

Advancing a Family-Centered Approach:

Lessons from the Prevention and Family Recovery (PFR) Initiative

PUTTING IDEAS INTO ACTION - KNOWLEDGE APPLICATION SERIES | AUGUST 2021



LESSON 5: Developing the Evidence-Based Program Capacity of Sites is a Complex Undertaking

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 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.¹

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.

¹ 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.



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,² 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.



² 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.



LESSON 5

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

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."





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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**



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

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.

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.