

# Advancing a Family-Centered Approach:

Lessons from the Prevention and Family Recovery (PFR) Initiative

PUTTING IDEAS INTO ACTION - KNOWLEDGE APPLICATION SERIES | AUGUST 2021



## LESSON 9: Achieving Larger Systems Change Requires Understanding and Adapting to the Changing Contextual Environment

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 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.

//////

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.

//////



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

5 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.

6 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>

7 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.



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).