Part of the Problem or Part of the Solution?
Ensuring Equity and Inclusion in Family Treatment Courts

Advancing Justice for All Families
NADCP 2018 | Houston, TX

Phil Breitenbucher and Russ Bermejo
Center for Children and Family Futures | May 31, 2018
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A Reflection

Hope

Strengthening Partnerships | Improving Outcomes
Part of the Greater Whole
FTCs are part of larger systems

How can the FTC be a catalyst for change?
Do you the know the total need or the scale of the problem?
Do you know how these systems work for all children and families?
Opportunity

- Child Abuse Prevention and Treatment Act (CAPTA)
- Comprehensive Addiction and Recovery Act (CARA)
- Plans of Safe Care (PoSC)
Developing a Plan of Safe Care: What Your Family Treatment Court Needs to Know about Serving Pregnant and Parenting Women with Opioid Use Disorders

Nancy K. Young, PhD, MSW | Children and Family Futures
Family First Prevention Services Act (2018)

Makes changes to federal child welfare financing, including allowing for federal Title IV-E dollars to reimburse states for substance use and mental health prevention and treatment services for children at imminent risk of being placed in foster care and their families.

- Provisions Related to Substance Use and Mental Health Treatment for Families:
  - Reimbursement for Family Residential Substance Use Disorder Treatment
  - Use of Title IV-E Funds to Prevent Child Placement in Out-of-Home Care
  - Reauthorization of Regional Partnership Grants
Family Drug Court

National Strategic Plan

A Road Map for the Movement

Each session tied to the Plan’s goals!

1. Ensure Quality Implementation
2. Expansion of FDC Reach
3. Build Evidence Base

National Strategic Plan for Family Drug Courts

MARCH 2017
5 Rs

- Recovery
- Remain at home
- Reunification
- Repeat maltreatment
- Re-entry
Part of the Problem or Solution?
What Do We Mean?

EQUITY AND INCLUSION
What Do We Mean?

EQUITY AND INCLUSION
• The state, quality or ideal of being just, impartial and fair
• Synonymous with fairness and justice
• Systematic equity is a complex combination of interrelated elements consciously designed to create, support and sustain social justice.
• Robust system and dynamic process that reinforces and replicates equitable ideas, power, resources, strategies, conditions, habits and outcomes.

Annie E. Casey Foundation, 2014
What Do We Mean?

EQUITY AND INCLUSION
INCLUSION

• Action or state of including or of being included within a group or structure

• More than simply diversity and numerical representation

• Involves **authentic and empowered participation** and a true sense of belonging

*Annie E. Casey Foundation, 2014*
What is Racial Disproportionality?
Racial Disproportionality

The underrepresentation or overrepresentation of a racial or ethnic group compared to its percentage in the total population.

What is Racial Disparity?
Racial Disparity

The unequal outcomes for one racial or ethnic group as compared to outcomes for another racial or ethnic group.

Inclusion  membership  Disproportionality
Equity  fairness, just  Disparity
How do clients experience programs and services?

How are systems ensuring justice and fairness?

Inclusion
Disproportionality

Disparity
Equity
African American and American Indian children generally:

- Enter care more often
- Stay longer in care
- Reunify with their families less frequently
- Move into adoption only after longer periods of time
• African-Americans appear to be under-represented in adult drug courts by an average of few percentage points.

• African-American participants, and to a lesser extent Hispanic and Latino/Latina participants, are considerably less likely than Caucasians to graduate from a plurality of drug courts, but not all drug courts.

Drug Courts

Source: Doug Marlowe – Achieving Racial and Ethnic Fairness in Drug Courts, 2011
• According to national data, African Americans and Hispanics were 3.5–8.1 percentage points less likely than whites to complete treatment.

• Native Americans were 4.7 percentage points less likely to complete alcohol treatment.

• Completion disparities largely explained by differences in socioeconomic status and, in particular, greater unemployment and housing instability.

Source: Saloner and La Cook, Health Affairs, January 2013
Disparity in Service Provision

Many studies point to disparities in service provision, case management, and access to and completion of services such as family support and mental health and substance use disorder treatment (Gone & Trimble, 2012; Gudiño, Martinez, & Lau, 2012; Guerrero, Marsh, Duan, Oh, Perron, & Lee, 2013; McCarthy, 2011).
Need for More Serious Research

Is disparity a function of race per se or does it reflect the influence of other factors that are correlated with race:

- Poverty
- Education
- Employment status
- Criminal history
- Drug of choice
Drug Courts Lack Reliable Data

Research has shown that more than one fifth of drug courts could not report reliable information on the representation of racial and ethnic minorities in their programs (NADCP, 2010).
All Drug Courts have an affirmative obligation to examine, in an ongoing manner, whether there are potential racial or ethnic disparities in their programs.

All Drug Courts have an affirmative obligation to take reasonable actions to prevent or correct and racial or ethnic disparities that may be found to exist.
Historically disadvantaged groups

• Equivalent access
• Equivalent retention
• Equivalent treatment
• Equivalent incentives and sanctions
• Equivalent dispositions
• Team training
5 Things FTCs Can Do to Ensure Equity and Inclusion

1. Collect key data to examine disproportionality and disparity
2. Develop and implement systematic screening protocols
3. Implement family-centered and community-based services
4. Support active reunification
5. Practice cultural humility
#1 Collect Key Data to Examine Disproportionality and Disparity

- *Descriptive: Who’s in your program?*
- *Key CWS decision points*
What to Collect?

At minimum:
• Age
• Gender
• Race and ethnicity

Other demographic characteristics such as:
• Employment
• Marital status
• Education
• Pregnant at admission
• Housing status
• Primary drug of choice
• Child’s disability
• Adult’s criminal history
• Mental and physical health conditions
FTC Program Examples

- **Example A** – multi-year sites

- **Example B** – point in time (first two years of project data)
Multi-Site FTDC Programs (Example A)

Mean of FTDC Participant’s Age at Child’s Removal Compared with Those Involved in Child Welfare Systems with Substance Use Issues as Reported by AFCARS 2012-2014

Grantee 1: FTDC Average: 31.4
Grantee 2: FTDC: 30.4
Grantee 3: FTDC: 30.9
Grantee 4: FTDC: 30.4
Grantee 5: FTDC: 30.2
Grantee 6: FTDC: 35.6
AFCARS Average: 31.7

FTDC
AFCARS
Multi-Site FTDC Programs (Example B)

Mean of FTDC Participant’s Age at Child’s Removal Compared with Those Involved in Child Welfare Systems with Substance Use Issues as Reported by AFCARS 2015

FTDC Average: 33.0
AFCARS Average: 30.8
Multi-Site FTDC Programs (Example A)

Percent of Female Parents Who Entered FDTC Programs

<table>
<thead>
<tr>
<th>Grantee 1</th>
<th>Grantee 2</th>
<th>Grantee 3</th>
<th>Grantee 4</th>
<th>Grantee 5</th>
<th>Grantee 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>80.7%</td>
<td>72.3%</td>
<td>61.4%</td>
<td>77.0%</td>
<td>61.6%</td>
<td>75.8%</td>
</tr>
</tbody>
</table>

FTDC Average: 71.0%
Population: 50.0%
Multi-Site FTDC Programs (Example B)

Percent of Female Parents Who Entered FDTC Programs

- Grantee 1: 73.3%
- Grantee 2: 100.0%
- Grantee 3: 91.7%
- Grantee 4: 90.0%
- Grantee 5: 73.3%
- Grantee 6: 97.3%
- Grantee 7: 70.6%
- Grantee 8: 88.9%
- Grantee 9: 71.9%
- Grantee 10*: 0.0%

FTDC Average: 72.3%
Population: 50.0%

*Grantee 10 is designed to serve fathers only.
Which children are entering FTCs?
The racial/ethnic disparities among children entering FTDC programs are substantial.

<table>
<thead>
<tr>
<th></th>
<th>% in FTDC</th>
<th>% in Child Welfare Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Non-Hispanic</td>
<td>29.5%</td>
<td>37.7%</td>
</tr>
<tr>
<td>Black Non-Hispanic</td>
<td>5.4%</td>
<td>14.9%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>42.1%</td>
<td>30.5%</td>
</tr>
<tr>
<td>Other</td>
<td>22.9%</td>
<td>16.9%</td>
</tr>
</tbody>
</table>

Multi-Site FTDC Programs (Example A)
Multi-Site FTDC Programs (Example A)

% African American Children Who Entered FTDC Programs Compared with Child Welfare Population as Reported by AFCARS 2012-2014

- **Grantee 1**: 15.1% FTDC, 16.5% AFCARS
- **Grantee 2**: 2.9% FTDC, 19.5% AFCARS
- **Grantee 3**: 6.6% FTDC, 5.1% AFCARS
- **Grantee 4**: 8.4% FTDC, 21.8% AFCARS
- **Grantee 5**: 5.6% FTDC, 19.0% AFCARS
- **Grantee 6**: 1.7% FTDC, 6.5% AFCARS

**AFCARS Average**: 14.9%

**FTDC Average**: 5.4%
Multi-Site FTDC Programs (Example A)

% Hispanic Children Who Entered FDTC Programs Compared with Child Welfare Population as Reported by AFCARS 2012-2014

Grantee 1: FTDC 60.4%, AFCARS 58.2%
Grantee 2: FTDC 57.6%, AFCARS 34.7%
Grantee 3: FTDC 19.8%, AFCARS 11.8%
Grantee 4: FTDC 25.2%, AFCARS 11.5%
Grantee 5: FTDC 11.6%, AFCARS 18.3%
Grantee 6: FTDC 43.4%, AFCARS 50.4%

FTDC Average: 42.1%
AFCARS Average: 30.5%
Multi-Site FTDC Programs (Example B)

The racial/ethnic disparities among children entering FTDC programs are substantial.

<table>
<thead>
<tr>
<th></th>
<th>% in FTDC</th>
<th>% in Child Welfare Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Non-Hispanic</td>
<td>46.4%</td>
<td>26.1%</td>
</tr>
<tr>
<td>Black Non-Hispanic</td>
<td>14.4%</td>
<td>41.5%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>17.4%</td>
<td>20.8%</td>
</tr>
<tr>
<td>Other</td>
<td>22.4%</td>
<td>11.6%</td>
</tr>
</tbody>
</table>

For five grantees, this disparity was much greater compared to the other grantees (Range of disparities for five grantees -4% to 56%).
Multi-Site FTDC Programs (Example B)

% African American Children Who Entered FTDC Programs Compared with Child Welfare Population as Reported by AFCARS 2015

Grantee 1 Grantee 2 Grantee 3 Grantee 4 Grantee 5 Grantee 6 Grantee 7 Grantee 8 Grantee 9 Grantee 10

AFCARS Average: 41.5%
FTDC Average: 14.4%
Multi-Site FTDC Programs (Example B)

% Hispanic Children Who Entered FDTC Programs Compared with Child Welfare Population as Reported by AFCARS 2015

FTDC Average: 17.4%

AFCARS Average: 20.8%
How are FTCs working for children?
Regional Partnership Grant Program
Round I (2007-2012)
Research Questions

1. Are the proportions of children of different races or ethnicities whose parents rolled in RPG FTCs (FTC Cohort) similar to the proportions of racial and ethnic minority children in the community’s child welfare system?

2. Are there similar outcomes for children whose parents participants in an FTC, regardless of race or ethnicity, specifically days in out-of-home care and reunification with a parent or caregiver within 12 months?

% of Children Under 18 Years of Age

Race/Ethnicity

- Caucasian
- African American
- AI/AN
- Asian/PI
- Multiracial
- Hisp/Lat

Legend:
- General Population
- Child Welfare
- FTC Participants
Median Length of Stay in Out-of-Home Care for Children Under 18 in the FTC Cohort, by Race and Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Median Length of Stay (Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>335</td>
</tr>
<tr>
<td>African American</td>
<td>431</td>
</tr>
<tr>
<td>AI/AN</td>
<td>330</td>
</tr>
<tr>
<td>Asian/PI</td>
<td>221</td>
</tr>
<tr>
<td>Multiracial</td>
<td>402</td>
</tr>
<tr>
<td>Hisp/Lat</td>
<td>358</td>
</tr>
</tbody>
</table>
Children Under 18 in the FTC Cohort Who Were Reunified with a Parent or Caregiver in Less Than 12 Months, by Race and Ethnicity

- Caucasian: 66.7%
- African American: 66.1%
- AI/AN: 66.7%
- Asian/PI: 86.7%
- Multiracial: 42.9%
- Hisp/Lat: 64.3%
Key Decisions Points in CWS Process

• Prevention
• Reporting
• Investigation
• Service provision
• Out-home-care
• Permanency
King County Family Treatment Court (FTC)

Key Decisions Points in CWS Process

- Intakes received
- Intakes screened
- Children entered placement within 12 months of intake
- Children not placed with relative
- More then one placement move in the first 12 months after intake
- Reunified within 12 months
- Under CA supervision for greater than 24 months
- More than one move in the last 12 months
King County FTC Primary Goals

- Children have safe and permanent homes within permanency planning guidelines;
- **Families of color have outcomes from dependency cases similar to families not of color**;
- Parents are better able to care for themselves and their children and seek resources to do so; and
- The cost to society of dependency cases involving substances is reduced.
Working on Proportionality

What’s been done?

• 2004: Quarterly review of statistics
• 2009: Advertising of job postings to recruit a more diverse staff
• 2009: Hiring of a Treatment Specialist
• 2009: Cultural Competence Team Training
• 2009: KCFTC Policy Manual Changes
• 2011: Community Engagement (culturally specific referrals, tribal involvement, client feedback, training)
• 2012: Use of Veteran Parents

What are the challenges?

• Reliance on stakeholders for referral information and timing
• Funding for another Treatment Specialist or Recovery Coach to help with engagement prior to entry
• Clean and consistent data from Children’s Administration
• No control over KCFTC partners’ hiring practices
• Consistent tracking of reasons for not entering KCFTC
• Using interpreters outside of court
Choices when Identifying Disproportionality

Where in the system will you explore for it?

- “Decision Point” analyses
  - Drilling down into identification, referral, entry, graduation, short- and long-term outcome (and everything in between!)
- Experiences (services, treatment, incentives/sanctions, length of time in program, etc.)
- Outcomes (child returned home, parent clean and sober)

How will you quantify it?

- Rates? Disproportionality Index? Averages?
- Cumulative or incremental?
- Disproportionality within the program? Or compared to services as usual?
There is some logic to the idea that a supportive approach such as that taken in FTC may help to ameliorate disproportionality in the child welfare system. Disproportionality may still exist, but maybe it’s better than it would be otherwise.

Michael Pullman, PhD
University of Washington
School of Medicine
Division of Public Behavioral Health and Justice Policy
**King County FTC Evaluation**

**PROPORTIONALITY, 2007-2012**

The charts below describe the proportionality of all participants referred from 2007 through 2012 for whom race/ethnicity data was available (285/476 referrals; 60%). The charts illustrate the proportionality of whites and persons of color (POC) at each of four steps in the process, both out of the total referrals (cumulative) and out of those who made it to each previous step (incremental).

<table>
<thead>
<tr>
<th>Cumulative</th>
<th>Referrals</th>
<th>Incremental</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>White</td>
<td>POC</td>
</tr>
<tr>
<td></td>
<td>143</td>
<td>142</td>
</tr>
<tr>
<td>1. Received an Intake</td>
<td>White</td>
<td>POC</td>
</tr>
<tr>
<td></td>
<td>116</td>
<td>101</td>
</tr>
</tbody>
</table>

These charts illustrate the percent at each step **out of total referrals**. E.g., 70.6% of whites referred had a staffing meeting.

These charts illustrate percent at each step **out of previous step**. E.g., 87.1% of whites who received an intake had a staffing meeting.
King County FTC Evaluation (Continued)

2. Had a Staffing Meeting

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>POC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>70.6%</td>
<td>61.3%</td>
</tr>
<tr>
<td>101</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>POC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>87.1%</td>
<td>86.1%</td>
</tr>
<tr>
<td>87</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Accepted to KCFTC

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>POC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>66.4%</td>
<td>57.7%</td>
</tr>
<tr>
<td>95</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>POC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>94.1%</td>
<td>94.3%</td>
</tr>
<tr>
<td>82</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Graduated

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>POC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>19.6%</td>
<td>16.2%</td>
</tr>
<tr>
<td>28</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>POC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>29.5%</td>
<td>28.0%</td>
</tr>
<tr>
<td>23</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Still in program

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>POC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6 (8%)</td>
<td>22 (32%)</td>
</tr>
</tbody>
</table>
Of all parents who were accepted to and exited the KCFTC, percentage of parents who graduated, dependency dismissed, or received a certificate of participation:

<table>
<thead>
<tr>
<th>Exit status</th>
<th>White n=95</th>
<th>POC n=82</th>
</tr>
</thead>
<tbody>
<tr>
<td>Still in program</td>
<td>6 (6.3%)</td>
<td>22 (26.8%)</td>
</tr>
<tr>
<td>Exited</td>
<td>89 (93.7%)</td>
<td>60 (73.2%)</td>
</tr>
<tr>
<td>Of those who exited</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduated</td>
<td>28 (31.5%)</td>
<td>23 (38.3%)</td>
</tr>
<tr>
<td>Cert. of Participation</td>
<td>5 (5.6%)</td>
<td>2 (3.3%)</td>
</tr>
<tr>
<td>Dependency Dismissed</td>
<td>6 (6.7%)</td>
<td>8 (13.3%)</td>
</tr>
<tr>
<td>Discharged non-compliant</td>
<td>28 (31.5%)</td>
<td>16 (26.7%)</td>
</tr>
<tr>
<td>Relinquished or termination of parental rights</td>
<td>6 (6.7%)</td>
<td>5 (8.4%)</td>
</tr>
<tr>
<td>Opt out</td>
<td>14 (15.7%)</td>
<td>6 (10.0%)</td>
</tr>
</tbody>
</table>
## Drilling Down--Reasons for not Entering the Program

<table>
<thead>
<tr>
<th>Reason</th>
<th>POC</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not interested</td>
<td>21 (35.0)</td>
<td>25 (51.0)</td>
</tr>
<tr>
<td>Could not locate</td>
<td>11 (18.3)</td>
<td>7 (14.3)</td>
</tr>
<tr>
<td>Referral more than 6 months after petition</td>
<td>5 (8.3)</td>
<td>6 (12.2)</td>
</tr>
<tr>
<td>Unknown</td>
<td>6 (10.0)</td>
<td>4 (8.2)</td>
</tr>
<tr>
<td>Serious mental health issues</td>
<td>4 (6.7)</td>
<td>1 (2.0)</td>
</tr>
<tr>
<td>Did not show up to intake meeting</td>
<td>3 (5.0)</td>
<td>2 (4.1)</td>
</tr>
<tr>
<td>Pending</td>
<td>2 (3.3)</td>
<td>3 (6.1)</td>
</tr>
<tr>
<td>Other(^1)</td>
<td>8 (13.4)</td>
<td>1 (2.0)</td>
</tr>
</tbody>
</table>

\(^2\) = 10.73, \(p = .552\)

\(^1\) “Other” includes the following reasons: lack of attorney response, dependency dismissed, deceased, determination of no drug and alcohol issues, and residency outside of the court’s jurisdiction.
State Leadership Highlight

Missouri Drug Courts

- Looking to expand demographic data provided to FTCs
- Currently provide a jurisdictional snapshot to Adult, DWI and Veterans Treatment Courts, including:
  - Felony drug charges filed
  - Admissions
  - Actives
  - Exits
#2 Develop and implement **systematic** screening protocols
Examine **Current Screening and Admission Processes**

**Systematic & Objective**
- Defined protocols
- Based on legal and clinical criteria

**Relational & Subjective**
- Based on staff relationships
- Based on perceptions and attitudes about the program
- Based on client motivation and perceived readiness
- At risk of biases
Note about Eligibility Criteria

• Ensure that eligibility criteria do not exclude racial and ethnic minorities or members of other minority groups
Strategies to Decrease Refusal Rates

- Trauma-informed approaches
- Brief intervention during intake assessment to help increase motivation to change substance use behavior
- Family-centered approach, including activities to support and promote parent-child relationship

#3 Implement Family-Centered and Community-Based Services
### Common Strategies Implemented by FTC Cohort

<table>
<thead>
<tr>
<th>All Grantees</th>
<th>Most Grantees</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Enhanced or intensive case management services</td>
<td>• Mental health and trauma services</td>
</tr>
<tr>
<td>• Access to substance use disorder treatment services</td>
<td>• Family group decision making</td>
</tr>
<tr>
<td>• Enhanced or specialized outreach strategies (i.e.,</td>
<td>• Housing services</td>
</tr>
<tr>
<td>motivational interviewing, co-location of staff,</td>
<td></td>
</tr>
<tr>
<td>provision of parent mentors)</td>
<td></td>
</tr>
<tr>
<td>• Family-based services (i.e., evidence-based</td>
<td></td>
</tr>
<tr>
<td>parenting, family-centered treatment, and/or family</td>
<td></td>
</tr>
<tr>
<td>counseling)</td>
<td></td>
</tr>
</tbody>
</table>
Factors Contributing to Enrollment in FTC

Study by Cannavo & Nochajski (2011) evaluated FTC enrollment to identify factors between those who chose to enroll and those who refused (N=229)
Ask the Experts
Family Group Decision-Making

- Goal: Position family groups to lead decision-making processes with the support and resources of public agencies
- Can be initiated by CWS agencies whenever a critical decision about a child is required
- Scientific Rating as “3-Promising Research Evidence” to reduce racial disproportionality and disparity in CWS

California Evidence-Based Clearninghouse for Child Welfare
Recognize different meanings of family and family roles
“Fathers want to be involved in their children’s lives, but because of past experiences with law enforcement, absenteeism, the requirements of programs and services offered to/for the mother and the children, fathers have somehow gotten the message that the children would be better off without them being involved in the children’s lives.”
- Father, Focus Group, Minnesota, 2005
Cross-Systems Role in Engagement of Fathers

• Make father engagement a priority
• Identify and locate fathers as early as possible
• Ensure quality father-child visits
• Ensure fathers receive gender-responsive services
• Ensure that treatment is gender-responsive
Availability and Accessibility

Services often are not easily accessible or available to fathers.
Helping Men Recover – Covington, Griffin, Dauer

First trauma–informed curriculum written specifically to address men’s unique issues and needs

18 session program – grounded in research, theory, and clinical practice; includes Facilitators Guide and Participants Workbook

The program model is organized into four modules:
• Self
• Relationships
• Sexuality
• Spirituality

Visit: www.dangriffin.com
Treatment Improvement Protocol 56 - SAMHSA

http://store.samhsa.gov/shin/content//SMA14-4736/SMA14-4736.pdf

- Published by SAMHSA – May 2014
- Addresses the specific treatment needs of adult men with substance use disorders
- Reviews gender-specific research and best practices, such as common patterns of initiation of substance use among men
Sacramento County, California: ROOM FOR DADS

Recovery Opportunities Open for Men

- For fathers in their two FDC programs
- Evening outpatient treatment for men who are employed, in school, or searching for employment or educational opportunities
- Fulfill all Court requirements without sacrificing financial stability

Parenting | Gender-Responsive Treatment | Trauma | Life Skills
• Partnered with child support enforcement to obtain accurate addresses for fathers to remove barriers to entry
• 2010 - Added a fathers’ FDC session at 3:30 pm
• Treatment agency created specific men’s programming
• Contracted services in the evening and on weekends:
  • Parenting time visits
  • Strengthening Families

Pima County, Arizona
Availability and Accessibility

Services often are not easily accessible or available to families of color.
#4
Support Active Reunification
ICWA & Active Efforts

State courts must use “active efforts” to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family. 25 U.S.C. § 1912(d). Active efforts has been defined to include assisting the parents with utilizing housing, financial, transportation, mental health, substance abuse, peer support, and other community resources and inviting representatives of the Indian child’s tribe to participate in providing support services. 25 C.F.R. § 23.2.
Active efforts must be:

**Affirmative** – efforts must be consistent or support family maintenance or reunification

**Active** – efforts with family must be energetic and participatory

**Thorough** – efforts must executed without negligence or omissions

**Timely** – efforts must occur in a suitable time frame
What Works in Family Reunification – Family Engagement?

• The relationship between the caseworker and the family
• Parent-child visitation
• The involvement of foster parents
• Involvement of parent mentor or advocate

#5 Practice Cultural Humility
Cultural humility

The ability to maintain an interpersonal stance that is other-oriented in relation to aspects of cultural identity that are most important to the person (Hook et al., 2013)
Historical trauma
Substance use, trauma and child maltreatment are often multi-generational problems that can only be addressed through a coordinated approach across multiple systems to address needs of both parents and children.
Importance of Trauma-Informed Care

- High prevalence of trauma, substance abuse, and mental health disorders in our populations
- Traumatic events shatter trust; the experiences a client has from the moment s/he arrives will impact her/his ability to engage in a healing process
- Need to maximize safety and reduce possible re-traumatization of clients
- Trauma-Informed services improve retention in services and improve outcomes
Team Training
Family Drug Courts as a Catalyst for Change
Greater **Accountability** to Ensure Quality Implementation

- National Family Drug Court Standards
- Continuous Quality Improvement
- Child and Family Services Review
- Court Improvement Program
Hope

Changing the perception and how families experience Child Welfare Services
Q&A and Discussion
Resources and Next Steps
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