RECOMMENDATION 6: ADDRESS THE NEEDS OF PARENTS

FDC partner agencies encourage parents in the recovery process and assist them in meeting treatment goals and requirements of child welfare and the court. Judges respond in a way that supports continued engagement in recovery. Working toward permanency and using active client engagement, accountability and behavior change strategies, the entire team makes sure the parent has access to a broad scope of services.

DESCRIPTION:

FDCs are designed to quickly engage and retain parents in treatment within the time frames required by ASFA and the developmental needs of their children. The FDC team understands substance use disorders as chronic diseases, as well as the neurological effects of long-term substance use. FDCs should use specific strategies, including written phase benchmarks and a flexible set of responses to defined and targeted behaviors. Particularly in early recovery, it is critical to provide specific engagement and retention strategies to ensure parents enter and remain in treatment for a sufficient period of time to keep them on track to meet their recovery goals and to learn new coping skills. Each collaborative partner and its staff members need to participate in these behavior change strategies to encourage parents to enter and engage in treatment and other needed services. Child welfare case plans and treatment plans should be coordinated and FDCs should develop partnerships to ensure parents have access to a broad array of culturally relevant, trauma informed services. These services should be tailored to fit individual needs with a continuum of substance use disorder treatment options that include residential placements where children can live with their parent whenever appropriate. Treatment and services should be evidence informed and clinical caseloads should follow best practices. Recovery support is provided and includes culturally and linguistically appropriate services that assist parents working toward recovery. Medication assisted treatment, in combination with counseling and behavioral therapies, should be used when indicated. Additional core services include peer-run support groups, trauma services, mental health services and supportive services such as child care, transportation, housing and employment services.

RESEARCH FINDINGS:

Treatment

Serving the parent begins during the eligibility screening process. Once in the program, it is essential that parents have access to an effective array of services, including treatment options that emphasize a family-centered approach. In a cross-site evaluation of residential treatment programs for pregnant and parenting women, it was found that postpartum women who had their infants living with them in treatment had the highest treatment completion rates and overall longer stays in treatment, when compared with women whose children did not live with them.[70] When a range of services is available, in addition to substance use disorder treatment, research has shown that there is an increase in both the number of months clients are in treatment and the number of counseling sessions clients receive.[71]

These services should include the appropriate use of motivational strategies, including drug testing to monitor and support the parent. Substance use disorder treatment clinicians should carry caseloads of 50:1 if providing clinical case management, 40:1 if providing individual therapy or counseling, and 30:1 if providing both services.[72] Programs should also consider how motivational elements may be addressed during the intake assessment to promote decreasing refusal rates.[73] Significantly better criminal justice outcomes occur in programs when there is some flexibility in responding to participant behavior based on the facts presented in each case,[74] demonstrating the need to avoid a prescribed and strict matrix of consequences.

Programs should consider how motivational elements may be addressed during the intake assessment to aid in decreasing refusal rates.

Cannavo and Nochajski, 2011

The use of addiction medications with counseling services should be considered and supported as a viable treatment strategy for individuals with substance use disorders. Medicines such as methadone, buprenorphine, and extended-release naltrexone have been shown to reduce heroin use and should be made available to parents who could benefit from them.[75]

Individually Tailored Services, Parenting and Recovery Supports

Culturally sensitive attitudes and respect for clients' cultural backgrounds as part of treatment is described as "one of the most significant predictors of positive outcomes for racial and ethnic minority participants in substance abuse treatment" and significantly increases retention.[76] In one article, authors maintain that the conditions and history of genocidal policies aimed at destroying Native family ties as well as experiences of ongoing discrimination, bring added dimensions for consideration when providing services to Native families involved in the child welfare system.[77]

Research has demonstrated that the use of recovery coaches has proven to have a positive effect on outcomes for families with substance use disorders and involvement in the child welfare system. Recovery coaches provide clinical assessments, advocacy, service planning, outreach, and case management to parents throughout the case.[78] Research shows that the parents who were assigned a recovery coach were more likely to engage in treatment and engaged in treatment significantly faster than parents assigned treatment as usual. Parents with recovery coaches also had significantly fewer subsequent births of infants prenatally exposed to substances and fewer new allegations of abuse.[79] In addition, the use of recovery coaches significantly increased the parents' access to substance use disorder treatment and increased family outcomes. Peer mentoring has also been found to have a positive effect on parents. In a study to discern mentoring practices, three emerged; building caring relationships, providing guidance, and putting parents in charge. These practices promoted parents' positive self-beliefs (e.g., worthy of connection, competence), which helped motivate them to participate in services, cope constructively with difficulties, and more effectively manage behaviors and emotions.[80]

The Engaging Moms Program (EMP) in Miami-Dade County has demonstrated that increased length of stay in treatment generates positive outcomes in the areas of substance use, mental health, parenting practices, and family functioning. EMP is based on the theory and method of Multidimensional Family Therapy and was adapted for use in family drug court.[81] A finding from adult drug court research indicates that those programs that provided parenting classes had 65 percent greater reductions in criminal recidivism and 52 percent greater cost savings than programs that did not provide parenting classes.[82]

Mental Health and Trauma Informed Services

Parents in FDCs must receive trauma screening and if indicated, appropriate treatment. Numerous studies have found that the use of alcohol and/or illicit drugs increases risk for a number of different types of trauma. A history of trauma exposure, whether or not the individual has a traumatic stress reaction, is associated with increased risk for substance use disorders. Adverse childhood experiences are associated with a number of negative social, behavioral health and physical health adult outcomes, including alcohol and drug use disorders and depression.[83] One study found that 88.6 percent of clients receiving outpatient substance use disorder treatment services reported at least one traumatic event.[84] As noted in the recently published *Treatment Improvement Protocol,* "By recognizing that traumatic experiences and their sequelae tie closely into behavioral health problems, front-line professionals and community-based programs can begin to build a trauma-informed environment across the continuum of care."[85] The *Adult Drug Court Best Practice Standards Volume II* states, "among female [adult] drug court participants…more than 80% experienced a serious traumatic event in their lifetime, more than half were in need of trauma-related services, and over a third met diagnostic criteria for PTSD."[86]

Research on participation in an FDC has found significant reductions in caregiver reports of substance use, anxiety and depression.[87] Addressing parents' co-occurring mental health concerns, such as depression, is important. One study found that symptoms of depression were related to poorer outcomes for drug court enrollees.[88] Another study of women in adult drug court revealed that current major depression was associated with a participant's increased risk of drug use.[89]

Court Practices and Drug Testing

Parents who have one judge throughout their dependency case were found to be more likely to feel that the court cared about their child and the outcome of their case. Having the same judge throughout the case also increased parents' perception of fairness.[90] When asked their perception of the most important elements of an FDC, parents identify "client/judge relationship" in the top six choices.[91] In addition, entering drug court quickly following the filing of a petition for child protection can lead to faster treatment entry, achieving permanency faster, and a shorter time to case closure.[92]

Parent treatment completion was found to be the strongest predictor of reunification/permanent placement with children in one study.[93] Another evaluation found that using a voluntary method of entry to the FDC resulted in fewer parental rights being terminated, higher percentage of permanency decisions reached within one year, earlier achievement of permanency, and a higher percentage of children's permanent placement to be with their parents.[94]

Research on best practices in adult drug courts reveals the most effective drug courts offer both treatment and social services to address participants' needs,[95] conduct urine drug testing at least twice per week, ensure participants have a minimum of three minutes of the judge's attention at each review session, and have progress review hearings twice monthly in the first phase.[96] In the FDC setting, one study found that when drug testing frequency was increased to a minimum of twice weekly, the rate of positive test results decreased by almost 50 percent.[97]

EFFECTIVE STRATEGIES FOR ADDRESSING THE NEEDS OF PARENTS:

The list of effective strategies is provided in a self-assessment format to allow readers to determine the degree to which their FDC has implemented the strategies. For each strategy, indicate the number that most closely corresponds to the description of the FDC's status.

1= Not Yet Considered; 2= Exploration; 3= Installation; 4= Initial Implementation; 5= Full Implementation; 6= Sustained Practice

- ☐ An array of services are available and the FDC uses treatment and service matching to ensure that substance use disorder treatment and other services are based on evidence. Practices and curricula are gender-specific and designed exclusively for the unique needs and strengths of men or women and culturally relevant and specifically developed and tested with the population(s) being served.
- ☐ Services are geographically accessible and delivered in a location easily reached by participants by public transportation.
- ☐ The FDC has implemented integrated case plans that include the substance use recovery plan and the child welfare case plan as well as other services the family is to receive.
- ☐ Substance use disorder treatment clinicians carry caseloads of 50:1 if providing clinical case management, 40:1 if providing individual therapy or counseling, and 30:1 if providing both services.
- ☐ The FDC staff tracks the status of their participants' progress in the child welfare system and integrates the information into their case plan and service delivery.
- ☐ The FDC is family-focused in its approach and whenever appropriate, allows young children to reside in treatment with parent(s).
- ☐ The FDC is trauma-informed and uses practices and curricula that assume trauma may be part of the parent/child/family's experience and uses trauma-specific services to address these needs.
- ☐ The FDC staff or case worker asks if a parent identifies as Native or tribal member.[m]
- ☐ The FDC has developed or is connected to an evidenced-based parenting program.
- ☐ The FDC participants have access to medication assisted treatment for substance use and mental disorders.

[m] For example, *see* "A Guide to Compliance with the Indian Child Welfare Act," National Indian Child Welfare Association, *available at* http://www.nicwa.org/Indian_Child_Welfare_Act/documents/Guide%20to%20ICWA%20Compliance.pdf.

- ☐ The FDC staff have adequate and timely access to information to determine how participants are progressing through treatment and uses the information in staffing, progress hearings and in case management meetings to encourage full participation.

- ☐ The FDC uses a phase system with benchmarks of accomplishments that define progress and a set of defined targeted behaviors that have been explained and made available to participants in a participant handbook.

- ☐ The FDC tracks participant behavior and the accomplishment of phase milestones of progress toward goals.

- ☐ The FDC staff has realistic expectations for its participants; staff understand the neurological effects of substance use disorders and mental status in early recovery and the challenges faced by parents.

- ☐ The FDC understands what motivates behavior change and applies the principles when working with and responding to participant behavior. Motivational strategies and program practice elements to engage and promote accessibility and accountability are provided in the context of a transtheoretical model of behavior change or Stages of Change.

- ☐ The FDC staff respond promptly to participant behavior through an established system assuring the response is timely and takes into consideration factors such as length of time in the program.

- ☐ The FDC uses drug testing effectively and in conjunction with a treatment program to monitor participants' compliance with treatment plans.

- ☐ The FDC team, and particularly the judge, recognize the effectiveness of positive reinforcement and use it frequently, modeling it for parents.

- ☐ Responses to parent behavior are determined by the judicial officer after a discussion with the team.

- ☐ The judge clearly explains to parents the reasoning behind all responses to behavior to communicate the principle of fairness.

- ☐ The FDC is a multi-disciplinary team that is cross-trained and that uses the relationship between the parent and the judge to reinforce treatment and other service requirements.

- ☐ The FDC has discussed whether jail can and will be used as a sanction and all team members understand the effect on the child and family reunification efforts. The entire team understands the circumstances, the duration and for whom jail may be useful as a method of motivating change.

- ☐ Engagement strategies are used to encourage early entry into FDC.

- ☐ The FDC provides outreach to participants who do not keep their initial substance use disorder treatment appointment or drop out of treatment.

- ☐ The FDC uses a coordinated legal and clinical plan to respond when a parent fails to keep a court date.
- ☐ The FDC has staff who are trained in approaches to improve rates of engagement and retention and uses these strategies with parents.
- ☐ The FDC uses recovery coaches.
- ☐ The FDC responds to participant relapse and other risk indicators by reassessing clinical needs and child safety, and by re-engaging the participant in treatment.

RECOMMENDATION 7: ADDRESS THE NEEDS OF CHILDREN

The physical, developmental, social, emotional, and cognitive needs of children in the FDC setting must be addressed through prevention, intervention, and treatment programs. A holistic and trauma-informed perspective must be in place to ensure children receive effective, coordinated, and appropriate services.

DESCRIPTION:

Children of parents with a substance use disorder may be affected due to prenatal and/or postnatal exposure that can result in deficits, delays, and concerns of a neurological, physical, social-emotional, behavioral, or cognitive nature. Children of parents with substance use disorders are also at an increased risk of exposure to significant trauma experiences, threatening a child's well-being and placing these children at greater risk for their own substance use and mental disorders. FDCs must ensure that specialized services are available to address:

Devoting more funding to direct services for children in the FDC setting has been demonstrated to be more cost effective.

Carey, et al. 2010

- Developmental screening, assessment and services for pre- and post-natal effects of exposure to parental substance use disorders
- The consequences of the child living in a household affected by parental substance use disorder, including trauma associated with removal from the home
- The effects of child maltreatment from abuse or neglect
- The full spectrum of children's developmental stages
- The child's increased risk of developing his or her own substance use disorders, especially focusing on school age, pre-teen and adolescent prevention and treatment

In a cross-site evaluation of residential treatment programs for pregnant and parenting women, it was found that postpartum women who had their infants living with them in treatment had the highest treatment completion rates and overall longer stays in treatment, when compared with women whose children did not live with them.

Clark, 2001

These specialized services are particularly needed to mitigate the risk of intergenerational patterns of substance use and to promote the child's physical, social, and emotional well-being. The FDC, child welfare and dependency court staff must work together to assure the family's needs are met. The services to children should be coordinated with the services for the parent to support the healing of their relationship, while keeping the safety of the child paramount. Ultimately, it is in the best interest of children when services are provided to parents that prepare them to understand and better care for their children, some of whom may exhibit effects of substance exposure or traumatic experiences.

RESEARCH FINDINGS:

FDCs should address the full array of immediate, transitional, and long-term needs of children. A study that examined the perceptions of parents in an FDC revealed that addressing the "distinct needs of parent, child and family" was rated among the most important goals of the court.[98] In another FDC study, family, adult and child psychosocial functioning was measured and results showed there were significant improvements in family functioning associated with improved ratings being on par in areas of child development as well as an increased likelihood of reunification.[99]

Research shows that treating the complex needs of children requires a team of professionals that extends beyond the team members found in a traditional substance use disorder treatment setting.[100] Parents who participate in treatment programs with a "high" level of family/children's services were found to be twice as likely to reunify with their children than those with "low" level of these services.[n,101] Family-centered residential substance use disorder treatment programs that allow women to enter treatment with all of their children have been found to be more effective at retaining women in care to reach stability.[102] Devoting more funding to direct services for children in the FDC setting has also been demonstrated to be more cost effective.[o,103] Another example from an FDC setting showed that a comprehensive, family-centered FDC approach that addressed the specific needs of children and families, in addition to a parent's recovery, contributed to improved child, parent, and family well-being.[104]

Interventions for children with prenatal drug exposure require a comprehensive, culturally relevant, family-oriented approach. One study advocated for the inclusion of prevention strategies for children of parents convicted of driving under the influence.[105] Intervention strategies that address the multiple needs of the mother, father and the child have the greatest promise of improving overall outcomes.[106] For these families, research suggests that an appropriate child welfare response should attend to both children's and parents' needs and include strategies that are well matched to the families' socioeconomic and social support needs.[107] Family-based in-home treatment that integrates substance use disorder treatment and infant mental health interventions has been found to effectively meet the needs of mothers and fathers struggling with the dual challenges of substance use disorder recovery and parenting infants and toddlers.[108] Youth involved in the child welfare system who have had prenatal substance exposure were found to be more likely to have a mental health diagnosis when one of five predictors was present: living in a rural area, a history of neglect, having Fetal Alcohol Syndrome or an alcohol-related neurodevelopmental disorder, and age.[109] These results have implications for adapting existing treatment models. When a brief duration, attachment-based, parenting program was provided in a women-and-

[n] The authors created three variables ("low=0-3", "medium=4", "high=5-7") based on the number of services such as individual, group, or family counseling regarding family issues; education/training regarding family issues; child care; child development services available.

[o] When a greater investment was made in these types of services (21% of the investment budget compared to 5%), there was a significant cost savings.

children's substance use disorder residential treatment setting, the mothers demonstrated significantly improved behaviors with their infants at home post-intervention.[110] FDCs should ensure the frequency, length of time and quality of visitation promote parent-child attachment. Regular parent visits in foster care are linked to child well-being while in care and to reunification.[111] Frequent, meaningful visitations are vital if an attachment bond is to be maintained. Particularly, for infants and toddlers, physical proximity is central to the attachment process.[112]

A comprehensive family-centered FDC approach that addresses the specific needs of children and families in addition to a parent's recovery contributes to improved child, parent, and family well-being.

SAMHSA 2014

In the Children Affected by Methamphetamine (CAM) Grant Program, grantees expanded and/or enhanced services to children in 12 FDCs to improve the well-being, permanency, and safety outcomes children. CAM grantees' performance data showed statistically significant improvements from intake to closure in all ten domains of family functioning, including living environment, parental capabilities, family interactions, family safety, child well-being, social/community life, self-sufficiency, family health, caregiver/child ambivalence and readiness for reunification, as measured by the *North Carolina Family Assessment Scale (NCFAS G+R).*[113] In another study, researchers examined the *Strengthening Families Program,* a family skills training program, and found a reduction in days in out-of-home care than in the comparison group. This program has been demonstrated to be cost effective, saving between $9.15 to $25.35 for every $1 spent.[114]

In the past ten years, there has been an increase in the prevalence of prescription opioid use disorders and an increase in the incidence of neonatal abstinence syndrome (NAS). Specifically, the prevalence of NAS increased from 1.20 incidents per 1,000 U.S. hospital births in 2000 to 3.39 incidents per 1,000 U.S. hospital births in 2009.[115] Individual assessment that focuses on each child's cumulative risk factors, domain of developmental difficulty, and the quality of the caregiving environment must occur. To have the greatest development effect, interventions with caregivers should be implemented early in life and be targeted at caregivers' level of stress, mental health functioning, continued substance use, and parenting interactions.[116]

The potential indirect costs of child abuse and neglect are numerous, among them increased criminal involvement and juvenile delinquency, and poor social functioning.[117] There are also indirect benefits in other systems that are realized when the broad range of children's needs are met. One example is improved outcomes in the education system when fewer school days are missed, resulting in recovered Average Daily Attendance (ADA) funds.[118]

EFFECTIVE STRATEGIES FOR ADDRESSING THE NEEDS OF CHILDREN:

The list of effective strategies is provided in a self-assessment format to allow readers to determine the degree to which their FDC has implemented the strategies. For each strategy, indicate the number that most closely corresponds to the description of the FDC's status.

1= Not Yet Considered; 2= Exploration; 3= Installation; 4= Initial Implementation; 5= Full Implementation; 6= Sustained Practice

- ☐ The FDC uses an established protocol with healthcare professionals and treatment agencies for prioritizing and assisting participants who are pregnant and who are using substances.
- ☐ The FDC follows the rules of the Indian Child Welfare Act (ICWA) and assures that the rights of Indian children are protected.
- ☐ The FDC has implemented substance use disorder prevention and early intervention services for the children of parents in the FDC, using evidence-informed practice.
- ☐ Children under three years of age are provided services that include the parent/caregiver as an active participant (as opposed to individual therapies).
- ☐ Children of parents in the FDC have access to services that include interventions across children's developmental stages, including school readiness, adolescent substance use disorders and other treatment, and at-risk youth prevention and intervention programming.
- ☐ The FDC ensures that children of parents in the FDC have a comprehensive health assessment that includes screening for developmental delays and neurological effects of prenatal exposure to alcohol and other drugs. This assessment also includes the physical, social-emotional, behavioral, and psychological effects of removal from their home, their parents' substance use, and exposure to trauma.
- ☐ The FDC ensures that all children in out-of-home care are protected from further exposure to trauma arising from placement changes.
- ☐ The FDC has the appropriate frequency and quality of visits necessary to establish and maintain attachments and relationships with their parents, while assuring the safety of the child.
- ☐ The FDC has developed linkages to a range of programs, including quality early childhood development programs, that are targeted to meet the special developmental needs of children of parents in the FDC, including programs focused on school readiness and educational support.

Miami, Florida utilizes an evidence-based parenting intervention, Nurturing and Strengthening Families, and uses Multi-Dimensional Family Therapy with older children. Parents with children 0-3 are referred for parent-child psychotherapy (dyadic therapy). In addition, the Engaging Moms program focuses on bonding and attachment with one's children.

- ☐ The FDC uses effective models of prevention and intervention for children of parents with substance use disorders.
- ☐ The FDC identifies gaps in services for children and works to identify or develop services to fill those gaps.
- ☐ The FDC has established linkages to residential substance use disorder treatment that allows children to be placed with parents. Where those services do not exist, the FDC works with providers to develop a plan to create these services.
- ☐ FDCs have access to a full continuum of services for parents and their children. Where there are gaps in the continuum or limited capacity, the FDC works with providers to develop a plan to improve the continuum or capacity of these services.

SYSTEM WALKTHROUGH

A System Walkthrough is a proven process designed to assess the effectiveness of the system in achieving its desired results or outcomes, such as family reunification, successful treatment completion, and child safety by ensuring children are living in safe and stable environments.

The purpose of a Walkthrough is to provide key stakeholders with the opportunity to:

- Develop a good understanding of the system as it currently exists;
- Identify any problem areas (e.g. inconsistency of referrals, delays in accessing treatment, lack of services/involvement from critical stakeholders, problems with engagement and retention, lack of communication across systems); and
- Generate ideas for improving organizational processes.

We will use the time on the agenda during our on-site technical assistance to "walkthrough" the attached flow charts, discussing and answering the questions in each step of the process.

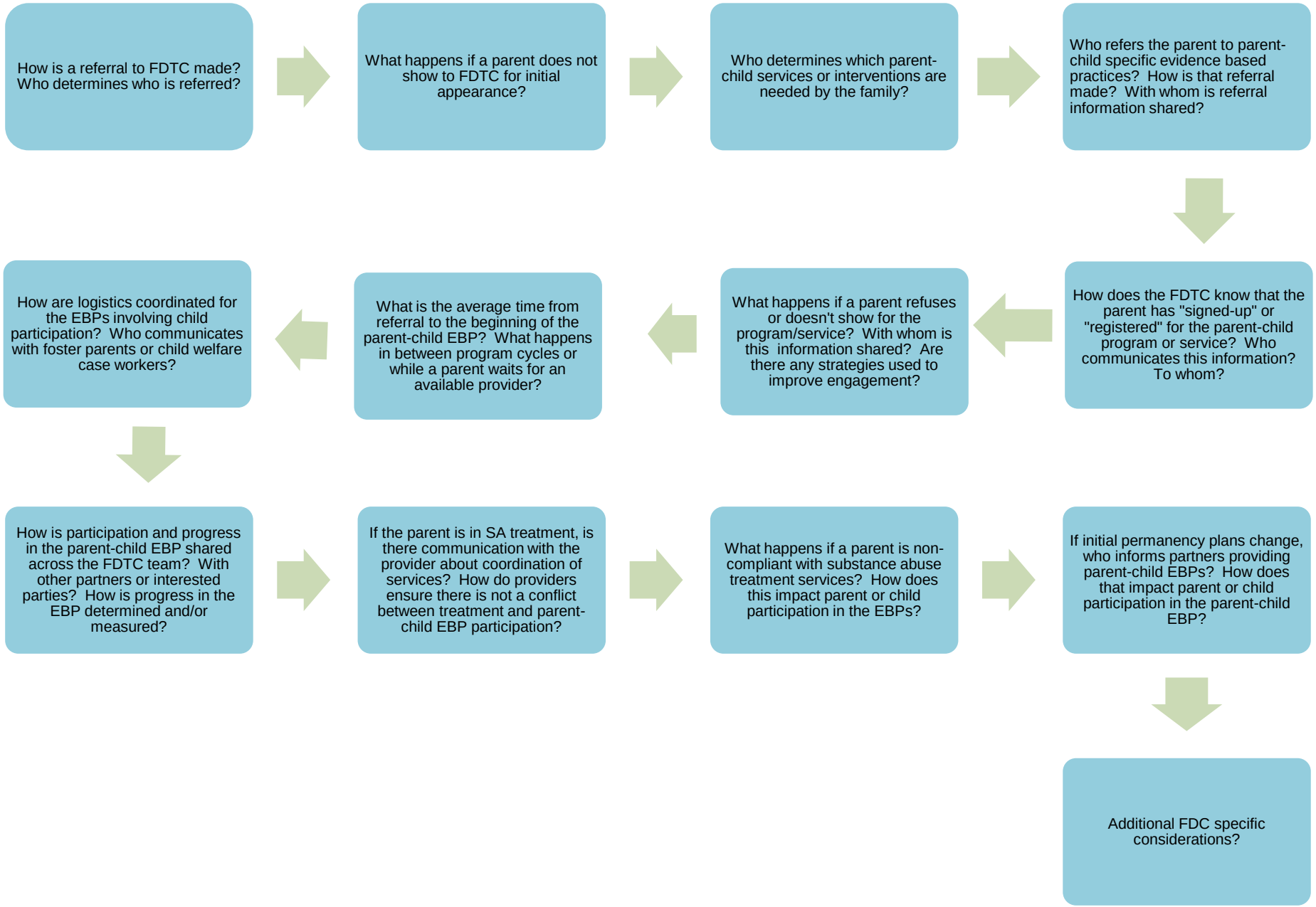
- The first flowchart focuses on the overall child welfare process and how families who have a substance use disorder are identified, referred and linked to substance abuse treatment services. As we understand the system in Pima County, adults start treatment and are subsequently enrolled in the Family Drug Court (FDC).
- The second flowchart focuses on the process by which parents and children are referred to and enroll in the FDC and are referred and linked to evidence-based parenting, therapeutic and other needed services.

The Considerations section allows us to document other important information that clarifies your practices, and helps raise additional questions that may need to be discussed subsequent to the meeting.

For the walkthrough to be meaningful and productive, it is important that the individuals from the different systems who are knowledgeable about these various processes participate in the exercise. Please be prepared to be specific enough to walk your other partners through this process.

In preparing for this walkthrough, think about information that is missing, processes that may not be clear or make sense, and recommendations for improving how the system works. We suggest that you share this with your core team members in advance of the meeting. Feel free to contact us at fdc@cffutures.org for additional clarification if needed.

Flow Chart: Family Drug Court



Considerations: This table is used to list processes from the steps above as well as any considerations, concerns, identified gaps/barriers, conflicting practices or policies and questions.

Step(s)	Considerations
1.	**Questions:**
2.	
3.	
4.	
5.	
6.	
7.	

The California Evidence-Based Clearinghouse for Child Welfare
CEBC
www.cebc4cw.org

A Roadmap to Selecting an Evidence-Based Practice

The success and sustainability of an evidence-based practice (EBP) starts with selecting the right one.....

Understanding Evidence-Based Practices

What is an evidence-based practice?

Learn important background information on EBPs, including the definition, history, and common myths.

http://www.cebc4cw.org/home/understanding-evidence-based-practice/

Start Here

Form an **Implementation Team**

A dedicated team is vital for driving the selection and implementation process

CEBC Worksheet:
Implementation Team Tracking Tool
http://www.cebc4cw.org/files/ImplementationTeamMembershipTrackingTool-fillable-E1.pdf

Explore the problem

The Implementation Team identifies potential areas that need to be addressed

Conduct a **needs assessment**

Once a specific problem is identified, the team uses agency data to conduct a thorough needs assessment

CEBC Worksheet:
Identifying & Clarifying the Problem
http://www.cebc4cw.org/files/IdentifyingClarifyingProblem-fillable-E4.pdf

CEBC Exploration Worksheet
http://www.cebc4cw.org/files/ExplorationWorksheet-fillable-E3.pdf

Identify **potential solutions**

When the problem has been clearly defined, the implementation team explores new programs for adoption

CEBC Worksheet:
Identifying Potential Solutions
http://www.cebc4cw.org/files/IdentifyingPotentialSolutions-fillable-E6.pdf

Determine **program fit**

The team critically examines each potential program to ensure fit with the organization and client needs

CEBC Selection Guide
http://www.cebc4cw.org/files/CEBCSelectionGuideEBPSChildWelfare-onlinelinked-E7.pdf

Contact **program developers**

The team works with program developers to identify supports and brainstorm solutions to any implementation barriers

CEBC Working with Developers Guide
http://www.cebc4cw.org/files/WorkingwithProgramDevelopers-onlinelinked-E9.pdf

Create a **written summary**

The implementation team summarizes their selection process and any feedback on all potential programs

CEBC Template for Exploration Summary Report
http://www.cebc4cw.org/files/TemplateExplorationSummaryReport-onlinelinked-E11.pdf

Download the Full CEBC Selection & Implementation Guide

http://www.cebc4cw.org/implementing-programs/guide/

- Detailed information on each implementation phase
- Extensive technical assistance materials
- Relevant real world examples

CDSS

The CEBC is one of the California Department of Social Services' (CDSS) targeted efforts to improve the lives of children and families served in the child welfare system. The CDSS contracted with the Chadwick Center for Children & Families, at Rady Children's Hospital in San Diego, to create the CEBC.