

Prevention and Family Recovery

Advancing the Capacity of Family Drug Courts to Provide a Comprehensive Family-Centered Approach to Improve Child, Parent and Family Outcomes



Brief 5: Building the Performance Monitoring and Evaluation Capacity of Family Drug Courts

November 2017

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Introduction

Prevention and Family Recovery (PFR) strives to build the capacity of Family Drug Courts (FDCs) and their partner agencies to provide a comprehensive family-centered approach—grounded in cross-systems collaboration and evidence-based practices—to improve parent, child and family well-being. The four round one PFR grantees built a rich set of new partnerships, extending what courts and child welfare agencies have been able to do for families on their own. Through their collaborative efforts, the FDC grantee teams established an array of services to improve child, parent and family outcomes.

Data – An Asset, Not a Liability

Broad-based collaborative efforts such as PFR involve intensive time and resources. Ongoing performance monitoring and evaluation are essential to gauge whether the FDC and its partners are implementing their initiative effectively and achieving desired results.* The PFR initiative constantly pushed all four round one grantees to collect and use process and outcomes data to assess the effectiveness of their efforts.

The FDC teams and their partners experienced substantial progress during the three-year PFR grant period in building their performance monitoring and evaluation capacity. They put data collection and information sharing processes in place. They took ownership of their data and proactively used it to improve their programs. They communicated their results to sustain the evidence-based services and collaborative practices they put in place during PFR.

Ultimately, the grantees came to value data and changed the culture of their FDCs to be more data-driven and outcomes-focused. As one grantee noted, “Data is an important component of the process and should be an asset rather than a liability.” Yet, to shift from viewing performance monitoring and evaluation as grant requirements to embracing them as core operations is difficult for even well-established FDCs.

About This Brief

The collective journeys of the first four PFR grantees (April 2014 – May 2017) provided valuable insights about the practice and policy changes needed for an FDC to shift from being an independent, adult-focused program within the court to an integrated, cross-systems collaborative centered on the whole family.

First Round of PFR Grantees

- Pima County Family Drug Court, Tucson, AZ
- Robeson County Family Treatment Court, Lumberton, NC
- San Francisco Family Treatment Court, San Francisco, CA
- Tompkins County Family Treatment Court, Ithaca, NY

See PFR Brief 1 for an overview of PFR, the four grantees and the families that they served.



*Performance monitoring and evaluation are two distinct but related activities that complement one another and should be integrated. Performance monitoring entails regular review of data and continuous feedback to ensure the FDC is progressing towards its goals and objectives and operating effectively, efficiently and according to best practice. Evaluation tends to involve more in-depth or rigorous study of process and outcomes data to determine whether the program or intervention is achieving its intended effect for families. In short, both performance monitoring and evaluation help improve performance and achieve results.

PFR Brief 2 highlighted nine key lessons for implementing a family-centered approach within the FDC context. This brief expands on lesson eight: ***Sustained and consistent evaluation and performance monitoring provides a continuous feedback loop needed to drive ongoing program improvement and systems change.***

This brief focuses on the PFR grantees' progress in establishing a data and information sharing infrastructure to monitor and discuss their progress with project staff, partners and leadership. It highlights examples of how grantees built their capacity to collect and use data to make needed program, practice, policy and resource modifications to better serve families and communities.

For more in-depth information about each grantee's PFR initiative and their unique progress and challenges with performance monitoring and evaluation, read the individual PFR case studies (available at <http://www.cffutures.org/pfr/>).

PFR Data Collection and Reporting

The overall PFR evaluation approach was designed to build grantees' capacity to collect and use data for ongoing performance monitoring and local evaluation efforts, as well as to assess the larger PFR initiative. During PFR, all four grantees:

- Provided basic demographic information on parents and children and the status of their service needs at FDC intake and discharge.
- Provided monthly data "snapshots" on basic FDC operations, provision of substance use disorder treatment, and referrals and service linkages to evidence-based parenting and children's interventions.
- Submitted cumulative, aggregate-level data semi-annually on core FDC, child welfare and substance use disorder treatment performance measures.
- Administered the North Carolina Family Assessment Scale for General Services and Reunification (NCFAS G+R) at baseline and discharge to help assess improvements in child and family well-being.*

* The NCFAS G+R is a standardized tool that assesses 10 domains of family functioning. See PFR Brief 1 for interim results.

Grantees' Data Landscape and Infrastructure

At the start of PFR, grantees did not have mechanisms in place for the FDC team and their partners to continually collect and use data for ongoing program improvement. The FDC teams did not review data in a systematic way or share information regularly. Many team members had never engaged in meaningful conversations around data. Grantees' challenges were due in large part to the existing fragmented and disconnected data systems in their communities.



Trying to Connect the Pieces

To move towards a family-centered approach, the FDC and its partners needed to be able to develop a complete picture of what was happening with the whole family across all systems. Yet expanding the service array and range of partner agencies presented unique challenges for accessing needed data. For all four grantees, data on children and parents resided across multiple public and private systems of care in varying degrees of completeness, quality and complexity. Moreover, data was governed by different information sharing policies and procedures.

Importantly, none of the data systems were connected, which meant the FDCs could not readily access and piece together child welfare, substance use treatment, and parenting and children's services data on the families they served. Thus, all grantees had to figure out how to gain access to needed data from multiple partners or collect critical data elements on their own and then link all the pieces together. Only in this way could the grantee teams accurately monitor families' linkages to and progress in the services that they had implemented. This process required considerable time, resources and expertise.



Finding the Resources

Grantees encountered several staffing and resource issues in their efforts to collect, manage and analyze their data. The teams required persistence, ongoing training and open discussions to overcome these challenges, which included:

- Data collection and reporting burden placed on front-line child welfare and other direct service provider staff.
- Difficulties integrating data collection and reporting into project staff and partners' day-to-day program activities and agency operations.

- Lack of adequate staff expertise and resources to analyze the data and apply the findings.

The PFR grantees emphasized the importance of all staff having dedicated time for performance monitoring and evaluation activities. This applied to front-line workers collecting essential information as well as FDC coordinators managing overall data efforts. Further, as noted below, evaluation staff also needed adequate time to analyze and prepare results for discussion and dissemination.



Integrating Data into Core Program Operations – The Importance of Dedicated Evaluation Staff

Three of the four PFR grantees had dedicated evaluation staff from the outset of the grant. These staff provided leadership in developing the FDC's capacity to track and report cross-systems data. Pima and Tompkins counties in particular benefitted from having an experienced, in-house evaluator/data analyst who was an integral member of the core PFR team and whose active, hands-on role went well beyond just compiling the numbers. Importantly, both these individuals had the attention and support of high-level court and child welfare leadership. They actively participated in steering committee and other leadership team meetings.

The grantees' evaluation staff built their team's capacity to monitor performance and shift to data-driven decision making by:

- **Working collaboratively with partners** to develop and refine data collection processes to obtain child welfare, substance use treatment, court and parenting and children's services data.
- **Leading and advancing conversations** to champion the importance of collecting and using data to document the effects of program enhancements and practice and policy improvements.
- **Helping train and motivate** everyone from support staff to case managers to supervisors and project directors to see that they have a role and shared responsibility in performance monitoring and evaluation.

- **Integrating** program implementation and evaluation activities to monitor progress along the way and inform continuous quality improvement strategies.
- **Compiling, reviewing and presenting data** to the team on a regular basis to discuss service delivery as well as shared outcomes for FDC families.
- **Posing questions** that helped the team clarify what they were trying to accomplish.

Having an [in-house] evaluator as part of the team was a first, having contracted with universities and evaluation firms with all previous grants. I had no idea what we were missing. It has made a huge difference in not only asking questions, but also memorializing changes along the way.... The evaluator developed a sophisticated understanding of the court dependency process itself, as well as the child welfare and behavioral health systems, which may inform any number of system improvements that the court undertakes in the future.

– Pima County Family Drug Court Director

Strategies and Mechanisms to Navigate the Landscape

To build their performance monitoring and evaluation capacity, the FDC teams also needed effective communication, trusting interagency relationships, dedicated leadership and complete staff and partner buy-in.

It is something that I've only come to understand over quite a long time that these numbers, even if they're not pleasant numbers, they're your friend because you have a basis for acting.

– PFR Family Drug Court Judge



The Importance of Champions to Make Data a Priority

As discussed in PFR Brief 3, effective leadership within the FDC context is needed to promote data-driven decision making, achieve systems change and shared outcomes, and use results to ensure sustainability. Leadership can and should be broad-based.

In the PFR sites, judges, agency directors and other senior-level managers provided essential leadership to overcome data barriers. However, informal champions, including evaluation staff and caseworkers, also played critical leadership roles in affecting change and building the team's capacity to monitor and evaluate performance.

At all levels, formal and informal leaders and champions promoted the message that data collection and evaluation is worth the effort it demands. They moved conversations with partners beyond simple reports about agency activities to deeper discussions about how, and to what extent, families are doing better. They used data to frame implementation and service delivery decisions for the team and mobilize resources. Moreover, they used data to raise questions about the quality and effectiveness of services to improve results for families.

How Leadership Can Spotlight the Importance of Data

In San Francisco, the FDC team recognized that reporting on child welfare outcomes was essential to demonstrate the FDC's effectiveness. Child welfare played an essential leadership role in spotlighting the importance of data and worked with the court to:

- Establish a special code in the county's child welfare database to easily identify FDC participants and pull real-time data on all child welfare referrals, removals, permanency outcomes and placement changes.
- Secure direct access to the county's child welfare database for the FDC Coordinator, dedicated FDC Public Health Nurse and Children's Services Coordinator to obtain needed data.
- Assign a child welfare agency data analyst to the FDC to generate real-time reports on child welfare outcomes for FDC families.
- Integrate NCFAS results into the collaborative teaming process and promote system-wide NCFAS implementation.





From Challenges to Solutions: Strategies to Build Data Capacity

The PFR grantees put in place several strategies to deal with their data collection and reporting challenges and strengthen their capacity. These strategies increased data quality, information sharing across systems, shared accountability, commitment to using data for program improvements and overall collaboration among partners. The grantees:

- Created structured opportunities to engage partners in regular review and discussion of data.** The FDC teams learned it is critical to keep the conversations going about data. Grantees created data and outcomes workgroups that met regularly (e.g., monthly) to resolve cross-systems data collection challenges and review data trends. They also established structured venues for regular data discussions. The FDC teams now discuss findings at management, steering committee or related leadership meetings to monitor and improve program performance.
- Assigned dedicated staff or liaisons to improve tracking of parent and child services.** To identify and respond to barriers or inefficiencies with service referrals and linkages, grantees used dedicated family services coordinators or partner agency liaisons. In Pima County, the child mental health services provider assigned a Data Liaison to the FDC to ensure accurate tracking and timely communication of families receiving services.
- Developed an FDC database.** To address the lack of a centralized data system to track new parenting and children's interventions and other key data in one place, Robeson and Pima counties developed their own local database. These systems enabled the FDCs to capture referrals and services, input and access data from multiple systems, and generate regular automated reports.
- Enhanced existing data systems.** Grantees also modified and improved existing data systems. The Robeson County child welfare agency modified their data system to more accurately track child removals associated with parental substance use among all families involved in the child welfare system. These changes resulted in a more accurate understanding of the magnitude of the problem system-wide and improved timely identification and referral of cases to

the FDC. In San Francisco, the FDC added functions to their existing database to allow the Public Health Nurse and Children's Services Coordinator to enter Family Reports to inform the team about the status of family members' assessments and services.

- Used interim data points to initiate conversations.** The PFR grantees learned that they could start with collecting short-term outcomes data as an incremental step to building capacity to measure longer-term outcomes. For example, Tompkins County advanced their efforts to monitor participants' substance use disorder treatment outcomes by first having the treatment centers track walk-ins to identify the time from referral to treatment intake. These interim data points helped open up conversations with the community treatment providers about service delivery effectiveness.

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

– Robeson County Department of Social Services
Adoption and Foster Care Program Manager



How PFR Grantees are Using Data to Improve the FDC

By the end of the PFR grant period, the FDC grantees and partners were sharing and discussing data about client outcomes and the effectiveness of services. They strengthened their collaborative's ability to sustain innovations,

institutionalize proven practices and inform the broader systems that serve families affected by parental substance use disorders. Specific examples of how PFR grantees used their data are presented in the following sections.



Practice Improvements

Parents' timely engagement in the FDC and substance use treatment are important to ensure families receive needed services early and throughout their child welfare case. The PFR grantees used data to strengthen engagement and retention in services and inform treatment planning.

- The Pima County FDC team expanded their monthly data snapshot to track clients throughout the entire recruitment process—from FDC observation to intake to FDC enrollment. Team members discuss these data each month and identify ways to respond. For instance, data showed that a main reason parents do not join the FDC is they feel they already have too much on their case plan. The Recovery Support Specialists and Family Navigators make sure to ask about and respond to potential participants' concerns about their case plan to help parents overcome this engagement barrier. The Pima County evaluator also used the monthly data snapshots to discuss and resolve discrepancies in what their PFR tracking system showed versus what front-line staff reported anecdotally about how many families were linked to and receiving services.
- The Tompkins County FDC team shared substance use treatment enrollment data with one of the community providers to advocate for changes to the intake process. The provider streamlined their assessment process and agreed to send a liaison to court to expedite client appointments. These efforts contributed to a 37 percent decrease in average number of days to treatment entry. The FDC's data also showed that participants who do not engage in substance use treatment within 60 days are less likely to engage in other aspects of the FDC program. The FDC now reviews data monthly to identify participants who have not engaged in treatment by the 60-day

mark. The Department of Social Services Certified Alcohol and Substance Abuse Counselor then makes a home visit and uses motivational interviewing to increase treatment engagement.

- The San Francisco FDC team uses their NCFAS data within the FDC Collaborative Case Planning meetings to inform treatment planning. Providers receive a face page that includes NCFAS data on families' strengths and challenges and summarizes identified needs and progress with referrals.





Education and Buy-In of Partners and Stakeholders

The PFR grantees used their data internally to educate team members about service delivery. They also shared their data more broadly to educate stakeholders about the needs of FDC families and the FDC’s effectiveness in meeting those needs. For example:

- In Tompkins County, some team members were initially resistant about having families participate in yet another evidence-based program (e.g., SafeCare). Team members would also sometimes draw inaccurate conclusions about the larger FDC program based on a few difficult cases. When the evaluator began presenting data back to the team about the effectiveness of the interventions in improving outcomes (e.g., FDC graduations, reunifications), team members’ attitudes shifted. In addition, data on overall reductions of time in care, the number of foster care and relative placements, and comparisons with non-FDC cases provided the team with a broader perspective about what was happening across all cases in the FDC.

- The Pima County evaluator designed a “Roadmap” handout to visually illustrate key data points at each stage in the recruitment, enrollment and service delivery process (e.g., how many parents observe FDC, how many complete an FDC intake, how many participate in services) and the resulting outcomes (e.g., successful FDC discharges, reunification rates, case reactivation rates). The Roadmap shows the services and approaches that lead to higher reunification rates in FDC families. The Juvenile Court Presiding Judge has presented the Roadmap to the judiciary, while the FDC Program Supervisor and FDC Case Specialist have used it in community trainings at the child welfare offices and brown bag trainings for the attorneys.

As we’ve become more successful in what we’ve done, we’ve done a better job of getting the word out, and people have become more invested in keeping our efforts going to maintain that success.

– PFR Grantee





Sustainability and Expansion of Services

All grantees agreed that sharing outcomes data was one of the most effective strategies to sustain and even expand services implemented during PFR. As Pima County noted, “Data has been our most powerful tool to engage system partners and will be the key to infusing FDC approaches into the broader system, and to achieving true systems change.”

- Robeson County developed a one-page document to market the program’s outcomes and help secure funds from the County Commissioners and the Managed Care Organization. Through outcomes and personal stories, the FDC conveyed to stakeholders how the court works, the value that it brings to the community, the money that has been saved and the lives that have been changed. As the PFR Project Director explained, “We wanted to ... present ourselves as a court that can get things done, a court that has an outcome.” After using cost estimate data as a way to engage county leaders and secure funding for the FDC Coordinator position, the Judge concluded, “I’m a convert – data is my friend.”
- In Pima County, the child welfare case managers and clinical director of the children’s mental health services provider reported they are now more likely to push for evidence-based parenting and children’s interventions because their data show these services lead to better outcomes (e.g., increased reunification rates). Given the positive results, the children’s services provider partnered with another community agency to convene a second Child-Parent Psychotherapy training to expand the number of therapists who could serve families in the FDC and the larger child welfare system.
- In San Francisco, data showed that parents in the FDC completed SafeCare at much higher rates compared to the non-FDC families in the child welfare system. Further, families that successfully completed both SafeCare and the FDC program had better outcomes (e.g., no repeat maltreatment incidents or foster care re-entries). These findings helped the FDC to expand the provision of SafeCare and led the Department of Public Health to prioritize FDC referrals among their public health nurses.



It took us a long time to learn the lesson that we needed to learn from the beginning. And that is not just what can you do to have better outcomes for families in the dependency system when there’s parental substance use, but how do you share that information with the folks who you’ll need to help keep that going on a permanent basis and who’s going to expand it so more and more families can benefit from it.

– PFR Grantee

Critical Components for Effective Cross-Systems Data-Driven Decision Making

Building capacity to become a truly data-driven collaborative is a difficult endeavor for even the most advanced of sites. The most successful FDC teams work to have the following factors in place:

Broad-Based Collaboration, Leadership and Buy-in

- Agreement on shared priority outcomes to monitor and assess progress
- Trusting interagency, collaborative relationships
- Buy-in and commitment at all staff levels and across all systems, particularly child welfare
- Formal judicial and other senior agency leadership as well as informal champions among front-line and evaluation staff
- Proactive engagement of front-line staff, especially during initial planning stages
- Recognition of the need for cost data and cost analyses

Resources and Infrastructure

- Cross-systems data tracking and monitoring system
- Mapping and assessment of community's existing data information systems
- Adequate staff, knowledge, training and involvement
- In-house evaluation staff as member(s) of core team
- Clear data collection and information-sharing protocols, processes, roles and responsibilities
- Dedicated time for data collection, reporting and analyses
- Integration of data collection processes into the program's operational structure

Data Utility and Value

- Collaborative culture that embraces the value of data
- Ownership of data among team members
- Routine sharing and discussion of data with all levels of staff and key partners
- Governing committees and leadership that use data to inform decision making and show improvement over baselines
- Regular performance monitoring and evaluation institutionalized as FDC standard operating best practice versus a time-limited grant requirement



Institutionalizing Performance Monitoring with a Data Dashboard

In addition to using data to improve practice, inform partners and support sustainability, the FDC teams took important capacity-building steps to institutionalize ongoing performance monitoring. During year three, PFR grantees began or completed development of a data dashboard to continuously monitor their partnership's progress in achieving its mission.

The grantees' required PFR monthly data snapshots, which included basic operational FDC operations and service referral and linkages data, typically served as the impetus for the creation of a data dashboard, which generally includes five to seven critical data points focused more on longer-term outcomes.

Tools You Can Use



Data Snapshot

- Focuses on **short-term process measures** (e.g., number referred to and enrolled in the FDC program, substance use treatment, parenting services and children's interventions).
- Provides more of an **operational** view of the FDC program.
- Alerts the core team to **point-in-time issues** that require prompt attention (e.g., sudden drop in referrals, substantial dip in services provided).
- Used and discussed regularly (e.g., monthly) by the **core team**.



Data Dashboard

- Focuses on critical set of agreed-upon, **longer-term outcomes** (e.g., improved child welfare, parent recovery and family well-being).
- Provides **bigger-picture** view of families and systems.
- Ideally, tracks performance against **baselines and established targets**.
- Enables FDC team and partners to gauge progress towards a **shared mission**.
- Reviewed regularly by the partnership's **steering committee, leadership and key stakeholders** (e.g., standing agenda item at meetings).

The Pima County FDC data dashboard tracks trends over the past 12 months in FDC recruitment and enrollment, evidence-based service delivery, reunification and child welfare case reactivation rates. The data dashboard has motivated the FDC team and partners to discuss, examine and improve several processes and policies. For example, partner agency leaders from child mental health services and substance use treatment used the data to examine barriers to evidence-based referrals and improve tracking of families linked to their services. The FDC team notes the data dashboard has been an effective way to disseminate results to the court, dependency attorneys, Court Appointed Special Advocates and other key stakeholders.

The Tompkins County FDC developed data dashboard reports that the team and partners discuss during their quarterly Policy and Procedure meetings. The data dashboard includes the number of new cases, discharges, relative and foster care placements, and time in placement. It also shows comparisons between the FDC and the regular preventative services unit. These data have enabled the team to see more clearly changes in caseloads and their successes in returning children home.

Concluding Comments

It took the first two years of the PFR grant period for the FDC teams to overcome many of their data challenges and truly embrace the value of data for continuous quality improvement and ongoing outcomes monitoring. By the end of year three, grantees had achieved team members' buy-in and commitment and fostered a culture in which cross-system partners regularly shared and discussed data to identify needed practice, policy and systems improvements. The PFR grant period helped the FDC teams lay a solid foundation for continued performance monitoring and evaluation.

However, looking ahead, grantees were candid about the challenges associated with the substantial resource commitment required to sustain and integrate the collection, management, analysis and use of data into core FDC operations. Moreover, the FDC teams and their partners recognized that moving forward, they need to strengthen their current evaluation efforts with cost analyses and more rigorous comparison group analyses. They are beginning to explore both of these more advanced evaluation designs and methods to bolster the rationale for the added short-term costs of some of their PFR innovations. As PFR Brief 3 emphasized, a strong collaborative foundation, broad-based leadership and established governance structure will help grantees deal with these challenges.

As far as whether [data collection] is sustainable, to me that's not properly framing the question... I think a better question is, "Is our drug court sustainable if we don't collect [data]?" I believe that over time, it would be difficult to sustain the drug court without access to the information.

– PFR Grantee



Opportunities for Assessing and Strengthening Performance Monitoring and Evaluation Capacity

- Identify your **priority outcomes** – What data are essential to collect to monitor your FDC's performance, document the effectiveness of your innovations, and inform needed program improvement efforts?
- Know your **baselines and targets** – How is the collaborative doing in improving results for children and families, and compared to what?
- Determine your current and desired **penetration rate** – What percentage of all families affected by parental substance use disorders and involved in your child welfare system are you serving? How could your partnership use its results to increase its scale to reach more families?
- Conduct a **data systems walkthrough** – What relevant data does the partnership currently have, what data are missing or difficult to access, and how can the team fill those data gaps?
- Assess current **data-sharing agreements** – Do they enable the right type and level of information sharing among key partners? Do team members have access to the information they need to adequately assess families' progress and make decisions about treatment and case planning?
- Identify **data-dissemination and discussion venues** – Do these venues ensure data is flowing regularly and there is a continual feedback loop from project operation to project governance to agency partners? Is data provided back to clinical staff who are administering standardized instruments?

About the Prevention and Family Recovery Briefs

Prevention and Family Recovery (PFR) strives to advance the capacity of Family Drug Courts (FDCs) and their partner agencies to provide a comprehensive family-centered approach for children, parents and families affected by parental substance use disorders and child abuse and neglect.

In April 2014, Children and Family Futures (CFF) awarded PFR grants to four FDCs to integrate evidence-based parenting and children's interventions into their larger FDC systems of care. CFF has produced a series of briefs that highlight cross-cutting PFR lessons and experiences that the field can use to replicate effective FDC practices. A companion set of case studies tells a more in-depth story of each grantee's PFR journey.

The series of PFR briefs includes:

- Brief 1: Overview of the Prevention and Family Recovery Initiative
- Brief 2: Key Lessons for Implementing a Family-Centered Approach
- Brief 3: Cross-Systems Collaboration, Governance and Leadership: The FDC Trifecta for Systems Change
- Brief 4: Evidence-Based Program Implementation within the FDC Context: Finding the Right Fit
- **Brief 5: Building the Performance Monitoring and Evaluation Capacity of Family Drug Courts**

In January 2017, PFR expanded to four new FDCs, which will further expand the knowledge base about an effective family-centered approach. For more information about the PFR initiative and to download the case studies and other PFR briefs, visit the [PFR webpage](http://www.cffutures.org/pfr) (<http://www.cffutures.org/pfr>) or email us at pfr@cffutures.org.



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

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About Children and Family Futures

Children and Family Futures (CFF) is a national nonprofit organization based in Lake Forest, California that focuses on the intersections among child welfare, mental health, substance use disorder treatment and court systems. CFF has over two decades of experience in practice, policy and evaluation arenas to support tribes, states, regions and communities in their efforts to improve outcomes for children and families who are affected by substance use disorders. CFF believes parents with substance use disorders should maintain hope of achieving recovery and family stability so they can care for their children. While no single system or agency working by itself can help parents achieve

that goal, CFF recognizes that recovery happens within the context of the family and that professionals from a variety of agencies and systems must work together to meet the needs of families.

Children and Family Futures provides a full range of consulting, technical assistance, strategic planning and evaluation services for substance use disorder treatment, child welfare, courts and the communities they serve. To learn more about CFF, visit www.cffutures.org.

The mission of Children and Family Futures is to improve safety, permanency, well-being and recovery outcomes for children, parents and families affected by trauma, substance use and mental disorders.



About the Doris Duke Charitable Foundation

The mission of the Doris Duke Charitable Foundation (DDCF) is to improve the quality of people's lives through grants supporting the performing arts, environmental conservation, medical research and child well-being, and through preservation of the cultural and environmental legacy of Doris Duke's properties. The foundation's Child Well-being Program aims to promote children's healthy development and protect them from abuse and neglect. To learn more about the program, visit www.ddcf.org.

THE DUKE ENDOWMENT

About The Duke Endowment

Since 1924, The Duke Endowment has worked to help people and strengthen communities in North Carolina and South Carolina by nurturing children, promoting health, educating minds and enriching spirits. Located in Charlotte, North Carolina, the Endowment seeks to fulfill the visionary genius and innovative legacy of James Buchanan Duke, one of the great industrialists and philanthropists of the 20th century. Since its inception, the Endowment has distributed more than \$3.6 billion in grants. Now one of the largest private foundations in the Southeast, the Endowment shares a name with Duke University and Duke Energy, but they are all separate organizations. To learn more about the Endowment, visit www.dukeendowment.org.