

# Advancing a Family-Centered Approach:

Lessons from the Prevention and Family Recovery (PFR) Initiative

PUTTING IDEAS INTO ACTION - KNOWLEDGE APPLICATION SERIES | AUGUST 2021



Advancing the capacity of family treatment court teams to provide a comprehensive family-centered approach that improves child, parent, and family outcomes

## ACKNOWLEDGMENTS

Children and Family Futures (CFF) appreciates the second round of Prevention and Family Recovery (PFR) grantees for their tremendous effort, perseverance, and partnership throughout the PFR initiative. The willingness of the four grantees to share their successes and challenges has contributed greatly to the expanded knowledge base about effective family-centered practices. Their insights will help guide other jurisdictions striving to improve their program, practices, and policies to better serve all families in the child welfare system affected by parental substance use disorders.

The PFR initiative and the development of this *Knowledge Application Series* would not have been possible without the generous support and commitment of the Doris Duke Charitable Foundation and The Duke Endowment. Their recognition of the difficult, time-intensive, and unpredictable nature of systems change work, coupled with their leadership and forward-thinking, adaptive funding approach provided a supportive environment for the grantees to succeed. Finally, CFF is grateful to the PFR National Advisory Council, whose expertise, dedication, and assistance were invaluable in guiding the work of the PFR initiative and the round 2 grantees.



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The Prevention and Family Recovery (PFR) initiative was generously supported by the Doris Duke Charitable Foundation and The Duke Endowment.

For more information about the PFR initiative, visit the [PFR home page](#) or email Children and Family Futures at [contact@cffutures.org](mailto:contact@cffutures.org)

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## OVERVIEW

### About the Prevention and Family Recovery Initiative

The Prevention and Family Recovery (PFR) initiative sought to advance the capacity of family treatment court (FTC) teams<sup>1</sup> to implement and sustain a comprehensive family-centered approach for children, parents, and families affected by substance use disorders and child abuse and neglect.

With support from the Doris Duke Charitable Foundation and The Duke Endowment, Children and Family Futures (CFF) worked intensively with eight diverse FTCs<sup>2</sup> to integrate and institutionalize evidence-based parenting and children's services into their larger FTC systems of care.

#### PRIMARY PFR GOALS

- ▶ **Expand the service array** for families involved with FTCs
- ▶ **Improve the capacity** of FTC teams to provide comprehensive family-centered care and facilitate larger systems improvements to better serve families
- ▶ **Evaluate the progress, challenges, and outcomes** associated with a comprehensive family-centered approach
- ▶ **Identify breakthrough strategies** for effective program and practice implementation
- ▶ **Disseminate lessons learned** to other jurisdictions and the larger field of prevention, early intervention, and treatment for families involved with FTCs



<sup>1</sup> The term "FTC team" refers to the larger collaborative that includes FTC professionals and partner agency staff.

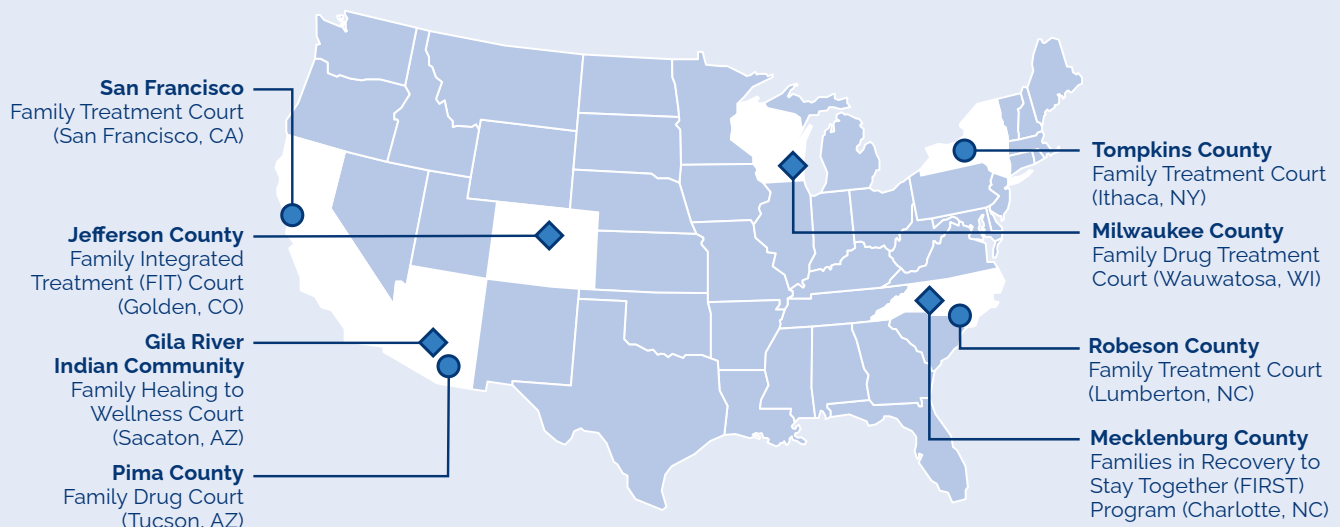
<sup>2</sup> The local name for each grantee's program differs. For ease of reading, this PFR series uses the term family treatment court (FTC) to refer to all the grantees. For more information about the grantees and the PFR initiative, visit the [PFR home page](#).



## PFR GRANTEES

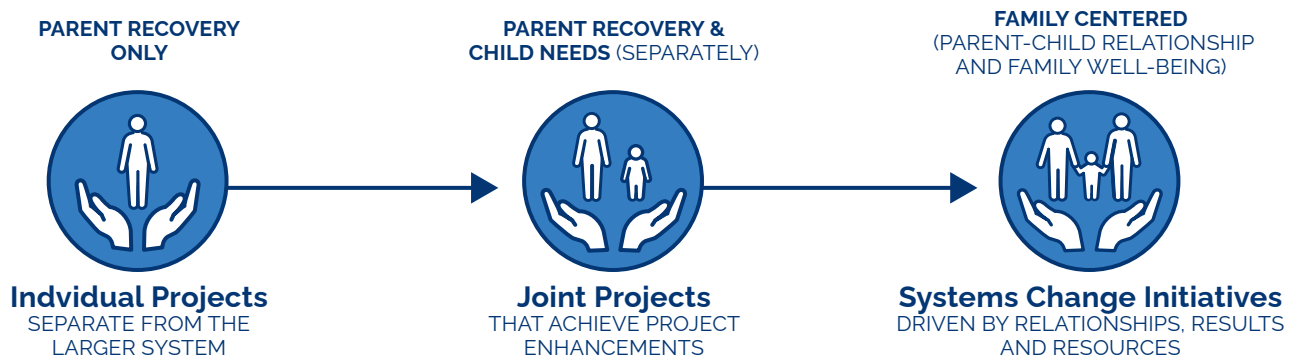
● PFR ROUND 1 GRANTEES (APRIL 1, 2014 – MAY 31, 2017)

◆ PFR ROUND 2 GRANTEES (JANUARY 1, 2017 – DECEMBER 31, 2019)



The mission of the PFR initiative was to implement broader, sustainable systems improvements. The objective was to transform the way FTCs and their cross-systems partners decide on policies and programs; allocate resources; and ultimately, how they problem-solve to better serve, support, and improve outcomes for all families affected by parental substance use disorders. Systems change efforts are not linear, predictable, or controllable. They can take many years to achieve the desired accomplishments

because partners must evolve and adapt to changing environments and unanticipated contextual events. All PFR grantees learned that the shift to a family-centered approach is undeniably a long-term, developmental effort that must be firmly grounded in a shared mission and vision. The grantees continue to build on what they achieved during the PFR initiative to strengthen their capacity to shift mindsets and actions to elevate a family-centered approach in their communities.



## Early Lessons Dissemination – PFR Round 1

In 2017, CFF produced a series of [five PFR briefs](#) that detailed cross-cutting lessons and experiences from the first round of four grantees. CFF designed this series to help the field replicate effective FTC practices. A companion set of individual [case studies](#) told a more in-depth story of each grantee's PFR journey. The initial series of PFR briefs included:

- ▶ **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<sup>3</sup> Trifecta for Systems Change
- ▶ **Brief 4:** Evidence-Based Program Implementation within the FDC Context: Finding the Right Fit
- ▶ **Brief 5:** Building the Evaluation and Performance Monitoring Capacity of FDCs

## Building the Knowledge Base – PFR Round 2

The nine key lessons documented in the 2017 [PFR Brief 2](#) are a useful framework to organize the second round of PFR grantees' experiences and insights. Several recurring themes remained evident during round 2. One is that the foundation of any major systems change

effort is built on relationships and “moves at the speed of trust.”<sup>4</sup> However, important new nuances also emerged that increase the field's understanding on how to successfully implement an effective family-centered approach. Most fundamentally, both families and peer supports are indispensable partners in achieving a family-centered approach.

This latest *Knowledge Application Series* highlights information on the round 2 grantees' progress and challenges. It also provides strategies for other FTC teams and stakeholders involved in designing, implementing, sustaining, and evaluating systems change initiatives that advance a family-centered approach.

The series begins with this piece, *Advancing a Family-Centered Approach: Lessons from the Prevention and Family Recovery Initiative*, which updates the original nine PFR lessons published in 2017. The nine lessons are interconnected. For example, effective cross-systems collaboration (covered in Lesson 1) is essential to effectively implement an evidence-based program (Lesson 5) and to shift to a family-centered approach (Lesson 7).

FTC teams and stakeholders should approach the lessons as a complete package, but they can also view each lesson individually to focus on a specific topic. *Advancing a Family-Centered Approach: Lessons from the Prevention and Family Recovery Initiative*, in both forms, can be accessed [here](#).

3 Note that family drug court (FDC) was the terminology used in the field during the first round of PFR grants. By the second round of grants, the field shifted into more family-centered thinking and began referring to the courts as family treatment courts.

4 “Change moves at the speed of trust” is a popular adage coined by Stephen M.R. Covey in his 2006 book, *Speed of Trust: The One Thing That Changes Everything*.



## Nine Key Lessons for an Effective Family-Centered Approach

### LESSON 1:

Increased, renewed, and continued focus on **Cross-Systems Collaboration** is needed to achieve and sustain systems change

### LESSON 2:

The effectiveness of parenting and children's services is integrally linked to **Timely and Effective Substance Use Disorder Treatment**

### LESSON 3:

A **Formal Governance Structure** is necessary to prioritize, oversee, and sustain the FTC

### LESSON 4:

FTC teams need to maintain a consistent and strong focus on **FTC Participant Recruitment, Timely Engagement, and Retention**

### LESSON 5:

Developing the **Evidence-Based Program Capacity** of sites is a complex undertaking

### LESSON 6:

FTC teams need to **Build Bridges to Connect Families** to services and service providers to each other

### LESSON 7:

Integrating a **Truly Family-Centered Approach** requires several paradigm shifts

### LESSON 8:

**Building Data Capacity** to advance a family-centered approach involves moving beyond just numbers

### LESSON 9:

Achieving larger systems change requires understanding and adapting to the changing **Contextual Environment**

The PFR grantees' experiences also illuminated a need to delve deeper and provide additional practical, hands-on guidance in two specific areas: (1) implementing a family-centered approach and (2) building a site's performance monitoring and evaluation capacity. The series thus includes two companion resources:

- [\*Guiding Principles for Establishing a Family-Centered Approach in Family Treatment Courts and Beyond\*](#) expands on Lesson 7 to

discuss in more detail what a family-centered approach looks and feels like and how FTC teams can assess and build their family-centered capacity.

- [\*Data Capacity: What Is It and Does Our Family Treatment Court Have It?\*](#) elaborates on Lesson 8, describing how FTC teams can assess their cross-systems data capacity, use their data to improve their programs, and communicate their successes to various audiences.



CFF hopes the overall knowledge base gained from the PFR initiative will:

- ▶ Inform other FTC teams and stakeholders seeking to institutionalize best practices and systems improvements for all families in the child welfare system affected by parental substance use disorders.
- ▶ Provide continued guidance and examples of how jurisdictions can improve their program, practices, and policies.
- ▶ Assist teams in transforming their FTCs from an individual program focused largely on parental recovery to an integrated system of care dedicated to improving outcomes for the whole family and for all families who need these services.



## LESSON 1:

### Increased, Renewed, and Continued Focus on Cross-Systems Collaboration is Needed to Achieve and Sustain Systems Change

The level of cross-systems collaboration required to achieve systems change and improve family outcomes is multifaceted, complex, and continually evolving. The essential elements for effective collaboration may develop at different paces. Some elements can be at the cusp of being well-established; others may be in the early stages of development. Moreover, collaborative capacity may ebb and flow as partners encounter unanticipated internal changes, such as staff turnover, and external factors, such as a public health pandemic. (See [Lesson 9](#) for discussion of contextual influences.)

As a problem-solving court, family treatment courts (FTCs) depend on effective and sustained collaboration. The Prevention and Family Recovery (PFR) grantees in the first round learned this fundamental lesson, and round 2 grantees reiterated its importance during their grant period. The second round of grantees said a major takeaway

of their work was the need to develop broad-based collaboration in establishing a family-centered approach. Their collective experiences underscore that collaboration is the bedrock of effective:

- Core FTC operations and daily practices
- Evidence-based service implementation, integration, and sustainability
- Leveraging of existing and potential financial and human resources to support a family-centered approach
- Performance monitoring and data-driven decision-making
- Continuous program and practice improvement
- Broader systems change that improves outcomes for all families affected by parental substance use disorders and involved with child welfare services

"[Our FTC is] dramatically different because we surround the family with a team approach. I don't feel that in a run-of-the-mill [child protective services (CPS)] case. [CPS] may have all of the same players, but they don't operate as a team. They operate as individual agencies, entities in their own self-defined roles. By acting as a team, all of us become more aware of a broader array of resources for everybody in the family."

- Grantee team member

## Essential Elements of Collaboration for a Family-Centered Approach

The 2017 PFR [Briefs 2](#) and [3](#) described critical components of collaboration identified during the first round of PFR. Again, these elements resonated with grantees in round 2. Round 2 grantees elaborated on the essential characteristics for effective collaboration to provide a family-centered approach:

- ▶ **A shared mission, vision, and goals** are the foundation for developing a concrete plan of action, centering the collaborative's work, and mitigating challenges inherent with transitions or turnover in team members and leadership. From the initiative's beginning, all stakeholders had to understand that shifts in mindset and practice needed to occur and are in the best interests of the families they serve. Grantees found they continually needed to reinforce, revisit, or refine their shared mission, vision, goals, target population, and outcomes to ensure agreement among all stakeholders.
- ▶ **Widespread and full buy-in and commitment** of all partners at all levels are required. Partners range from agency directors (who prioritize time and resources for collaboration) to managers, supervisors, and frontline staff who elevate collaboration in service delivery and interactions with families. All grantees recognize that no one agency or entity can do this work alone and that the court cannot rely on a singular person or role. All core systems (the court,<sup>1</sup>

"If we didn't have partners who were vested in what we were trying to do, we would not exist at all. We can't do anything without the folks that we have at the table."

– Grantee team member

child welfare, and substance use disorder treatment) and community partners must be ready and willing to "go the extra mile" and contribute their time, resources (financial and human), and expertise.

Providing clear evidence of the FTC's effectiveness is an important strategy to obtain buy-in from all partners—especially the child welfare agency, which is often an FTC's major source of support, through direct funding or contracted services for families. As one grantee team member noted: "There's always that piece that's pushing us to be able to show, through hard data, that there's a higher price tag [for the FTC's intensive program], but it actually works, and that higher price tag at the beginning means that there's not subsequent involvement or [other adverse outcomes]."

<sup>1</sup> Including parent, child, and prosecuting attorneys.



## LESSON 1

INCREASED, RENEWED, AND CONTINUED FOCUS ON CROSS-SYSTEMS COLLABORATION IS NEEDED TO ACHIEVE AND SUSTAIN SYSTEMS CHANGE

“It’s really important for people to know and fulfill their own individual role as part of the team, but also understand that every role at that table is important, so the rest of the team can make an informed decision for [these families].”

– Grantee team member



► **Mutual trust** enables partners to work together to implement major practice changes, realize shifts in mindset, and ultimately achieve their shared vision and goals. The foundation of any major systems change effort “moves at the speed of trust.”<sup>2</sup> Effective FTCs have a high level of foundational trust among team members, which enables them to fulfill their designated roles, share accurate information, and ask tough questions and present diverse ideas, without fear of repercussions.

► **Well-defined team member roles and responsibilities** within and outside the FTC are necessary, along with clear guidelines about the expectations of collaboration. A high level of clarity is essential as FTC team members and partners expand in breadth and strive to provide more comprehensive, integrated family-centered care.

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<sup>2</sup> “Change moves at the speed of trust” is a popular adage coined by Stephen M.R. Covey in his 2006 book, *Speed of Trust: The One Thing That Changes Everything*.

## LESSON 1

INCREASED, RENEWED, AND CONTINUED FOCUS ON CROSS-SYSTEMS COLLABORATION IS NEEDED TO ACHIEVE AND SUSTAIN SYSTEMS CHANGE

- ▶ **Frequent, open communication and enhanced information-sharing** among partner agencies and individual staff allows team members to work beyond their silos and break down barriers to respond effectively to families' needs.<sup>3</sup> Communication and information-sharing must extend to and involve participants and their families, who are a critical part of the collaborative team. (Refer to [Lesson 7](#)).
- ▶ **Shared decision-making** that gives all team members the opportunity to provide input and be heard is key. Grantees emphasized that a critical part of team decision-making is obtaining early and ongoing input from participants and their family about their strengths, barriers, goals, and case plan. The PFR companion resource, [\*Guiding Principles for Establishing a Family-Centered Approach in Family Treatment Courts and Beyond\*](#), elaborates on the importance of engaging the family as an essential partner.

“When everybody is collaborating and communicating in the same consistent way, families are able to feel like they are not being bounced between multiple people,” remarked one grantee team member. “They can focus on their treatment plan and improving on what they’re expected to improve on.”

3 [Pathways of Communication](#) is an additional resource available from Children and Family Futures that provides guidance on developing collaborative communication protocols and information-sharing agreements.

### THE IMPORTANCE OF LEADERSHIP FROM ALL SYSTEMS AND LEVELS

Along with cross-systems collaboration and governance (see [Lesson 3](#)), strong, consistent, and broad-based leadership is critical to fully realize the goal of large-scale systems change that improves outcomes for families. Judges are key and indispensable leaders in this process. However, their leadership must be supplemented with other formal and informal leaders who can champion the shift to a family-centered approach:

- ▶ Formal leaders include agency directors, unit supervisors, or FTC coordinators who are involved with the work at the operational and policy levels.
- ▶ Informal leaders include caseworkers and peer mentors, who understand and integrate families' perspectives about services and systems into systems change efforts.

The 2017 PFR [Brief 3](#) described the following leadership traits from the first round of PFR, which round 2 grantees also deemed necessary for successful leadership:

- ▶ Engage partners and build a shared mission
- ▶ Cultivate leadership in others and share responsibilities and decision-making power
- ▶ Engage in bigger-picture systems thinking
- ▶ Use data to drive decision-making and communicate outcomes

*“You can build a strong relationship by being willing to listen, to step back, and allow others to take the lead.”* - Grantee team member

## Why Increased Collaborative Capacity Matters

To achieve systems change, FTC team members will need to work together in new ways. Similar to the first round of grantees, the second group worked hard to strengthen and reinforce their relationships to provide quality family-centered treatment and services. Specifically, grantees increased collaboration among the core systems and they formalized new partnerships with other critical community partners, particularly parenting and children's services providers, and public health entities. These new partners are now core team members who regularly attend pre-court case staffings, other collaborative treatment meetings, and court hearings.

Grantees say the increased collaboration has helped their FTC teams:

- Obtain a more comprehensive, accurate picture of families and their needs, progress, and challenges
- Provide increased support to families
- More quickly identify and respond appropriately to families' needs
- More efficiently and effectively remove barriers for families
- Streamline processes and improve service integration and coordinated case planning
- Present a unified message to families, eliminating conflicting or competing communications to families from different systems
- Prevent families from subsequent involvement with the child welfare system

"Every time we have a new team member, there's a little bit of a shift. [Treating the whole family] is a learning curve for people who haven't done it before. It's revisiting that again and again every time we have someone new."

– Grantee team member





## LESSON 1

INCREASED, RENEWED, AND CONTINUED FOCUS ON CROSS-SYSTEMS COLLABORATION IS NEEDED TO ACHIEVE AND SUSTAIN SYSTEMS CHANGE

### Effective Collaboration Requires Continued Focus and Nurturing

A key takeaway from round 2 of the PFR initiative is that collaboration is not static, and promoting collaboration requires ongoing nurturing and attention. Shifting to a family-centered approach and increasing FTC capacity to serve more families are complex and challenging endeavors. As such, FTC teams must be absolutely committed to continued collaboration. Changing practices that permeate the entire system—and then sustaining those changes so the team does not revert to former, less effective practices—requires advanced collaborative capacity.

### Specific Strategies for Strengthening Collaborative Capacity

Similar to the first round of PFR grantees (see the 2017 PFR [Briefs 2](#) and [3](#)), the second group of grantees approached their pre-court staffings as a prime opportunity to strengthen collaboration, instill shared accountability, and shift the team to more family-centered practice. Grantees enhanced and restructured their clinical and FTC case staffings to include more partners and service providers; standardize and improve communication and information sharing; and reframe discussions to focus on the family's needs, progress, and desired behavioral changes.

Grantees reinforced the value of other previously identified strategies (see 2017 PFR [Brief 3](#)), while also identifying additional mechanisms to build collaborative capacity.



"I think our partners need a reinvestment party. There are all types of partnership building that we can think of that's outside the box. We need a think tank with our partners, [that goes beyond simply] asking them to participate. [Let's] lock ourselves in a room for a few days and really build the plan. We need development time, strategy time, a restart button, if you will."

– Grantee team member

## BUILDING COLLABORATIVE CAPACITY: EXAMPLES OF GRANTEES' SUCCESSES

The second round of PFR grantees established valuable new community partnerships to build the FTC's capacity to fill service gaps and provide comprehensive family-centered care.

### ► **The Milwaukee County FTC engaged a dedicated mental health specialist.**

This person attends FTC sessions; participates in team meetings; explains parent and child assessments; and provides clinical insight and feedback on treatment, responses to participant behavior, and service plan adjustments. Having this specialized expertise brings valuable perspective in court that allows the FTC team to better engage with and respond to all participants.

### ► **The Jefferson County FTC partnered with the county public health department to establish a new public health nurse (PHN) family care coordinator position.**

The full-time dedicated PHN care coordinator conducts early developmental screenings and evaluation for every child and ensures children receive identified needed services. The PHN also does a medical, dental, psychological, and basic needs intake for all parents. Jefferson County has since expanded the model to two other dependency and neglect teams (see also Lesson 6).

### ► **In Gila River Indian Community, the Family Healing to Wellness Court engaged the expertise of a respected community member to integrate traditional stories, practices, and beliefs into the Positive Indian Parenting program for participants.**

The site plans to continue to collaborate with a cultural counselor or community members to adapt and tailor other services to increase participants' connection to their traditional customs and value systems. One team member noted: "A traditional healing counselor provides knowledge and it's filling a gap. It's revitalizing the culture in them to remember how to behave."

### ► **The Mecklenburg County FTC strengthened its capacity to respond to the rising needs of participants affected by domestic violence.**

This FTC's steering committee now has a domestic violence services manager, who helped develop a formal domestic violence protocol. The core team also added a domestic violence services liaison who helps participants connect with prevention and intervention services. In addition, the FTC brought onboard a peer support specialist with lived experience as a domestic violence survivor. The peer support is increasing participant outreach and engagement and providing the team with support and feedback.

Effective strategies to ensure collaboration is systemic and embedded into regular practice, rather than tied to a particular individual or single agency, include the following:

- ▶ Examining (and re-examining) the collaborative's **mission and values**—to determine areas of agreement and divergence among partners.
- ▶ Conducting **systems walkthroughs**<sup>4</sup>—to better understand how families move (or do not move) through the different systems.
- ▶ Conducting a **drop-off analysis and case reviews**—to pinpoint the areas where families disengage in the process and encounter barriers to services in order to respond effectively.
- ▶ Developing a **data profile** with baselines and agreed-upon targets on shared outcomes—to hold the team and partners accountable in regularly monitoring progress.
- ▶ Obtaining **feedback** from frontline staff, community providers, and families—to identify barriers and unmet needs, and the extent to which collaboration and coordination are working at the direct service level.
- ▶ Providing ongoing **cross-systems training**—to increase shared knowledge of families' needs, family-centered best practices, and the parameters under which each system operates.
- ▶ Engaging key stakeholders in early and regular **relationship, resource, and sustainability mapping**—to document existing collaborative relationships and structures; available evidence-based and evidence-informed services for families; and current funding of collaborative practice and services. These interconnected mapping exercises will help the team identify leverage points as well as gaps.
- ▶ Conducting frequent **outreach and education** (formal and informal) with partners and community stakeholders—to increase information sharing and open communication. Doing so helps broadly disseminate information about new FTC practices, protocols, and successes; foster trust among partners; manage the inherent challenges of staff and leadership turnover; and promote consistent messaging and partner engagement.
- ▶ Instituting a **formal Memorandum of Understanding** (MOU) among partners—to help ensure all team members and partners clearly understand their respective roles and responsibilities.<sup>5</sup>
- ▶ Establishing a **team member orientation process**—to educate new staff and partners on the FTC teams' family-centered vision, goals, and practices.

4 A facilitated systems walkthrough enables FTC staff and partners to assess linkages across programs from the child's and family's perspective and to generate ideas for specific practice and systems improvements.

5 The [National Drug Court Resource Center](#) is an additional resource that provides other site examples of MOUs and related FTC operational documents.



### IN THEIR WORDS: HOW STRONGER COLLABORATION HAS HELPED FAMILIES

Grantee team members from all four sites provided several examples of how better collaboration has helped families:

- ▶ “The parent now says, ‘I’m doing well in my substance recovery, but I’m also seeing that my social worker and my [guardian ad litem] are still supporting me in making sure I get the proper visits [and] I have the proper training to know how to help when the kids are acting up at my visits. They’re not holding it against me because I’m having trouble.’ That’s been a big improvement for families. The kids are able to see that we’re supporting that parent in their recovery and not like we’re trying to keep them apart.” - *Mecklenburg County team member*
- ▶ “We are seeing that things work out overall better for the client when all of us are on the same page, when all of us are bought-in. The client is meeting their goals quicker, they have the support, they’re less likely to relapse, they’re just doing everything they need to do.” - *Gila River Indian Community team member*
- ▶ “Our families see professionals on our team all working together. They can refer to everyone there around them as their team. It doesn’t feel divided. [Families] know that the people care and are committed to helping them.” - *Jefferson County team member*
- ▶ “When there is collaboration, we do see that the children’s stress levels are reduced. We’re able to really understand what the children’s needs are and how not increasing visits or the parent not having stable housing is impacting the kids.” - *Milwaukee County team member*

“People can know [what a family-centered approach is] on paper, but practicing that takes some time,” explained one grantee team member. “It’s getting people on board with how we treat and respect families and how we want to support families. A treatment court mindset takes a minute for people to adapt to and live and breathe, even when they’ve read what they’re supposed to do.”



## LESSON 2:

### The Effectiveness of Parenting and Children's Services is Integrally Linked to Timely and Effective Substance Use Disorder Treatment

The round 1 Prevention and Family Recovery (PFR) grantees learned that positive child welfare and court outcomes occur when a parent with a substance use disorder successfully engages in treatment, stays in treatment, completes the program, and then smoothly transitions to a sustained recovery. The provision of quality substance use disorder treatment is critical to improving family functioning and overall child, parent, and family well-being.

Depending on the size of the family treatment court's (FTC's) jurisdiction and the structure of its substance use disorder and mental health treatment systems, an FTC may work with just one or two preferred providers or as many as a dozen different community treatment agencies. In all cases, treatment providers need to be connected to FTC core operations, and all other FTC team members need to fully understand the type and effectiveness of the treatment provided to families.<sup>1</sup>

A recurring theme during round 2 was grantees' need to actively reach out to substance use disorder treatment providers to strengthen relationships, increase communication, enhance information sharing,

and better integrate the treatment team into FTC operations. All four sites recognized that to improve treatment outcomes, such as timely access to treatment and treatment retention, treatment providers must be on board as a core partner with shared values. In addition, treatment partners must be actively engaged in FTC staffings and court hearings and included in decisions regarding practice and program improvements.

The grantees increasingly recognized that the FTC needed to be an educated consumer of quality, evidence-based substance use disorder treatment to ensure these services meet the needs of their FTC participants and their families. FTC core staff and key partners sought to broaden their understanding of and monitor the treatment that participants received to ensure they align with the FTC's family-centered mission.

<sup>1</sup> The National Center on Substance Abuse and Child Welfare (NCSACW) recently released a series of three modules on [Implementing a Family-Centered Approach for Families Affected by Substance Use Disorders and Involved with Child Welfare Services](#). The series is designed for partners at the state, county, and agency levels that are working together to improve systems, services, and outcomes for children and families affected by substance use disorders.

## Strategies to Advance the Provision of Quality, Family-Centered Substance Use Disorder Treatment

The 2017 PFR [Brief 2](#) highlighted critical components to effectively integrate substance use disorder treatment into FTC operations. Building on these insights, the second round of grantees used the following strategies to strengthen relationships with treatment providers and enhance the quality of treatment:

- ▶ **Ongoing facilitated discussions with treatment providers.** This activity helps build collaborative relationships, increase reciprocal information sharing and trust, clearly define roles and responsibilities, and provide education about the benefits of a family-centered approach.
- ▶ **Informal onsite visits to treatment facilities.** This strategy enhances relationship-building and allows FTC team members and partners to observe firsthand the enrollment process and services provided to participants in the FTC (and possibly other families receiving treatment who are involved in the child welfare system).
- ▶ **Structured trauma and treatment walkthroughs of outpatient and residential facilities.**

Walkthroughs provide FTC team members and partners more in-depth insight into providers' treatment practices, pinpoint treatment barriers and gaps in trauma-informed care, and jumpstart candid conversations among partners about how to solve identified issues.<sup>2</sup>

- ▶ **Standardized progress reporting.** This practice ensures that all treatment providers, including those who may not regularly attend staffings or court hearings, share meaningful and consistent information about families' needs and progress to inform appropriate therapeutic responses.
- ▶ **Modified service provider contracts.** Contracts that incorporate family-centered practices promote increased accountability for sustained quality treatment and outcomes that improve overall family well-being.

"Because we have a full child and family team, we bring a lot of information about child development and what's going on with those kids when they're involved with us, either because they live with their moms in residential [treatment] or because we're providing some sort of service."

– Grantee team member | Substance use disorder treatment provider

2 For guidance on questions to initiate discussion with substance use disorder treatment partners, refer to the NCSACW 2018 technical assistance tool, [Understanding Substance Use Disorder Treatment: A Resource Guide for Professionals Referring to Treatment](#). For more information about the trauma walkthrough process, refer to NCSACW's 2015 [Trauma-Informed Care Walkthrough Project Report: Data and Findings](#).

### CHARACTERISTICS OF EFFECTIVE COLLABORATION WITH SUBSTANCE USE DISORDER TREATMENT

In jurisdictions where collaboration with the primary treatment providers is well-established and strong, substance use disorder treatment representatives:

- ▶ Understand the court and child welfare systems and processes
- ▶ Actively collaborate with child welfare partners and other FTC team members
- ▶ Attend and are actively engaged in weekly staffings and court hearings
- ▶ Are members of the steering committee and involved in decision-making about program and policy improvements
- ▶ Communicate frequently with FTC team members
- ▶ Are available to set up immediate intake appointments or assessments with new participants
- ▶ Provide FTC participants with priority access to treatment
- ▶ Respond to the emerging or unmet needs of FTC participants

### The Critical Role of Treatment Providers in Implementing a Family-Centered Approach

For the PFR grantees, substance use disorder treatment providers are expanding their vital role in ensuring that families (not just the individual parent) receive the array of treatment and related support services that they need. As educated consumers of quality, family-centered substance use disorder treatment, the FTCs increasingly collaborated with treatment providers who were willing to integrate evidence-based parenting programs and other child and family services into their treatment programs. In addition to evidence-based family strengthening programs, treatment partners provided other key supports, such as comprehensive family-centered assessments (e.g., substance use, mental health, domestic violence, parenting). They also helped families connect to housing support, domestic violence services, supervised therapeutic parenting time, and other community services.





## LESSON 2

THE EFFECTIVENESS OF PARENTING AND CHILDREN'S SERVICES IS INTEGRALLY LINKED TO TIMELY AND EFFECTIVE SUBSTANCE USE DISORDER TREATMENT

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In some jurisdictions, the FTC's existing substance use disorder treatment partner may also be the FTC's preferred provider for evidence-based parenting interventions. However, even a current treatment partner may find it challenging to fully commit to implementing these additional services, especially if FTC participants represent only a small percentage of their overall client base. To obtain the buy-in of treatment partners for desired service enhancements, the FTC may want to financially support staff training that enables the treatment provider to extend the services to their other clients who are not FTC participants. This type of approach builds the treatment provider's overall capacity (as well as the FTC's) to ensure families' needs are met. As a result of the enhanced collaboration and expanded role in service delivery, treatment partners may be more invested in sustaining the interventions.

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"The beauty of how we're all set up is we're doing this all right here. If things are really fragmented for the family and if you have to go to different places to get the services that you need, that's hard."

- Grantee team member | Substance use disorder treatment provider



## LESSON 3:

### A Formal Governance Structure is Necessary to Prioritize, Oversee, and Sustain the Family Treatment Court

The first round of grantees learned that an established collaborative governance infrastructure—with executive-level representation from all key partners—is essential as family treatment courts (FTCs) expand their services and partnerships and strive to create larger cross-systems change. A formal governance structure, based on agreed-upon processes, protocols, roles, and responsibilities, keeps the collaborative operating efficiently and effectively and enables leadership to achieve true systems change.<sup>1</sup> This type of structure promotes:

- Mutual accountability
- Consensus decision-making about program and policy improvements
- Increased cross-systems information sharing and communication
- Critical discussions about the FTC's outcomes and effectiveness
- Resolution of systems barriers facing families affected by substance use disorders
- Integration of proven FTC best practices into the larger court and child welfare systems

Similar to the first round of grantees, the second group of FTC teams worked to strengthen this core collaborative practice area throughout the three-year grant period. In some cases, grantees needed to restore or develop their governance structure. In other instances, grantees had to rethink the structures they had

in place. At times, they needed to clarify the purpose and role of each level of governance, engage the right stakeholders, and discuss data more frequently to drive decision-making and program improvements. The level of progress varied among the round 2 grantees. The FTC teams plan to continue to strengthen their governance structures beyond the PFR grant.

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Cross-systems collaboration (see Lesson 1), effective governance, and broad-based leadership are closely intertwined (as discussed in the 2017 PFR [Brief 3](#)). All three components take time to develop, but the overall investment is needed. Without developing each component, FTC teams will struggle to fully achieve and sustain systems improvements to strengthen outcomes for families.

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Several important lessons emerged from the experiences of the second round of grantees:

- It takes substantial **time, effort, and persistence** to establish a solid, effective governance structure. At the end of year three, some grantees were still refining their structures and membership. The upfront investment can save significant time and energy in downstream implementation.

<sup>1</sup> See the 2017 [PFR Briefs 2 and 3](#) for more information on the critical components of an effective governance structure and related information.

## LESSON 3

A FORMAL GOVERNANCE STRUCTURE IS NECESSARY TO PRIORITIZE, OVERSEE, AND SUSTAIN THE FAMILY TREATMENT COURT

- ▶ Expanding the use of **small multidisciplinary subcommittees** or workgroups is an effective strategy for promoting sustained discussions to tackle priority issues. For the grantees, these issues included quality parenting time, responses to behavioral issues, and equity and inclusion, among others.
- ▶ The recommended **three-tiered collaborative governance** structure (i.e., core operational team, steering committee, and oversight body) may not be the most appropriate approach for every jurisdiction, especially for tribal or smaller rural communities. Some jurisdictions may have a related county-level committee already in place that FTC teams can draw upon or integrate into the oversight role. To this end, an important first step is community mapping of existing committees. This process can identify entities that share the FTC's vision and focus on systems-level issues concerning all families affected by parental substance use disorders and child welfare involvement.

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The Milwaukee County FTC deliberated for almost three years on the best option to establish an executive oversight committee. Ultimately, the FTC decided to integrate this oversight body into a new, related cross-systems Youth Justice Committee spearheaded by the Children's Court. The presiding judge for the Children's Court, who is also the current FTC judge, co-chairs the committee with the Milwaukee County district attorney. The new committee includes executive-level partners from the child welfare system, substance use disorder treatment, legal services (attorneys and other court staff), behavioral health, public schools, law enforcement, and the FTC. The site has plans to include a parent representative to ensure families' voices are heard. The FTC will be a standing agenda item for the quarterly meeting.

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## LESSON 3

A FORMAL GOVERNANCE STRUCTURE IS NECESSARY TO PRIORITIZE, OVERSEE, AND SUSTAIN THE FAMILY TREATMENT COURT

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In Jefferson County, the FTC judge led the way in establishing a broad-based, executive-level joint advisory committee that serves as the county's oversight body for all matters related to families in the broader child welfare, court, and treatment systems. The committee's overriding goal is to improve outcomes for all families. Stakeholders discuss child welfare data and outcomes and larger-scale policy issues affecting families (e.g., Medicaid and recent legislation such as the Family First Prevention Services Act of 2018). The committee views the FTC as one catalyst for broader systems change.

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- ▶ Each level of governance—especially the top tiers—requires clearly defined and documented **roles, responsibilities, purpose, and goals**. All team partners also need to understand how each level interacts with the others. This understanding is especially important for partner agencies outside the court system and others who are not a part of the core daily operations team.<sup>2</sup>
- ▶ The **FTC coordinator's role** is integral to ensuring that the FTC maintains a solid foundation and operates effectively. PFR grantees emphasized the need for a dedicated, full-time coordinator who can appropriately delegate tasks and foster shared decision-making and leadership. (See sidebar, *Characteristics of an Effective FTC Coordinator*.)
- ▶ Team members and partners need ample opportunities and encouragement to provide **honest feedback** and raise issues. Collaborative decision-making that involves all affected partners is key for smoothly implementing and sustaining systems improvements over the long term. FTC staff should not be the primary drivers of this process; it is a whole team effort.
- ▶ It is important to obtain and integrate **feedback from families** at every level of governance, from program to practice to policy change.

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2 The 2017 PFR [Brief 3](#) briefly outlined the membership, primary functions, and recommended frequency of meetings at each level of governance (core operational team, steering committee, and oversight body). It also provided guidance on standing agenda items for steering committee discussions. Additional resources available from Children and Family Futures include the [Family Treatment Court Planning Guide](#), the [Family Treatment Court Best Practice Standards](#), and a webinar on [FTC Governance Structures and Leadership](#).





### CHARACTERISTICS OF AN EFFECTIVE FTC COORDINATOR

The first round of grantees emphasized that the FTC coordinator's role was critical for the court to function effectively. (See 2017 PFR [Brief 3](#).) The second round of grantees reinforced this key lesson and added to the knowledge base of the characteristics and traits needed in a coordinator:

- ▶ Is dedicated full-time to the FTC, with no or limited competing and other responsibilities outside the FTC
- ▶ Follows through on key tasks
- ▶ Delegates selected tasks and responsibilities to experienced team members and partners as appropriate
- ▶ Solicits feedback from and fosters shared decision-making among the team
- ▶ Involves and empowers partners to expand their ownership and leadership in the FTC program
- ▶ Drives needed policy and practice improvement discussions rather than functions solely in an administrative or managerial role
- ▶ Communicates effectively with the FTC team and partners
- ▶ Shares and discusses data regularly with team members, partners, and community stakeholders
- ▶ Keeps the team's decisions aligned with the FTC shared mission, vision, and goals

### Food for Thought

In the context of FTC governance and sustainability, your FTC team may want to explore:

***What would happen to our FTC if the coordinator resigned from their position today?***



## LESSON 4:

### Family Treatment Court Teams Need to Maintain a Consistent and Strong Focus on FTC Participant Recruitment, Timely Engagement, and Retention

While pursuing a comprehensive family-centered approach and large-scale systems improvements, both groups of Prevention and Family Recovery (PFR) grantees had to stay committed to the core practice of participant engagement and retention in the family treatment court (FTC). All grantees invested significant financial, human, and other resources to expand and enhance their program's family-centered service array. Low FTC enrollment translated to a low number of referrals to evidence-based parenting and children's services. In the short term, not operating at full FTC capacity (i.e., not maximizing the number of families the FTC can serve at any given time) meant families who needed these critical services were not

served. Over the long term, not operating at full capacity may prevent the FTC program from continuing to grow and sustain itself.

To broaden the continuum of intervention opportunities for families, grantees expanded (or were seeking to expand) their eligible target population to include in-home or pre-file/pre-petition populations. Expanding the eligibility criteria to serve families identified as at risk (i.e., families with children who have not been removed from the home) aligns with the goals of the Family First Prevention Services Act.<sup>1</sup>



"We can have the best blueprints in the world and build the best structure in the world, but until it's being fully utilized, it's going to take a little time to see the success."

– Grantee team member

<sup>1</sup> Please refer to [Children and Family Futures](#) and the [National Center on Substance Abuse and Child Welfare](#) for more information and resources on the Family First Prevention Services Act, which was signed into law in 2018 and went into effect in late 2019.

At the onset of the second round of the PFR initiative, all grantees prioritized the need to improve their processes for identifying, referring, and engaging eligible participants in the FTC. Strengthening these fundamental operations remained a major focus area throughout the three-year grant period. The FTC teams strategized how to reach more families—and engage them earlier in their child welfare system involvement. Grantees assessed their current collaborative practices at each potential drop-off point in the overall engagement continuum to identify service gaps. Then, they implemented needed program, policy, and practice improvements.

Grantees' efforts paid off. Their PFR data showed they increased timely access to FTC entry for participants from both the child welfare case open and FTC referral dates. One grantee team member observed that parents enrolling in the FTC earlier in their child welfare case, rather than as a last-ditch effort to permanency, changed the overall tone of the courtroom. "Having people come in earlier gave us an opportunity to see the way it's supposed to work, which is when [parents are] most motivated and better able to connect the dots between them doing this work and an ability to get more time with their children and things of that nature. It shifted the morale in the actual court."

### Myriad Factors May Impede Engagement and Retention

Numerous issues can drive a team's inability to engage parents and maximize FTC capacity. Significant barriers may reside at the larger state or county systems level (e.g., policies within the child welfare system, dependency court). They

may reside at the FTC program operations level, in the form of competing case plan requirements, multiple FTC pre-enrollment requirements, and lack of trust among partners, for example. Moreover, they may also include external contextual events beyond the FTC's control, such as a decrease in dependency case filings or a global public health pandemic.

### Barriers to Engagement for Prospective Participants

Parents also may face deeply rooted barriers that inhibit their interest or ability to participate in the FTC. For example, families often lack adequate transportation and childcare, experience stigma related to substance use disorders, or perceive the FTC to be a more arduous path than traditional dependency court. One FTC team member elaborated: "We're telling them, 'This is great for you. This is what you need to do. This can help you. You have a team that can support you.' Sometimes the only thing that they're hearing is 'court.' They don't want to come to court. We had to show them the difference between treatment court and [dependency court]." Once parents can observe and understand the level of available support, they are more motivated to enroll in the FTC early in their child welfare case.

One FTC team member noted that increasing engagement is more an issue of "what are we going to do to recalibrate our expectations and understand where folks are coming from and then react accordingly. We service providers think of ourselves as the healers, the helpers, but [that is not] the perspective of the parent."

## How to Strengthen Engagement and Retention

The first round of grantees identified critical components for effective participant engagement and retention (see 2017 PFR [Brief 2](#)). The second group of grantees added nuance to and expanded the round 1 knowledge base on this topic. Collectively, the grantees' experiences demonstrate the need for strong collaborative practice, effective core program operations, and enhanced understanding of families. Many of these elements mirror the guiding principles of a family-centered approach (see [Lesson 7](#)).



### Components Grounded in Strong Collaboration

- ▶ Secured **engagement and buy-in** of all major referral sources—especially child welfare caseworkers and attorneys—to ensure the FTC reaches all families in need.
- ▶ Regular **outreach, training, and education** to partners and community stakeholders—to
  - provide them with accurate and complete information for dissemination to prospective families. Given that many core partner agencies and other community-based organizations that serve families with substance use disorders experience constant and high staff turnover, regular training and education sessions are critical. This type of capacity-building ensures parents have answers to fundamental questions, such as:
    - Who does the FTC program serve?
    - How does the program benefit families and improve outcomes?
    - What services and resources do the FTC offer?
    - How does the referral and enrollment process work?
- ▶ Effective **cross-systems communication and information sharing** among FTC team members—to ensure timely identification, outreach, and follow-up with prospective participants as well as ongoing progress and case monitoring of enrolled participants.



"I think there's a way to get more people involved, but how do you sell [the FTC program] to the client? We have to make the reward seem greater. That's going to [involve] asking and figuring out what does it mean to the client?"

– Grantee team member



## LESSON 4

FTC TEAMS NEED TO MAINTAIN A CONSISTENT AND STRONG FOCUS ON FTC PARTICIPANT RECRUITMENT, TIMELY ENGAGEMENT, AND RETENTION

During the PFR grant period, all four grantees improved communication among partners, resulting in more timely and pertinent information sharing. Grantees took explicit steps, for example, to immediately notify core team members (e.g., parent attorneys, child welfare social workers) when participant referrals were made and received as well as when participants missed intake and other critical early engagement appointments. FTC staff and partners established more frequent meetings to discuss new referrals, provide updates on prospective participants' status, and identify strategies to reduce missed appointments and increase early engagement.

- ▶ Regular **data and case reviews** to identify and respond to drop-off points, barriers, and service gaps along the FTC engagement continuum.
- ▶ An FTC **phasing structure** that recognizes progress, emphasizes desired behavioral changes, and aligns with progress towards reunification.
- ▶ Appropriate **responses to behavior** based on a comprehensive assessment of the parent's behavior, situation, and other contributing factors. Responses are designed to support behavioral changes that improve parent, child, and family functioning and increase participant accountability.



### Components Incorporated into Core Operations and Processes

- ▶ Effective and streamlined **processes and protocols** that ensure all eligible parents are identified, screened, referred, and engaged in the FTC early in their dependency case and that gaps in needed supports are filled.
- ▶ Intensive, **coordinated case management** to reduce the burden on families of managing multiple requirements and services across systems, particularly early on in their case and in recovery.

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The Jefferson County FTC changed its admission policy and now allows parents to enter the FTC within 90 days from the time their case is filed, instead of 30 days. Expanding the timeline gives parents adequate time to observe the FTC, discuss the program with FTC team members, and make an informed decision about their participation.

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"When one of our [FTC] professionals is able to talk to a parent about what it really looks like and why we have a family treatment court, 9 times out of 10, they're going to enter. Our attorneys and our case workers are really good about talking about why we have our family treatment court and how parents can benefit."

– Grantee team member

## LESSON 4

FTC TEAMS NEED TO MAINTAIN A CONSISTENT AND STRONG FOCUS ON FTC PARTICIPANT RECRUITMENT, TIMELY ENGAGEMENT, AND RETENTION



### Components Rooted in Understanding a Family-Centered Approach

- ▶ Use of **motivational interviewing** techniques by all FTC team members, including the judge.
- ▶ **Trauma-informed and trauma-responsive** court practices and proceedings that recognize and deal with a parent, child, and family's traumatic experiences.
- ▶ An established plan for **continuing care** and recovery supports for the family.
- ▶ Use of **peer support specialists** with lived experience of substance use disorders, recovery, and child welfare involvement as well as related issues that affect the FTC's target population. Peers serve as an

indispensable bridge between parents and other FTC team professionals, as they build trust with families and among the team. (See sidebar, *Harnessing the Power of Peer Supports*.)<sup>2</sup>

- ▶ **Targeted and in-person outreach to parents** to establish a personal connection and provide a supportive, individualized approach to engagement. For example, FTC staff (e.g., the FTC coordinator, caseworkers, or case coordinators) now attend initial dependency court hearings to meet with parents, introduce them to the FTC, and provide a personal referral.

"I'm going to tap into this program because it's going to help sustain me. It builds extra stability along the way, and that's big for me. Even after I get [reunification] with my daughter, I still want that stability. So, I'm still going to be in some groups. I'm still going to be going to some meetings. I'm going to merge my daughter's needs with my needs together and find out the help that I can get to help us maintain together as a family once again."

– FTC participant



<sup>2</sup> For more information on peer support models for families in child welfare, please see the National Center on Substance Abuse and Child Welfare's publication, [\*The Use of Peers and Recovery Specialists in Child Welfare Settings\*](#).



## Harnessing the Power of Peer Supports

During the PFR grant period, the sites paid closer attention to the “face” of the FTC program and prospective participants’ first impressions. Grantees recognized that sometimes court, child welfare, or substance use disorder treatment staff are not the best recruiters, especially for families of color and fathers. Thus, grantees strengthened their peer support networks and focused on accelerating early engagement.

All PFR grantees increased the presence of peers during early contacts with parents (e.g., orientation team meetings, initial screenings, court observation, and the first dependency court hearing). Early connection allows peers to swiftly respond to two prominent participant barriers: parents’ concern about the length, intensity, and accountability of the FTC program and possible stigma regarding their substance use disorder. Grantees reported that strengthening the FTC’s presence at key engagement points helps reduce drop-off from referral to assessment to enrollment.

In Milwaukee County, the FTC expanded its trained and certified peer mentor network during the grant period by another 12 graduates, 7 of whom worked with the FTC’s treatment provider partners. The FTC also assigns a dedicated certified peer specialist (an FTC graduate) to prospective participants to support them through the application process and their subsequent participation. One team member reflected on how this is working: “The biggest change since we started the grant is that we have a handful of peer mentors that are planning the service, explaining the program and the process, and saying, ‘I’ve been where you’ve been, I’m now here explaining this to you, and I’m employed by providers that can support you.’ Explaining it and relating to the parent in a different way from somebody who hasn’t experienced the process has really been crucial in engaging families, making them feel safe and making them feel like, nobody’s tricking you and lying to you about the success of this program.”



“When we talk to parents about what [the FTC program] really looks like and the engagement with the judge, that makes a significant difference,” said one grantee team member. “I think parents really want the opportunity to come to court weekly and talk directly to the judge about how their week has been, what they are doing well, what they are struggling with. They don’t want just a 90-day report going to the court about everything they’ve done.”

## The Power of Seeing the FTC in Action

Grantees found that requiring prospective parents to observe the FTC prior to formally enrolling in the program helps parents get a concrete picture of how the FTC works and how it differs from traditional dependency or adult criminal court. To prevent parents from becoming overwhelmed while they observe, FTC staff are present to explain the process, follow up immediately after court, answer parents' questions, and provide guidance on next steps. One team member remarked: "We know that if we can get them in the door to observe, they're usually sold on it. They're like, 'Okay, I want to do this. I want to be a part of this. This is what I need.'"



## Advancing Efforts to Meet the Needs of All Families

FTCs must scale their programs to meet the needs of all families affected by substance use disorders who are eligible for and could benefit from the FTC's intensive, comprehensive program. As FTCs strive to increase their reach, they must work closely with system partners to better screen, identify, engage, and retain families that have been under-represented among those served.

Toward the end of year three, the PFR grantees began taking steps to increase awareness of and start tackling the difficult issues of equity, inclusion, and disproportionality in their jurisdictions and populations served. Grantees' initial actions toward achieving the goal of equal access included:

- ▶ **Establishing a cross-discipline equity and inclusion workgroup** to identify effective outreach and engagement strategies as well as needed policy and practice improvements.
- ▶ **Identifying and soliciting the help of community leaders** to help build connection and trust in the community with historically marginalized groups. These leaders may, for example, serve as partners or members of a community advisory board.
- ▶ **Analyzing FTC referral, engagement, retention, and completion data** by race, ethnicity, and gender to identify prevalence of disproportionality and trends.
- ▶ **Hiring dedicated FTC peer mentors who are persons of color** and reflect the community in which the FTC operates and the families it seeks to better serve.
- ▶ **Providing specialized training to staff** on best practices and considerations for serving historically marginalized families in the child welfare and court systems who are affected by substance use disorders.



## LESSON 5:

### Developing the Evidence-Based Program Capacity of Sites is a Complex Undertaking

Evidence-based program implementation and sustainability is challenging for even the most well-established family treatment court (FTC) teams. The experiences of both cohorts of Prevention and Family Recovery (PFR) grantees reinforced that substantial time, dedication, and ongoing monitoring are needed to successfully integrate evidence-based programs with ongoing fidelity into the larger court, child welfare, treatment, and other family service systems.<sup>1</sup>

Despite extensive planning in year one, the second round of PFR grantees still encountered various challenges with evidence-based program implementation and service delivery in year two—challenges that sometimes extended into year three. Teams needed ample time to refine referral processes; ensure widespread training of staff; resolve logistical challenges; manage staffing

#### MAP IT OUT BEFORE GOING THE DISTANCE

Starting with sustainability in mind, the round 2 PFR grantees first leveraged current partnerships and connected to existing community resources to enhance the provision of evidence-based programs to families in their FTCs. They then established new collaborative relationships and proposed new evidence-based programs to fill remaining service gaps. The sites employed cross-agency workgroups to conduct early community mapping of existing resources as a key first step. Grantees emphasized that the FTC team and partners must research and understand the existing evidence-based programs within their communities. This community mapping process also paved the way for tough conversations about the unmet needs of families as well as the quality and fidelity of existing services.

<sup>1</sup> Given the overall mission and goals of PFR (refer to [Overview](#)), this lesson focuses on grantees' implementation of evidence-based programs to strengthen parenting capacity and meet children's therapeutic needs. In general, evidence-based programs use a defined curriculum or set of services that, when implemented with fidelity, have been proven by research to work. It is important to acknowledge, however, that an effective comprehensive family-centered approach also encompasses evidence-based substance use disorder treatment for parents as well as trauma-informed and trauma-specific practices. Evidence-based practices refer to skills, techniques, strategies, and approaches to prevention or treatment that have been proven to work.



## LESSON 5

DEVELOPING THE EVIDENCE-BASED PROGRAM CAPACITY OF SITES IS A COMPLEX UNDERTAKING

barriers, including staff turnover and lack of certified or qualified staff for a given intervention; and recruit families for adequate program enrollment.

The 2017 PFR [Brief 4](#) emphasized that initial planning for program readiness and goodness of fit requires FTC teams to thoroughly analyze a myriad of issues at the family, organization, community, and system levels. This overarching, fundamental lesson became even more apparent during the second PFR grant period. Grantees struggled with barriers to engagement that included a lack of transportation for children and families, inconvenient program hours, limited program availability and options, and competing obligations and responsibilities of parents as well as foster or kinship caregivers.

Evidence-based parenting programs designed for families affected by substance use disorders, which include Celebrating Families!™ and the Nurturing Parenting® Program, typically run 16 weeks. One FTC parenting provider noted this is a “huge commitment” for families who are receiving substance use disorder treatment and at various points in their recovery. “If you add on substance abuse challenges and having their children removed from them, it’s a lot of things that our parents are going through. We want to make sure that we’re respectful and mindful of that.”



## Necessary Foundations for Effective Evidence-Based Program Implementation

The collective insights and experiences of the second round of grantees illuminated a set of essential elements that form a foundation for effective evidence-based program implementation. The implementation process is developmental in nature with many moving parts. Some essential elements are more challenging to develop and sustain than others. Teams should expect that building capacity will take time and will increase as the team becomes more skilled and experienced with implementation.



### Essential Elements: Collaborative Foundation and Partnerships

- ▶ **Active engagement** of all key partners and providers in selecting evidence-based practices—to promote shared ownership of the process and support expanded access to all families that systems partners jointly serve
- ▶ Established **cross-systems collaborative partnerships** that provide institutional capacity to implement and sustain the evidence-based program
- ▶ Inclusion of evidence-based parenting and children's services providers as **members of the core operational FTC team**—to report on families' progress as well as educate and work with other team members to understand and respond to families' needs

### EFFECTIVE STRATEGY:

#### Cultivate Shared Ownership Among All Stakeholders

The Milwaukee County FTC involved child welfare services, children and adult service providers, the Behavioral Health Division, attorneys, other court staff, and evaluators in the collaborative evidence-based program decision-making process. "Having so many stakeholders participate in the development of our action plan has given the whole team a sense of ownership over the plan and has reduced barriers to implementation and engagement.... [The partners] really are on board and supportive and making all of the interventions available to all clients that they share." The grantee noted the time and investment to obtain partner and community buy-in for the selected evidence-based programs was critical. "But we never asked parents or caregivers for their feedback. That was a huge missed opportunity. If families won't commit or go, it's not sustainable. We need to have the voice of those most affected by those decisions."





## EFFECTIVE STRATEGY:

### Training and Education for All FTC Team Members

Round 2 PFR grantees noted the benefits of broad-based training and education specific to the evidence-based programs among all multidisciplinary FTC team members and across numerous community partner agencies. Expansive training ensures everyone has a shared vision and understanding of the intervention and its benefits, how and when families should engage in the program, the expectations for both parents and FTC team members, and how to deliver the program with fidelity. With this knowledge, other FTC team members can better support and coordinate the work the family is doing with the evidence-based program provider. They can also infuse the general principles or approach into their own agency's interactions with children and families. Broad-based training also provides an opportunity to strengthen collaborative relationships across disciplines.

- ▶ Knowledge and clarity among FTC and partner agency staff and community stakeholders about the overall **purpose, goals, and expectations** of the evidence-based program
- ▶ **Full commitment, readiness, and buy-in** of the FTC team and partners to change or adopt new practices within their agency or systems
- ▶ **Shared family-centered vision and values** among FTC team members and partners that recognize the link between effective substance use disorder treatment and effective family-strengthening interventions
- ▶ Clear and well-documented **processes and protocols** for identifying who needs services, how referrals should be made, how enrollment should work, and how participants should be monitored in the evidence-based program







### Essential Elements: Evidence-Based Program "Goodness of Fit"

- ▶ **Data are used to make informed** decisions about which interventions will best meet the needs of the target population and community and result in the desired outcomes.
- ▶ The evidence-based program is **matched to and designed to meet the needs of families** affected by parental substance use disorders and involved in the child welfare and court systems.
- ▶ Evidence-based program providers have sufficient **knowledge, expertise, and experience** working with parents, children, and families involved in the FTC and the child welfare system who are affected by parental substance use disorders and other complex needs (e.g., mental health and trauma).
- ▶ The evidence-based program **aligns with other** FTC, partner agency, or larger community best practice or systems improvement **initiatives**.
- ▶ The implementation and provision of the evidence-based program is responsive to the **specific needs, backgrounds, circumstances, and other responsibilities** of the parents, children, and families in the FTC, as well as to the foster and kinship caregivers supporting the family. The team respects and accommodates the family's stage of recovery, work and school schedules, and involvement in other treatment services.

## LESSONS FROM GILA RIVER: MEETING THE NEEDS OF FAMILIES

The Gila River Indian Community Family Healing to Wellness Court (FHWC) learned that "one size does not fit all" within the tribal community. Teams may have to adapt evidence-based interventions to the given community's traditional ways. The FHWC's Positive Indian Parenting facilitator is Hopi and Navajo, while the Gila River Indian Community is home to members of the Akimel O'odham (Pima) and the Pee-Posh (Maricopa) tribes. To adapt the parenting program to the community and increase participants' connection to their tribe's traditional ways, the facilitator collaborated

with a cultural counselor to integrate Pima traditional stories, practices, and beliefs into the sessions. The facilitator stated: "We got to touch base on intergenerational trauma, the effects of boarding school, that shift in that generation of parenting. A lot of the clients didn't understand that. Clients became more empathetic to their parents' experiences, their grandparents' experiences. It took the blame from 'That's how I was raised, and this is how it's supposed to be' [to] more of 'How can I change it because I don't want that to happen with my children?'"

## LESSONS FROM MILWAUKEE COUNTY: ADAPTING CLINICIAN TRAINING

In implementing the Early Pathways program,<sup>2</sup> the program developer and Milwaukee County FTC learned that the clinician's knowledge and experience with the target population was equally important—if not more important—than their educational status. After the first round of implementation, the program developer expanded the required training components to include behavioral and emotional problems (including trauma) and changed the clinician's minimum qualifications from a master's degree to a bachelor's degree in a mental health-related field or equivalent experience working with families of young children living in poverty.



### Essential Elements: Seamless and Coordinated Service Delivery

- ▶ Early identification and resolution of **logistical and administrative barriers** to ensure accessibility of services for families. Barriers can relate to location, space, time, scheduling, and transportation.
- ▶ **Integration of the evidence-based program into the larger FTC program** and service continuum. The evidence-based program is coordinated with families' other case plan requirements, rather than added as a separate, stand-alone intervention.
- ▶ **Ample advance notice and communication** to parents as well as foster and kinship caregivers about the program referral, enrollment, and completion process and how the services fit within the overall FTC phasing structure.



<sup>2</sup> Early Pathways is a home-based, parent-child therapy program for children 6 years of age and younger with significant behavior and emotional problems including trauma. Program goals include strengthening the parent-child relationship, reducing the child's trauma symptoms, and improving parent-child interaction.

- ▶ **Staffing contingency plans** to effectively manage turnover of trained and certified staff or other service provider changes to ensure consistent provision of the program to families.
- ▶ Effective **communication and information sharing** protocols among the FTC team and partners to discuss families' progress in the program and provide an informed and complete picture of participants' parenting capacity, child well-being, family functioning, and readiness for reunification.

## EFFECTIVE STRATEGY:

### Partner with Many, Not One

To build overall service capacity and ensure families have broad access and availability to services, sites may strive to partner with multiple community providers. This strategy enables the FTC to provide consistent rotations of the evidence-based program, allowing participants to begin services when they are ready rather than having to wait weeks or even months for the start of the next program cycle. Recruiting and training agency teams with established community providers (versus individual, independent clinicians) also minimizes the likelihood of service disruption resulting from staff turnover. Moreover, this approach strengthens program sustainability potential.



### Essential Elements: Sustainability of Evidence-Based Programs

- ▶ Adequate **financial and human resources** to support and sustain the evidence-based program, including ongoing and regular fidelity monitoring.
- ▶ Systematic **tracking and monitoring** of evidence-based program referrals, linkages, and participation status, including ongoing collection and use of data to assess families' progress and outcomes.
- ▶ Partners and staff at all levels provide and discuss **regular feedback** about how evidence-based program implementation is working (or not working) and the adjustments required to strengthen the program model and implementation supports.
- ▶ Evidence-based programs and services are established as **best practice and expected standard of care** for serving families in the FTC and larger dependency system who are affected by substance use disorders.
- ▶ The **FTC operates at sufficient scale and staffing capacity** to generate and manage adequate evidence-based practice referrals and enrollment and support long-term program sustainability.





One grantee team member noted “one of the biggest strides” the team made was ensuring the FTC parenting program now focuses on how substance use disorders affect children, families, and parenting. She emphasized, for example, the value of parents “not just knowing these are skills you use to help with a 2-year-old’s temper tantrum, but this is how you build that trust you have lost because [of your substance use disorder].”

## EFFECTIVE STRATEGY:

### Think Bigger to Broaden Access

Some grantees approached the implementation of new evidence-based programs with the explicit goal of increasing access beyond FTC families to reach all families affected by substance use disorders in the dependency, treatment, or other community service systems. Especially in small rural or tribal jurisdictions, broader access can be an effective strategy to achieve full program enrollment and support sustainability. The Milwaukee County team, for example, trained and certified six partner agencies in Early Pathways, all of whom offer the program to all families affected by parental substance use, regardless of the family’s connection to the FTC.





## MOVING FROM INDEPENDENT SILOS TO AN INTEGRATED SYSTEM

Much of the work with families in evidence-based programs happens outside of court with community-based partner agencies. Yet, to improve family functioning and well-being, evidence-based programs must operate as an integrated set of services and supports within the overall FTC program, rather than as a separate service enhancement.

To integrate information about a family's progress in evidence-based practices into the FTC team's staffing and court hearing processes, the round 2 grantees applied similar strategies that the round 1 grantees deemed effective. These included:

- ▶ Expanding the FTC core operational team to formally include parenting and children's services providers
- ▶ Restructuring pre-court staffings to include more community partners and service providers, respond to the direct needs of children, and focus discussions on desired behavioral changes for participants
- ▶ Assigning dedicated agency liaisons from the community providers to regularly share and relay information to all other FTC team members
- ▶ Modifying family progress and court reports to include information about a parent's progress in the evidence-based program along with children's developmental and therapeutic needs and services

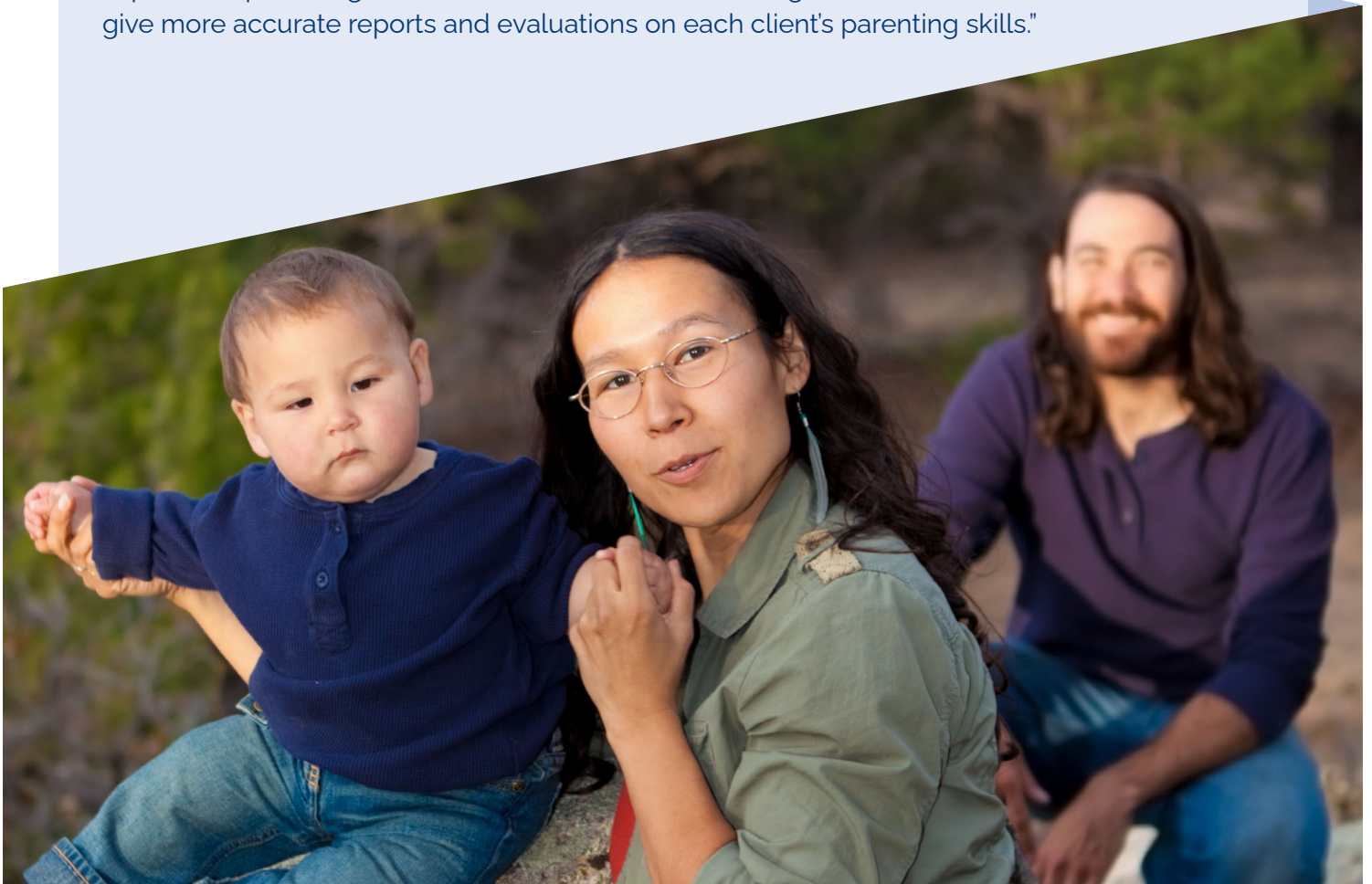
One of Milwaukee County FTC's peer mentors (and an FTC graduate) shared her experience of participating in an evidence-based parenting program with her daughter, sister, and grandmother: "Celebrating Families! gave us the opportunity to begin talking about what we had been through and the things we were facing. It was this beginning step of [having] a mediator [and] an opportunity for us to speak one at a time and actually learn to listen to one another. Then having my daughter in a separate age appropriate group, where she was learning about the effects of alcoholism and drug addiction and what she had been through.... [Celebrating Families!] was that beginning stage, which then allowed us to want to heal more as a family."



### THE BENEFITS OF SELECTING A CULTURALLY APPROPRIATE EVIDENCE-BASED PROGRAM

In Gila River Indian Community, the FHWC team reflected on the benefits of the Positive Indian Parenting program. One team member recounted: "Being with the community for almost 30 years, you see people go through the motions to get their [parenting] completion certificate because that's what the court asked them for. There wasn't a lot of commitment and meaning to it. With Positive Indian Parenting, [participants] take it more to heart. They were more into it, to learn as much as they can culturally for their own kids."

A fellow team member elaborated on the shift, noting how with the past non-evidence-based parenting classes, the court could not adequately measure participants' parenting skills. Parents would say they completed parenting class, but parenting issues would surface during supervised parenting time. With Positive Indian Parenting, the FHWC team is now "able to give more accurate reports and evaluations on each client's parenting skills."



## LESSON 6:

### Family Treatment Court Teams Need to Build Bridges to Connect Families to Services and Service Providers to Each Other

To create and sustain a comprehensive family-centered system of care, family treatment courts (FTCs) must effectively screen, assess, and link families to the needed array of clinical treatment and related community support services.

Moreover, FTCs must also connect various service systems and community providers to each other to ensure coordinated, integrated care for the families they jointly serve. Building an adequate support system for families that features expanded services and interconnected community partnerships is crucial to families' long-term success, functioning, and well-being.

To build these essential bridges, the first round of Prevention and Family Recovery (PFR) grantees increased cross-systems collaboration, co-located services and staff, and added a parent-child services coordinator to the FTC team.<sup>1</sup> The second round of grantees employed similar effective strategies. (See sidebar, *The Public Health Nurse: A Vital Asset in Connecting Families to Community-Based Services*.) They expanded upon the first grantees' efforts and bolstered their bridge-building capacity by improving family-centered screening and assessment processes. Increasingly, the FTC teams could better identify and manage families' other complex needs that co-occurred with substance use disorders. Grantees noted participant barriers to completing the FTC program or reunifying with their children typically included homelessness or lack

of stable housing (elaborated on in the next section), domestic violence, unmet health and medical needs, and limitations related to parental cognitive functioning.

In Mecklenburg County, the contracted substance use disorder treatment provider now completes an initial family-centered assessment that includes the FTC's intake questions to help streamline the FTC and substance use disorder treatment entry process for parents. This central family-centered assessment addresses substance use, mental health, domestic violence, parenting, and other family and children's issues to give the team a comprehensive picture of families and connect families to other needed service providers.



<sup>1</sup> Refer to the 2017 PFR [Brief 2](#) as well as the 2017 [PFR case studies](#) for more information.

### THE PUBLIC HEALTH NURSE: A VITAL ASSET IN CONNECTING FAMILIES TO COMMUNITY-BASED SERVICES

The Jefferson County FTC team saw the need to quickly assess and refer parents and children to services and build stronger relationships with children's developmental services providers. One team member reflected: "You hear these families in [court] and they start talking about medical issues they're having, their dental issues, medications they're being put on, and none of us are experts on that. We were missing the mark there a lot. We just saw this need there with our families that we were not addressing as well as we could."

To help meet families' needs and build linkages with these other providers, Jefferson County established a full-time, dedicated public health nurse (PHN) family care coordinator who was integrated into the FTC team. At the onset of the family's FTC involvement, the PHN care coordinator conducts developmental screenings and an evaluation for every child. The PHN coordinator also completes an intake for all parents to assess their medical, dental, psychological, and other basic needs. These early assessments provide the larger FTC team with valuable information on the entire family's needs and facilitates prompt service referrals. The PHN ensures parents are involved in the children's medical, dental, educational, and therapeutic appointments throughout each phase of the FTC. The grantee noted that parental involvement helps ensure a smooth reunification: parents

"know what their child needs and they're a part of it."

In addition, the PHN coordinator has built relationships with and greatly improved communication among medication-assisted treatment providers, medical providers, and the treatment team to streamline services for parents who have multiple providers. As one team member noted: "We've got a medical professional who can talk to other medical professionals and speak their language, and they speak it back. It is a dramatic difference."

By the end of the grant period, the FTC team determined that bringing the PHN coordinator on board was one of their most significant and positive enhancements for families. One FTC team member elaborated: "Our families really see her as an ally, someone that they are really willing to talk to. [The families] give such rich information and are so open to her helping connect them to the community. It's a different response than they have to a caseworker or guardian ad litem." Another team member added: "[The PHN] is a dramatic change from the very beginning of the case. She gives medical reports on the children and the parents right upfront. We've never, ever had that before. A focus on their physical health, dental health...these are concrete things that produce real results."



The PHN's initial success in linking families with services and enhancing family trust and communication resulted in Jefferson County expanding the model to two more child welfare teams in the dependency system. Before the FTC team established the PHN role, baseline data showed 89 percent of children referred "fell through the cracks" and did not get screened. In contrast, pilot data for the FTC showed that after the PHN came on board, 88 percent of children referred were screened—an outcome the team asserts is "a significant change in practice." The site is striving to sustain the PHN position with institutionalized (rather than grant) funding and to expand the model throughout the dependency system.



### Building Bridges to Housing: Construction in Progress

Access to stable, long-term housing is a major problem in most jurisdictions across the country, including the geographical areas of PFR grantees. Housing remains a central unmet need and significant barrier for families, adversely affecting FTC engagement and retention, reunification, and sustained well-being and recovery. As one grantee team member noted: "Figuring that [housing] piece out is huge, because it's hard to work on recovery when you don't know where you're going to lay your head."

Although housing was not an explicit focus area of the PFR initiative, selected PFR grantees still achieved some progress building connections with housing authorities and existing housing

initiatives in their communities. However, the majority of FTC teams continue to reach out to other community-based organizations to shore up housing supports and identify opportunities to streamline, improve, and prioritize access to housing for the families they serve. In Milwaukee County, for example, one of the FTC's primary substance use disorder treatment providers received a round 4 federal Regional Partnership Grant (RPG) to provide sober recovery housing, outpatient substance use disorder treatment, child and family services, and recovery support services to families involved with or at risk of involvement with child welfare. The Milwaukee Partnership on Well-Being and Recovery (M-POWER) RPG initiative also will dedicate two family housing units to FTC participants.

## LESSON 6

FAMILY TREATMENT COURT TEAMS NEED TO BUILD BRIDGES TO CONNECT FAMILIES TO SERVICES AND SERVICE PROVIDERS TO EACH OTHER

The FTC teams' efforts to close the housing service gap are made even more challenging given that families involved in FTCs and the child welfare system face housing barriers that are associated with systemic issues of restrictive eligibility and administrative policies and regulations.<sup>2</sup> PFR grantees noted these barriers included denial of housing due to past criminal or eviction records; loss of housing that occurs when individuals or families participate in residential treatment; limited timeframes for using vouchers; and restrictive federal definitions of homeless. As one grantee team member said: "When you start peeling back the onion on housing, you realize that, as a community, it's a problem." The housing barrier is widespread. Strong

community- and state-level partnerships are required to gain traction and advance effective practice and policy solutions.

Reflecting on what their FTC would have done differently, one PFR grantee team member said, "We would probably find someone from housing—a navigator, an advocate, or a higher-up administrator—who could be part of our governance structure and guide us. If we can't get families in stable housing, we can't find success with them."



<sup>2</sup> See, for example, Child Welfare Information Gateway. (2018). *Building partnerships to support stable housing for child welfare-involved families and youth*. Washington, DC: Children's Bureau. Available at <https://www.childwelfare.gov/pubs/bulletins-housing/>.

## LESSON 7:

### Integrating a Truly Family-Centered Approach Requires Several Paradigm Shifts



#### The What: A Family-Centered Approach Defined

Family treatment court (FTC) professionals and the broader social services field increasingly recognize that families affected by substance use disorders and child maltreatment are served best using a comprehensive, collaborative family-centered approach. However, currently, a universal definition of a family-centered approach

does not exist. Efforts to define and provide a family-centered approach have occurred primarily at the direct service level (e.g., implementing parenting training) or within an individual service system (e.g., substance use disorder treatment or child welfare).<sup>1</sup>

A true family-centered approach requires more than offering substance use disorder treatment, specific evidence-based interventions, or other singular services to a parent or child individually, in isolation of one another. A family-centered approach even extends beyond providing a comprehensive array of clinical treatment and related support services that meet the needs of the entire family unit.



“When I look back now, I remember at the beginning feeling, ‘Well, of course we’re family-centered and child-centered. We’re a family treatment court.’ Until we started doing this work, I] certainly didn’t get how far we needed to go to really become family centered. We’ve come a long way and still have continued to work on it.”

– Grantee team member

<sup>1</sup> The National Center on Substance Abuse and Child Welfare (NCAS CW) recently released a series of three modules on [Implementing a Family-Centered Approach for Families Affected by Substance Use Disorders and Involved with Child Welfare Services](#). The series is designed for partners at the state, county, and agency levels that are striving to improve systems, services, and outcomes for children and families affected by substance use disorders.



More broadly, family-centeredness must embody the overall context within which services are provided and how all individuals and agencies collectively work with families and each other. Parents and children live within the context of a larger family system, and families exist within the context of their community and culture. Therefore, a family-centered approach must be grounded in effective cross-systems collaboration and practices, policies, and services that consider this context. The paradigm shift to a family-centered approach is developmental in nature and takes time.

One grantee team member described the parent experience prior to the PFR initiative as analogous to getting on a factory conveyor belt and getting passed from one service agency to another, “like a widget,” and then to the judge. This team member described the change with the FTC team’s shift to a family-centered approach: “We are now at a round table where no one’s getting passed [around]. The client is in the middle of that table [and is] addressed by everyone about everything. It’s such a “180” from what we were doing before. Our systems change has great consequences for the parents who participate.”

A family-centered approach is essential and attainable, whether an FTC operates as a parallel or integrated model.<sup>2</sup> Regardless of the FTC model, a parent participates in an FTC with the hope of preserving or reunifying their family. The specific strategies and methods to implement a family-centered approach may vary somewhat according to jurisdiction and community context. However, in all settings, strong collaborative relationships, effective communication, and mutual trust comprise a foundation fundamental to making the shift (as described in Lesson 1).



All Prevention and Family Recovery (PFR) grantees in round 2 said that advancing a family-centered approach at this broader level was an area in which their FTC teams made significant—perhaps the most—progress. Grantees reported

2 In an integrated FTC, one judge oversees both the parent’s progress in substance use disorder treatment and the child welfare case (often referred to as “one family, one judge”). In a parallel FTC, one judge (the dependency court judge) oversees the child welfare part of the family’s case, while another judge (the presiding FTC judge) oversees the parent’s substance use disorder treatment progress. In a parallel model, the FTC judge helps identify and coordinate services for the family but does make any orders regarding the child welfare case. For more information on the models, refer to Casey Family Programs and Children and Family Futures (2021). [What are family treatment courts and how do they improve outcomes for children and families?](#) Seattle, WA: Casey Family Programs.



that they shifted their goal from parent recovery to whole family recovery. They now discuss cases in the context of the family and review the status and needs of children and other family members. They also transitioned from individual treatment plans with multiple agencies to integrated case planning for the whole family. Overall, the FTC teams now apply a family-centered lens that is informed by their knowledge of family dynamics, child development, healthy parent-child

"It takes more time, effort, and creativity to really think of how do we engage this family? Where's the behavior coming from? What are we missing? How do we get this? It takes a different level of understanding and responsibility on the side of the professionals to make sure we're doing everything we can to meet this family where they're at and give them what they need."

– Grantee team member



relationships, and the effects of trauma on overall family well-being. Grantees say their family-centered improvements have become standard practice for the FTC team.

In Gila River Indian Community, the family-centered shift is also evident in the Children's Court, where the judges are learning to "look outside of our box of just the parents" to ask more questions about the children, referrals, and services, and try to engage the whole family.

The PFR grantees acknowledged that becoming truly family centered requires hard work and commitment to continuous improvement. As one grantee team member said: "Every year we get better, but we can't rest on our laurels. There are always improvements [to be] made, which always supports the family. The better we get, the better the families get." FTC leaders, team members, community partners, and other key stakeholders will likely need to shift from a "business as usual" approach and adopt new ways of thinking and talking about families, themselves, and their systems. Grantees acknowledged the return on this investment is well worth it both in strengthening the FTC's overall operations and improving how families engage with the FTC program and team. The ultimate benefit, grantees noted, is that the family-centered approach helps prevent families from returning to the system, which can break the cycle of substance use disorders and child maltreatment for future generations.

"[Family-centered care] will stop the cycle of them returning to the system, returning to substance use, and in turn, improve future generations of children being raised healthy. In turn, it actually creates a healthy community."

– Grantee team member



The second round of PFR grantees expanded on the lessons of the first round of grantees. Round 2 grantees' experiences allowed them to delve deeper into what it means to be family centered. Their work solidified that a family-centered approach is multidimensional, spanning several different levels of collaborative practice: individual, direct service, FTC program operations, and systems. Each level of practice is described more fully in the next section.

In addition, a set of guiding principles emerged from the grantees' experiences, which help operationalize a family-centered approach across these various levels of practice. These principles are briefly highlighted in the subsequent section and explored more fully in [\*Guiding Principles for Establishing a Family-Centered Approach in Family Treatment Courts and Beyond\*](#).

"It's more than just services—it's how you pull it all together."

– Grantee team member



## The Where: A Family-Centered Approach is Applied at All Practice Levels

A family-centered approach is complex and must be ingrained in multiple levels of practice.

- ▶ At the **Individual Level**, each FTC team member must believe that a family-centered approach is essential to best meet families' needs and preserve families' connections. The shared family-centered mindset drives how each professional interacts with families, both within their defined role and as part of the collective FTC team. Each team member must think critically about how they can share their expertise and knowledge to advance a family-centered approach. Individuals at all levels (director, management, frontline) must assume a leadership role to actively encourage and challenge others to adopt family-centered practices.
- ▶ At the **Direct Service Level**, each distinct intervention, treatment, and service component—such as substance use disorder treatment, evidence-based parenting training,

a children's therapeutic intervention—needs to be family centered. This requires the FTC team to ensure that each service or program is an appropriate fit for a family's background, culture, circumstances, responsibilities, needs, and overall readiness. It also means the team removes any identified barriers to participation and sets clear expectations for families. Moreover, particularly in tribal communities, being family centered requires shaping the specific service or program to the community's culture, values, and traditions.

- ▶ At the **FTC Program Operations Level**, a family-centered approach is embedded in the day-to-day operations of the FTC and its partner agencies. Implementing a family-centered approach extends beyond the necessary cross-agency training that helps partners understand each other's systems. To make abstract concepts concrete, family-centered practice is integrated, standardized, and formalized in the FTC's various policies, procedures, and processes. Family-centered practices are reflected in core program and agency operations, including:

- participant handbooks
- intake processes
- reporting forms
- pre-court staffings
- court hearings
- FTC phasing structure
- responses to behaviors
- staff training and orientation

This allows all current and new FTC team members and partners to apply and sustain a family-centered approach to their everyday practice. (See the section, "PFR Grantee Program and Practice Improvements to Strengthen a Family-Centered Approach," for selected examples of how the teams improved their core FTC operations.)

"This journey has forced me to really look at all of the challenges a family faces being back together to sustain recovery. I will not be satisfied to just let the systems float along doing 'business as usual.' [I will speak] out to the issues [and] systems I see not being effective."

– Grantee team member

- ▶ At the **Systems Level**, the value and philosophy of a collaborative family-centered approach is mirrored and supported in systemwide policies, priorities, funding, legislation, training and certification, and shared outcomes. The family-centered approach extends beyond individual agency operations to encompass larger systems (and cross-systems) initiatives—at the county, state, and tribal level—that improve outcomes for all families.<sup>3</sup>

3 Module 3 of the NCSACW's [\*Implementing a Family-Centered Approach for Families Affected by Substance Use Disorders and Involved with Child Welfare Services\*](#) describes collaborative efforts and policy-level activities to ensure the implementation and sustainability of a family-centered approach.



The PFR grantee teams, for example, strived to expand cross-systems data collection and monitoring of shared outcomes that reflect the progress and well-being of the whole family served by multiple systems. (This is in contrast to simply tracking whether the parent completed the FTC program.) In Milwaukee County, the FTC judge and other core team members testified and presented data to the state legislature to successfully support passage of legislation to expand FTCs throughout Wisconsin.

At the federal level, the Family First Prevention Services Act of 2018 (Family First Act) and several Administration for Children and Families (ACF) information memorandums (IMs) recently issued to state and tribal child welfare administrative agencies emphasize the need to advance a preventive, family-centered approach.<sup>4</sup> PFR grantees have positioned themselves to leverage funding under the Family First Act by participating in broader county and state workgroups and advisory teams, or by expanding to serving an in-home population (see also [Lesson 9](#)).

"My 'aha moment' is that data represent families and their lives, and we have to be sure that the outcomes we are measuring truly represent the challenges and triumphs they experience in FTC. I'll take with me that we have to continue to be innovative with our data collection and analysis to ensure policymakers and practitioners have the evidence they need to make the best decisions for the program and families."

– Grantee team member

4 Refer to [Children and Family Futures](#) and the [National Center on Substance Abuse and Child Welfare](#) for more information and resources on the Family First Act and the 2016 amendments to the Child Abuse Prevention and Treatment Act, which also emphasizes family-centered prevention. Also refer to the ACF IMs. The January 2021 IM ([ACYF-CB-IM-21-01](#)) discusses how to achieve permanency in a way that prioritizes children's well-being. The April 2020 IM ([ACYF-CB-IM-20-06](#)) describes how foster care is used to support families. The February 2020 IM ([ACYF-CB-IM-20-02](#)) focuses on quality parenting time. The August 2019 IM ([ACYF-CB-IM-19-03](#)) discusses how to use the family's and youth's voices to drive child welfare case planning and system improvement efforts.







## The How: 10 Guiding Principles for a Family-Centered Approach

Given the multidimensional nature of a family-centered approach, the nuances of how to operationalize this approach may vary somewhat by individual team member (e.g., intake worker, case manager, or attorney). They may also vary within a given agency or service setting (e.g., courtroom or substance use disorder treatment facility). Still, all FTC team members need to be aligned in how they define “family-centered,” what their shared goals are, and why they need to collaborate effectively to provide a family-centered approach.

The 10 guiding principles set out below serve as the anchor for helping FTC team members promote a consistent vision, coordinated policies and practices, joint resource sharing, and collective learning. Following these principles will advance a more holistic and integrated approach to serving families.

- 1 The parent defines “**family**.”
- 2 The FTC team recognizes the family as an essential collaborative partner with an **equal voice** in the case planning, decision-making, and program improvement processes.
- 3 The FTC team recognizes participants are parents and **strong parental capacity** is an integral part of family recovery and well-being.
- 4 The FTC team uses a **holistic, integrated approach** to serve the family together as a unit rather than treating the individual parent or child separately.
- 5 The FTC team recognizes and seeks to **engage resource parents** (foster parents and kinship caregivers)<sup>5</sup> as a valuable support for the family.
- 6 The FTC team uses a supportive, nurturing, **strengths-based** approach rather than a punitive one.
- 7 The FTC and partner agencies are **trauma responsive** to parents, children, and families.
- 8 The FTC team is **culturally responsive** to families at the individual staff, broader organizational, program design, and implementation levels.
- 9 The FTC team defines and measures parent and family progress and success in terms of desired **behavioral changes** (not solely compliance and attendance).
- 10 A family-centered approach needs to be a **cross-systems effort** involving all partners, rather than simply a court endeavor.

“We have all of these ideas about how we’re going to make it better for everyone. Ultimately, it’s the perception of the [family] that makes the difference. For those who are living it, breathing it, how does it feel to them at the end of the day?”

– Grantee team member

5 At the local, state, and national level, many professionals now refer to foster parents and kinship caregivers as “resource parents.” This language shift supports a family-centered approach and reflects the critical role these caregivers have in the lives of families involved in the child welfare system and courts.

"That was one of my lived experiences. Knowing the person that's got your kid, and knowing that they are for you, not against you, and pulling for you is big. That shared parenting piece is crucial."

- Grantee team member | Peer support specialist

For specific examples of how grantees leveraged resource parents to improve parenting time, see the sidebar, *Improving Parenting Time with the Help of Resource Parents: Lessons from Selected Grantees*.



The companion resource, [\*Guiding Principles for Establishing a Family-Centered Approach in Family Treatment Courts and Beyond\*](#), discusses the 10 guiding principles in more detail and includes key questions that FTC teams can discuss to assess and build their family-centered capacity.

## PFR Grantee Program and Practice Improvements to Strengthen a Family-Centered Approach

Throughout their PFR grant period, the FTC teams implemented various program and practice improvements to strengthen their family-centered approach. Some improvements were tailored to the specific situation and circumstances of the individual grantee. However, grantees also employed several common strategies to enhance their family-

centered practice and put the guiding principles into practice.

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The Gila River Family Healing to Wellness Court team implemented a milestones approach and purposefully integrated culture into each phase to strengthen community, reconnect participants to values and traditions, help participants establish relationships with tribal elders and cultural leaders, and teach parents to teach their children culture and traditions. One grantee team member recounted how the restructured phasing "was probably our biggest improvement. It made what [participants] were working for attainable, it wasn't just this abstract thing. It's very specific."

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## Restructured FTC Phasing

Grantees shifted to, or enhanced, a behavioral-based milestones structure to focus on a participant's individualized needs and goals, and better align with progress toward reunification and whole family recovery. The team's emphasis no longer was simply on parental substance use disorder treatment and sobriety. Grantees noted that FTC phasing improvements have:

- ▶ Served as an effective outreach tool to educate participants and their families about the FTC program services and expectations
- ▶ Provided participants with a clearer understanding of how to make progress in and complete the FTC program
- ▶ Helped identify appropriate community and family supports to help participants better connect and successfully transition to the community upon program discharge



## Enhanced Case Staffings and Team Meetings

To prioritize and embed a family-centered approach into team discussions, grantees now:

- ▶ Raise children's health, well-being, education, service needs, and progress upfront in staffing sessions
- ▶ Focus on a participant's progress in services and the behavioral changes that demonstrate improvements in parenting capacity and family functioning
- ▶ Discuss parenting time directly, focusing on the quality of the parent-child interaction, instead of simply whether and when parenting time occurred (see related strategy: Improved Quality Parenting Time)

"We've been trying really hard to move into a more family-centered court staffing and team meeting. When you ask, 'How are the kids doing?' and the answer is, 'Fine,' we need to go deeper than that. When we ask how the parents are doing in treatment, and the answer is, 'Fine. Good attendance this week,' we're not solving anything. We're not helping these families move forward and get to a place that they can reunify if we're not being transparent with them and having those serious discussions, positive and negative, that are about the whole family and not just about the parents sitting in front of us."

– Grantee team member



- ▶ Discuss a parent's housing, employment, physical health, and other related basic needs, in addition to their substance use disorder treatment
- ▶ Involve new service providers and other agency partners in regular case or treatment staffings to obtain a more complete picture of a family's progress, strengths, and barriers
- ▶ Focus on problem-solving rather than problem-reporting
- ▶ Use standardized reporting processes to streamline and focus staffing discussions on the needs and progress of the whole family

Overall, the PFR grantees say improvements to how their team staffs and discusses families have become business as usual. One grantee team member remarked: "The changes we initially made now feel more routine and comfortable. Everyone's on board with this model of thinking, so our communication feels more effective. Initially, it felt a little bit clunky, but it doesn't feel that way anymore. Everyone's expecting for these to be the things we talk about in staffing."



### Improved Quality Parenting Time<sup>6</sup>

An essential change is that the FTC team ensures that quality parenting time is provided as a necessary and critical support service for the family. Parenting time is not used as a response for a parent's compliance or non-compliance with the program expectations.

To strengthen parenting time observation, reporting, and decision-making processes, Jefferson and Milwaukee counties:

- ▶ Implemented objective criteria to assess and measure the progress of parent-child interactions and behaviors that increase parental protective factors and safety.
- ▶ Enhanced standardized documentation and reporting of specific behaviors during parenting time, including how well the children respond to their parent's efforts.
- ▶ Ensured individuals monitoring parenting time consistently provide objective and adequate observation notes and documentation to inform decisions and case plan adjustments.
- ▶ Leveraged the role of resource parents to strengthen parenting time. (See related sidebar, *Improving Parenting Time with the Help of Resource Parents: Lessons from Selected Grantees.*)

<sup>6</sup> A growing number of jurisdictions have reframed the language related to "visitation." These communities are instead using "parenting time" or "family time," which affirms the importance of the parent-child relationship and the need to facilitate frequent and quality time to heal and strengthen the relationship. Lessons from the first round of PFR grantees were referenced in the February 2020 Children's Bureau IM ([ACYF-CB-IM-20-02](#)) on the importance of parenting time for children in out-of-home care. The IM provides information on research, best practices, resources, and recommendations for providing quality parenting time that strengthens the family, expedites reunification, and improves parent and child well-being.



## IMPROVING PARENTING TIME WITH THE HELP OF RESOURCE PARENTS: LESSONS FROM SELECTED GRANTEEES

Jefferson and Milwaukee counties not only implemented objective parenting time models, they also leveraged their resource parents to strengthen parenting time. For example:

- ▶ The Milwaukee County FTC collaborated with the Quality Parenting Initiative to train kinship and foster caregivers in an evidence-informed, attachment-based model to supervise parenting time. The caregivers are now involved in the majority of supervised parenting time. They provide the FTC with a minimum of monthly reports on the children's health, development, eating, and sleeping patterns, as well as behaviors before and after parenting time. They also report on progress, strengths, and challenges with co-parenting.
- ▶ Jefferson County instituted a formal kinship contract for parenting time. This agreement helps ensure that the parent and kinship caregiver have a shared understanding of expectations prior to supervised parenting time and helps to better support kin in their expanded role. The FTC hopes that establishing these agreements will also promote increased parenting time in a more natural environment and strengthen kinship providers' ability to report on parenting time successes and concerns in a productive and meaningful manner.

Raising the standards on quality parenting time helped Jefferson and Milwaukee counties reap many benefits. Their FTC teams now:

- ▶ Have a shared language and understanding across systems to strengthen communication about parenting time at team staffing and treatment meetings.
- ▶ Share more comprehensive information on how parents are responding to and bonding with their children and, moreover, how children are responding to their parents.
- ▶ Provide both the parent and FTC team with concrete examples of parenting strengths and issues requiring additional work. The judge can discuss these specifics with the parent during court hearings, while other team members can integrate this information into ongoing substance use disorder treatment and other services to help coach parents.
- ▶ Make more informed and structured decisions about the family's readiness for changes in the frequency of parenting time and the level of supervision.
- ▶ Develop more systematic responses to strengthen the parent-child relationship and manage any relationship and parenting time concerns.



"The way the team rallies for [families] when there's a need and that they are listening and the way our judge listens to them instead of just dismisses them, that is a treatment approach. We are applauding improvements, not perfection. We are looking at treatment in a way that it should be looked at. There's not this shame-blame myth going on. Handcuffs aren't being brought out every time we turn around. It is a whole different feel."

– Grantee team member



### Strengthened their Capacity to Account for Trauma

Grantees invested significant effort to ensure the FTC and its partner agencies are trauma-responsive and use trauma-informed practices in their daily operations and work with families. To build this capacity, grantees:

- ▶ Engaged in facilitated onsite trauma walkthroughs<sup>7</sup> and related training to identify and implement needed trauma-responsive systems improvements
- ▶ Implemented domestic violence policies, protocols, and supports to benefit participants affected by domestic violence and increase the FTC team's capacity to manage this need
- ▶ Strengthened the use of therapeutic responses and eliminated jail as a sanction to encourage behavioral changes and improve participant engagement, retention, and outcomes

<sup>7</sup> A trauma walkthrough is an organizational assessment and change process that includes all levels of staff from the FTC and its partners. It helps organizations and individuals examine how trauma responsive they are by identifying potential practices and procedures that may retraumatize clients and implementing strategies to mitigate them. Refer to Brown, V. B., Harris, M., & Fallot, R. (November 2013). Moving toward trauma-informed practice in addiction treatment: A collaborative model of agency assessment. *J Psychoactive Drugs*, 45(5), 386–393. Also refer to Brown, V. B. (2018.) *Through a trauma lens: Transforming health and behavioral health systems*. New York, NY: Routledge.

Elimination of jail as a sanction is “a huge deal for [families] to feel comfortable. Until we made the change, I didn't realize how uncomfortable it made parents to have jail as a possibility. It allows the kids to trust more about our system too, so the kids are more bought-in. I have far fewer children talking to me about how little they trust the system.”

– Grantee team member



### Created Opportunities to Obtain Participant Input

To ensure that the voices of parents and families are continually integrated into FTC program improvements and case planning, grantees used strategies that included:

- ▶ Implementing regularly scheduled roundtable discussions, listening sessions, or other informal meetings with participants to obtain their feedback
- ▶ Establishing care team meetings, held in the community (not the courthouse), where parents lead the discussion among their team about their family's progress and challenges and provide input into their case plan
- ▶ Creating feedback loops by conducting participant surveys and focus groups to obtain input on parents' overall experiences, their perceptions of the program, and participation benefits and barriers, among other relevant topics

- ▶ Instituting peer-led support groups in which participants have a safe space to discuss challenges they are facing in their case, talk about what is working (and not working) with the FTC, and provide support to others

The Milwaukee County FTC instituted quarterly roundtables with participants to obtain their feedback on program improvements and other topics in an organic, informal setting. The FTC judge explained: “I would come down off the bench and sit in a circle with the participants. I wouldn't necessarily guide the conversation. I would let them tell me what they want, what they think they need. That would allow for a very frank discussion. It gave us insight sometimes in terms of what we were missing. It made us better. It really helped me fine-tune the process of the day of court.”



## STRENGTHENING FAMILY SUPPORT: HOW FAMILY CIRCLES CAN SUPPORT ENGAGEMENT AND RETENTION

In year three, the Gila River Indian Community Family Healing to Wellness Court (FHWC) implemented Family Circles to involve kin and extended family members as an essential support in the parent's recovery and reunification processes. A cultural consultant with expertise in Gila River's traditions facilitates the Family Circles.

During the first Family Circle, the FHWC team introduces themselves to the family, reviews the FHWC program and participant expectations, and discusses how the family can help the parent meet their recovery and reunification goals. The second Family Circle occurs as reunification and graduation are drawing near to develop a plan for aftercare and continued support to the parent and their children. The FHWC conducts additional Family Circles as needed.

The grantee reports that Family Circles have been one of the most effective strategies to increase open communication between the participant and their family, engage other family members in the process, and build trust. Moreover, the FHWC team gained more confidence that with Family Circles, parents will have the continued support needed to sustain recovery.





## LESSON 8:

### Building Data Capacity to Advance a Family-Centered Approach Involves Moving Beyond Just Numbers

Large-scale collaborative efforts such as those of the Prevention and Family Recovery (PFR) grantees require intensive time and resources. Ongoing performance monitoring

and evaluation<sup>1</sup> are essential to gauge whether the FTC team is achieving its desired results. The PFR initiative constantly urged all four grantees to collect and use child, parent, and

#### PFR GRANTEE DATA COLLECTION AND REPORTING ACTIVITIES

The overall PFR initiative strived to assess the progress and challenges associated with implementing a more comprehensive, integrated family-centered approach, and determine how this type of approach improves child, parent, and family outcomes. During the second PFR grant period, the four grantees:

- ▶ Provided basic demographic information on parents and children in the FTC
- ▶ Compiled monthly data snapshots with information on FTC capacity, referrals, enrollments, and discharges
- ▶ Submitted individual-level data semi-annually on core performance measures related to a parent's FTC participation, child safety and permanency, adult recovery, and the family's evidence-based services participation
- ▶ Collected baseline data or state/county contextual data against which to assess the FTC's progress on the performance measures
- ▶ Administered the standardized North Carolina Family Assessment Scale for General Services and Reunification (NCFAS G+R) at FTC intake and discharge to help assess 10 domains of family functioning and needs
- ▶ Participated in structured qualitative interviews and focus groups to share their team's progress and challenges in cross-systems collaboration; implementing a family-centered approach; and collecting, sharing, and using data

<sup>1</sup> Performance monitoring and evaluation are two distinct yet complementary activities that should be integrated. Performance monitoring entails regular review of data and continuous feedback to ensure the FTC team is progressing toward its goals and operating effectively, efficiently, and according to best practices. Evaluation tends to involve more in-depth, rigorous study of process and outcomes data to determine whether the program is achieving its intended effect for families. In essence, both tasks help improve performance and achieve results.

family outcomes data to assess the effectiveness of their efforts to provide a family-centered approach. (See sidebar, [PFR Grantee Data Collection and Reporting Activities](#)).

However, outcome measures on their own—while important—tell just one part of the grantees’ PFR story. A major focus of the PFR initiative was to help the FTC teams build and strengthen their capacity to collect and use data to drive informed decision-making on needed program, practice, policy, and systems improvements. The PFR initiative thus approached the larger evaluation work more broadly, as a learning and growing process that began early in year one and continued throughout the three-year grant period.

In general, PFR uses the term “data capacity” to refer to the FTC teams’ ability to engage in both performance monitoring and evaluation. Data capacity includes having the necessary knowledge, skills, resources, and values to embrace, make sense of, and use data to drive decision-making and program improvements to serve families more effectively. Data capacity must extend to the FTC team as a collective whole to successfully achieve the collaborative’s desired goals.

## Essentials for Building Capacity to Become a Data-Driven Collaborative

The experiences of both rounds of PFR grantees underscore that building capacity to become a truly data-driven collaborative is a difficult endeavor for even the most advanced sites. FTC teams must focus on ensuring that a host of critical factors are in place related to:

- ▶ Broad-based collaboration, leadership, and buy-in
- ▶ Adequate staffing and financial resources and data systems infrastructure
- ▶ A culture that values data and information
- ▶ A clear and shared data governance structure (e.g., processes and protocols)

The critical factors were first highlighted in the 2017 PFR [Brief 5](#). They are reflected in the progress, challenges, and data-capacity lessons of the round 2 grantees that follow and are discussed in more detail in [Data Capacity: What Is It and Does Our Family Treatment Court Team Have It?](#)



### Grantees’ Progress in Data Capacity-Building and its Positive Impact

Each of the four round 2 grantees started in a fundamentally different place with regard to their existing data capacity. Yet, in all four sites, FTC team members across systems, roles, and disciplines highlighted ways in which their team built its data capacity. Common areas of progress among grantees are noted below.

- ▶ **Ability to Collect and Track Data:** Many grantee team members said that one of their more important and essential accomplishments was their ability to accurately collect and track data—and even expand their existing data collection efforts, especially those related to children’s needs, services, and well-being.
- ▶ **Increased Sharing and Discussion of Data:** FTC teams need to continually exchange data and information to drive successful and sustainable program improvements

“When we first started, we had very limited data. Honestly, we were just tracking the number of referrals. Now we have so many data points. We have made tremendous progress in the data that we now track because it tells the story of both the treatment court and child welfare.”

– Grantee team member

and innovation. Regular opportunities for team members across disciplines to share and discuss data facilitate this continuous feedback loop. Grantees described their progress with increased data and information sharing among team members. However, they also noted their data and information sharing requires continued improvement. (See section, “Grantees’ Challenges with Data Capacity-Building.”)

The PFR monthly data snapshots were a valuable mechanism to promote discussions about data and the status of fundamental FTC operations, such as referrals and enrollments. By looking at and discussing the data more regularly, grantees said they could more quickly identify areas in need of improvement and implement incremental changes to deal with those issues.

Data sharing occurs at multiple levels. The core operational FTC team and steering committee members share data to identify service gaps and needed program improvements. On another level, discussion takes place within the larger court, child welfare, substance use disorder treatment, and other FTC partner systems, which then extends to other key stakeholders. This broader reach is needed to increase buy-in for the FTC family-centered approach and to promote larger-scale systems improvements and change. The Jefferson County team, for



example, credits their multi-year cost study<sup>2</sup> as a platform for more open communication among partners (especially the court and the child welfare agency) about cost issues and concerns related to the FTC.

“Something we’ve been really intentional and conscientious about is regularly reviewing data with the team and now with our executive oversight committee,” said one grantee team member. “At every level, sharing it regularly, having somebody there who can interpret it for us, then making decisions based upon it, and that constant drive to improve the program. That leads us to continue to say: What additional data do we need? What else do we need to measure and how do we measure it?”

- **Increased Clarity and Understanding of Data:** By having more discussions about data, grantees gained greater clarity about the quality, meaning, and significance of the data. Grantee team members said they better understand how to use their baseline court, child welfare, and treatment data to measure progress and identify needed program improvements. One grantee team member commented: “The data in the last few months has become much better and more user-friendly. That is for a non-

data person, I’m able to understand the percentages, ratios, and timelines much clearer now.”

Team members now recognize how each piece of information from the various systems fits into the bigger picture. Taking the time to establish a shared understanding of the data elements and outcome definitions enhanced team members’ engagement. This increased involvement, in turn, helped improve data quality and fostered greater input on what the FTC should measure.

- **Recognition of the Value of Data:** Because of the PFR initiative’s persistent focus on data, grantees cultivated a culture in which all FTC team members and partners value the importance of regularly collecting,

“The most important thing that happened to us [was] for me personally to understand why we need data and how we can use it to better our program or eliminate things that aren’t working. If I understand it, then I’m pushing it. Even after the grant, I’ll still be pushing it.”

- Grantee FTC leadership

2 The overarching goals of Jefferson County’s cost study were to determine whether the FTC achieves better child welfare outcomes for families with substance use disorders (compared to those served in the regular dependency court), and whether improved outcomes help offset the initial higher cost of the FTC’s intensive and comprehensive family-centered services.



## LESSON 8

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“Pulling our baselines and looking at our baselines over a significant period of time and setting our target goals was really good for our team. It really made us go back to those basics about ‘What are we trying to achieve?’”

– Grantee team member

analyzing, and using data to strengthen and sustain their family-centered approach. The emphasis on obtaining data, early on and often, pushed the FTC teams to explore their current strengths and limitations and take steps to resolve identified challenges. Grantees displayed a marked shift toward acknowledging and appreciating the critical role of data in informed decision-making and assessing whether they are achieving their mission, vision, and goals.

“We underestimated the value of having that data. It’s a requirement of PFR [but we have now] realized how much that data would need to be a foundation of what we need in order to do the work that we do,” acknowledged one grantee team member. “Having it puts you in another ballpark... it changed the game.”

Grantees also underscored the benefit of being able to relay relevant data to families that helps them engage in the FTC program and understand the entire process. As one team member recounted: “When you’re talking with clients and explaining why this program works, you need to have data to back it up.” In one site, the parent attorneys tell prospective participants upfront three aspects about the FTC program: They are more likely to get their children back quicker, more likely to close their case with their children at home, and less likely to return to foster care.

- **Use of Data as a Continuous Quality Improvement Tool:** A deeper understanding of the data and its value enabled the FTC teams to use data more routinely to identify gaps in services and processes and drive timely program modifications—most notably to improve FTC referrals, engagement, and retention (see [Lesson 4](#)). One grantee team member stated that the data “has guided our

focal points of where we need to put our energies.” Another grantee team member confirmed this sentiment: “[Data] helps us focus and choose what we’re working on first or what we’re spending time on as a team in an objective way. It’s not about who feels more strongly about it. It helps takes the subjectivity out of it.”

An important data-driven change that both Jefferson and Mecklenburg counties made was to eliminate jail as a response, because their data showed jail did not result in better outcomes for parents. In Milwaukee County, deeper data analyses showed the FTC’s demographics did not match the demographics of parents with substance use disorders in Milwaukee County and the child welfare system. In response, the team added increased engagement of participants of color as a priority goal.

The Gila River team noted it was beneficial to track the number of new child welfare cases with parental substance use identified, in relation to the number of Family Healing to Wellness Court (FHWC) referrals and enrollments. They used the monthly data snapshot to help the FHWC team and partners understand the need to recruit and engage more families. The data also helped the court obtain partners’ buy-in to assign staff directly to the FHWC and support the program as “the front runner” in trying to meet families’ needs.



## Grantees’ Challenges with Data Capacity-Building

Although each grantee faced unique, site-specific barriers in building their data capacity, multiple grantees experienced some common roadblocks. Some of these challenges were similar to the ones round 1 PFR grantees faced. They also mirror larger and persistent systemic barriers that many FTCs nationwide struggle with today.

- ▶ **Staff Turnover:** Not only does turnover among FTC and partner agency staff hamper collaboration and service delivery, it can also disrupt consistent and quality data collection and reporting. In Milwaukee County, several changes in the county child welfare director position significantly delayed a final data-sharing agreement to give the FTC access to child welfare baseline and comparison group data. In Gila River, turnover of court and child welfare leadership and frontline staff affected the FHWC’s ability to collect and report both monthly and case-level performance measurement data. The FHWC’s experiences stressed the critical need to clearly document data collection and reporting processes.
- ▶ **Lack of an Integrated Data System:** One of the predominant and unresolved challenges most PFR grantees faced was the lack of an integrated data system that includes essential data from all partners. Data need to be integrated from the court, child welfare, substance use disorder treatment, criminal justice, public health, and other major service systems to provide a complete picture of families. Indeed, when asked what they would do differently to advance the program’s sustainability, one grantee noted they would

have a central, unified data system in place and accessible to all partners prior to starting the PFR initiative.

The lack of an integrated database is a pervasive barrier faced by FTCs and other broad-based collaboratives, and limits teams' full capacity to collect and monitor outcomes data. PFR grantees did improve their tracking systems during the PFR grant period. However, their efforts were not systematic or integrated, indicating the FTC teams have more work to do to ensure sustainability for data collection and reporting processes.

### ► **Difficulty Accessing Substance Use Disorder Treatment and Child Welfare Administrative Data:**

The PFR grantees faced difficulty obtaining selected substance use disorder treatment and child welfare data from existing state and county administrative datasets. Reasons varied. At least two grantees experienced significant barriers—including delays or even outright inability—in establishing data-sharing agreements with the child welfare agency. This situation hindered local evaluation efforts. One team member described their challenges in securing a comparison group: “We’ve tried to get [a data-sharing agreement] and we were told no because it’s such a small group to pull from. We haven’t stopped asking.” In other cases, grantees identified shortcomings with the type of data available in current administrative datasets and the time it takes them to receive requested data. Grantees continue to work on strengthening collaborative partnerships to obtain pertinent

“We don’t overall have a system to share this information the way we want to or even collect it the way we want to. So a lot of things are still being done by hand and that puts a damper on collecting thorough information and data that we need.”

– Grantee team member

information and establish processes to obtain these data more efficiently.

### ► **Inconsistent Sharing and Discussion of Data:**

Although all grantees said data and information sharing vastly improved during their PFR grant period, they still believed their whole team did not discuss or use available data (particularly treatment and child welfare data) frequently enough. Grantees said they needed to develop additional strategies for reflecting on shared outcomes with stakeholders who are affected by, but can also influence, the issues at hand.

Grantees also emphasized that data must be shared with more frontline staff directly involved in the work. Doing so will help staff better understand the FTC program’s goals and reasons for program and practice improvements. FTC team members acknowledged that finding adequate time and opportunities for everyone to collectively discuss the data—and sustaining that commitment—is difficult.

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"Working in the FTC program is a lot more intensive than a regular case. We need to see the benefit and results of that work. As case managers, we should be getting results back."

– Grantee team member



### Key Lessons for Data Capacity-Building

The four diverse grantees in round 2 identified several key lessons from their experiences that can help inform future data capacity-building efforts for FTCs and other cross-systems collaboratives. These grantees found that building data capacity requires the following elements:

- ▶ **Strong Collaboration and Mutual Trust:** The ability to effectively collect, manage, share, and use data requires strong collaborative relationships as much as it requires sound technical skills and processes. In other words, data flows at the speed of trust.<sup>3</sup> This means that any endeavor to build data capacity must rest on a foundation of strong collaboration and mutual trust and be grounded in a shared vision, mission, and purpose. Across all grantees, increased cross-systems collaboration and the full commitment, support, and buy-in of judicial and partner agency senior leadership for performance monitoring was a key factor in the FTC teams' progress.

- ▶ **Time and a Developmental Approach:** The grantees' experiences and challenges that persisted throughout the PFR grant period are a stark reminder that building adequate data capacity among FTC teams requires a developmental approach.

In essence, the transition from *collecting* data to *sharing* data to *using* data to achieve desired outcomes, drive systems change, and promote longer-term sustainability takes significant time, commitment, and perseverance. Instilling data as part of a team's value system does not happen overnight or even over the course of a three-year grant period. Indeed, both round 1 and round 2 grantees took a solid two years to identify and begin to overcome data challenges, embrace the importance of data, and foster a data-driven culture. Moreover, building data capacity is difficult to do while simultaneously focusing on major program enhancements. Cross-systems, multidisciplinary FTC teams thus need an extensive capacity-building period to learn how to interpret and work with data and engage in ongoing site-level reflection and learning.

<sup>3</sup> Adapted from the popular adage, "Change moves at the speed of trust," coined by Stephen M.R. Covey in his 2006 book, *Speed of Trust: The One Thing That Changes Everything*.



"We all made a commitment to be [sharing and reviewing data] and having that as a standing agenda item. Unfortunately, we came to that realization at the end of this grant. We were working on practice and making improvements on collaboration throughout this time. Now we're at a point where we really can say, 'Are we gathering the right data and are we reviewing it and making changes based on that?'"

– Grantee team member

It is also important to understand and recognize that cross-systems data-sharing and related agreements established at the beginning (or prior to the launch) of a long-term initiative may not come to fruition as envisioned, due to staffing and leadership changes, or other unexpected contextual events. (See [Lesson 9](#) for additional discussion of contextual issues.)

- **An Understanding that the Pace of Growth is Unique to Each Team:** The pace at which an FTC team builds data capacity is influenced by its own unique situation and circumstances. Some teams may initially struggle with the basics of data collection and reporting, while other teams may be ready to dive into more rigorous evaluation work, such as cost studies and comparison group analyses. In jurisdictions where the collective FTC team lacks prior data experience, works within the constraints of inflexible data systems, or faces other entrenched system barriers, such as competing value systems and lack of political will, growth will likely be slower.

Given these differences, data capacity-building approaches must be based on the needs, priorities, goals, and challenges of all stakeholders as well as the initiative's changing context. Any proposed strategies or planned efforts should consider the site's existing data systems infrastructure, available resources (time, human, financial, and related assets), and the level of trust (or distrust) among team members. A comprehensive assessment, discussed more fully in [Data Capacity: What Is It and Does Our Family Treatment Court Team Have It?](#), can help grantees develop an appropriate and feasible capacity-building plan.



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"You need non-data people explaining why we need [data]. If you had laypeople like judges [and] social workers, explaining what we personally would get from it, where we would personally see it, that might have helped."

– Grantee team member

### ► **Dedicated and Experienced Evaluation Staff:**

Not surprisingly, the PFR FTC teams that had an evaluator or dedicated data analyst were more equipped to analyze and use data to drive decisions. Having this expertise on the team helped increase data sharing, improve data quality, and make data relevant to other team members, agency partners, and community stakeholders. In larger jurisdictions, FTC core partners (e.g., the juvenile court, the child welfare agency) may be able to provide in-house evaluators or data analysts. For example, all Jefferson County FTC team members acknowledged the value of having a dedicated evaluator from the county child welfare agency. The child welfare agency's sustained commitment (10 years and counting) to provide an evaluator to work with the FTC in this area is a vital asset. Other sites may need to turn to outside evaluators at a local university, for example, or employ both internal and external research staff.

Regardless of the approach an FTC team takes, the evaluator or data analyst must be the right fit. These individuals need to:

- Have a thorough understanding of FTC, child welfare, and other key partner agency operations
- Recognize how an FTC's family-centered approach, practices, and desired outcomes differ from those of an individual-focused adult drug court
- Value the insights, expertise, and perspectives of all team members, which includes families
- Fully comprehend the team's priority outcomes
- Be able to present data so that it resonates with, and is relevant to, the FTC team and other key stakeholders
- Participate as an active and engaged collaborative team member, rather than work solely as an outside consultant

► **Moving Beyond Standard Performance Measures to Evaluate and Advance a Family-Centered Approach:** Advancing a comprehensive family-centered approach requires a paradigm shift in how FTC leaders, partners, and other stakeholders conceptualize and approach performance monitoring and evaluation. In addition to resolving fundamental structural issues such as the lack of integrated data systems, the FTC field as a whole needs to broaden measures of success beyond the recommended core child welfare and adult recovery performance measures.<sup>4</sup> Performance measures need to better

account for a family-centered focus. (See [Lesson 7](#) for a complete description of what a family-centered approach entails.) Measures need to document, for example, the dynamics and effects of:

- Serving the whole family (which may include fathers, multiple caregivers, and extended family members) as a unit
- Engaging the family in the case planning process
- Using peer supports and resource parents to help strengthen families
- Reducing disproportionality in the FTC program and child welfare system



“Working as a data analyst, I have always felt that, in an indirect way, my work was helping keep children safe and families together. Having been involved in PFR and getting the opportunity to observe first-hand the amazing and collaborative work of our [FTC] team, I am more inspired than ever to help our team use data to improve practices and highlight their amazing work.”

– Grantee team member

<sup>4</sup> These essential measures are often referred to as the 5 Rs: (1) Remain at home, (2) Recurrence of maltreatment, (3) Reunification, (4) Re-entry into out-of-home care, and (5) Recovery. See, for example: National Center on Substance Abuse and Child Welfare (2014). [What Works: Collaborative Practice Between Substance Abuse, Child Welfare, and the Courts](#). NCCAN Policy Forum Brief.

## THE COMPLEXITY OF EVALUATING SYSTEMS CHANGE: AN ONGOING CHALLENGE

The PFR initiative was designed to implement broader, sustainable systems improvements. It sought to transform the way FTCs and their cross-system collaborative partners make decisions about policies, programs, and allocation of resources; and ultimately how to better serve, support, and improve outcomes for families affected by parental substance use disorders.

Yet systems change is not linear, predictable, or controllable. Therefore, systems change is harder to track and evaluate than tangible events like reunification and substance use disorder treatment completion. Moreover, many large-scale systems change initiatives take many years, even decades, to reach fruition as they evolve and adapt to constantly changing environments.

The PFR grantees' experiences suggest that continued data capacity-building efforts need to help FTC teams better incorporate and account for this complexity.<sup>5</sup> Teams still must master fundamental evaluation activities, such as how to collect, report, analyze, and use data. Yet, capacity building needs to push beyond these basics to develop and instill in all team members the skill and mindset of *evaluative thinking* to continually assess and effect systems change. This type of critical thinking is "motivated by an attitude of inquisitiveness and a belief in the value of evidence that involves identifying assumptions, posing thoughtful questions, pursuing deeper understanding through reflection and perspective taking, and informing decisions in preparation for action."<sup>6</sup>



5 For more insight on the challenges of evaluating systems change initiatives, refer to Preskill, H., Gopal, S., Mack, K. & Cook, J. (2014). *Evaluating complexity: Propositions for improving practice*. Boston, MA: Farrar, Straus and Giroux.

6 Buckley, J., Archibald, T., Hargraves, M., & Trochim, W. M. (2015). Defining and teaching evaluative thinking: Insights from research on critical thinking. *American Journal of Evaluation*, 36(3), 375–388. doi:10.1177/1098214015581706.



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Integrating other meaningful process and outcome measures that more fully assess a family's well-being and success, reflect the values of the FTC team and its community, and help tell the FTC story will require FTC team members and stakeholders to discuss their priorities and shared outcomes. This is especially true in tribal communities, which may not collect standardized federal child welfare and substance use disorder treatment indicators. For example, some tribes will not terminate parental rights and therefore need to define and measure permanency in a way that is appropriate and relevant to the tribe.

### Keeping the Momentum Going

The strong emphasis on data from the onset of the PFR initiative and throughout the grant period laid the groundwork for grantees to establish regular performance monitoring as standard best practice, rather than an ad hoc grant requirement. Data collection and use were mutually reinforcing. Once the FTC teams began to look at, understand, and use their data, they wanted to delve deeper and answer other questions relevant to their goals. However, the FTC teams acknowledged they still have more work to do to ensure they are using data on a more far-reaching level to drive larger systems change and promote sustainability. Grantees stressed the need to keep the momentum going beyond the PFR grant period.

"You have to keep looking at [the data] and measuring and coming back and looking at it again, and constantly looking at what are we missing, what is this telling us?"

– Grantee team member



## LESSON 9:

### Achieving Larger Systems Change Requires Understanding and Adapting to the Changing Contextual Environment

The Prevention and Family Recovery (PFR) grantees' system change efforts do not operate in a vacuum. Their shift to a family-centered approach may begin within the family treatment court (FTC). However, to achieve true culture change, grantees' efforts must be integrated into the larger court, child welfare, substance use disorder treatment, and other

systems serving families affected by parental substance use disorders. In turn, the family-centered approach needed to be incorporated within the larger community environment. The FTC teams therefore had to acknowledge, navigate, and respond to existing and emergent contextual issues—both inside and outside their initiatives.



#### Commitment to Barrier Busting: A Requisite for Systems Change

Entrenched and complex systems barriers can overshadow the most well-intentioned systems change efforts. These barriers may include a lack of county or state advocacy for family-centered best practices or leadership that fails to recognize the critical differences between the FTC and the adult criminal drug court model in their overall approach and desired outcomes.

*Before* embarking on a large-scale, systems change initiative, sites must delve deep in assessing their readiness and capacity for this type of change. Sites should thoroughly examine:

- ▶ Whether a shared vision and goals are in place
- ▶ Where decision-making authority rests in the jurisdiction
- ▶ What policies might circumvent or altogether prevent the FTC team from implementing needed program, staffing, and other changes
- ▶ Whether effective, broad-based leadership is securely in place to advance the family-centered mission

FTC teams need to identify and resolve broader county, tribal, or state political and structural barriers. Unless they do so, they will encounter substantial difficulties in realizing the sustainable systems reforms needed to effectively serve all families in need.

Contextual events and issues that can affect large-scale systems change initiatives like PFR run the gamut. They include staffing and leadership changes within the core FTC team, as well as broader agency personnel, budget, policy, and organizational changes. They can entail significant community events such as legislative changes, related reforms or improvement processes (at local, tribal, state, and national levels), and changes to treatment services that affect families' progress. They may also encompass environmental factors, such as changes in child welfare caseloads or substance use trends, housing issues, shortage of jobs, lack of other community resources families need, or natural disasters.

The first round of PFR grantees primarily contended with local- and state-level matters that included parallel reforms or related initiatives; budget cuts and agency reorganizations; staff turnover (including judicial succession); and policy changes that affected access, availability, and quality of services.

The second round of grantees faced some of these same challenges. Most notably, widespread staff and leadership turnover was a major problem for three of the four grantees. However,

the round 2 grantees also experienced—and continue to experience beyond the PFR grant period—at least two distinctive and significant national events: a changing child welfare landscape (a positive influence) and a global public health pandemic. These three major areas are discussed in the sections that follow.

## Managing Pervasive Staff and Leadership Turnover

Any long-term, large-scale collaborative initiative must inevitably manage staff and leadership turnover, from frontline staff to supervisors to directors. These changes are inherent to child welfare, substance use disorder treatment, and other social services professions. Yet, consistent turnover that goes unchecked within a broad-based initiative like PFR can severely hinder an FTC team's achievement of desired outcomes and systems changes. Loss of team members and partners at all levels means FTC teams must backtrack and restart critical conversations—often with new people who may not share the same mission, vision, and values. Moreover, turnover at the frontline level can make it difficult to engage and retain families due to changing FTC team member “faces.”



“With the constant turnover, it’s a matter of us getting to the ground level and informing those [staff] that are coming in new and getting them to buy in to the program.”

– Grantee team member



## LESSON 9

ACHIEVING LARGER SYSTEMS CHANGE REQUIRES UNDERSTANDING AND ADAPTING TO THE CHANGING CONTEXTUAL ENVIRONMENT

Milwaukee County grappled with ongoing staff and leadership turnover among the FTC team and partners. During the three-year PFR grant period, the FTC team had three judges; three district attorneys; and staff changes with probation agents, case managers and supervisors, recovery support coordinators, and treatment provider clinicians. The site also experienced leadership changes with two of the treatment providers and several positions at the county child welfare agency, including the director. The constant turnover impeded the FTC's work, as a team and with families.

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Gila River Indian Community credits the shared vision of doing what is best for families as the glue that kept the partnership together during ongoing and widespread turnover. The judge collaborated with partners to ensure newly assigned team members were open to the ideas, goals, and mission of the FHWC team.

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In Gila River Indian Community, pervasive turnover throughout the PFR grant period among court and partner agency staff and leadership affected essentially every aspect of the Family Healing to Wellness Court (FHCW) program: referrals and enrollments, data collection and reporting, the governance structure, quality substance use disorder treatment, sustainability, and outcomes. The vast turnover made it extraordinarily challenging for the FHCW to achieve their desired PFR goals and maintain practice enhancements with consistency.

## Staying Responsive to the Changing National Child Welfare Landscape

At the federal level, sweeping changes are underway in the child welfare field that help advance the overall PFR goal of implementing a comprehensive family-centered approach. Two important pieces of recent legislation emphasize family-centered prevention and treatment: the 2016 amendments to the Child Abuse Prevention and Treatment Act (CAPTA)<sup>1</sup> and the Family First Prevention Services Act (Family First Act) of 2018.

The Family First Act, which took effect at the end of 2019, allows the use of Title IV-E funds (the largest federal funding source of child welfare services) under the foster care maintenance program to place children with parents in residential treatment programs.

<sup>1</sup> Please visit the National Center on Substance Abuse and Child Welfare (NCSACW) for more information and resources on the CAPTA requirements to provide [Plans of Safe Care](#) for infants affected by substance abuse and their affected family or caregiver.

## INTENTIONAL AND WELL-PLANNED STRATEGIES HELP MANAGE STAFF TURNOVER

The key lesson for FTC teams is that contingency planning for staff and partner agency transition needs to be proactive and explicit. Grantees suggested these strategies to manage transitions and maintain team cohesiveness:

- ▶ Improve orientation processes for new team members to foster connection to the FTC and awareness of the FTC program's positive effect on families and the community
- ▶ Provide regular, formal cross-systems training for new and ongoing team members on all partner agency operations, as well as the evidence-based programs and other services the FTC provides to families
- ▶ Review and assess staff turnover prevalence and trends among all partner systems to develop appropriate staffing contingency plans
- ▶ Engage in informal team-building activities that enable teams to build trust and process their experiences in a safe place
- ▶ Formalize and institutionalize the FTC's practices and policies so they are less reliant on a given individual or a personal relationship
- ▶ Develop a succession plan for each team member (not just the judge)

Under a state's approved prevention plan, the state can use the Title IV-E funds to provide enhanced supports to children and families—notably evidence-based substance use and mental health prevention and treatment and in-home parenting services—to prevent children from entering foster care.<sup>2</sup>

Building on the Family First Act, the Administration for Children and Families, Children's Bureau recently issued several information memorandums (IMs) to state and tribal child welfare administrative agencies that also emphasize the need for a more preventive, family-centered approach.<sup>3</sup> Moreover, in September 2020, the Children's Bureau partnered with the Annie E. Casey Foundation, Casey Family Programs, and Prevent Child Abuse America to launch a widescale, cross-sector national effort to redesign child welfare into child and family well-being systems. This initiative, called Thriving Families, Safer Children: A National Commitment to Well-Being, also emphasizes the need to proactively strengthen and support families to mitigate risk factors and prevent separating families.<sup>4</sup>

Keeping in step with these national shifts toward a more family-centered approach, the PFR grantees expanded outreach to the in-home population, increased family engagement in case planning, leveraged

the support of foster parents and kinship caregivers, and strengthened quality parenting time. (See [Lesson 7](#) for more details on the components of a family-centered approach.)

Grantees also positioned themselves to leverage funding under the Family First Act. In Milwaukee and Jefferson counties, FTC team members participate in broader county workgroups and advisory teams, in part, to develop recommendations about which evidence-based programs to consider for funding and to help coordinate approaches to access prevention funds. Their involvement provides an opportunity to share their perspectives on the FTC and effective substance use disorder treatment with other key stakeholders. Such information sharing may help their county and state develop an informed and effective prevention plan for families. It can also help the FTC team sustain their evidence-based enhancements. Mecklenburg County's fiscal year 2020–2022 strategic business plan includes developing and implementing the pre-petition/early intervention track of the FTC program. This task would expand availability to families affected by parental substance use disorders prior to children being removed. The FTC's shift to serving the in-home population aligns with the Family First Act.

2 Please visit the [NCSACW](#) and [Children and Family Futures](#) for more information and guidance about implementing the substance use disorder provisions of the Family First Act.

3 These include the January 2021 IM on achieving permanency that prioritizes children's well-being ([ACYF-CB-IM-21-01](#)), the April 2020 IM on using foster care as a support to families ([ACYF-CB-IM-20-06](#)), the February 2020 IM on quality parenting time ([ACYF-CB-IM-20-02](#)), and the August 2019 IM on using the family's voice to drive child welfare case planning and system improvement efforts ([ACYF-CB-IM-19-03](#)).

4 Thriving Families, Safer Children. (2020). *Children's Bureau Express*, 21(7). <https://cbexpress.acf.hhs.gov/index.cfm?issueId=219>.

## Responding to a Global Public Health Pandemic that has Far-Reaching Effects<sup>5</sup>

As the PFR grantees were strategizing to continue the momentum of their PFR initiatives, the global public health pandemic struck. The pandemic radically affected nearly all aspects of everyone's day-to-day living. It created unprecedented barriers to ensuring optimal health, preserving social interactions and connections, continuing learning and education, securing reliable childcare, and maintaining viable employment. This overwhelming stress on many already-overburdened families is likely to intensify substance use and mental health disorders<sup>6</sup> and interfere with overall family functioning and self-sufficiency. The long-term effects on child, parent, and family safety, permanency, recovery, and overall well-being will not be known for some time. However, preliminary data suggest that a significant share of families with young children were already experiencing hardship (e.g., food insecurity, unemployment, delayed health care) six months into the pandemic.<sup>7</sup>

More broadly, just as the pandemic has adversely affected individuals, it has also disrupted the courts, child welfare, substance use disorder treatment, and various other community-based support systems serving families involved in the FTC and child welfare system. The situation has challenged FTC

teams and their community partners to strengthen and expand collaboration, modify program operations, increase information and resource sharing, and create new innovative ways to meet families' priority needs. Local conditions, cultural differences, and unique family needs have shaped each FTC team's responses.

## How the PFR Grantees Responded

Approximately four months into the pandemic, PFR grantees shared the major challenges their FTC teams faced and the strategies they were using to mitigate those issues. Overall, grantees were forced to suspend or shift program operations and services from in-person to virtual. Their immediate focus turned to meeting families' basic needs and providing them with the technology and supports needed to participate virtually in hearings and services.



**Disruptions in parenting time were and continue to be a primary concern.**

Grantees expressed particular concern for infants and very young children who need physical contact with their parent and are also more difficult to engage in virtual activities. To meet this need, grantees provided more frequent virtual parenting time sessions for shorter time

<sup>5</sup> Please refer to [Children and Family Futures](#) for resources to help court, child welfare, substance use disorder treatment, and other providers support families affected by substance use disorders and involved in child welfare during the current public health crisis.

<sup>6</sup> Czeisler, M. É., Lane, R. I., & Petrosky, E., et al. (June 24–30, 2020). Mental health, substance use, and suicidal ideation during the COVID-19 pandemic — United States, *MMWR Morb Mortal Wkly Rep* 69, 1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1>

<sup>7</sup> Waxman, E., Gupta, P., & Gonzalez, D. (December 2020). *Six months into the pandemic, 40 percent of parents with young children have experienced economic fallout. Findings from the September 11-28 coronavirus tracking survey*. Washington, DC: The Urban Institute.

periods. As in-person activities resume, Jefferson and Milwaukee counties are considering using a hybrid model for parenting time, adding virtual time to in-person sessions to increase the amount of contact between parents and their children.



## Grantees transitioned to virtual pre-court staffings and court hearings relatively seamlessly.

Participants appreciated the convenience of virtual hearings, although they reported missing the feeling of in-person connection to the judge and other participants. The FTC teams noted challenges primarily with engaging new participants (who were referred after the pandemic began). Not having any initial in-person contact made it more difficult for them to establish a relationship and trust. At the end of 2020 (approximately 10 months into the pandemic), engagement and retention of newer participants remained a predominant concern.



## The pandemic caused disruptions in substance use disorder treatment.

Grantees reported some initial delays in processes (namely, assessments) and limited access to treatment (particularly residential) and recovery supports, such as peers. However, grantees seemed to work gradually through these challenges. Some parents found it difficult to engage in treatment. However, others increased their involvement in virtual treatment and recovery groups. This may be attributed in part to fewer logistical barriers, such as lack of transportation, but also to their individual comfort level in participating in the safety of their own home or space. The point at which treatment providers could begin offering in-person services differed for each community.

"Engagement has proven more difficult when we cannot sit down in person across a table or next to a parent who is motivated in that moment to do everything they can to begin the process of getting their child back."

– Grantee team member



## Evidence-based parenting and family-strengthening programs were temporarily interrupted.

For example, scheduled in-person trainings to certify new staff had to be cancelled. Families also experienced delays in starting parenting programs while FTC teams made adjustments to shift to a virtual curriculum. Teams needed to train staff on program adaptations and ensure families had the technology and equipment to participate.

As of the printing of this series of lessons, the FTC teams and families were still adjusting to the various changes and shifts to virtual programming and operations. Overall, the effects of the pandemic on timely permanency and other child, parent, and family outcomes are not yet known. However, the question is on grantees' radars. Moving forward, grantees will build these inquiries into their ongoing performance monitoring and evaluation efforts.



## GRANTEES' SYNERGY WITH RELATED INITIATIVES HELPS ADVANCE SYSTEMS CHANGE

Despite adverse contextual challenges, the PFR grantees continued to engage in systems improvement efforts. Grantees did this by integrating their PFR initiatives with other parallel reforms and initiatives in their communities and states. For example:

- ▶ Jefferson and Milwaukee counties leveraged other large-scale federal grant initiatives that intersect with and advance the FTC team's PFR mission and goals.<sup>8</sup> These partnerships will help to expand evidence-based parenting programs, mental health services, peer mentor and recovery supports, and sober housing, among other services.
- ▶ In Mecklenburg County, FTC team members are connected to the county's Keeping Families Together (KFT) housing initiative. One KFT objective is to prioritize vouchers for families with dependent children who need housing to reunify.
- ▶ In Gila River Indian Community, the FHWC judge is a member of the community's Children in Crisis coalition, which improves outcomes for children birth to 5 involved with the child welfare system. The judge is integrating that work and knowledge into the FHWC by increasing her own as well as the larger team's focus on children's education and school attendance during staffings.

8 In Jefferson County, these included the Colorado Statewide Systems Improvement Program, funded by the Office of Juvenile Justice and Delinquency Prevention, and the Regional Partnership Grant (RPG), awarded by the Children's Bureau. Milwaukee County also received an RPG award, as well as a multi-year FTC enhancement grant from the Substance Abuse and Mental Health Services Administration.



For more information about the PFR initiative, visit the [PFR home page](#) or email Children and Family Futures at [contact@cffutures.org](mailto:contact@cffutures.org)



## Children and Family Futures

Strengthening Partnerships, Improving Family Outcomes

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. We believe parents with mental health and 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, we recognize 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](http://www.cffutures.org).

**The mission of Children and Family Futures is to prevent child abuse and neglect while improving safety, permanency, well-being, and recovery outcomes with equity for all children, parents, and families affected by trauma, substance use, and mental disorders.**



The mission of the Doris Duke Charitable Foundation is to improve the quality of people's lives through grants supporting the performing arts, environmental conservation,

child well-being, and medical research, and through preservation of the cultural and environmental legacy of Doris Duke's properties. The mission of the foundation's Child Well-being Program is to promote children's healthy development and protect them from abuse and neglect. To that end, DDCF takes a funding approach that centers on intergenerational work that bolsters culturally, geographically, and locally relevant programs with and for communities to foster the long-term well-being of families. To learn more, visit [www.ddcf.org](http://www.ddcf.org).

THE DUKE ENDOWMENT

Based in Charlotte and established in 1924 by industrialist and philanthropist James B. Duke, The Duke Endowment is a private foundation that strengthens communities in North Carolina and South Carolina by nurturing children, promoting health, educating minds, and enriching spirits. Since its founding, The Duke Endowment has distributed more than \$4 billion in grants. The Endowment shares a name with Duke University and Duke Energy, but all are separate organizations. To learn more about the Endowment, visit [www.dukeendowment.org](http://www.dukeendowment.org).