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Children and Family Futures
Acknowledgement

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Learning Objectives

1. Understand the importance of focusing on Family Recovery and providing services to support healing, recovery, and reunification

2. Apply key lessons and strategies from the Prevention and Family Recovery (PFR) initiative to shift to a family-centered approach

3. Explore evidence-based and promising practices to support and heal the parent-child relationship

4. Learn strategies to shift your FTC from monitoring checkboxes to identifying true behavior change
To improve safety, permanency, well-being, and recovery outcomes for children, parents, and families affected by trauma, substance use, and mental health disorders.
Supporting FAMILY RECOVERY
What is Recovery?

SAMHSA’s Working Definition

Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.

Access to evidence-based substance use disorder treatment and recovery support services are important building blocks to recovery.

Recovery is not treatment!
## Four Major Dimensions

<table>
<thead>
<tr>
<th>Health</th>
<th>Home</th>
<th>Purpose</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overcoming or</td>
<td>Maintaining a stable and</td>
<td>Conducting meaningful daily activities, such</td>
<td>Having relationships and social networks that</td>
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<tr>
<td>managing one’s</td>
<td>safe place to live</td>
<td>as a job, school or volunteerism, and having</td>
<td>provide support, friendship, love, and hope</td>
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<tr>
<td>disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being</td>
<td></td>
<td>the independence of income, and resources to participate in society</td>
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Recovery Occurs in the Context of Relationships

- SUD is a brain disease that affects the family
- Adults (who have children) primarily identify themselves as parents
- The parenting role and parent-child relationship cannot be separated from treatment
- Adult recovery should have a parent-child component including prevention for the child

Services that strengthen families and support parent-child relationships HELP KEEP CHILDREN SAFE
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
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

The Costs of Focusing on Parent Recovery Only - What Happens to Children?
They become our clients in 5-10-20 years.
Family-Centered Approach

Recognizes that substance use disorder is a family disease and that recovery and well-being occurs in the context of families.
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 Parenting Time

Early and Ongoing Peer Recovery Support

Parent-Child Relationship-Based Interventions

Evidenced-Based Parenting

Trauma

Community and Auxiliary Support
Sacramento County
Family Drug Court Programming

- Dependency Drug Court (DDC)
  - Post-File
- Early Intervention Family Drug Court (EIFDC)
  - Pre-File

Parent-child parenting intervention
Connections to community supports
Improved outcomes

DDC has served over 4,200 parents & 6,300 children
EIFDC has served over 1,140 parents & 2,042 children
CIF has served over 540 parents and 860 children
Sacramento County, CAM Project
Children in Focus (CIF)

Key Service Components

• Implementation of Celebrating Families
  – 16-week curriculum for families affected by parental substance use and child maltreatment and/or neglect
• Linkage to local Family Resource Center
• Warm-hand offs and case management support provided by Recovery Resource Specialists
Sacramento County, CAM Project, Children in Focus (CIF)

Treatment Completion Rates

- DDC: 49.2
- CIF: 64.3
- EIFDC: 44.0
- CIF: 53.7
Sacramento County, CAM Project, Children in Focus (CIF)

Rate of Positive Court Discharge/Graduate

- DDC: 41.8
- CIF: 64.4
- EIFDC: 34.0
- CIF: 50.3
Sacramento County, CAM Project, Children in Focus (CIF)  
Remained at Home

89.9  
EIFDC

95.1  
CIF
Sacramento County, CAM Project, Children in Focus (CIF)

Reunification Rates

- DDC: 87.8%
- CIF: 97.0%
- EIFDC: 85.1%
- CIF: 94.9%
- SAC COUNTY: 53.1%
Sacramento County, CAM Project, Children in Focus (CIF)

No Recurrence of Maltreatment at 12 Months
Sacramento County, CAM Project, Children in Focus (CIF)

No Re-Entry at 12 Months

<table>
<thead>
<tr>
<th>County</th>
<th>No Re-Entry at 12 Months</th>
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<tbody>
<tr>
<td>Sacramento County</td>
<td>87.7</td>
</tr>
<tr>
<td>CIF</td>
<td>91.8</td>
</tr>
<tr>
<td>EIFDC</td>
<td>100.0</td>
</tr>
<tr>
<td>DDC</td>
<td>89.6</td>
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</tbody>
</table>

CIF
Key Strategies to Support Family Recovery
Key Strategy

Reassess Mission, Vision, Values, and Goals to align with Family-Centered Approach
<table>
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<tr>
<th>Paradigm Shifts</th>
<th>Adult Recovery</th>
<th>Family Recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defining parent progress and success:</td>
<td>From compliance and attendance to ...</td>
<td>desired behavioral changes</td>
</tr>
<tr>
<td>Changing the language used:</td>
<td>From visitation to ... From relapse to ... From clean time to ...</td>
<td>parenting time lapse sustained recovery</td>
</tr>
<tr>
<td>Responding to relapse or lapse:</td>
<td>From automatic change in permanency plan or return to FDC phase one to ...</td>
<td>comprehensive assessment of situation and therapeutic adjustments</td>
</tr>
<tr>
<td>Broadening scope of goals:</td>
<td>From a primary focus on rapid or early reunification to ...</td>
<td>successful reunification with lasting permanency</td>
</tr>
<tr>
<td>Reframing decision making:</td>
<td>From a primary focus on risk factors (what could happen) to ...</td>
<td>established safety supports and protective factors</td>
</tr>
<tr>
<td>Engaging participants:</td>
<td>From service referrals as a sanction to ...</td>
<td>service referrals as an incentive and acknowledgment of a parent’s progress</td>
</tr>
<tr>
<td>Redefining the client:</td>
<td>From individual parent participant to ...</td>
<td>the whole family</td>
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A Framework for Effective FDCs

Shared Outcomes

Agency Collaboration
- Interagency Partnerships
- Information Sharing
- Cross System Knowledge
- Funding & Sustainability

Client Supports
- Early Identification & Assessment
- Needs of Adults
- Needs of Children
- Community Support

Shared Mission & Vision
Is there a shared mission and vision – Target Population?

Who should FTCs be serving?
What is your FTC’s Mission Statement?

Is the focus on...

Parent recovery?
Child permanency?
Family wellness?

• ...to create change, rebuild families, and strengthen communities through recovery...

• ...actively intervening to address drug, alcohol, and other service needs of families...

• ...enhances the functioning of the family...

• ...offers families the support, services, and treatment necessary...
The Collaborative Structure for Leading Change

Membership

- Meets
- Primary Functions

Oversight/Executive Committee
- Director Level
- Quarterly
- Ensure long-term sustainability and final approval of practice and policy changes

Steering Committee
- Management Level
- Monthly or Bi-Weekly
- Remove barriers to ensure program success and achieve project’s goals

FDC Team
- Front-line staff
- Weekly or Bi-Weekly
- Staff cases; ensuring client success

Information flow

- "The Collaborative Structure for Leading Change"
Treatment Courts as “Feel Good” Programs
Data-Driven & Problem-Focused: Identifying Opportunities for Change

Identify specific need, concern or issue

Collect and examine data

Share data and information to clarify problem statement

Use data for discussion and identify opportunities for change

Monitor outcomes and changes
• What needles are you trying to move?
• What outcomes are the most important?
• Is there shared accountability for “moving the needle” in a measurable way, in FTC and larger systems?
• Who are we comparing to?
Key Strategy

Actively Engage Families in Quality, Family-Centered Treatment
We know more about

Brain Science of Substance Use Disorder
A Chronic, Relapsing Brain Disease

Brain imaging studies show physical changes in areas of the brain that are critical to:

- Judgment
- Decision making
- Learning and memory
- Behavior control

These changes alter the way the brain works and help explain the compulsion and continued use despite negative consequences.
These images of the dopamine transporter show the brain’s remarkable potential to recover, at least partially, after a long abstinence from drugs - in this case, methamphetamine.⁹
Effective Substance Use Disorder Treatment

- Is readily available
- Attends to multiple needs of the individual (vs. just the drug abuse)
- Uses engagement strategies to keep clients in treatment
- Uses counseling, behavioral therapies (in combination with medications if necessary)
- Addresses co-occurring conditions
- Uses continuous monitoring

National Institute on Drug Abuse, 2012
Medication Assisted Treatment

As part of a comprehensive treatment program, MAT has been shown to:

• Increase retention in treatment
• Decrease illicit opioid use
• Decrease criminal activities, re-arrest and re-incarceration
• Decrease drug-related HIV risk behavior
• Decrease pregnancy related complications
• Reduce maternal craving and fetal exposure to illicit drugs

(Fullerton et al., 2014; The American College of Obstetricians and Gynecologists, 2012; Dolan et al., 2005; Gordon et al., 2008; Havnes et al., 2012; Kinlock et al., 2008)
Mothers who participated in the Celebrating Families! Program and received integrated case management showed significant improvements in recovery, including reduced mental health symptoms, reduction in risky behaviors, and longer program retention (Zweben et al., 2015).

Women who participated in programs that included a “high” level of family and children’s services were twice as likely to reunify with their children as those who participated in programs with a “low” level of these services (Grella, Hser & Yang, 2006).

Retention and completion of comprehensive substance use treatment have been found to be the strongest predictors of reunification with children for parents with substance use disorders (Green, Rockhill, & Furrer, 2007; Marsh, Smith, & Bruni, 2010).
Thoughts & beliefs

Emotions and feelings

Behavior and practice

Re-thinking SUD

Treatment Recovery Response
Why won’t they just stop?

They must love their drug more than their kids.

They need to really want to get sober.

They need to hit rock bottom.
Here’s a referral—let me know when you get into treatment.

Call me on Tuesday.

They’ll get into treatment if they really want it.

Don’t work harder than the client.
Rethinking Treatment Readiness

Re-thinking “Rock Bottom”

- “Tough love” - in the hopes that they will hit rock bottom and wanting to change their life
- Collective knowledge in the community is to “cut them off, kick them out, or stop talking to them”
- Addiction as a disease of isolation

“Raising the bottom”

- Getting off on an earlier floor
- Has realistic expectations and understands both the neuro-chemical effects on people with substance related and addiction disorders and difficulties and challenges of early recovery
- Readiness
- Recovery occurring in the context of relationships
Let’s call the treatment agency together now.

Let’s talk about how you are going to get to your intake appointment and what that appointment will be like.

Let me introduce you to your counselor.

I will call you in the morning and check how things are going.
Peer Support

- Peer Mentor
- Peer Specialist
- Peer Providers
- Parent Partner

You need to ask:

What does our program and community need?

Experiential Knowledge, Expertise

Titles and Models

- Recovery Support Specialist
- Substance Abuse Specialist
- Recovery Coach
- Recovery Specialist
- Parent Recovery Specialist

Experiential Knowledge, Expertise + Specialized Trainings
Liaison
- Links participants to ancillary supports; identifies service gaps

Treatment Broker
- Facilitates access to treatment by addressing barriers and identifies local resources
- Monitors participant progress and compliance
- Enters case data

Advisor
- Educates community; garners local support
- Communicates with FDC team, staff and service providers
Median Length of Stay in Most Recent Episode of Substance Use Disorder Treatment After RPG Entry by Grantee Parent Support Strategy Combinations

No Parent Support Strategy: 102 days
Intensive Case Management Only: 130 days
Intensive Case Management and Peer/Parent Mentors: 151 days
Intensive Case Management and Recovery Coaches: 200 days

*Median in Days*
Substance Use Disorder Treatment Completion Rate by Parent Support Strategies

No Parent Support Strategy: 46%
Intensive Case Management Only: 46%
Intensive Case Management and Peer/Parent Mentors: 56%
Intensive Case Management and Recovery Coaches: 63%

Median in Days
Recovery Support Matters

A Randomized Control Trial – Cook County, IL (n=3440)

Recovery Support Matters

A Randomized Control Trial – Cook County, IL (n=3440)

Timely Comprehensive Assessment + Recovery Coach = Early access to treatment

Ensure aftercare and recovery success beyond FTC and CWS participation:

- Personal Recovery Plan – relapse prevention, relapse
- Peer-to-peer support – alumni groups, recovery groups
- Other relationships – family, friends, caregivers, significant others
- Community-based support and services – basic needs (childcare, housing, transportation), mental health, physical health and medical care, spiritual support
- Self-sufficiency – employment, educational and training opportunities
Ensure Quality Time for Parents and Children
Cases did better when there was **frequent quality parenting time**

Cases did better when parents and children were involved in case planning

Impact of Parenting Time on Reunification Outcomes

- Children and youth who have **regular, frequent contact** with their families are **more likely to reunify and less likely to reenter foster care** after reunification (Mallon, 2011)

- Visits provide an important **opportunity to gather information** about a parent’s capacity to appropriately address and provide for their child’s needs, as well as the family’s overall readiness for reunification

- Parent-Child Contact (Visitation): Research shows **frequent visitation increases the likelihood** of reunification, **reduces time** in out-of-home care (Hess, 2003), and **promotes healthy attachment** and **reduces negative effects** of separation (Dougherty, 2004)
Elements of Successful Parenting Time Plans

Parenting time should occur:

- Frequently
- For an appropriate period of time
- In a comfortable and safe setting
- With therapeutic supervision when appropriate
Children Need to Spend Time with Their Parents

• Involve parents in the child’s appointments with doctors and therapists
• Expect foster parents to participate in visits
• Help parents plan visits ahead of time
• Enlist natural community settings as visitation locations (e.g. family resource centers)
• It is an opportunity to gather information about parent and child service needs
• Think of a pleasant experience (a romantic evening, a relaxing vacation, playing w/ a child). Pleasure is caused by dopamine, a major brain chemical, that is secreted into the amygdala region of the brain causing that pleasure part of the brain to fire. Addictive drugs do the same, only more intense.

• When drug use is frequent and causes a surge of dopamine on a regular basis, the brain realizes the dopamine is being provided artificially, and it essentially loses its natural ability for pleasure (at least for a period of time).
Effects of Drug Use on Dopamine Production

• Think about the implications for a child welfare parent who has just stopped using drugs and is trying to resume normal interactions with their child/ren.

• If you are tasked with observing this visitation, what conclusions might you draw?

• If cues are misread, how might this affect a parent’s ability to keep or obtain custody of their child/ren?

• How do we balance compassion, understanding and patience with a parent’s temporarily compromised brain condition while maintaining parent accountability and child safety?
Key Strategy

Connect with services that strengthen families and support parent-child relationships
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
<table>
<thead>
<tr>
<th>Grantee</th>
<th>EBPs Identified and/or Selected</th>
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<tbody>
<tr>
<td>Grantee A</td>
<td>• Baby Smarts (existing)</td>
</tr>
<tr>
<td></td>
<td>• Positive Indian Parenting (new)</td>
</tr>
<tr>
<td>Grantee B</td>
<td>• Child-Parent Psychotherapy (existing)</td>
</tr>
<tr>
<td></td>
<td>• Trauma-Focused Cognitive Behavioral Therapy (existing)</td>
</tr>
<tr>
<td></td>
<td>• Alternatives for Families: A Cognitive-Behavioral Therapy (existing)</td>
</tr>
<tr>
<td></td>
<td>• SafeCare (existing)</td>
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<tr>
<td></td>
<td>• Celebrating Families! (new)</td>
</tr>
<tr>
<td>Grantee C</td>
<td>• Nurturing Families (existing)</td>
</tr>
<tr>
<td></td>
<td>• Strengthening Families Program (existing)</td>
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<td></td>
<td>• Incredible Years (existing)</td>
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<td>• Triple P (existing)</td>
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<tr>
<td>Grantee D</td>
<td>• Celebrating Families! (existing)</td>
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<td>• Early Pathways (existing)</td>
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<td>• Parents Interacting with Infants (existing)</td>
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<tr>
<td></td>
<td>• Solution-Focused Brief Therapy (new)</td>
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<td></td>
<td>• Caring for Children Who Have Experienced Trauma (new)</td>
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“Existing” – leveraging existing EBP community resource; “New” – implementing new EBP
Building Protective Factors to Strengthen Families

- Social Connections
- Parental Resilience
- Nurturing and Attachment
- Concrete Support for Families
- Knowledge of Parenting and Child Development
- Social and Emotional Competence of Children
Considerations for Selecting a Parenting Program

• Have you conducted a needs assessment? What do the families need? How will it help achieved desired outcomes?

• Have realistic expectations of their ability to participate - especially in early recovery?

• Does it have a parent-child component?

• Is it evidence-based for this population?

• Do you have the staffing and logistical support for successful implementation?
Practice Innovation: Reunification Group

• Participation begins during unsupervised/overnight visitations through 3 months post-reunification
• Staffed by an outside treatment provider and recovery support specialist (or other mentor role)
• Focus on supporting parents through reunification process
• Group process provides guidance and encouragement; opportunity to express concerns about parenting without repercussion

Theresa Lemus, MBA, RN, LADC and Tessa Richter, LCSW
Center for Children and Family Futures
LADSC | March 29, 2019
Key Strategy

Redesign phasing system to better assess and prepare families for successful recovery and reunification.
What would FAMILY PRESERVATION COURT look like if...
“Working in Child Protection is not Rocket Science, but it is harder.”
Child Welfare = Complex Problem:

- Ambiguity
- Inconsistent Goals
- Complexity of Decisions and Systems
- Severe Time Restraints
- Inherent Unpredictability
SUCCESS

abstinence, compliance, reunification, graduation, safety, lasting permanency, case closure, recovery
Do parents know what they need to do to reunify?
Phases as an Engagement Strategy

• Leverage the phase structure to create a behavior-based, family-centered program
• Allow parents to see how their progress through the phases moves them to THEIR goal
• Creates shared goals and coordinated case plans for all partners including the family
• Focus on vital services
• Lay out steps towards reunification
Moving From Checklist → Change

Monitoring Checkboxes → Supporting Behavior Change
Safe vs. Perfect
Sobriety and Drug Testing

Monitoring Checkboxes

- Assuming sobriety = safety & safety = sobriety
- Moving through phasing based solely on sobriety days
- Tying parenting time expansion and supervision level to drug testing results
- Seeing use as failure and supporting this narrative

Supporting Behavior Change

- Always asking- how does this impact parenting ability
- Looking at behavior around use and sobriety
- Remembering what early recovery looks like
- Considering lapse vs. relapse and examining and discussing behavior before and after use
- Celebrating small wins
What Questions Can Drug Testing Answer? ... & What Can it Not?

- Whether an individual has used a tested substance within a detectable time frame
- A drug test alone cannot determine the existence or absence of a substance use disorder
- The severity of an individual’s substance use disorder
- Whether a child is safe
- The parenting capacity and skills of the caregiver
- Only monitoring and discussing treatment “compliance days” or “attendance days”
- Asking number of support meetings attended
- Seeing treatment as a checkbox to complete vs a predictor of reunification

- Discussing engagement and skills
- Supporting practice and use of new skills
- Keeping treatment in context of Family Recovery
- Focus on Four Major Dimensions of Recovery
- Engage in conversation about recovery support/meetings
- Discuss shift towards healthy relationships
- Aftercare planning
Parenting

Monitoring Checkboxes

- Attendance/completion of parenting class
- Visitation that expands based on time in program or days of sobriety
- Lack of parenting responsibility until reunification
- Reunification close to or post graduation
- Children kept out of recovery process
- Parents and foster/kinship caregivers separated

Supporting Behavior Change

- EB parenting curriculum for population
- Encouraging parents to attend doctor, school, and therapy appointments; demonstrating understanding of children’s needs
- Ample parenting time to practice new skills; expanded based on safety
- Discussion and insight of how SUD has affected children; Repairing relationship
- Support and practice use of safety plans
- Utilize caregivers as source of support and mentorship
- Brainstorming around “logistical barriers”
Safety Planning with Children

- Encourage and support conversations between parents and children about substance use disorder, treatment, recovery, and relapse
- Provide children with developmentally appropriate answers/explanations
- Empower children to help set rules for their “Safety House” and tell parents who they do and don’t want around
- Help children identify who is safe to call if they are worried about mom and dad
- Mom and dad give permission to kids to “tell on them” if they don’t feel safe
- PRACTICE!!
Key Strategy

Enhanced or Restructured FPC Staffings
Enhanced Staffing

• Focus discussions on desired behavior changes of participants versus only program or treatment attendance
• Address the needs and progress of children, parents, and the whole family
• Use court reports or staffing templates that incorporate parent and child information
• Discuss progress of all cases, not just those in non-compliance, and celebrate successes
• Be inclusive of more partners and service providers and provide a venue for meaningful partner input where all voices are heard
• Allow the Judge and team more time to reflect on and process information
Who needs to know what and when?

Do treatment providers know—

• Reason for referral, including current/history of mental health, trauma, and substance use?
• Child welfare history as parent and as child?
• Current custody and placement status of children?
• Any screening and assessment results already conducted?
• Parenting time schedule and plan?
• Mandated services through treatment plan?
• Court dates, multidisciplinary team staffing dates?
• Permanency goal and return home plan?
Who needs to know what and when?

Does Child Welfare and the Court know—

• Assessment summary including Level of Care recommendations, current diagnosis, and recommended services?
• Treatment plan and Services that will be provided?
• Goals and progress including attendance, participation, attitude, motivation, engagement, interest, behavioral changes, improved functioning?
• Discharge and aftercare plans/needs?
Big steps
Small steps
Just keep moving
Action Planning
Contact Information

Children and Family Futures
fdc@cffutures.org
(714) 505-3525
www.cffutures.org
Implementation Lessons Family-Centered Approaches

3 Year Grant
Round 1 Apr. 2014 - May 2017

4 Family Drug Courts

• San Francisco, CA
• Pima County, AZ
• Robeson County, NC
• Tompkins County, NY

Read!
Case Studies (All Four Grantees)

Learn! 5 Briefs

Overview of PFR

Key Lessons for Implementing a Family-Centered Approach

Cross-Systems Collaboration, Governance and Leadership:

Evidence-Based Program Implementation

Building Evaluation and Performance Monitoring Capacity of FDCs

The Prevention and Family Recovery initiative is generously supported by the Doris Duke Charitable Foundation and The Duke Endowment.
New Publication!

**Purpose:** Support the efforts of states, tribes and local communities in addressing the needs of pregnant women with opioid use disorders and their infants and families

** Audience**
- Child Welfare
- Substance Use Treatment
- Medication Assisted Treatment Providers
- OB/GYN
- Pediatricians
- Neonatologists

**National Workgroup**
- 40 professionals across disciplines
- Provided promising and best practices; input; and feedback over 24 months

https://www.ncsacw.samhsa.gov/
Additional Resources on Opioids

Web-Based Resource Directory
Webinar Series
Information on Treatment of Opioid Use Disorders in Pregnancy; Neonatal Abstinence Syndrome

Site Examples

Family Drug Court Learning Academy

- Over 40 webinar presentations
- 5 Learning Communities along FDC development
- Team Discussion Guides for selected presentations

www.cffutures.org/fdc-learning-academy/
Family Drug Court Online Tutorial

- Self-paced learning
- Five modules cover basic overview of FDC Model
- Certificate of Completion

Start Learning Today @ www.fdctutorials.org
NCSACW Online Tutorials Cross-Systems Learning

FREE CEUs!

Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals

Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals

Understanding Substance Use Disorder Treatment and Family Recovery: A Guide for Child Welfare Workers

www.ncsacw.samhsa.gov/training
Family Drug Court Orientation Materials

Discipline Specific

Child Welfare | AOD Treatment | Judges | Attorneys

www.cffutures.org/national-fdc-tta-program/
Family Drug Court  Peer Learning Court Program

http://www.cffutures.org/plc/
Family Drug Court National Strategic Plan

Vision:
Every family in the child welfare system affected by parental/caregiver substance use disorders will have timely access to comprehensive and coordinated screening, assessment and service delivery for family’s success.
