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 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 is primary focus

Parent is the focus but have children with them

Parent and child receives services and each have case plans

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 Drug Courts

To download a copy:

3N Handout – Taking the Next Steps Towards and Family-Centered Approach

Explore further with your Team about possible next steps you can take to move practice.
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

For more background information, see Appendix A
8.7 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.

Lipari, R.N. and Van Horn, S.L. Children living with parents who have a substance use disorder. The CBHSQ Report: August 24, 2017. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD.

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

#1 Take-away message
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
- Build collaborative partnerships and seek out existing resources
TRANSITIONING TO A FAMILY CENTERED APPROACH:
Best Practices and Lessons Learned from Three Adult Drug Courts

Transitioning to a Family Centered Approach: Best Practices and Lessons Learned from Three Adult Drugs Courts

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, coordinator and cross-systems 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
- Capable of systems thinking and has effective relations in larger system
- Leadership is about providing vision and drive to use resources to get results – and vice-versa – while building trusted relationships within staff and amongst partners
- Leaders are needed to overcome barriers; leaders see barriers as targets for change
Judicial Leadership

• Understands value of taking a family-centered approach
• Create accountability and teamwork for their roles and responsibilities to ensure additional services and supports are available to families
• Does not accept status quo, especially if we know there is a better way
• Ask clients if they have minor children
• Ask about other family relationships, such as non-custodial parents (identity, location, quality of relationship and frequency of contact)
• Ask questions about family status at intakes
• Asks about participant’s family – needs, access to services, progress
• Ask about parenting time
Drug Court Coordinator Leadership

• Creates accountability and teamwork
• Bridge between the team and partners
• Builds and maintains infrastructure
• Creates and strengthens partnerships
• Training
• Does not accept status quo, especially when we know there is a better way
• Sees barriers as opportunities – thinks outside the box
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, ensure the right people are at the table
- Develop shared outcomes to measure whether the mission is achieved
  - Client/family 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 will require a new mission statement

• Ensure process for periodically revisiting and updating written program mission, vision, and protocols

• Process can facilitate greater buy-in across stakeholders and partners – does the mission speak to their outcomes?
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

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

• Is there a Family Drug Court in your community

• Identify who provides what - coordination across court programs can help provide additional services to address the needs of families
Other Potential Stakeholders

- Family Housing
- School Systems – Educational Liaison
- Child Development Assessments
- Child Mental Health Agencies
- Family Therapy
- Parenting and In-Home Services
- Wellness Centers
- Participant and Family Activities
Case Study Example: Van Buren County, Michigan
ADC & FDC Collaboration

- Transfer participants between courts in order to get them the services they need and minimize waiting time (ie. determination of eligibility or adjudication)
- Dual-case families receive comprehensive services and support for both criminal and CWS cases
- Participate in each others Steering Committee or Executive Oversight Committee
- Challenges: duplication and aligned directives
Case Study Example:
13th Judicial District
Drug Court
Billings, Montana
School Liaisons

- ADC Coordinator, other core team members, Principal and school counsel met to discuss a participant’s child
- Assisted the family in getting the services they needed and lessen problems at school
- School saw a benefit and provided a school liaison for all ADC staffings
- The Liaison visits each school to obtain progress reports and shares information with ADC team
- Has access to ADC database
Strategy 4

Ensure strong communication and information sharing for effective coordinated service delivery to participants and their children and families.
How do you know.... How will you....

The importance of Data

- How are families doing?
- Doing good vs. harm?
- What’s needed for families?
- Monitor and improve performance?
- Demonstrate effectiveness?
- Secure needed resources?
What Information Should Be Shared?

- Strong communication and information sharing are a cornerstone of effective coordinated service delivery.
- Information should include:
  - **Case level data** – to assess participant progress and case management (How are families doing?)
  - **Administrative data** – for program performance (How is our program doing?)
- Communication pathways – who needs to know what and when
Methods for Sharing

• Must address – how is information collected, shared, and reported
• Implementation of a database
  – Access to real-time information
  – Produce reports for staffing
• Formal information sharing agreements and expectations
But we are not allowed to share that information....

**HIPAA:** “A major goal of the Privacy Rule is to assure that individuals’ health information is **properly protected** while allowing the flow of health information needed to provide and promote high quality health care, and to protect the public's health and well being.” (HHS, Health Information Privacy)

**42 CFR – Part 2:** More stringent than HIPAA, 42 CFR outlines under what limited **circumstances where information about the client’s treatment may be disclosed** with and without the client’s consent.
Monitoring – What Has Been the Impact?

• Staff – what is 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
Strategy 5

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
• Child development; attachment and bonding
• Family well-being domains
• 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 support implementation of a family-centered approach?

• Are there resources and/or partnerships in the community to deliver training?
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
Tool vs. the Team
Moving the conversation and attention from

What tool should we use?
What information do we need? What is the purpose?
What are we going to do with the information?
How are we going to share it?
Case Study Example: 13th Judicial District Drug Court Billings, Montana
The Need for a Tool

- Brief screening tool that can be administered by a drug court coordinator (with little or no training)
- Simple and efficient - screening should be completed in a short time frame
- Identify an array of family related issues regarding the family of an adult drug court client
- So appropriate referrals can be made within the immediate community
- Applicable to complex family structures common to drug court participants
The Approach

- Preferred administrator approach is utilizing Motivational Interviewing (MI) techniques. MI is a collaborative conversation to strengthen a person’s own motivation for and commitment to change.

- The spirit of MI is based on three key elements:
  1. Collaboration between administrator and client
  2. Evoking or drawing out client’s ideas about change
  3. Emphasizing autonomy of client
Family Strengths and Needs Survey
Family Strengths and Needs Survey

Domains:
- Participant demographics
- Family demographics
- History and current dynamic
- Emotional support system
- Substance use impact
- Family medical and mental health history
- Child care
- Parenting
- Education
- Employment and financial status
- Trauma
The process expanded administrators’ view of a participant to include her/his family issues and dynamics and other factors affecting recovery. Process of completing the FSNS fostered rapport and contributed to building a relationship between the survey administrator and participant.
Drug Court Coordinator Experience Administering FSNS

“This experience opened up a world of needs that have gone unaddressed and also provided motivation for finding these services and linking with other community organizations.”

“The process of administering the FSNS helps coordinators to get to know the participant at a deeper level, much less superficial than with the standard intake/screening tool.”
Family Issues that may Affect Recovery

- **52.7%** had concerns regarding one or more of their children’s social and emotional well-being
- **47.2%** of participants had concerns regarding medical problems or issues with one or more of their children
- **40.0%** had concerns about one or more of their children’s behavior
- **17.8%** had significant concerns about their spouse’s or significant other’s mental health
Things to Consider

• How many of participants have children under age 18?
• Have you identified a tool to assess family needs? What training will be necessary?
• Tools + Team - *how will you share results collaboratively?*
Strategy 7

Provide evidence-based services to children and parents including services that address the parent-child dyad.
These Children Experience Poor Outcomes

- Lower likelihood of successful reunification
- Behavior challenges and parentification
- Difficulty in school
- Developmental delays
- Lack of immunizations
- Children tend to stay in the foster care system longer than children of parents without substance use disorders (Gregoire & Schultz, 2001)
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)
Parenting Programs Specific to Families Affected by Substance Use Disorders

- Celebrating Families - http://www.celebratingfamilies.net/

Please visit:

- California Evidence-Based Clearing House - www.cebc4cw.org
- National Registry of Evidence-Based Programs and Practices - www.nrepp.samhsa.gov
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?
Case Study Example: Miami-Dade, Florida
Turning to Community Partners to Serve Families

- Partnered with Linda Ray Center to provide comprehensive family and children services
- Advocated for its treatment partner to provide family therapy
- ADC and treatment provider tracking family outcomes
Strategy 8: Implement responses to behaviors that are sensitive to the needs of parents and families.
Responses to Behavior for Parents

**Safety**
- A protective response if a parent’s behavior puts themselves or the child at risk

**Therapeutic**
- A response designed to achieve a specific clinical result for parent in treatment

**Motivational**
- Designed to teach the parent how to engage in desirable behavior and achieve a stable lifestyle
Things to Consider

When deciding on a response, consider what the impact of that sanction would have on children and the parent-child relationship (i.e., jail).
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
- ADCs: $94 million
- FDCs: $25 million
Redirection of Resources Already Here

The “Real” Resources Already in the Community

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

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?
Strategy 10

Funding, Sustainability, Evaluation, and Outcomes

Conduct program evaluations to identify parent, child, and family outcomes
Drug Courts as “Feel Good” Programs
The importance of Data

- How are families doing?
- Doing good vs. harm?
- What’s needed for families?
- Monitor and improve performance?
- Demonstrate effectiveness?
- Secure needed resources?
<table>
<thead>
<tr>
<th>Domain</th>
<th>Performance Measure</th>
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| Child Welfare                              | • Occurrence/Recurrence of Maltreatment  
   • Children Remain at Home               
   • Length of Stay in Out-of-Home Care     
   • Timeliness of Reunification and Permanency  
   • Re-entry to Out of Home Care           
   • Prevention of SubstanceExposed Infants |
| Substance Use Disorder Treatment           | • Access to Treatment                                                                
   • Retention in Treatment                 
   • Length of Stay in Treatment            |
| Evidence Based Parenting                   | • Connection to EB Parenting                                                        
   • Completion of EB Parenting             |
| Evidence Based Children’s Intervention     | • Connection to EB Children’s Service                                               
   • Completion of EB Children’s Service    |
Things to Consider

- What are the barriers that negatively impact your capacity for collaborative evaluation?
- How could you use outcome data to regularly review progress and make program, practice, and policy modifications as needed?
• What needles are you trying move?
• What outcomes are the most important?
• Is there shared accountability for “moving the needle” in a measurable way, in ADC and larger systems?
• Who are you comparing to?
3Ns

What You Can Do to Be More Family-Centered?

Numbers
Needs
Networks

Take the Next Steps
Explore further with your Team about possible next steps you can take to move practice.
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 intakes

The Coordinator and Team can:
• Ensure you are asking questions about family structure
• Strategize on how to get entire family into treatment
• Ensure that court information systems including tracking of family members
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?
• 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?
• Have you developed formal relationships and information sharing protocols?
A permanent shift in doing business that relies on **relationships** across systems and within the community to secure needed **resources** to achieve better **results** and outcomes for all children and families.

**Systems Change**
Big steps
Small steps
Just keep moving
We can no longer say
“We don’t know what to do.”
Q&A and Discussion
Transitioning to a Family Centered Approach: Best Practices and Lessons Learned from Three Adult Drug Courts

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