TRANSITIONING TO A FAMILY CENTERED APPROACH
Best Practices and Lessons Learned from
Three Adult Drug Courts

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Session Objectives

• Gain a greater understanding of the importance of addressing the needs of children and the parent-child relationship as a critical part of family recovery

• Highlight 10 key strategies on how ADCs can make the transition to becoming more family-centered

• Identify next steps that ADCs can take to becoming more family-centered
RAISING THE PRACTICE BAR
How Family-Centered is Your ADC?

- **Parent Recovery**: Parent recovery is primary focus
- **Parent and Children’s Services**: Parent is the focus but have children with them
- **Parent and Child Services**: Parent and child receives services and each have case plans
- **Family-Centered**: Entire family unit receives services
- **Services focus on parent-child dyad**

**What Steps Can You Take to Move Practice?**
Transitioning to a Family Centered Approach: Best Practices and Lessons Learned from Three Adult Drugs Courts

Case Studies — Three Adult Drug Courts in Transition

11th Judicial Circuit, Miami-Dade Adult Drug Court
Miami, Florida

13th Judicial District Drug Court
Billings, Montana

Van Buren County Circuit Court
Paw Paw, Michigan
Million children live with one or more parents who are dependent on alcohol or need treatment for illicit drug use

50-70% of participants in three adult drug courts recently studied have at least one minor child

* 2002 – 2007 SAMHSA National Survey on Drug Use and Health (NSDUH)

Transitioning to a Family Centered Approach: Best Practices and Lessons Learned from Three Adult Drug Courts, 2017)
Recovery occurs in the context of relationships

Addiction is a family disease.

Adults primarily identify themselves as parents.

The parenting role and parent-child relationship cannot be separated from their treatment.

Adult recovery should have a parent-child component.
What Research and Practice Tells Us:

- Attachment-based treatment practices have produced positive outcomes for women and children in both residential and outpatient settings.
- Family-focused treatment has produced improvements in treatment retention, parenting attitudes, and psychosocial functioning.
- Post-partum women who had their infants living with them in treatment had highest treatment completion rates and longer stays in treatment.
Serving Families
Saves Money

Adult Drug Courts that provided parenting classes had **65% greater reductions** in criminal recidivism and **52% greater cost savings** than Drug Courts that did not provide parenting classes.

The Costs of Focusing Only on Parent Recovery

- Threaten parent’s ability to achieve and sustain recovery; increases risk of relapse
- Threatens parent’s ability to establish a healthy relationship with their children
- Additional exposure to trauma for child/family
- The parent will continue to struggle with unresolved guilt
- Prolonged and recurring impact on child safety and well-being
The Costs of Focusing on Parent Recovery Only - What Happens to Children?

- They are children who arrive at kindergarten not ready for school
- They are in special education caseloads
- They are disproportionately in foster care and are less likely to return home
- They are in juvenile justice caseloads
- They are in residential treatment programs
- They develop their own substance use disorders
You do not have to divert resources from treating parents to help their children.

Children and families have multiple and complex needs. Serving these needs will require more resources. Collaboration and partnerships and shared resources are critical.
Transitioning to a Family Centered Approach: Best Practices and Lessons Learned from Three Adult Drugs Courts

Five Domains of Practice

1. Mission, Vision, and Principles
2. Collaboration and Communication
3. Staff Development and Training
4. Screening, Assessment, and Needs of Parents, Children, and Families
5. Funding, Sustainability, Evaluation, and Outcomes
Ensure strong judicial and coordinator leadership to guide the shift from a participant-focused model to a family-focused one.
The Importance of Leadership

• Change is never easy
• Leaders across agencies and at multiple levels are needed
• Leadership is about providing the vision and the drive to use resources to get results – and vice-versa – while building trusted relationships within staff and amongst partners
• Needed to overcome barriers – seen as targets for change
Judicial Leadership

• Understands the value of taking a family-centered approach
• Asks about participant’s family – needs, access to services, progress
• Create accountability and teamwork for their roles and responsibilities to ensure additional services and supports are available to families
Coordinator Leadership

- Creates accountability and teamwork
- Bridge between the team and partners
- Builds and maintains infrastructure
- Creates and strengthens partnerships
- Training
Engage cross-system partners to revise court mission, vision, and protocols to reflect the transition to a family-centered model.
Components of a Mission Statement:

- Understanding each other’s values and shared principles
- Clear definition of target population
- Shared outcomes to measure whether the mission is achieved
  - Client outcomes
  - Priority groups of parents and children
  - Cost savings
Mission, Values, and Principles

• **Really? Do we really need to spend time on a mission statement?**
• Moving from parent recovery towards family recovery and family-centered approach may require a new mission statement
• Process for periodically revisiting and updating written program mission, vision, and protocols
• Process can facilitate greater buy-in across stakeholders and partners
Collaboration and Communication

Strategy 3

Develop community partnerships to expand comprehensive services to meet the needs of the entire family.
Multiple Needs Require Multiple Partners

**Family Recovery**

**PARENTS**
- Parenting skills and competencies
- Family connections and resources
- Parental mental health; co-occurring
- Medication management
- Parental substance use
- Domestic violence

**FAMILY**
- Basic necessities
- Employment
- Housing
- Child care
- Transportation
- Family counseling

**CHILD**
- Well-being/behavior
- Developmental/health
- School readiness
- Trauma
- Mental health
- Adolescent substance use
- At-risk youth prevention
Parent-Child: Key Service Components

- Early and ongoing peer recovery support
- Developmental & behavioral screenings and assessments
- Quality and frequent visitation
- Parent-child relationship-based Interventions
- Evidence-based parenting
- Community and auxiliary support
- Trauma
ADC & FDC Collaboration

• Is there an Family Drug Court in your community?
• Coordination across court programs can help provide additional services to address the needs of families
• Case Study Example: Van Buren County
Collaboration and Communication

Ensure strong communication and information sharing for effective coordinated service delivery to participants and their children and families
• Ensure that ADC information systems including tracking of family members
Monitoring – What Has Been the Effect?

• Staff – what is the feedback regarding implementation? What barriers exist?

• Referral and treatment access and quality

• Outcome monitoring – what are the impact key indicators?

• Information sharing – how is it collected, shared, and reported?
Staff Development and Training

Develop cross-system training to ensure that partners understand the needs of parents, children, and families affected by substance use disorders.
Potential Cross-System Training Topics

• Child Welfare System 101; Juvenile Probation 101
• Impact of parental substance use on child development and family relationships
• Attachment and bonding
• Evidence-based practices and programming - parenting
• Facilitating quality and frequent visitation
Things to Consider

• Do you have a plan to orientate new staff and deliver ongoing training opportunities to implement a family-centered approach?

• Are there resources and/or partnerships in the community to deliver training?
Screening, Assessment, and Needs of Parents, Children, and Families

Conduct screening and assessment to identify the needs of parents, children, and families, and refer them to appropriate services.
Screening and Assessment Tools

- Addiction Severity Index
- Adverse Childhood Experience
- PTSD Checklist for DSM-V
- Correctional Offender Management Profiling for Alternative Sanctions
- Risk and Needs Triage
- Texas Christian University – Client Evaluation of Self and Treatment
- Behavioral Substance Abuse Assessment
Things to Consider

- How many participants are parents? How many of them have children under 18 years old?
- Have you identified a tool to assess family needs?
- Tools + Team - *how will you share results collaboratively?*
Screening, Assessment, and Needs of Parents, Children, and Families

Provide evidence-based services to children and parents
Connecting Families to Evidence-Based Parenting Program

- Knowledge of parenting skills and basic understanding of child development has been identified as a key protective factor against abuse and neglect (Geeraert, 2004; Lundahl, 2006; & Macleod and Nelson, 2000)

- The underlying theory of parent training is that (a) parenting skills can improve with training, (b) child outcomes can be improved, and (c) the risk of child abuse and neglect can be reduced (Johnson, Stone, Lou, Ling, Claassen, & Austin, 2008). Characteristics of effective parenting include (a) interaction style with their child, (b) warmth and affection towards their child, and (c) parenting strategies used (Johnson, et al., 2008)
Things to Consider

• Have you conducted a needs assessment to determine what families need? How will it help achieve desired outcomes?
• Have realistic expectations of their ability to participate - especially in early recovery?
• Does it have a parent-child component?
• Do you have staffing and logistical support for successful implementation?
Parenting Programs Specific to Families Affected by Substance Use Disorders

Celebrating Families - http://www.celebratingfamilies.net/
Strengthening Families -
http://www.strengtheningfamiliesprogram.org/
Nurturing Program for Families in Substance Abuse Treatment and Recovery -

Please visit:
California Evidence-Based Clearing House - www.cebc4cw.org
National Registry of Evidence-Based Programs and Practices - www.nrepp.samhsa.gov
Implement responses to behaviors that are sensitive to the needs of parents and families.
## Responses to Behavior for Parents

<table>
<thead>
<tr>
<th>Safety</th>
<th>Therapeutic</th>
<th>Motivational</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A protective response if a parent’s behavior puts the child at risk</td>
<td>• A response designed to achieve a specific clinical result for parent in treatment</td>
<td>• Designed to teach the parent how to engage in desirable behavior and achieve a stable lifestyle</td>
</tr>
</tbody>
</table>
Things to Consider

When deciding on a response, consider what the effect of that sanction would have on children and the parent-child relationship (e.g. jail)
Funding, Sustainability, Evaluation, and Outcomes

Strategy 9

Develop sustainability plans that account for funding services to children and families
Getting a Piece of the Pie

- Federal - Child Programs: $470 billion
- Public Child Welfare: $30 billion
- FDCs: $25 million
Redirection of Resources Already Here

The “Real” Resources Already in the Community

TANF
Domestic Violence
Hospitals
Courts
Families
Schools
Medicaid
Substance Use Disorder Treatment
Housing
Mental Health
Police
Drug Courts

Pilots, Demos and Grant-funded Projects
Things to Consider

• What resources already exist in the community to serve children and families?
• Have you identified shared outcomes to make the case for shared resources?
Funding, Sustainability, Evaluation, and Outcomes

**Strategy 10**

Conduct program evaluations to identify parent, child, and family outcomes
<table>
<thead>
<tr>
<th>Domain</th>
<th>Performance Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Welfare</td>
<td>C1. Occurrence/Recurrence of Maltreatment</td>
<td>The percentage of children who experience maltreatment after ADC entry</td>
</tr>
<tr>
<td></td>
<td>C2. Children Remain at Home</td>
<td>The percentage of children who are in the custody of a parent/caregiver at ADC entry who remain in the custody a parent/caregiver through ADC case closure</td>
</tr>
<tr>
<td></td>
<td>C3. Length of Stay in Out of Home Care</td>
<td>The average length of stay in out of home care from date of most recent entry to date of discharge</td>
</tr>
<tr>
<td></td>
<td>C4. Timeliness of Reunification and Permanency</td>
<td>Percentage of children placed in out-of-home care who attained a) reunification b) a finalized adoption or c) legal guardianship within 6, 12, 18, and 24 months from removal</td>
</tr>
<tr>
<td></td>
<td>C5. Re-entry to Out of Home Care</td>
<td>The percentage of children who re-enter out of home care after reunification</td>
</tr>
<tr>
<td></td>
<td>C6. Prevention of Substance Exposed Infants</td>
<td>Percentage of pregnant women who had a substance exposed infant after ADC entry</td>
</tr>
<tr>
<td>SUD Treatment</td>
<td>A1. Access to Treatment</td>
<td>The average number of days from SUD treatment referral to SUD treatment entry</td>
</tr>
<tr>
<td></td>
<td>A2. Retention in Treatment</td>
<td>The percentage of parents who successfully complete SUD treatment</td>
</tr>
<tr>
<td></td>
<td>A3. Length of Stay in Treatment</td>
<td>The average number of days from SUD treatment entry to treatment discharge</td>
</tr>
<tr>
<td>EB Parenting</td>
<td>EB-A1. Connection to EB Parenting</td>
<td>Of the number of parents referred to evidence-based parenting, the percentage who begin services</td>
</tr>
<tr>
<td></td>
<td>EB-A2. Completion of EB Parenting</td>
<td>Of the number of parents who begin evidence-based parenting, the percentage that complete the program</td>
</tr>
<tr>
<td>EB Children’s Service</td>
<td>EB-C1. Connection to EB Children’s Service</td>
<td>Of the number of children referred to evidence-based therapeutic services, the percentage who begin services</td>
</tr>
<tr>
<td></td>
<td>EB-C2. Completion of EB Children’s Service</td>
<td>Of the number of children who begin evidence-based therapeutic services, the percentage that complete services</td>
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</table>
Things to Consider

What are the barriers that negatively impact your capacity for collaborative evaluation?
Numbers

Needs

Networks

What Can You Do to be More Family-Centered?

Take the Next Steps
The Judge can:
• Ask clients if they have children
• Ask about other family relationships, such as non-custodial parents (identity, location and quality of relationship)
• Ask questions about family status at intake

The Coordinator and Team can:
• Strategize on how to get entire family into treatment
• Ensure that court information systems including tracking of family members

Take the Next Steps
The Coordinator and Team strategize:

• Are child’s medical, developmental, behavioral, and emotional needs assessed?

• How will your DC ask clients if their children have received appropriate screenings and assessments?

• Has child and family been assessed for trauma? Relationship issues?

• Did child receive appropriate interventions or services for the identified needs?
The Coordinator and Team strategize:

• Do parents have an understanding of the child’s identified needs? Are they able to cope with the child’s needs?

• Does family have access to long-term supportive services?

• Are you providing training and education to DC Team, including judicial leaders on the importance of serving children and families?
Take the Next Steps

- Do you refer and follow-up to outside agencies with children’s services?
- Are child and family-serving agencies on your collaborative team?
- Are you mobilizing and linking to new resources from other agencies that already serve children and families?
Big steps
Small steps
Just keep moving
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- Team Discussion Guides for selected presentations

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Parent-Child Relationship

July 2016
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• Ensure best treatment fit for families

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Child Welfare | AOD Treatment | Judges | Attorneys

www.cffutures.org/fdc
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