drug Abuse’s Principles of Effective Drug Treatment (National Institutes of Health, National Institute on Drug Abuse, 2009) and should understand how those principles apply to FDCs.

Evaluation — The FDC evaluation process must not be overlooked in the planning stages and can assist the team to choose clearly defined and measurable goals that can be used to enhance sustainability options. These issues are closely related to information systems and

TTA on models of data sharing across agencies. Most sites are in need of TTA to address the issues of confidentiality and compliance with Health Information Portability and Accountability Act (HIPAA) standards.

Sustainability — TTA is needed to assist FDCs in addressing the issue of sustainability. Sustainability planning should begin early in the planning stages of an FDC. Using existing resources, working with providers to reallocate existing resources, leveraging funding sources between partner agencies will all help to facilitate shared goals and promote sustainability. TTA should assist FDCs to identify and maximize financing models and strategies. Stakeholders noted that State and local funding flows can create treatment disparities in States where some grantees have Federal grants and other do not. FDCs need TTA to learn strategies for marketing the program with data and stories about client success.

See Appendix C for a summary of the TTA Needs Identified by Stakeholders organized within the NCSACW's Ten Element Framework for System Linkages.

Consultative Teleconference with OJJDP FDC Projects

Introduction

In October, 2009 the Bureau of Justice Assistance, OJJDP awarded grants to 14 sites to build the capacity of States, State and local courts, units of local government, and Federally recognized Indian tribal governments to either implement new drug courts or enhance pre-existing drug courts for substance-abusing adults involved with the family dependency court as a result of child abuse and neglect issues. Awardees are expected to provide services to children of the parents in the program as well as to the parents and must develop and implement a sustainability plan during the grant period to continue operation of the family drug court when the grant ends. Funding awards range from \$350,000 (Enhancement) to \$500,000 (Implementation) over three years.

Method

In November 2009, CCFF staff contacted each of the 14 OJJDP-funded FDCs to congratulate them on their OJJDP award and to introduce the CCFF organization as the provider of TTA. During the initial congratulatory calls to the sites, the CCFF team scheduled a teleconference with each site's Project Director and other members of the FDC team to kick off the TTA project. The goals for the consultative teleconference meetings with the FDC sites were to:

- 1) Introduce CCFF and summarize its TTA strategy for the next two years;
- 2) Solicit basic information about the site and request a copy of their application to OJJDP; and,
- 3) Determine the immediate TTA needs of each site.

Each call lasted approximately 30-45 minutes and was followed up with an email to each Project Director from CCFF. The email follow-up incorporated a brief summary of the TTA needs of the site, as applicable, provided contact information for CCFF FDC staff, listed CCFF and NCSACW's website address, and included TTA materials such as:

- NCSACW Online Tutorials
- Article by Retired Judge, Honorable Nicolette M. Pach: *An Overview of Operational Family Dependency Treatment Courts* (upon request)
- Information on the Regional Partnership Grantee Conference
- Research and Evaluation of Family Drug Courts (upon request)
- General Information about the Family Drug Court Model (upon request)

Respondent Characteristics

Of the 14 OJJDP-funded FDCs eight were funded for implementation and six for enhancement activities. Sites are located throughout the United States with three sites in California, two in both Florida and Georgia, one in Oregon, Illinois, Indiana, Minnesota, Kentucky, New Jersey and Maine. One Tribe, six counties, and seven court-led agencies are responsible for overseeing the FDCs. All calls were attended by the Project Director and other staff varied but typically included a Judicial Officer(s), Attorneys, Substance Abuse Treatment and representatives from Child Welfare.

Results

During the consultative site calls, several key themes for TTA needs emerged. The TTA needs are organized by the NCSACW's Ten Element Framework for System Linkages.

Key Element	Question/Need Identified
<i>Underlying values and principles of collaborative relationships</i>	<ul style="list-style-type: none"> • Collaboration, how to get all the partners to the table • Establish policies and procedures for the FDC
<i>Client screening and assessment</i>	<ul style="list-style-type: none"> • Clearly define the target population
<i>Client engagement and retention in care</i>	<ul style="list-style-type: none"> • How to recruit families into the FDC • What are the most effective engagement and retention strategies to use with families? • How do recovery specialists promote engagement and retention?
<i>Services to children of parents with substance use disorders</i>	<ul style="list-style-type: none"> • How can we engage children who have already been removed?
<i>Joint accountability and shared outcomes</i>	<ul style="list-style-type: none"> • Which FDC Model (integrated or parallel court) will best support our FDC and help us achieve our outcomes?
<i>Information sharing and data systems</i>	<ul style="list-style-type: none"> • What type of data should we be tracking? • Are there HIPPA or confidentiality concerns when sharing data?
<i>Training and staff development</i>	<ul style="list-style-type: none"> • Recovery specialists as an effective FDC strategy • Cross training the FDC team members regarding each others' roles and responsibilities • Training on methadone maintenance and other forms of harm reduction strategies • Training in engagement and retention strategies that can be utilized by all members of the FDC team
<i>Budgeting and program sustainability</i>	<ul style="list-style-type: none"> • Assistance in developing a successful funding model • How do we develop an evaluation that will help us "sell" the FDC program to funders?
<i>Working with related agencies</i>	<ul style="list-style-type: none"> • Request for information about other FDC-related projects in the State
<i>Working with the community and supporting families</i>	<ul style="list-style-type: none"> • How do we get the community involved? • Who are the FDC stakeholders? • How can we locate and network with other tribal courts?

Online Questionnaire for FDC Teams

Introduction

CCFF also used its ten-element framework of system linkages to organize the questionnaire. The questions were tailored to assist the FDCs to determine their level of collaborative development and to assist the FDC team members in identifying their team's TTA needs. Each member of the FDC team including the judge or magistrate, coordinators, child welfare workers, treatment professionals, lawyers and others were asked to complete the questionnaire to ensure that the needs of each FDC partner were considered. The questionnaire was available for constituents to complete online using SurveyMonkey. The information was analyzed at two levels: 1) data were entered into SPSS, results aggregated, analyzed, and summarized; and, 2) each FDC team's specific responses were summarized and returned to the FDC Project Director to aid the team in examining its strengths and challenge areas as well as to prioritize future team development activities. Several discipline and system-specific questions were included.

Primary Role —The respondents were asked to indicate their primary role in the following areas: Judicial staff, manager, support (clerical), child protective services, substance abuse treatment provider, other service provider, legal staff, research, child development specialist or "other."

Years of Experience —The respondents were asked for the total years of experience they have in their primary role (at this and other agencies).

Length of FDC Operation —The respondents were asked how long their FDC had been in operation.

Services Offered —The respondents were asked to indicate if their FDC provided a variety of service components. Choices included:

- Case management and case conferencing;
- Wraparound or in-home services;
- Parenting or family strengthening;
- Family therapy or counseling;
- Mental health or trauma services for adults;
- Substance abuse treatment for adults;
- Specialized outreach and engagement;
- Substance abuse prevention services;
- Family-centered treatment or family based services;
- Screening and assessment of child welfare and other children's issues;
- Screening and assessment of substance use and other adult issues;
- Children's services;
- Cross-systems collaboration on clinical and practice issues;
- Cross-systems collaboration on program and policy activities, or "other" services.

Prior Technical Assistance — The respondents were asked if their site had received prior FDC-specific TTA and, if so, what type of TTA they had received.

Stage of FDC—The respondents were asked to rate the stage of their FDC.

Choices include:

- in the planning stages;
- have started the FDC but are in early implementation stage;
- or a mature (two years or longer) FDC.

Goals of the Program—The respondents were given a series of possible goals for their FDC.

Choices include:

- Keeping at-risk children in the custody of a parent or caregiver through case closure;
- Reducing the occurrence and/or recurrence of substantiated or indicated child maltreatment;
- Reducing the length of stay in foster care, reducing re-entries to foster care, timeliness of permanency (adoption, legal guardianship);
- Prevention of substance exposed newborns;
- Connecting children to supportive services (developmental, mental health, educational);
- Improving well-being, increasing access to substance abuse treatment;
- Increasing retention in substance abuse treatment;
- Reducing substance use, connecting parents to supportive services (medical, dental, mental health);
- Increasing rates of parental employment;
- Decreasing rates of parental criminal behavior;
- Improving parental mental health status;
- Increasing parental capacity to care for their children's needs and family's well-being;
- Improving family relationships and functioning such as parent-child and other family interactions;
- Decreasing risk factors associated with reasons for service and/or increase in protective factors to prevent child maltreatment, and
- Housing.

Technical Assistance Topic Area Level of Interest - Respondents were given a series of TTA topic areas and asked to rate their level need for receiving TTA in that topic.

Choices included:

- 1 = little or no need
- 2 = moderate need
- 3 = extreme need (See Appendix D).

Methods

The online questionnaire was pilot tested by representatives of FDCs and included input from the court, child welfare and substance abuse treatment providers. The results of the pilot study were discussed among CCFF staff and shared with the OJJDP FPO. In addition, the results of the pilot test were shared with FPOs from Children's Bureau and the Substance Abuse and Mental Health Services Agency (SAMHSA), thus providing for review of appropriate content from the perspectives of the three systems: OJJDP (court), Children's Bureau (child welfare), and SAMHSA (substance abuse).

In January 2010, a link to the online SurveyMonkey was sent to all nine FDC sites in the OJJDP project. Depending on the site's request, the TTA Project Coordinator either sent the link to the Project Director who then sent it out to each FDC team member or the TTA Project Coordinator sent the link directly to each FDC's team members. The TTA Project Coordinator sent a

reminder to all constituents three business days prior to the cut-off date, which was February 26, 2010.

Qualitative information gathered from the questionnaire was analyzed for common themes of TTA need and method of delivery. Responses from the Survey Monkey were reviewed and coded and themes were quantified. Quantitative data was transferred to Statistical Package for the Social Sciences (SPSS) so that descriptive and bivariate statistics could be performed and differences in responses analyzed. Descriptive statistics were generated to produce minimum value, maximum value, mean, median, and standard deviations for variables of interest. Additional analyses included cross-tabulation and t-tests. Specifically, total scores were generated for scales and subscales, after which mean differences were examined by Analysis of Variance (ANOVA). Differences, if any, among new and experiencedⁱⁱ respondents were assessed.

Results

Respondent Characteristics - As shown in the table below, eighty-six respondents from 10 States and with an average of 10.4 years of experience completed the online needs assessment:

Respondents n = 86		
State	n	%
Minnesota	18	20.9
California	14	16.3
Florida	13	15.1
New Jersey	13	15.1
Illinois	9	10.5
Maine	7	8.1
Georgia	6	7.0
Indiana	3	3.5
Kentucky	2	2.3
Missouri	1	1.2
	86	100%
Mean Years of Experience (SD, Range)		
10.4 (8.8, 0-33)		

As shown in the table below by discipline, legal staff represented nearly 20% of the respondent followed by management, child protective services or child welfare, and judicial staff. A smaller percentage of respondents represented substance abuse treatment providers, other service providers, researchers, support staff, child development specialists, and those in other categories such as Court Appointed Special Advocates (CASAs), case managers, and probation officers.

Primary Role	Respondents n = 86	
	n	%
Legal Staff	17	19.8
Management	15	17.4
Child Protective Services	14	16.3
Judicial Staff	12	14.0
Substance Abuse Treatment Provider	5	5.8
Other Service Provider	5	5.8
Researcher	2	2.3
Support Staff	1	1.2
Child Development Specialist	1	1.2
Other	14	16.2
	86	100%

Length of Operation — The FDCs completing the needs assessment have been operating an average of 2.7 years. Almost 41% of the respondents indicated that their drug court as new or had been in existence for less than one year, while 11.6% have been operating for 1 to 2 years, 33.7% have been in operation for 2 to 5 years, and 10.5% have been in operation for more than 5 years. Almost 4% of the respondents reported that they did not know how long their FDC has been in operation.

FDC Service Components — The respondents indicated that their FDC offers or plans to offer the majority of possible service components (see Table 2). In particular, 84.9% of respondents reported that their FDC offers or plans to offer case management or case conferencing services and 82.6% offers or plans to offer substance abuse treatment services for adults. Over half of the respondents also indicated that their FDC offers or plans to offer parenting or family strengthening (65.1%), family therapy or counseling (60.5%), screening and assessment of substance use and other adult issues (60.5%), screening and assessment of child welfare and other children’s issues (58.1%), family-centered treatment or family based services (55.8%), wraparound or in-home services (53.5%), mental health or trauma services for adults (52.3%), and children’s services (51.2%). The two least frequently offered services related to cross-systems collaboration in program and policy activities (27.9%) and clinical and practice issues (30.2%) (See Appendix B, Table 2).

Prior FDC-Specific Training or Technical Assistance — A large portion of respondents reported that they did not know if their site has received prior FDC TTA and 25.6% reported that their site has not received any prior FDC TTA. The remaining 27.9% of the respondents reported that their site has received prior TTA. Topics of prior TTA included: basic training for FDCs, annual drug court training, National Drug Court Institute (NDCI) and OJJDP training, Federal training and training on client readiness.

Stage of FDC — Almost half of the respondents indicated that they worked for a mature FDC which has been in operation for at least two years (47.7%). Almost 42% of the respondents reported that their FDC was in the early implementation stage and 10.5% reported that their FDC was in the planning stages.

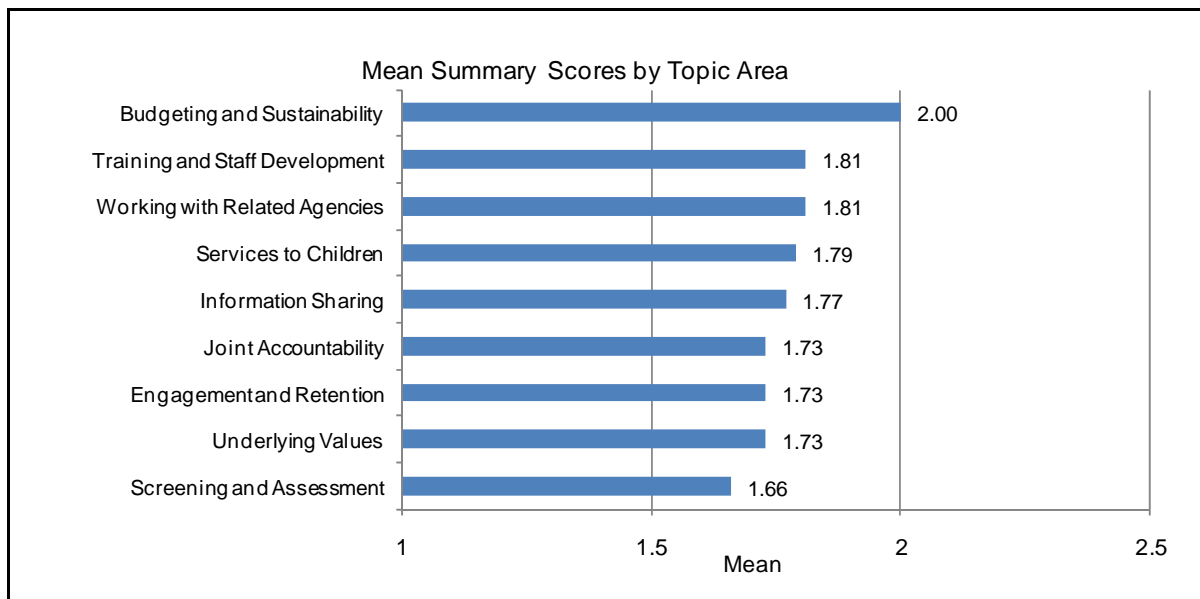
Goals of the FDC — The most frequently reported FDC goals (in which they were asked to check all that apply) were: increasing parental capacity to care for their children’s needs and family’s well-being (87.2%), reducing substance use (84.9%), reducing the length of stay in foster care (82.6%), timeliness of reunification (82.6%), improving family relationships and functioning (81.4%), increasing access to substance abuse treatment (80.2%), reducing the occurrence and/or recurrence of substantiated or indicated child maltreatment (77.9%), reducing re-entries to foster care (77.9%), connecting parents to supportive services (76.7%), improving parental mental health status (75.6%), and decreasing risk factors associated with reasons for service and/or increase in protective factors (74.4%). See Appendix B, Table 3.

Of the remaining goals listed, only two were identified by less than 50% of the respondents. They included increasing rates of parental employment (44.2%) and improving housing status (36.0%).

The respondents were asked to rate their level of need in receiving technical assistance in each specific topic areas. The level of interest was operationalized as:

- 1 = little or no need,
- 2 = moderate need and
- 3 = extreme need.

As shown in the table below, mean scores by topic area indicate a slightly higher level of TTA need in Budgeting and Program Sustainability (mean = 2.00) and the lowest level of need was in the area of client screening and assessment (mean = 1.66).



The average score on individual survey items indicate that the highest level of TTA need is on financing models and strategies (2.09). This is followed by: responding to participant behavior (2.05), tracking services impact beyond enrollment in FDC to determine long-term family effects (2.03), utilizing outcome data to promote sustainability (2.02), and, developing written policies and practices for long term collaboration (2.00). Appendix D shows each of the individual items in rank order by mean score.

Analysis and Summary of FDC-related TTA Requests

Introduction

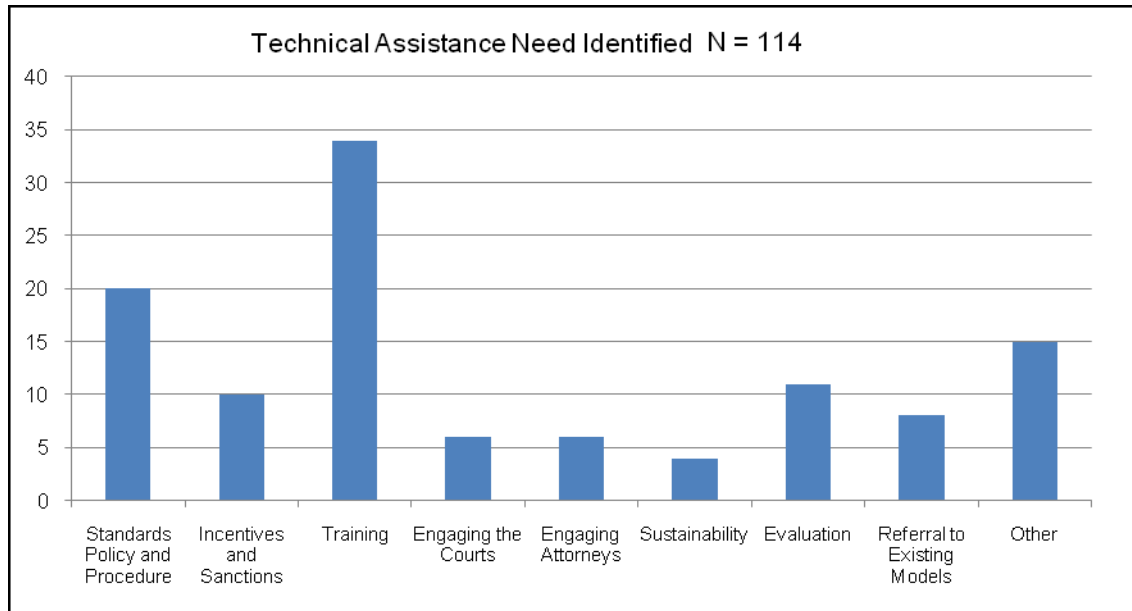
CCFF manages several large scale TTA projects focused on improving the lives of families involved in child welfare and dependency courts affected by substance use disorders. These projects include CCFF's role as the contractor to SAMHSA to operate the NCSACW since 2002. CCFF also provides TTA as the support contractor for a large and innovative grant program through Children's Bureau (the Regional Partnership Grants) which work to improve child and family outcomes for families who are involved in the dependency court and child welfare system affected by prenatal substance use disorders.

In these roles, CCFF uses TA Tracker to provide a central Web-based method for effective management and tracking of all TA tasks and activities. TA Tracker allows staff to input data on specific TA requests, monitor their progress and completion dates, and create a variety of reports, using multiple variables to manage TA contacts and progress. The current system includes details on 52 variables for each TA event including unique customer number, date of request, date staffed, date approval request sent to FPO, date approval received, date completed, name of requestor, title, organization, organization type, address, phone, jurisdiction (Federal, State, local), primary discipline (e.g., child welfare, substance abuse, court), types of referral given, TA level of response, and need for on-going TA. The system also includes open narrative fields for notes and descriptions and other variables. The information collected can be sorted and organized to produce a variety of reports with defined time periods.

CFF counted the number of TA requests that are received each year in the area of FDC and the method and topic area of TA delivery. The purpose of these questions was to provide an estimate of the potential number and type of requests CCFF would receive each year for planning purposes.

Results

From October 2007 to March 2010, CFF received over 1,400 TTA requests, of those 114 were FDC-related requests that emphasized cross-system collaboration, policies and procedures, staff training and development, and evaluation and sustainability. The most common methods of delivery were research, telephone and email, as well as on-site TA, trainings and conference workshop presentations. The following graph shows these 114 requests by topic area.



These TA requests are identified by both the program area and the associated level of effort, ranging from those that can be handled with a single response to those that require much more detailed, on-site support and facilitation. The 114 FDC-related TTA requests were primarily lower-level requests, but as contact with newer FDCs intensified, the higher resource levels became more frequent. This appears to be a result of FDCs learning that TA was becoming available.

Further clarifications of topic areas of TA include:

- Coordination between the drug court and dependency court, ensuring that the judicial branch, child welfare, and substance abuse treatment are working toward the same goals;
- Training issues for individual staff training as well as cross training for drug court staff, child welfare workers, judges, and attorneys; this included training to respond to staff turnover;
- Sustainability in the current budget environment ;
- Issues arising from a lack of referrals to the FDC;
- Need for collaborative relationships with community providers to ensure a responsive array of accessible treatment and supportive services, particularly residential treatment, co-occurring mental health needs, and housing needs;
- Judicial and policy responses (i.e incentives, sanctions and drug testing);
- Data collection practices and policies, including the development of a database system to track clients and costs, types of data being collected across different systems and a standard of practice for ensuring confidentiality and protecting client information; and
- Engaging attorneys, including the attitudes or perceptions of attorneys with regards to liability, addiction, and ethical concerns.

Overall Summary of Data Results

The following table provides a summary of the TTA needs across all four methods of data collection:

Summary of Responses from All Four Data Collection Methods				
Key Element	Stakeholder Responses	Teleconferences	Online Survey	TA Analysis
<i>Underlying Values and Principles of Collaborative Relationships</i>	<ul style="list-style-type: none"> • Developing collaborative principles and goals as well as a defined set of roles, responsibilities, and on-going accountability for all members of the team that can be embodied in action planning • Raising scale issues about the breadth of FDCs' impact on community-wide outcomes • Understanding inherent tensions between child and family outcomes • Issues of targeting and client priorities: who gets admitted to FDCs 	<ul style="list-style-type: none"> • Collaboration: how to get all the partners to the table • Establish policies and procedures for the FDC 	<ul style="list-style-type: none"> • Indicators of progress and success for FDC participants 	<ul style="list-style-type: none"> • Ensuring that the judicial branch, child welfare, and substance abuse treatment are working towards the same goals
<i>Daily Practice– Client Screening and Assessment</i>	<ul style="list-style-type: none"> • Choose appropriate screening and assessment tools concerning SUDs and ensure they are culturally relevant • Links between screening and which clients are screened in and out the degree of risk issue 	<ul style="list-style-type: none"> • Clearly define the target population 	<ul style="list-style-type: none"> • FDC participant identification and referral process protocol (how to maximize participation by clients) 	<ul style="list-style-type: none"> • Issues arising from a lack of referrals to the FDC
<i>Daily Practice– Client Engagement and Retention in Care</i>	<ul style="list-style-type: none"> • Evidence-based practices such as motivational interviewing and understanding how to treat clients and families from a strengths-based perspective • TTA which educates the team on what to look for in a quality treatment program/provider including licensing, accreditation, evidenced-based practices, engagement and retention rates for the provider, and whether the program provides comprehensive, culturally relevant and gender-specific and family services 	<ul style="list-style-type: none"> • How to recruit families into the FDC • What are the most effective engagement and retention strategies to use with families? • How do Recovery Specialists promote engagement and retention? 	<ul style="list-style-type: none"> • Responding to participant behavior sanctions and incentives 	<ul style="list-style-type: none"> • Incentives and sanctions
<i>Daily Practice– Services to Children of Substance Abusers</i>	<ul style="list-style-type: none"> • Understanding the specialized needs of children of substance abusers and available services. • Clarifying children's needs as a critical difference between adult and family drug courts 	<ul style="list-style-type: none"> • How can we engage children who have already been removed? 	<ul style="list-style-type: none"> • Tracking services impact beyond enrollment in the FDC to determine long-term family effects 	(not requested)

Summary of Responses from All Four Data Collection Methods

Key Element	Stakeholder Responses	Teleconferences	Online Survey	TA Analysis
Information Sharing and Data Systems	<ul style="list-style-type: none"> Collecting data across agencies, HIPAA and other confidentiality issues, models of standardized information systems for FDCs Using performance measures and outcomes to strengthen sustainability options 	<ul style="list-style-type: none"> What type of data should we be tracking? Are there HIPPA or confidentiality concerns when sharing data? 	<ul style="list-style-type: none"> Linking outcomes to Federal Children and Family Services Review (CFSR) 	<ul style="list-style-type: none"> Evaluation, Data collection practices and policies, including the development of a database system to track clients and costs; different types of data being collected across different systems; and a standard of practice for ensuring confidentiality and protecting client information
Training and Staff Development	<ul style="list-style-type: none"> Responding to turnover of FDC staff and transition planning for FDC judges; an orientation and mentor program for judges and staff Developing a cross-training curriculum; 11 specific training topics suggested 	<ul style="list-style-type: none"> Recovery Specialists as an effective FDC strategy Cross Training the FDC team members regarding each others' roles and responsibilities Training on methadone maintenance and other forms of harm reduction strategies Training in engagement and retention strategies that can be utilized by all members of the FDC team 	<ul style="list-style-type: none"> Joint training across all systems 	<ul style="list-style-type: none"> Training issues, including both individual staff training and cross training efforts for drug court staff, child welfare workers, judges, and attorneys, as well as responding to staff turnover
Budgeting and Program Sustainability	<ul style="list-style-type: none"> Efforts to develop sustainability plans early in the life of an FDC project; information on funding sources and leveraging options TTA on redirection of existing resources as well as grant funding Awareness of options and effects resulting from State and local budget crises 	<ul style="list-style-type: none"> Assistance in developing a successful funding model How do we develop an evaluation that will help us "sell" the FDC program to funders? 	<ul style="list-style-type: none"> Financing models and strategies (identifying and maximizing resources for this population) Utilizing outcome data to promote sustainability Develop written policies and practices for long term collaboration 	<ul style="list-style-type: none"> Sustainability in the current budget environment
Working with Related Agencies	<ul style="list-style-type: none"> The role and ethical responsibilities of attorneys; Judges' convening roles in working with other agencies Raising scope issues: which agencies are missing partners? CFSR issues as a critical interagency arena in which FDCs are absent (a scale issue) 	<ul style="list-style-type: none"> Request for information about other FDC-related projects in the State 	<ul style="list-style-type: none"> Transitional housing 	<ul style="list-style-type: none"> Engaging attorneys, attitudes/perceptions of attorneys with regards to liability, substance use disorders, and ethical concerns

Summary of Responses from All Four Data Collection Methods

Key Element	Stakeholder Responses	Teleconferences	Online Survey	TA Analysis
<i>Working with the Community and Supporting Families</i>	<ul style="list-style-type: none"> • Community advisory groups' involvement in FDCs • The role of foster parents in courts 	<ul style="list-style-type: none"> • How do we get the community involved? • Who are the FDC stakeholders? • How can we locate and network with other tribal courts? 	(not ranked)	(not requested)
<i>Joint Accountability and Shared Outcomes</i>	<ul style="list-style-type: none"> • TTA on collaboration using outcomes for FDC accountability • Judges' roles in reviewing agencies' outcomes and service quality 	<ul style="list-style-type: none"> • Which FDC Model (integrated or parallel court) will best support our FDC and help us achieve our outcomes? 	<ul style="list-style-type: none"> • Measuring long term outcomes for FDC families 	<ul style="list-style-type: none"> • Defining existing FDC models

In summary, the above table shows consistent themes regarding the TTA needs of FDCs across the four methods of data collection:

- FDCs are in need of TTA to assist them with basic collaborative principles as well as the “how-to” of cross system collaborative practice.
- Training, predictably in a survey on technical assistance and training needs, was defined as a priority. Content was refined in some of the responses to clarify what kind of training such as cross-training, client engagement, and clinical treatment.
- Client engagement, especially in FDC-appropriate response to participant’s behavior or incentives and sanctions issues, was identified as a priority.
- Sustainability and the need to adapt and change to better respond to the target population and to the fiscal climate registered as a priority for some respondents.
- Children’s services registered as a partial priority in two of the four sets of responses.
- A looser cluster of issues around attorneys, housing issues, and scope of services was mentioned by some as a priority.

Conclusions

This Needs Assessment elicited the following responses to the initial research questions:

- To what extent are FDCs receiving TTA services?
 - Only 28% of respondents to the online surveys were aware of prior TTA efforts to the FDC.
 - Existing online resources tend to be more than five years old and primarily directed toward the criminal model.
 - TTA tends to focus on judicial needs and do not emphasize the child's or families' needs, which is what distinguishes a FDC from a criminal model adult drug court.
 - Some national networks, such as those among the OJJDP grantees and those among the Regional Partnership Grants, have expanded some forms of TTA and cross-site contacts.
- What barriers to accessing or using TTA services do FDCs experience or perceive?
 - Funding is very limited and travel reductions present a major barrier. Some teams will need to be able to access information without traveling outside of their jurisdictions.
 - The challenge with this method of TTA delivery is that it makes it difficult for the FDC team to receive site-specific TTA.
 - Turnover among FDC staff and policy leaders results in a need for continuing orientation that enables stakeholder understanding and buy-in.
 - Multiple frameworks are in use by different FDC funders and TTA providers.
- What TTA programs, strategies or interventions work best with FDCs?
 - Tribal resources need to be available for Tribal FDCs such as, The Tribal Law and Policy Institute which has developed six comprehensive Tribal Healing to Wellness Court publications as part of the Tribal Healing to Wellness Court Technical Assistance Project Resource Publication.ⁱⁱⁱ
 - Respondents expressed a need for more information that draws upon all 322 FDCs through national clearinghouses of model programs and practices; a desire to learn from other FDCs' experiences was voiced repeatedly.
- What related resources and services are available, accessible and appropriate for FDCs?
 - TTA models and frameworks for providing TTA to FDCs have been developed for the past decade and offer some excellent information on evaluation methods, different structural models, and collaborative practice.
- What is the need for additional TTA provision to new and existing FDCs?
 - These initial interviews and surveys indicate a strong desire among both new and established FDCs for additional TTA. Virtually every FDC that was contacted directly expressed a desire for follow-up TTA of some kind.
 - The most recently funded FDC projects, with support from three different Federal agencies, offer a potential for new demand for TTA as well as an opportunity to refine and expand the supply of TTA for FDCs.

The results of this Needs Assessment will be used to develop a National Training Plan for FDCs.

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Appendix A

Appendix A – Stakeholder Discussion Guide

The Framework: Ten Elements of System Linkages

The ultimate goal of the professionals who work with children and families affected by substance use disorders and involved in the child welfare system is to facilitate positive outcomes for these families. Ideally, the parent will receive effective treatment for the substance use disorder so that the child can remain with the parent, while the well-being of the child is fully supported throughout the parent's recovery process. Achieving this outcome requires intensive collaboration by multiple agencies working with the family.

The Center for Children and Family Futures (CCFF) helps child welfare agencies, substance abuse treatment providers, and dependency courts to establish cross-system collaboration that sets the stage for positive outcomes. To carry out this work, CCFF has developed a ten-element framework for cross-system collaboration and a set of four policy tools that support the framework.

Below are the 10 elements of the framework with questions to facilitate dialogue around the training and technical assistance (TTA) needs of Family Drug Courts (FDCs).

General Questions

1. What do you see as the most urgent technical assistance needs of FDCs?
2. What are the strengths/weaknesses in FDC models? What TTA needs do you believe will address the weaknesses?
3. What are the technical assistance needs to for the various models of FDC?
4. What are the barriers for FDCs going to scale and how do FDCs define the appropriate scale for their sites?

Underlying values and principles of collaborative relationships

5. What are the biggest TTA needs to facilitate shared collaborative principles or goals among FDC team members?
6. What are the needs for training and technical assistance around potential competing priorities and values (across staff or team members) in the operation of an FDC?

Daily practice: client screening and assessment

7. With regards to standardized and coordinated screening and assessment for substance abuse issues, what TTA needs do FDC staff have in implementing or streamlining this process?

Daily practice: client engagement and retention in care

8. What type of technical assistance do FDC sites and staff need for the engagement and retention of parents?
9. What training and technical assistance needs do you identify around addressing issues of treatment quality?

Daily practice: services to children of substance abusers

10. What do you see FDC sites/staff need in terms of technical assistance to adequately address the specialized needs of children of substance abusers?

Joint accountability and shared outcomes

11. How can FDCs better develop or establish joint goals and shared outcomes among partners/team members? What TTA needs would address this?

Information sharing and data systems

12. In your experience, what needs do FDCs have in tracking outcomes and sharing information?

Budgeting and program sustainability

13. How can FDCs better identify and maximize financing models and strategies?
14. In your experience, how have FDCs addressed the issue of sustainability and what additional TTA needs do they have in ensuring that programs are sustained?

Training and staff development

15. What are the cross-training needs for staff/team members involved in the operation of an FDC?

Working with related agencies

16. What can be done to ensure or better ensure the involvement of ancillary agencies who also serve FDC clients (i.e., domestic violence, mental health)?

Working with the community and supporting families

17. How can the community become more involved in addressing the needs of FDC families?

Appendix B

Appendix B - On-Line Survey Results

Table 1. FDC Service Components		
	n	%
Case Management and Case Conferencing	73	84.9
Wraparound/In-Home Services	46	53.5
Parenting/Family Strengthening	56	65.1
Family Therapy/Counseling	52	60.5
Mental Health/Trauma Services for Adults	45	52.3
Substance Abuse Treatment for Adults	71	82.6
Specialized Outreach and Engagement	19	22.1
Substance Abuse Prevention Services	42	48.8
Family-Centered Treatment or Family Based Services	48	55.8
Screening and Assessment-Child Welfare and other Children's Issues	50	58.1
Screening and Assessment-Substance Use and other Adult Issues	52	60.5
Children's Services	44	51.2
Cross-Systems Collaboration-Clinical and Practice Issues	26	30.2
Cross-Systems Collaboration-Program and Policy Activities	24	27.9
Other Services	9	10.5

Appendix B - On-Line Survey Results

Table 2. FDC Program Goals		
	n	%
Keep At-Risk Children in the Custody of a Parent or Caregiver Through Case Closure	47	54.7
Reducing the Occurrence and/or Recurrence of Substantiated or Indicated Child Maltreatment	67	77.9
Reducing the Length of Stay in Foster Care	71	82.6
Reducing Re-Entries to Foster Care	67	77.9
Timeliness of Reunification	71	82.6
Timeliness of Permanency (Adoption, Legal Guardianship)	50	58.1
Prevention of Substance-Exposed Newborns	53	61.6
Connecting Children to Supportive Services (Developmental, Mental Health, Educational)	46	53.5
Improving Child Well-Being	53	61.6
Increasing Access to Substance Abuse Treatment	69	80.2
Increasing Retention in Substance Abuse Treatment	64	74.4
Reducing Substance Use	73	84.9
Connecting Parents to Supportive Services (Medical, Dental, Mental Health)	66	76.7
Increasing Rates of Parental Employment	38	44.2
Decreasing Rates of Parental Criminal Behavior	52	60.5
Improving Parental Mental Health Status	65	75.6
Increasing Parental Capacity to Care for Their Children's Needs and Family's Well-Being	75	87.2
Improving Family Relationships and Functioning Such as Parent-Child and Other Family Interactions	70	81.4
Decreasing Risk Factors Associated with Reasons for Service and/or Increase in Protective Factors	64	74.4
Improving Housing Status	31	36.0

Appendix C

Appendix C – Summary of TTA Needs Identified by Stakeholders

Collaborative Element	TTA Needs Identified
Values and Principles	<p>Developing collaborative principles and goals as well as a defined set of roles, responsibilities, and on-going accountability for all members of the team that can be embodied in action planning</p> <p>Raising scale issues about the breadth of FDCs’ impact on community-wide outcomes</p> <p>Understanding inherent tensions between child and family outcomes</p> <p>Issues of targeting and client priorities: who gets admitted to FDCs</p>
Screening and Assessment	<p>Choose appropriate screening and assessment tools concerning SUDs and ensure they are culturally relevant</p> <p>TTA on links between screening and which clients are screened in and out—the degree of risk issue</p>
Engagement and Retention	<p>Evidence-based practices such as motivational interviewing and understanding how to treat clients and families from a strengths-based perspective</p> <p>TTA which educates the team on what to look for in a quality treatment program/provider including licensing, accreditation, different treatment philosophies and counseling styles, evidenced-based practices, engagement and retention rates for the provider, and whether the program provides comprehensive, culturally relevant and gender-specific and family services. The FDC team should be educated about the National Institute on Drug Abuse’s Principles of Addiction and should understand how those principles apply to FDCs.</p>
Services to Children	<p>Understanding the specialized needs of children of substance abusers and available services.</p> <p>Clarifying children’s needs as a critical difference between adult and family drug courts</p>
Community and Family Support	<p>Community advisory groups’ involvement in FDCs; the role of foster parents in courts</p>
Budget and Sustainability	<p>Efforts to develop sustainability plans early in the life of an FDC project; information on funding sources and leveraging options.</p> <p>TTA on redirection of existing resources as well as grant funding;</p> <p>Awareness of options and effects resulting from State and local budget crises</p>
Information Systems	<p>Collecting data across agencies, HIPAA and other confidentiality issues, models of standardized information systems for FDCs</p> <p>Using performance measures and outcomes to strengthen sustainability options</p>
Training	<p>Responding to turnover of FDC staff and transition planning for FDC judges; an orientation and mentor program for judges and staff</p> <p>Developing a cross-training curriculum; 11 specific training topics suggested</p>
Working with Other Agencies	<p>The role and ethical responsibilities of attorneys; judges’ convening roles in working with other agencies</p> <p>Raising scope issues: which agencies are missing partners?</p> <p>CFSR issues as a critical interagency arena in which FDCs are absent (a scale issue)</p>
Shared Outcomes	<p>TTA on collaboration using outcomes for FDC accountability;</p> <p>Judges’ roles in reviewing agencies’ outcomes and service quality</p>

Appendix D

Appendix D - Overall Mean Score by Item

	Mean Score
Financing models and strategies (identifying and maximizing resources for this population)	2.09
Responding to participant behavior (Sanctions and incentives)	2.05
Tracking services impact beyond enrollment in the FDC to determine long-term family effects	2.03
Utilizing outcome data to promote sustainability	2.02
Develop written policies and practices for long term collaboration	2.00
What are the indicators of progress and success for FDC participants?	1.97
Marketing the FDC	1.96
Linking outcomes to Federal Children and Family Services Review (CFSR)	1.95
Transitional housing	1.95
Develop or refine our collaborative practice	1.94
Joint training across all systems	1.93
Responding to participants behavior	1.93
Motivational interventions	1.92
Understanding and utilizing the local and state planning and budget process	1.91
Strategic planning	1.91
FDC participant identification and referral process protocol (how to maximize participation by clients)	1.91
Measuring long term outcomes for FDC families	1.91
Outreach to potential FDC participants	1.91
Special services for participants with co-occurring disorder	1.90
Curricula for cross training	1.90
Vocational programs	1.90
Clarifying roles and responsibilities for FDC Team	1.90
Retaining engagement of the Oversight Committee and community stakeholders	1.89
Linking outcomes to SAMHSA's National Outcome Measures (NOMs)	1.88
Creating healthy links between the foster and birth parents	1.88
Engage necessary partners	1.88
Communication protocols including sharing information across systems	1.86
Model programs for children of substance abusers (COSA)	1.85
Pharmacology	1.85
Removal from FDC for non compliance	1.85
What is successful completion?	1.84
Outcomes across all systems	1.84
Engage and support family in recovery process	1.84
Team building	1.83
Methods for evaluation	1.83
Models for effective staffing	1.83
Develop Guiding Principles and Standards for FDC Operations	1.83
Mental health	1.83

Outcomes for each system involved in FDC	1.83
Aftercare	1.82
Providing family-centered substance abuse treatment	1.81
Maximizing treatment access for substance use disorder-affected child welfare cases	1.80
Developing a database	1.80
Administrative discharges	1.80
New FDC team member orientation and training	1.79
Assuring the use of evidenced based practices	1.79
Comparison groups	1.79
Case supervision/monitoring as a team	1.79
Assisting client to meet FDC obligations	1.79
Eligibility for cases with co-occurring disorders (mental illness, domestic violence)	1.79
Models for effective case management	1.79
Family team conferencing	1.78
Parenting programs	1.78
Substances of abuse	1.78
Case Level Collaborative Practice	1.78
Response to negative or positive results	1.77
FDC models	1.77
Use of Recovery Specialists or Parent Partners	1.77
In staffing	1.76
Outcome measures (goals)	1.76
Stages of Change	1.76
Domestic violence	1.76
Behavior modification	1.76
Parenting programs	1.76
Models for periodic in depth case review and case plan modification	1.76
Motivational Interviewing	1.75
Process and outcome evaluation	1.74
Entry Process	1.74
Baseline data	1.74
Identifying data needed to measure success	1.74
Supporting and enhancing parental bonds	1.74
Creating healthy links with birth parents	1.74
Multi-disciplinary case staffing	1.73
Timing	1.73
FDC-related training needs	1.72
Strategic planning	1.72
Core training on substance use disorders	1.71
Protocols and tools for assessment of children	1.71
Steering policies and procedures to attain shared outcomes	1.71
Core training on child welfare services and laws	1.71
Accountability	1.71
Benchmarks of achievements and requirements for advancement	1.70
Exiting Drug Court	1.70
Determine the scale and scope of the FDC	1.70

Develop or refine the structure of the FDC collaborative (Governance)	1.70
Ethical and professional responsibilities for each FDC Team Member	1.70
Recovery Support	1.70
Responsibilities	1.69
Special needs	1.69
Documenting drop-off points	1.69
Data base systems for FDC	1.68
Appropriate releases permitting the sharing of confidential information in the FDC	1.68
FDC Logic Model	1.67
Core training on court system and due process	1.67
Screening and referrals for substance-exposed newborns	1.66
Working with foster parents	1.65
Identifying and engaging community agencies	1.65
Unified case plan	1.64
Oversight Committee	1.64
Monitoring compliance of FDC participant	1.64
Comprehensive case reviews	1.64
Determine who can be served in the FDC	1.64
Case management models for children's services	1.63
Parent-child visitation	1.63
In court	1.63
Attorney representation	1.63
What are the desired outcomes (Goals) of the FDC?	1.63
Encouraging client recovery	1.62
Co-locating substance abuse treatment professionals in child welfare offices	1.62
Participant / case characteristics	1.62
Monitoring and tracking child well being	1.62
Facilitate access to services and monitoring compliance	1.62
Protecting confidential information (security protocols)	1.61
Coordination of case plan	1.61
Confidentiality	1.61
Developmental	1.60
Eligibility determination process	1.60
Assessing children's needs	1.60
Pre-existing systems	1.60
Screening tools	1.60
Social/Emotional	1.59
Medical	1.59
Case Management	1.59
Determine how many families can be served in the FDC	1.59
Pre Court Staffing	1.59
Eligibility Criteria	1.58
Educational	1.56
State and Federal laws	1.56
Consensus on policies	1.55
Court orders	1.55

Memorandum of Understanding	1.55
Phases of FDC	1.54
Case planning	1.53
Substance abuse treatment plan	1.52
Assessment for level of care placement in treatment for substance use disorder	1.52
CPS case plan	1.52
Consensus on purpose for testing (i.e. motivation versus punishment)	1.52
Drug Testing	1.51
Protocols	1.50
Screening for substance use disorders	1.50
Training on how to screen for substance use disorders	1.49
Referral protocol from FDC to treatment services	1.49
Develop and/or clarify the mission of the FDC	1.47
In Court Reviews	1.46
Court order	1.43
Determine the number of child welfare cases that involve a substance use disorder	1.42
Determine who and when to screen	1.41

References

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Endnotes

ⁱ Team Building to Discuss Team Values and Beliefs
Treatment 101
Training on Evidenced-Based Substance Abuse Treatment Strategies
Team Building- Personality Games
Training on Evidenced-Based Family Treatments
Training on Domestic Violence and programs such as Seeking Safety
Adoption and Safe Families Act (ASFA) Training
Training and Mentoring on Roles and Responsibilities for all FDC team members
Training on Due Process
Cultural Training
Have each FDC team member orient others on their professions' ethics and goals

ⁱⁱ Experienced respondents are those who identify having 5 or more years of experience working with FDCs.

ⁱⁱⁱ [Healing to Wellness Courts: A Preliminary Overview of Tribal Drug Courts](#); [Tribal Healing to Wellness Courts: The Key Components](#); [Tribal Healing to Wellness Courts: Treatment Guidelines for Adults and Juveniles](#); [Tribal Healing to Wellness Courts: The Judge's Bench Book](#); [Tribal Healing to Wellness Courts: Program Development Guide](#); [Perceptions of Methamphetamine use in three Western Tribal Communities: Implications for Child Abuse in Indian Country](#)