BRIEF #1 - AN OVERVIEW OF THE STATEWIDE SYSTEM IMPROVEMENT PROGRAM (SSIP) INITIATIVE

Key Lessons to Empower STATE AND LOCAL LEADERS seeking to improve systems serving families in the child welfare system affected by substance use disorders
Acknowledgement

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The Leading Change series will inform, challenge, and empower those who are brave enough to step up and take the lead in their states and communities to make positive changes where change is needed most.

Today, in every state and every community, there is an undeniable need for leaders who understand the challenges and complexities of serving children and families affected by parental substance use, child maltreatment, and neglect. Leaders must realize that no single program or agency has all of the resources and expertise to effectively serve families with such complex needs. Leaders seeking true systems change must be grounded in the vision that all families, regardless of their background, motivation, or zip code, should have access to the treatment and support they need to achieve recovery and reunification.

Toward these ends, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) funded the Statewide System Improvement Program (SSIP). Funds supporting this initiative allowed communities to provide services to all families affected by parental substance use disorders (SUDs) in the child welfare system, in addition to those families specifically served by Family Treatment Courts (FTCs). The SSIP initiative leveraged decades of research on FTC practice and supported states and communities to adopt more effective practices across broader family and juvenile court dockets. When these practices are implemented, they generate effective change that occurs simultaneously across a variety of agencies and systems. Considering, constructing, and unleashing a “new approach” has been demonstrated to significantly improve outcomes for families who are affected by parental SUDs involved in the child welfare system.

The Leading Change series synthesizes the experiences of the six SSIP awardees into three briefs, each filled with relevant considerations and challenges for those who want to lead systems change in their states and communities. The first brief provides context of the current state of FTCs in the country, an overview of the SSIP initiative, and opportunities for systems change; the second focuses on state leadership toward change; and the third is focused on leadership and change at the local level.

SSIP demonstrated that systems change can happen from the “top-down” and “ground-up.” Whether change is directed from state agencies or starts from the local grassroots level, leaders at all levels have the opportunity to be catalysts for larger change at multiple levels and across multiple systems. The most powerful and lasting changes occur when state and local leaders, bound by a shared vision, partner and work together in new and supportive ways.
Family Treatment Courts as a Catalyst for Systems Change

Leaders seeking systems change for children and families affected by SUDs and in the child welfare system are motivated to look beyond their particular agency or project to seek solutions for all families. While considering how to more effectively serve families currently enrolled for services, leaders must also consider why families who would be eligible for services are not enrolled or have access to needed services.

Frequently, these reflections reveal that the most productive solutions to the challenges agencies face will require systemwide changes. Systems change is a permanent shift in doing business that relies on the relationships across systems and within the community to secure resources needed to achieve better results and outcomes for all children and families.

What is Systems Change?

A permanent shift in doing business that relies on relationships across systems and within the community to secure needed resources to achieve better results and outcomes for all children and families.

Background: The Family Treatment Court Movement

Because SSIP funding was designed to productively expand the reach of services inherent in Family Treatment Courts (FTCs),[1] some background about these courts could be helpful. FTCs were first established in 1994 to address the struggles and poor outcomes that were common for families affected by parental SUDs and involved in the child welfare and dependency court systems. SUDs can frequently affect a parent’s ability to provide a positive, stable, and nurturing home environment.

Currently, the majority of children involved in the child welfare system and placed in out-of-home care have a parent with a SUD (Young, Boles, & Otero, 2007). These children stay longer in foster care, are less likely to reunify (Brook, McDonald, Gregoire, Press, & Hindman, 2010), and experience higher rates of termination of parental rights (Connell, Bergeron, Katz, Saunders, & Tebes, 2007). Traditionally, the lack of coordination and collaboration across child welfare, substance use disorder treatment, and family or dependency court systems has hindered the ability to fully support these families (U.S. Department of Health and Human Services, 1999).

[1] Also referred to as Family Drug Courts, Family Recovery Courts, Dependency Drug Courts, Family Drug Treatment Courts, and Family Wellness Courts
Adapted from the adult drug court model, FTCs provide a collaborative solution for families who have struggled in traditional court systems. The FTC model provides comprehensive services and a strong system of accountability for parents as they work toward recovery and reunification. The model also provides judicial and collaborative oversight, which helps hold each of the systems accountable for their work on behalf of these families.

OJJDP and other federal partners have been essential leaders in efforts to enhance and expand FTCs. As a result of federally-funded initiatives, the number of FTCs increased nationwide from 10 in 1999 to approximately 450 in 2018. Federal investments from OJJDP, Substance Abuse and Mental Health Services Administration (SAMHSA), and the Children's Bureau were instrumental in the expansion and enhancement of FTCs. The FTC model has provided opportunities to examine and test various strategies that have worked in other service delivery contexts, consequently allowing FTCs to generate a knowledge base of what works and does not work for these families.

The following seven ingredients have been identified as effective practices in FTCs:
1. A system of early identification of families in need of SUD treatment
2. Timely access to assessment and treatment services
3. Increased management of recovery services and compliance with SUD treatment
4. Family-centered treatment services and parent-child relationship interventions
5. Increased judicial oversight
6. Systematic responses to participant behavior
7. Collaborative non-adversarial approaches and efficient cross-system communication

These practices are supported by agencies and service systems that focus on improving staff training and understanding cross-agency funding and information systems.

FTCs have proven to be more effective in achieving child welfare and treatment outcomes than traditional dependency systems, providing longer stays in treatment, higher treatment completion rates, greater numbers of children remaining at home, higher rates of family reunification, and fewer episodes of repeated maltreatment and re-entries into out-of-home care (Children and Family Futures, 2016). As a result, the FTC model has drawn increasing attention as a promising approach to serving some of the most challenging families involved in the child welfare system. In fact, FTCs were identified as one of the drug court models most likely to be expanded within the next 3 years, along with adult drug courts, veteran treatment courts, and driving under the influence courts (Marlowe, Carson and Fox, 2016).
Despite the support that federal agencies and foundations have provided for FTCs, this combined funding represents only a fraction of the resources necessary to maintain a robust and effective network of FTCs nationwide. Most FTCs rely on grant funding and may not have a structure that ensures long-term sustainability or the means to reach their full potential to serve more families.

Some FTCs are organizationally isolated from the larger child welfare, treatment, and court systems. They are sometimes viewed as a marginal activity that is grant-based and essentially not part of the usual way of doing things. Most FTCs are able to serve only 10 to 20 percent of the families who could benefit from or need this level of support and service coordination (Young, Breitenbucher, Lemus, & Boles, 2010).

In March 2017, the National Strategic Plan for Family Drug Courts was released, outlining a coordinated national strategy to enhance and expand the use of FTCs to reach more children and families (Children and Family Futures, 2017). Developed by Children and Family Futures with the support of OJJDP and valuable input from many diverse stakeholders, the National Strategic Plan sets forth a national vision that:

Every family in the child welfare system affected by parental/caregiver substance use disorders will have timely access to comprehensive and coordinated screening, assessment, and service delivery for family success.

To achieve this vision, the National Strategic Plan specifies three objectives:
1. Ensure quality implementation so that every court operates with fidelity to the FTC model
2. Expand the reach of FTCs to keep families together and reduce child maltreatment
3. Continue to build the evidence base about what works for FTCs through a second generation research and evaluation agenda

“One problem we face, today, is that our Family Treatment Courts are sprinkled across the state and can only help a fraction of Iowa’s troubled parents and at-risk children. We all know that family services of such critical importance should not be limited to only a handful of communities. All Iowans will benefit from a systematic statewide implementation of Family Treatment Courts. This is what we should do.”
- Honorable Mark S. Cady, Chief Justice of Iowa Supreme Court
The vision is certainly a challenging one. To achieve a high level of national leadership and coordination, state and local leaders must be highly engaged in the goals of the National Strategic Plan. Advocates must demonstrate the viability and success of FTCs to state leaders who have a variety of experiences and perspectives, as follows:

- They may not yet be fully aware of the potential to adopt FTCs, but are seeking proven solutions to improve child and family outcomes and address the opioid crisis in their states.
- They may be seeking solutions to improve outcomes for rural, suburban, and small tribal communities struggling to address the prevalence of substance use disorders among families, but may not have the volume of families or resources to implement an FTC.
- They may understand the benefits of FTCs and are able to leverage the federal, state, and private resources needed to support local implementation and expand capacity to serve more families who need this level of support and intervention.

The National Strategic Plan is a call to action for both state and local leaders to make a bigger difference in the lives of children and families affected by parental substance use disorders. Achieving its goals will also require the engagement of local leaders to examine their own organizations and agencies and lead where it is needed. Leading systems change is a collective responsibility that requires commitment and action from all partners, mobilizing systems and staff from multiple levels to join the process of generating solutions and serving more children and families in their states and communities.
Each word in the title Statewide System Improvement Program (SSIP) is worth noting. First, although this initiative has its roots in FTCs, its purpose is to provide services that are statewide. Next, the delivery of those services is not to be planned in isolation, but as part of a system that best provides those services. Last, and obviously, the goal of such actions is an improvement program for parents and families across the state who are affected by substance use disorders.

In more formal language, the goals of SSIP were to:

- Implement and institutionalize effective FTC practices into state-level child welfare, SUD treatment, and court system practice
- Ensure all families affected by SUDs and involved with child welfare have access to a comprehensive array of services to improve child, parent, and family outcomes
- Strengthen cross-system collaboration at the state and local level

SSIP was a multi-year initiative that funded phases for planning, piloting change strategies, and initial implementation. Each of the state awardees assigned a state-level project director who was partially funded through the award to facilitate planning and coordination. Awardee states were required to submit performance measure data as part of their reporting under the award, including the number of planning initiatives implemented, number of program materials developed, and number of agency policies or procedures changed or amended.

In 2014, the state agencies selected to receive SSIP funding were:

- Alabama Administrative Office of Courts
- Colorado Judicial Department
- Judicial Branch of Iowa
- New York State Unified Court System
- Supreme Court of Ohio

In October 2016, the Judiciary of Guam received SSIP funding as part of a second round of awards.

**Planning & Piloting Phases**

In the planning phase of the initiative, states had the opportunity to consider three approaches to serving more families: (1) expansion of scale or percentage of families being served by the FTC model compared to the overall need; (2) embedding identified best practices from the FTC model into all cases affected by parental SUDs in the dependency court system; or (3) both expansion and embedding.
Five awardee states chose a combination of expansion and embedding FTC practices. One state chose to focus its systems change efforts on embedding. The specific processes for making these decisions were unique to each state and were shaped by contextual factors. Additionally, the structures of how states oversee child welfare, court, and treatment systems influenced how state leaders interacted with local sites. For a snapshot of the awardees, please see page 11.

During the planning phase, SSIP teams established a sustainable governance structure to oversee and manage the work. These structures ensured a solid foundation for meaningful collaboration across multiple systems and multiple levels. Key lessons in establishing these governance structures are highlighted in SSIP Brief #2.

The piloting phase provided opportunities for awardees to test change strategies in local FTC sites and jurisdictions. The six awardees tested out embedding or expansion change strategies across 47 pilot sites. Common strategies to expand the reach of FTCs included using universal screening tools for SUDs for all child welfare cases, developing an integrated cross-agency data system to facilitate data sharing, and facilitating cross-system and interdisciplinary training. Embedded strategies that were piloted included increased universal screening, timely access to assessment and treatment, increased judicial oversight and cross-training, and data-sharing protocols. Many of these pilot strategies were then selected for implementation.

Each state continued to prove that collaboration as a developmental process takes time to produce results. As each initiative moved forward, states climbed to new heights of collaboration, working toward changing state and local policies, establishing new ways of doing business, and improving outcomes for children and families. States’ achievements included: (1) improved or increased identification of families affected by SUDs; (2) greater access to timely and quality treatment; (3) improved judicial oversight and management of recovery services; (4) increased access to evidence-based and family-centered services; and (5) increased use of a collaborative, non-adversarial approach to problem solving.

The processes of multi-system collaboration, which involve building trust and strong relationships between agencies, take time and patience. The reward for these efforts, however, is found in an essential concept of systems theory: in a productive system, one change is never isolated, but creates ripple effects that result in subsequent productive changes.

Some state leaders shared that SSIP transformed relationships between offices at the state and local levels. They noted that newly formed relationships were the biggest change that resulted from the SSIP initiative. Over the course of the initiative, SSIP teams took advantage of cross-system relationships to raise awareness, partner with related initiatives, and cultivate new leaders. The SSIP initiative also helped leaders identify and leverage parallel initiatives aimed to improve outcomes for children and families.

Toward the end of the implementation phase, awardees focused on sustainability efforts that were not exclusively financial in nature. SSIP leaders recognized that sustainability considerations also include fortifying permanent shifts in policy and practice that systems change efforts seek to achieve. For example, some state teams modified their SSIP governance structure, allowing it to coordinate all efforts in the state that are related to families affected by SUDs instead of solely focusing on management of the SSIP grant. Grantees also inventoried parallel initiatives, accessing new federal legislative opportunities such as the Family First Prevention Services Act.

One state moved away from referring to its teams as “SSIP sites” and its activities as "SSIP strategies" to simply discussing their new efforts as a more effective way to work with families. Other state teams used a regional roll-out approach to onboard new sites, allowing state leaders to fine-tune messaging, partnerships, and peer support for a region’s unique needs.

As a result of meaningful collaboration in the six states, the narrative for families in the system began to change and the way many communities viewed parental substance use disorders and child maltreatment was altered. Many local communities witnessed a reduction in stigma and an increased awareness of the benefits of early identification, enhanced recovery support, and quality treatment.

A new way of viewing and using systems thinking also emerged as a result of the SSIP initiative. Attempting to initiate systems change without “seeing” a system in its entirety and “thinking” about solutions in terms of a system can lead to a lot of talk about working together, but little change in terms of relationships, results, and resources.

Specifically, the SSIP initiative inspired a new way of thinking about the way children and families are served (or not served) through the child welfare system, SUD treatment, and family court systems. Although the SSIP initiative was designed to be led by the state court system, states heeded the initiative’s encouragement to move beyond being a court-centric initiative and engage in meaningful collaboration that reached across multiple, statewide levels and agencies.

To achieve systems change, leaders must adopt a systems-thinking mindset. *The Domains of Systems Change* table on the following page highlights the various domains in which leaders can shift their thinking beyond their individual project or initiative to change larger systems to improve outcomes for all families affected by parental SUDs.
## Domains of Systems Change

<table>
<thead>
<tr>
<th>Project Thinking</th>
<th>Systems Thinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus is primarily on a single project funded by a single external grant</td>
<td>Awareness and identification of the larger system and agencies that form the environment of the project</td>
</tr>
<tr>
<td>One-time grant funding is the key resource</td>
<td>An inventory exists of multiple funding streams relevant to the clients of the project; efforts to leverage other funding beyond the project are underway</td>
</tr>
<tr>
<td>Sustainability is defined as getting the grant renewed or getting another grant</td>
<td>Sustainability planning selects the best targets among funding streams that are institutionalized and not one-time</td>
</tr>
<tr>
<td>Outcomes are measured by the performance of the project for its clients</td>
<td>Key baseline measures are used to assess the project’s outcomes against those of the larger system</td>
</tr>
<tr>
<td>Process measures such as forming new governing bodies, memorandum of understanding, or protocols for the project are seen as important aims</td>
<td>Process measures must be justified by their positive impact on the lives of children and families and whether they lead to new ways of doing business</td>
</tr>
<tr>
<td>The project proposal guides implementation</td>
<td>Implementation of systems change is guided by awareness of the key barriers affecting replication of the project</td>
</tr>
<tr>
<td>Leadership focuses on the project</td>
<td>Leadership is capable of systems thinking and refers to the larger system as the critical context of the project; leadership has effective working relationships with key decision-makers in the larger system</td>
</tr>
<tr>
<td>The elements of the project make up its framework of analysis</td>
<td>A larger framework is used to consider systems barriers and developing strategic responses to them</td>
</tr>
<tr>
<td>The rules and agency procedures under which the project operates are taken as given</td>
<td>Documenting and changing the rules that form key barriers are understood to be major goals of the project</td>
</tr>
<tr>
<td>The project environment is understood to include the policies of the funding agency</td>
<td>The policy environment is monitored and updated as it appears likely to affect the replication and institutionalization of the project; key leverage points such as policy or leadership changes are tracked over time</td>
</tr>
<tr>
<td>Project staff view those served by the project as the relevant universe of clients</td>
<td>Project staff are aware of what percentage of total need their project is serving and understand their “market share” explicitly</td>
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## SSIP Awardee Snapshot

<table>
<thead>
<tr>
<th></th>
<th>Alabama</th>
<th>Colorado</th>
<th>Iowa</th>
<th>New York</th>
<th>Ohio</th>
<th>Guam</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lead Agency</strong></td>
<td>Alabama Administrative Office of the Courts</td>
<td>Colorado Judicial Department</td>
<td>Judicial Branch of Iowa</td>
<td>New York State Unified Court System</td>
<td>Supreme Court of Ohio</td>
<td>Judiciary of Guam</td>
</tr>
<tr>
<td><strong>Focus</strong></td>
<td>Expansion and Embedding</td>
<td>Embedding</td>
<td>Expansion and Embedding</td>
<td>Expansion and Embedding</td>
<td>Expansion and Embedding</td>
<td>Expansion and Embedding</td>
</tr>
<tr>
<td><strong>State Population</strong></td>
<td>4,833,722</td>
<td>5,268,367</td>
<td>3,090,416</td>
<td>19,651,127</td>
<td>11,570,808</td>
<td>165,121</td>
</tr>
<tr>
<td><strong>Number of FTCs</strong></td>
<td>15</td>
<td>12</td>
<td>12</td>
<td>35</td>
<td>32</td>
<td>1</td>
</tr>
<tr>
<td><strong>Number of Pilot Sites</strong></td>
<td>7</td>
<td>16</td>
<td>4</td>
<td>8</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td><strong>2014 Adoption and Foster Care Analysis and Reporting System Data (USDHHS ACF CB, 2014)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>236³</td>
</tr>
<tr>
<td>Number of children entering foster care</td>
<td>3,192</td>
<td>4,686</td>
<td>3,908</td>
<td>9,691</td>
<td>9,924</td>
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<tr>
<td><strong>2017 Adoption and Foster Care Analysis and Reporting System Data (USDHHS ACF CB, 2017)</strong></td>
<td></td>
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<td></td>
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<tr>
<td>Number of children entering foster care</td>
<td>4,095</td>
<td>5,134</td>
<td>4,129</td>
<td>8,780</td>
<td>11,845</td>
<td></td>
</tr>
<tr>
<td><strong>Court - Oversight</strong></td>
<td>Unified</td>
<td>Unified</td>
<td>Unified</td>
<td>Unified</td>
<td>Decentralized</td>
<td>Unified</td>
</tr>
<tr>
<td><strong>Child Welfare - Oversight</strong></td>
<td>County administered / State supervised</td>
<td>County administered / State supervised</td>
<td>Centrally administered</td>
<td>County administered / State supervised</td>
<td>County administered / State supervised</td>
<td>Centrally administered</td>
</tr>
</tbody>
</table>

### Notes

[3] Source: Fiscal Year 2014 - Guam Department of Public Health and Social Services, Bureau of Social Services Administration. As a U.S. Territory, Guam is not required to report data to the Adoption and Foster Care Analysis and Reporting System.

[4] States with unified court systems consolidate separately-run courts into one all-encompassing court system that is centrally governed and provides, as nearly as possible, a uniform administration of justice throughout the state. States with a decentralized state court system allow local municipalities to exercise local self-government. In Ohio, this arrangement for local self-government is referred to as "home rule."
SSIP States
Key Highlights and Accomplishments

Alabama

The State of Alabama implemented a two-pronged approach and selected both embedding and expansion as its primary goals for SSIP. The focus of the AL SSIP team was to bring current FTCs to scale and ensure that existing FTCs were operating with fidelity to best practices. Because the State of Alabama is largely rural and most regions are resource-limited, not every county could establish or maintain operation of a specialized court. The Alabama SSIP goal was to integrate effective practices into the larger state-level child welfare, treatment, and court systems to ensure that all families have access to much needed services that promote safety, permanency, and well-being.

Governance and Leadership

- Leaders from the Administrative Office of the Courts (AOC), the Department of Human Resources (DHR), the Department of Mental Health (DMH), and the Alabama Juvenile and Family Court Judges Association met quarterly to discuss the statewide plan for parents with SUDs who are involved with child welfare and the court.

Support for Local Implementation

- The AOC convened a statewide working committee to develop Statewide Family Treatment Court Standards. These standards, informed by the OJJDP Guidance to States publication, were adopted in early 2017 and are being rolled out by every FTC in Alabama. State partners are providing FTCs with cross-system technical assistance and training to ensure they have the capacity to meet and operate according to the standards.
- Three of the SSIP pilot sites secured federal or private funding in 2016 and 2017 to receive training and implement evidence-based parenting and motivational interviewing programs. Findings from these sites were shared with SSIP stakeholders, which resulted in a plan to ensure all FTCs incorporate evidence-based parenting curriculum and are trained to incorporate the use of motivational interviewing interventions into FTC practice. Training on the use of motivational interviewing was offered to Alabama’s SUD treatment providers.
Embedding Practice Ingredients to Serve All Families

- Alabama initiated the first steps toward achieving statewide universal screening for SUDs for all families involved with child welfare. As a result of piloting the UNCOPE screening tool in the seven pilot sites, DHR planned for statewide implementation of UNCOPE in an effort to identify and treat parental SUDs much earlier in the case.[5] DHR social work supervisors were provided training on early screening and identification of SUDs and the administration of the UNCOPE. DHR explored modifying the Statewide Automated Child Welfare Information System (SACWIS) to capture parental SUD data.
- DMH worked with the SSIP Team to ensure that new funding for 2017 was made available to those programs providing substance use disorder and mental health treatment to families and/or parent-child dyads.
- Alabama’s Juvenile and Family Court Judges were offered annual training in how to promote a family-centered approach from the bench.
- Local sites reported significant practice changes. They began shifting from parent-only to family-centered practices, implementing evidence-based curriculum, engaging SUD treatment providers, and generating increased support for FTCs.
- The State of Alabama developed legislation in 2016 to revise the language for Family Treatment Courts (Alabama Juvenile and Family Treatment Court Bill). Although the bill did not pass in the session, it raised awareness for lawmakers about the need for improvement efforts in the Juvenile and Family Courts of Alabama.

SSIP States
Key Highlights and Accomplishments

Colorado

The primary goal of Colorado's SSIP initiative was to improve outcomes for all children and families in the Dependency and Neglect (D&N) system affected by parental substance use or co-occurring mental health disorders by embedding research-based practices, known as the 7 Key Ingredients for FTCs, into the child welfare, treatment, and court systems. Colorado adapted the 7 Key Ingredients into six principles.[6] Applying these principles helps the child welfare, treatment, and court systems increase their capacity to intervene effectively with parents and families with substance use or co-occurring mental health disorders who are involved in the child welfare system.

A New Approach to Serve All Families

- Colorado applied their new approach to serving all families in the D&N system affected by parental SUDs. Implementation sites apply the six principles to better serve all families, whether or not the family participates in an FTC. Eighteen counties have implemented this new approach, including the four most populous counties that represent almost half of Colorado's total population.
- Through contracts with the National Center for State Courts, a report containing recommended performance measures and a survey report were completed. The survey report provided feedback on the implementation process and recommendations for next steps based on information from stakeholders throughout the state.
- The project director and core planning team developed peer networks and aligned state and local initiatives. Part of this effort included advocating at the state and local levels for the resources necessary to effectively implement the initiative.
- State and local partnerships across the child welfare, treatment, and court systems have been strengthened. SSIP is incorporated in the Court Improvement Program strategic plan and the Child and Family Services Plan and will continue to remain a central focus for improving systems in Colorado.

[6] The six principles are: (1) provide universal screening for substance use disorders, mental health disorders, and trauma; (2) shorten the timeframe between screening and assessment for substance use disorders, mental health disorders, and trauma; (3) use multidisciplinary team staffing to enhance communication and collaboration and to integrate treatment information into the management of the case; (4) provide timely judicial support and oversight to make the court’s case management responsive to treatment needs and permanency; (5) enhance data collection and information sharing across the court, child welfare, and treatment systems; and (6) ensure state and local teams coordinate strategy at the systems level and participate in collaborative training.
Support for Local Implementation

- The project director and core planning team provided frequent technical assistance to implementation sites by assigning a state liaison from the core planning team to assist local sites with implementation. The state liaison attended site visits and trainings, joined phone calls, and served as a conduit of information between the local site and the state governance structure.

- The Colorado SSIP team contracted with Denver Health to conduct a quality improvement project to obtain client and industry feedback on the D&N system to support and guide future system changes. Parent interviews and professional focus groups were conducted. Results and themes have been incorporated into the statewide implementation of SSIP.

- Colorado created a model protective order that implementation sites are using to allow for early engagement and participation in treatment assessment and services, while protecting this information in the adjudication process.

- A funding guide was created that describes different funding sources and options for families served in the child welfare system.

Data and Information Sharing

- A state-level data-sharing agreement was developed between the Colorado Department of Human Services and the Colorado Judicial Department to improve data sharing among the systems.
SSIP States
Key Highlights and Accomplishments

Iowa

The Iowa SSIP initiative built upon the success of its dozen FTCs, which demonstrated a cross-agency collaborative approach to achieve improved outcomes for children and families affected by parental substance use. Due to the rural nature of Iowa and budgetary constraints across the state, leaders at the state level acknowledged that not all counties within the state would be able to support an FTC. By embedding key FTC practice elements in regular dependency cases and supporting child welfare to develop a systemic approach to the screening of SUDs, Iowa was building its capacity to serve families who did not have access or need an FTC. Leaders also recognized that critical prevention work was missing in Iowa in the areas of screening and treating pregnant women with SUDs and in identifying and providing services for children with substance exposure. SSIP, through its partnership with Dr. Ira Chasnoff, increased its capacity to conduct prevention and early intervention work in key areas of the state.

New Approach - Serving All Families

- Iowa convened the Leadership Institute, led by Ira Chasnoff, MD, to establish a more preventative approach to services in the state. The Leadership Institute has raised awareness among health care providers, home visitors, attorneys, judicial officers, and social workers regarding the harm to children exposed to prenatal and perinatal substance use. Iowa SSIP launched a Child Assessment and Treatment Center (CATC) to deliver specialized assessment and treatment services for children who have been exposed to substances. Children from 3 of the 12 FTCs are being referred to this CATC. Through another grant, Iowa will be opening two more CATCs later in 2019.
- In addition to the CATC, Iowa SSIP implemented the 4Ps Plus, a validated tool to screen pregnant women for alcohol use, illicit substance use, and prescription drug misuse. The 4Ps Plus also screens for depression and domestic violence. Brief intervention strategies are integrated into the screening process, and depending on the results, women may be referred to an in-depth assessment or follow-up monitoring. Screening is currently conducted in 36 of the 99 counties. Agencies that conduct screening include SUD treatment, home visiting sites, maternal health, and family medical practices.

Embedding Practice Ingredients to Serve All Families

- Three judges initiated pilots to serve families not enrolled in an FTC. One judge is embedding increased judicial oversight by scheduling parents to return to court monthly until the first review hearing. Another judge is conducting team hearings on every fourth Friday and can transfer families to an FTC if necessary. A third court is considering implementation of a designated peer-recovery coach.
Support for Local Implementation

- The Continuous Quality Improvement work group developed a process for supporting quality implementation of each FTC in the state. This multi-prong approach includes: (1) reviewing a monthly data dashboard; (2) conducting a biannual online survey regarding site implementation; (3) gathering clients' feedback on their FTC experiences; and (4) conducting monthly site visits to monitor adherence to State FTC Standards approved by the Iowa Supreme Court.

Expansion of FTC

- The FTC Expansion work group developed a toolkit to assist jurisdictions in starting a new FTC. This toolkit contains information about forming collaborative teams, roles of treatment team members, examples of participant handbooks and forms, data collection and evaluation, and key resources. The toolkit was tested by a newly established FTC and will be a valuable resource when funding is available to resume expansion of FTCs in selected jurisdictions.

- During the SSIP initiative, Iowa maintained a total number of 12 FTCs statewide, with at least one FTC in each of the 8 judicial districts. Due to a low appropriation of funds for the Judicial Branch, no additional FTCs were established during the SSIP initiative. Instead, Iowa focused on bringing existing courts to scale and infusing some of the key principles of FTCs in selected jurisdictions. As a result, two of the FTCs with the lowest number of participants doubled their number of clients. Currently, 9 out of the 12 FTCs are at projected scale.

Data & Information Sharing

- Iowa Children's Justice (ICJ) currently tracks referrals, admissions, and discharges for all 12 FTCs via the FTC data dashboard. The tracked data is regularly shared with each of the FTC sites. ICJ also collects and reports the total number of Child in Need of Assistance filings and adjudications for the 12 counties that have FTCs and uses those numbers to calculate target referral numbers and target scale. In addition, ICJ recently began tracking the number of children in out-of-home care and length of stay to monitor these categories more closely.
SSIP States
Key Highlights and Accomplishments

New York

The State of New York called its SSIP initiative Better for Families (BFF). The primary goal of BFF is to improve outcomes for all children and families in the family dependency court system affected by substance use or co-occurring mental health disorders. BFF is accomplishing this using a two-fold approach: (1) integrating best practices known as the 7 Key Ingredients for FTCs into the daily practice of judicial officers, child welfare, treatment practitioners, and the legal community in non-FTC dependency dockets; and (2) expanding and aligning New York FTCs with national best practices. BFF works to support adult recovery while simultaneously achieving child safety, permanency, and well-being.

Governance and Leadership
- To successfully implement FTC improvement strategies, the Office of Policy and Planning and the Child Welfare Court Improvement Project (CWCIP) aligned efforts, defined roles and responsibilities of each office, and actively supported local multidisciplinary teams.
- New York proactively established and maintained a high-quality and effective governance structure, comprised of an executive committee with cross-system representation, a broad-based steering committee, and five operational work groups. This governance structure was well established and clearly defined and remained intact throughout the project period.

Data and Information Systems
- Integration of FTC data into CWCIP court metrics was achieved by infusing FTC data from a separate database into the Universal Case Management System.

Embedding Practice Ingredients to Serve All Families
- New York leaders developed and implemented new court protocols and a Judicial Bench Card outlining a new approach for serving children and families in all dependency cases. The bench card provides specific questions that judges can ask at each of the various court appearances, as well as practice tips.

Support for Local Implementation
- The staffing structure for the initiative included two liaison positions tasked with helping the eight pilot sites implement their selected change strategies. The liaisons worked closely with the pilot site teams and the child welfare caseworkers to implement the UNCOPE Plus, engage key stakeholders in improving systems, facilitate regular collaborative team meetings in each pilot county, and communicate needs of the sites to the executive oversight and steering committees.
SSIP States
Key Highlights and Accomplishments

Ohio

The goal of the Ohio SSIP initiative was to develop and implement a statewide system that improved outcomes for all Ohio families in child welfare affected by parental SUDs. For many years, local FTCs demonstrated effective multi-system collaboration and improved outcomes for participant families. Similar to other states, Ohio’s FTCs only served approximately 10 percent of the children and families who need this intervention. Ohio SSIP’s multi-prong approach to address this gap involved a set of local sites focused on expanding capacity and scope of services and other sites focused on embedding effective practices from FTCs into their child welfare, treatment, and court systems.

Data and Information Sharing
- Ohio Department of Job and Family Services (ODJFS) modified the Statewide Automated Child Welfare Information Systems (SACWIS) database to include a section specific to the use of universal screening to identify substance use. The modification included an option to select whether or not a screening tool was administered and if the parent was referred to a SUD assessment.
- All demonstration sites executed formal information-sharing protocols and agreements to enhance local cross-system collaboration. The protocols specifically outlined the information about each family required from each stakeholder through the duration of the case.
- The Supreme Court of Ohio, with the assistance from the data subcommittee, developed the Permanency Docket Quarterly (PDQ), which provides a profile of the children in out-of-home placement: removal reasons; length of stay in care; the type of exits from care; and incoming caseloads. The PDQ contains data at both the county and state level to allow for a quick review of overall permanency trends across the state. This report is updated quarterly and available on the Supreme Court of Ohio’s website. Oversight mechanisms were developed to: (1) improve the accuracy of behavioral health data; (2) enhance capacity to monitor participant progress; and (3) monitor overall treatment provider performance.
- The specialized court docket unit of the Supreme Court of Ohio and the SSIP data work group developed data collection requirements for all specialized dockets. The Supreme Court of Ohio has a robust certification process for all specialized dockets that requires submission of documents and policies, onsite assessments, and collaboration with the state. The collection of data from the demonstration sites during the SSIP initiative heightened the Supreme Court of Ohio’s focus on data collection and outcome monitoring for all specialty dockets. The Supreme Court of Ohio now requires monthly submission of program and participant data that includes family information, child welfare, and SUD outcomes.
Ohio - continued

The Supreme Court of Ohio partnered with the Government Resource Center (GRC) to:
(1) provide data to guide State of Ohio policy initiatives aimed at supporting families and improving family stability, recovery, and child health outcomes; and (2) establish a sustainable data collection and monitoring system to evaluate system improvement efforts implemented through the SSIP initiative. The GRC used propensity score matching strategies and existing administrative databases from Ohio Behavioral Health (OHBH), Ohio Mental Health and Addiction Services (OhioMHAS), Ohio Medicaid, SACWIS, and pilot site rosters to develop a systematic way to track long-term family outcomes with the ability to continue after the SSIP initiative concludes.

Ohio completed an Evaluation Proof of Concept Final Report (September 2017), which suggested that SSIP participation had a significant positive effect on participation and retention in SUD treatment.

Governance Structure

Ohio SSIP developed a formalized governance structure that consists of five formalized levels: demonstration sites, work groups, core committee, joint subcommittee, and the executive oversight committee. Each level includes members from ODJFS, OhioMHAS, the Supreme Court of Ohio, Medicaid, Department of Health, and Department of Developmental Disabilities.

At the conclusion of this initiative, the focus of the governance structure shifted away from a specific project towards oversight of all initiatives with the goal of improving outcomes for families affected by substance use.

Embedding Practice Ingredients to Serve All Families

All 11 pilot sites agreed to implement a formal universal screening protocol and engagement strategies for all families across their respective jurisdictions, resulting in large policy shifts and increased collaboration between the child welfare, treatment, and court systems. The pilot sites' understanding of systems change matured dramatically during the second year of planning when they began using data to test expansion and embedding strategies.

Pilot sites that focused on embedding ingredients into the larger child welfare system have increased the amount of judicial supervision provided for all cases, enhanced service delivery through increased peer support and cross-systems training opportunities, broadened their partnerships and governance structures to oversee the quality of services, and tracked outcomes for all families in the child welfare system affected by substance use.

Expanding Effective Practices Across the State

Ohio facilitated regional trainings with the goal of engaging new demonstration sites to roll out system improvements more widely across the state. The team aligned the regions with the existing five regions of the Office of Families and Children (OFC), leveraging their training centers and regional technical assistance liaisons. One of the 11 demonstration sites is located within each of the five OFC regions. The demonstration sites participated in panels sharing lessons and will serve as mentors for newly engaged SSIP counties.

Ohio facilitates an annual Specialty Court Conference that provides an opportunity to disseminate SSIP lessons to a broader audience. During this annual conference, the SSIP team brings together current demonstration sites and recruits new counties to expand improved practices across the state.

Since the beginning of the SSIP initiative, Ohio has seen a 113 percent increase in the number of family treatment courts available across the state. With 32 certified dockets, Ohio has the third highest number of FTCs per state across the nation.
SSIP States

Key Highlights and Accomplishments

Territory of Guam

The primary goal of the Guam SSIP initiative was to establish the island’s first FTC. Unlike the five SSIP states awarded in the first round in 2014, Guam did not have any operational FTCs. In fact, Guam had no court programs that specifically addressed the needs of families affected by SUD. Guam had established an array of treatment courts, including a juvenile drug court, driving while intoxicated (DWI) treatment court, mental health court, veterans treatment court, and an adult re-entry court, but none of them implemented a family-centered approach. Through its newly created FTC, Guam established a systematic way of identifying and assessing families, referring them to quality SUD treatment and ensuring timely access to services, coordinating case management activities across systems, and taking a more family-centered and community-based approach to build strong partnerships, healthy families, and strong communities.

Expansion of the FTC Model

- After 1 year of planning, Guam launched the island’s first FTC, the Guam Family Recovery Program (GFRP), in November 2017. The program was designed to reflect the cultural values, traditions, and needs of the local community.
- During its first year of operations, the GFRP began serving 12 adult clients and 42 children; the goal is to reach its full capacity to serve 20 adults. Many of the 42 children served were placed with their parents. The GFRP lead the way in demonstrating to the community that with intensive support and coordination, parents can care for their children while in treatment. The GFRP model also provides a programmatic and systemic response to the shortage of foster parents. This is because children are not experiencing the additional trauma of placement in out-of-home care or in homes that are not a cultural fit for the child. As a result, the GFRP team has learned how to respond to parent relapse differently through wrap-around support and clinical adjustments, while maintaining child safety rather than quickly removing children from their parents.
- The GFRP Team witnessed a significant transformation in engagement and behavioral change in families who participated in the program. Parents in GFRP held themselves accountable and were committed to working toward the goal of sobriety and reunification with their children. In September 2018, the team celebrated the arrival of the first baby monitored by the program to be born without substance exposure. A surprise baby shower was held for the parent, celebrating her sobriety and the delivery of a healthy baby. All GFRP parents were invited and participated in the celebration, which was featured in local and national news, including CCFF and OJJDP newsletters.
- The GFRP celebrated its first graduate from the program in early December 2018. The graduate was a father who successfully reunified with his son and had both his dependency and criminal cases closed.
A New Approach - Serving All Families

Broad, systemwide changes underway in Guam include:

- Universal screening of all child welfare families using the UNCOPE tool
- Implementation of Strengthening Families as an evidence-based parenting program for families affected by parental substance use
- Universal developmental screening of all children entering the Child Protective Services (CPS) system
- Priority access for treatment services and coordinated case planning between Guam Behavioral Health and Wellness Center and CPS
- Enhanced recovery support for all families involved in CPS due to parental substance use
- Coordination with other collaborative court programs, including adult criminal and veterans treatment court to "coordinate the family effort" and better serve dually-involved families
References


The Center for Children and Family Futures (CCFF) is an award-winning, nationally recognized, and premier practice, policy, and research institute working at the intersection of courts, child welfare, and substance use disorder treatment. Its mission is to improve safety, permanency, well-being, and recovery outcomes for children, parents, and families affected by trauma, substance use, and mental health disorders. CCFF has provided training and technical assistance (TTA) for multiple federal and foundation-funded initiatives since 1996 and has served as OJJDP’s Family Drug Court TTA Program provider since 2009. CCFF recognizes that recovery from SUD and co-occurring mental health disorders happens within the context of family and should require a multi-disciplinary approach, particularly for families involved in court, child welfare, and criminal justice systems. CCFF’s staff of more than 60 professionals, located in regions that span the continental United States, possesses extensive experience and expertise in providing TTA to states, counties, FTCs, and practitioners operating at national, state, regional, county, and local levels.

CCFF was contracted to provide in-depth TTA to SSIP awardees; the objective was to strengthen, develop, and improve statewide policies that allowed awardees to effectively serve more families affected by parental substance use. Each grantee was assigned a pair of change leaders to provide ongoing support as teams worked through the multiple challenges and complex processes of systems improvement. Contextual factors, such as demographics, geography, governance, state laws, and local statutes reflect the complexity of systems change and underscore the need for customized and in-depth technical assistance and peer-to-peer support.

The considerations and challenges shared in the Leading Change series are drawn from the experiences shared by each of the awardees through onsite visits, written semi-annual reports to OJJDP, check-in phone calls and interviews conducted with project directors, weekly internal meetings to discuss grantee progress, and reviews of site visits and technical assistance reports completed by the change leaders.

For more information, visit: www.cffutures.org