

# Advancing a Family-Centered Approach:

Lessons from the Prevention and Family Recovery (PFR) Initiative

PUTTING IDEAS INTO ACTION - KNOWLEDGE APPLICATION SERIES | AUGUST 2021



## LESSON 1: Increased, Renewed, and Continued Focus on Cross-Systems Collaboration is Needed to Achieve and Sustain Systems Change

This lesson is one of a set of nine lessons from the Prevention and Family Recovery (PFR) initiative. The other PFR lessons and an overview of the complete Knowledge Application Series can be accessed [here](#).



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

## 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.

---

<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 GRANTEEES' 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.



## LESSON 1

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

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.”





This lesson is one of a set of nine lessons from the Prevention and Family Recovery (PFR) initiative. The other PFR lessons and an overview of the complete Knowledge Application Series can be accessed [here](#).

#### 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 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)





## 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).