

TRANSITIONING TO A FAMILY-CENTERED APPROACH

Best Practices and Lessons Learned from
Three Adult Drug Courts



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Center for Children and Family Futures
Strengthening Partnerships, Improving Family Outcomes





*National
Leadership*

*Cross-Agency
Coordination*

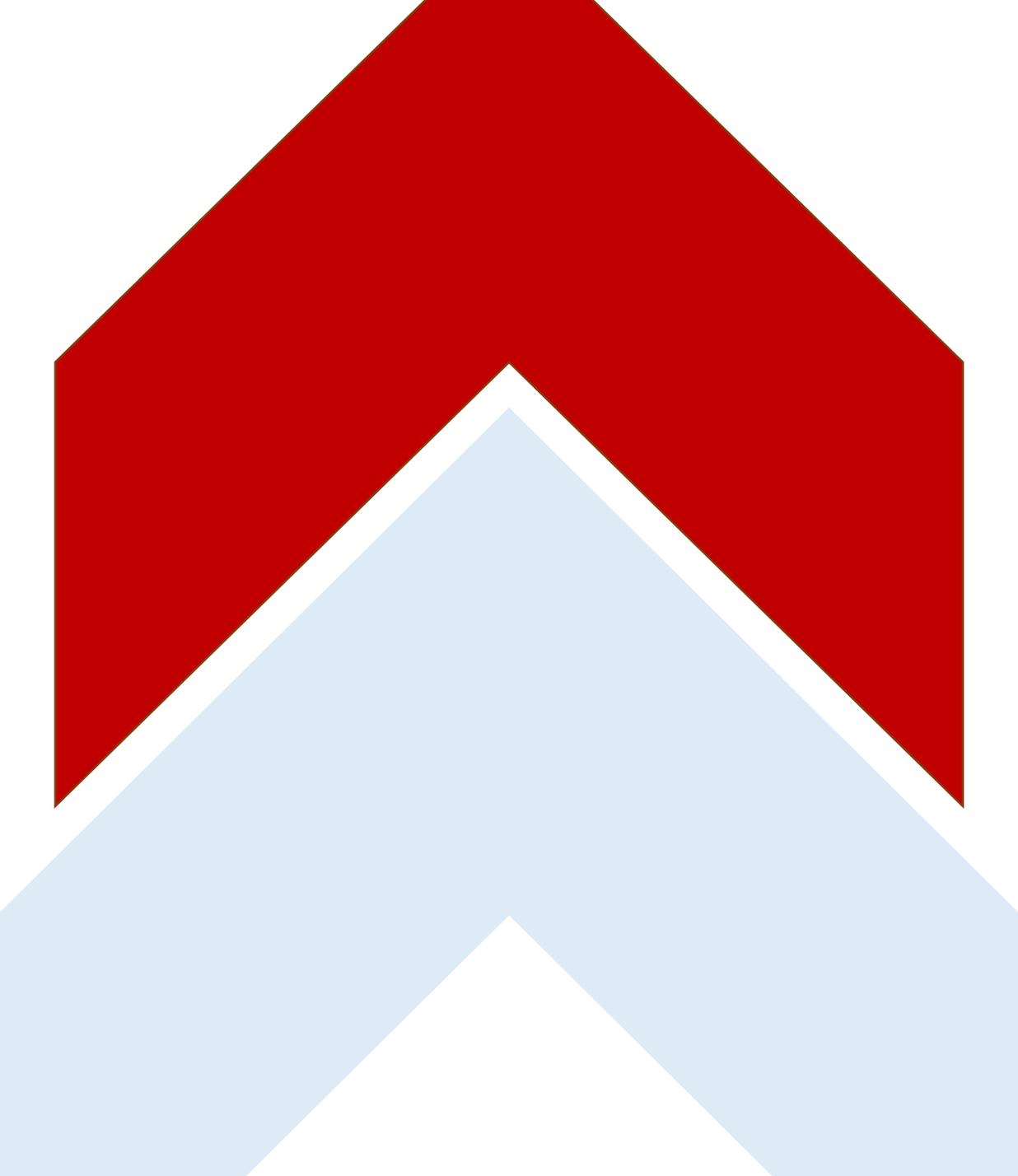
*Technical
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Acknowledgement

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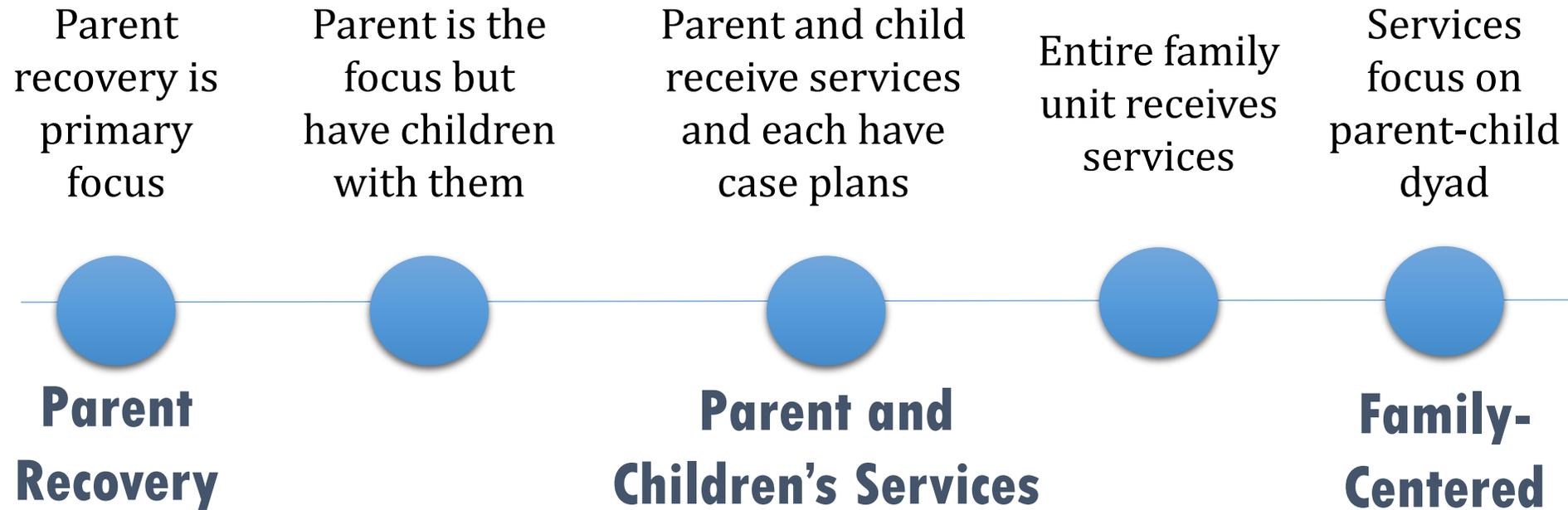
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**RAISING THE
PRACTICE BAR**

How Family-Centered Is Your ADC?



What Steps Can You Take to Move Practice?

TRANSITIONING TO A FAMILY CENTERED APPROACH:

Best Practices and Lessons Learned
from Three Adult Drug Courts



Children and Family Futures
National Drug Court Institute



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

<https://www.ndci.org/wp-content/uploads/2016/05/Transitioning-to-a-Family-Centered-Approach.pdf>

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**



8.3 Million children live with one or more parents who are dependent on alcohol or need treatment for illicit drug use

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

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

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

**first
core
concept**



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**
- Postpartum women who had their infants living with them in treatment had **highest treatment completion rates and longer stays in treatment**



Serving Families Saves Money

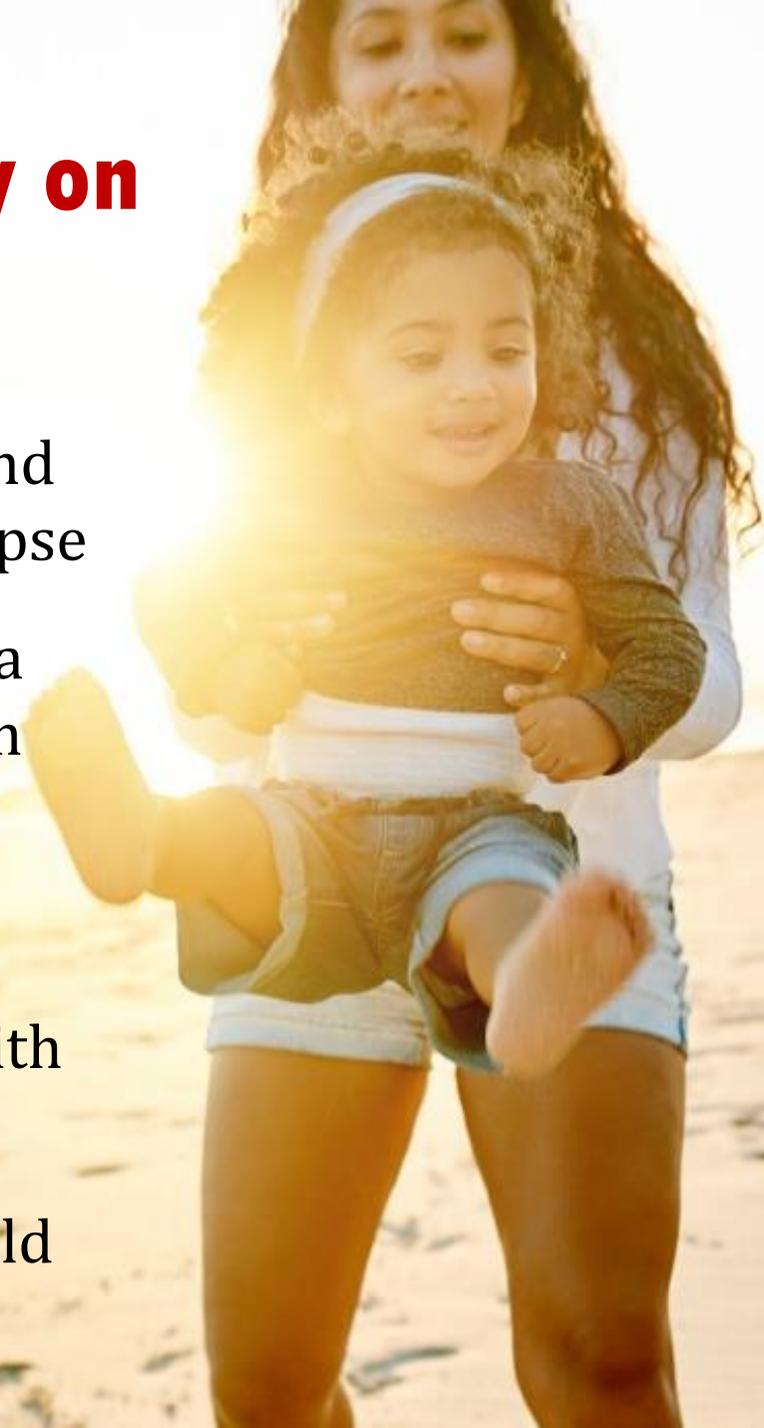
Adult Drug Courts that provided parenting classes had **65% greater reductions** in criminal recidivism and **52% greater cost savings** than Drug Courts that did not provide parenting classes.

Source: Carey, S.M., Mackin, J.R., & Finigan, M.W. (2012). What works? The 10 key components of Drug Court: Research-based best practices. Drug Court Review.



The Costs of Focusing Only on Parent Recovery

- Threatens 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**

**second
core
concept**

- Children and families have multiple and complex needs
- Serving these needs will require more resources
- Collaboration and partnerships and shared resources are critical



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



Strategy

1

Mission, Values, and Principles

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



Strategy

2

Mission, Values, and Principles

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



Strategy

3

Collaboration and Communication

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**

Trauma

**Community and
auxiliary
support**

ADC & FDC Collaboration

- Is there a 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



Strategy

4

Collaboration and Communication

Ensure strong communication and information sharing for effective, coordinated service delivery to participants and their children and families



Databases

Ensure that ADC information systems, including tracking of family members

Monitoring – What Has Been the Effect?

- Staff – what is feedback regarding implementation? What barriers exist
- Referral and treatment access and quality
- Outcome monitoring – what are the key indicators
- Information sharing – how is it collected, shared, and reported



Strategy

5

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?





Strategy

6

Screening, Assessment, and Needs of Parents, Children, and Families

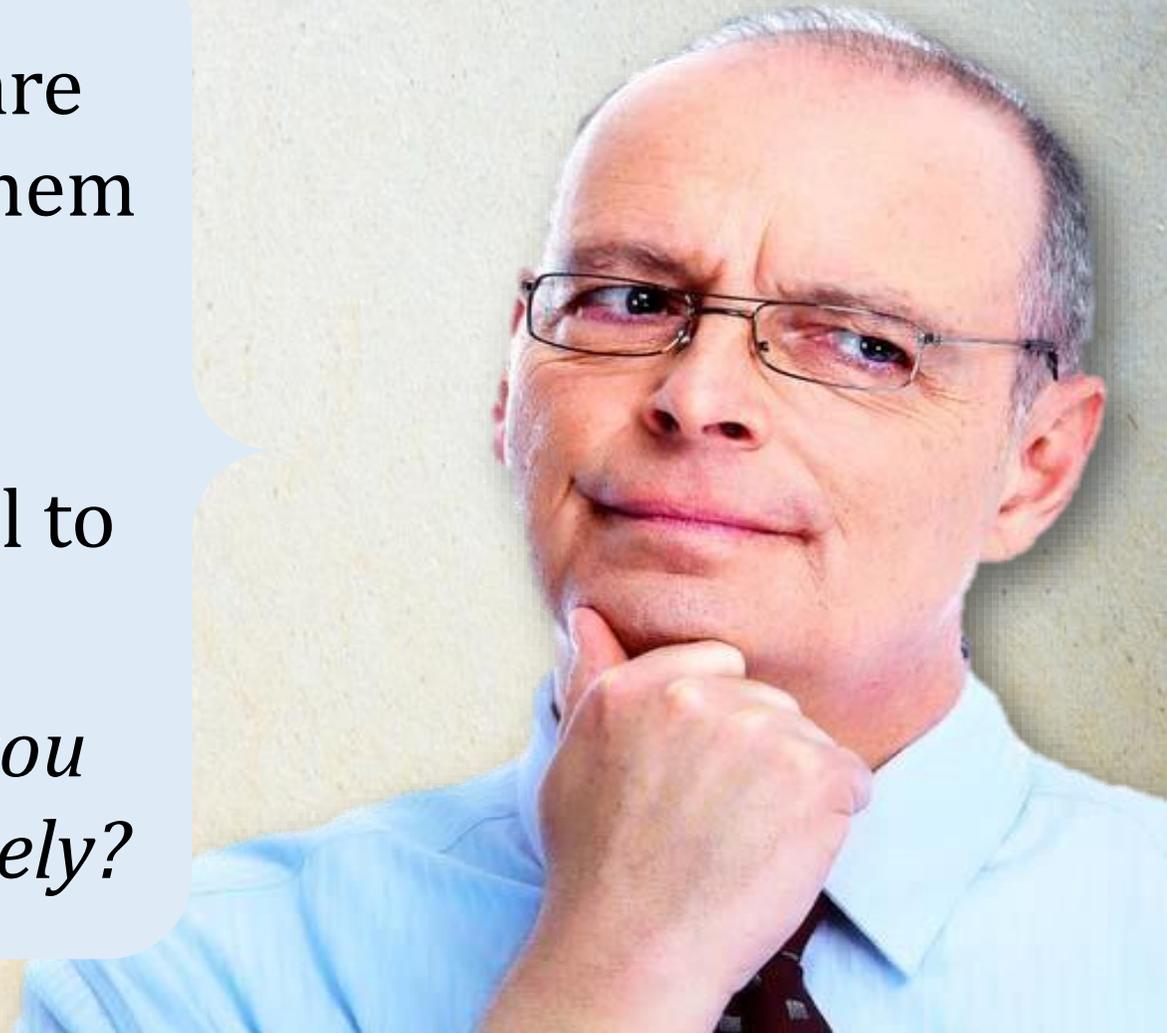
Conduct screening and assessment to identify the needs of parents, children, and families, and refer them to appropriate services

Screening and Assessment Tools

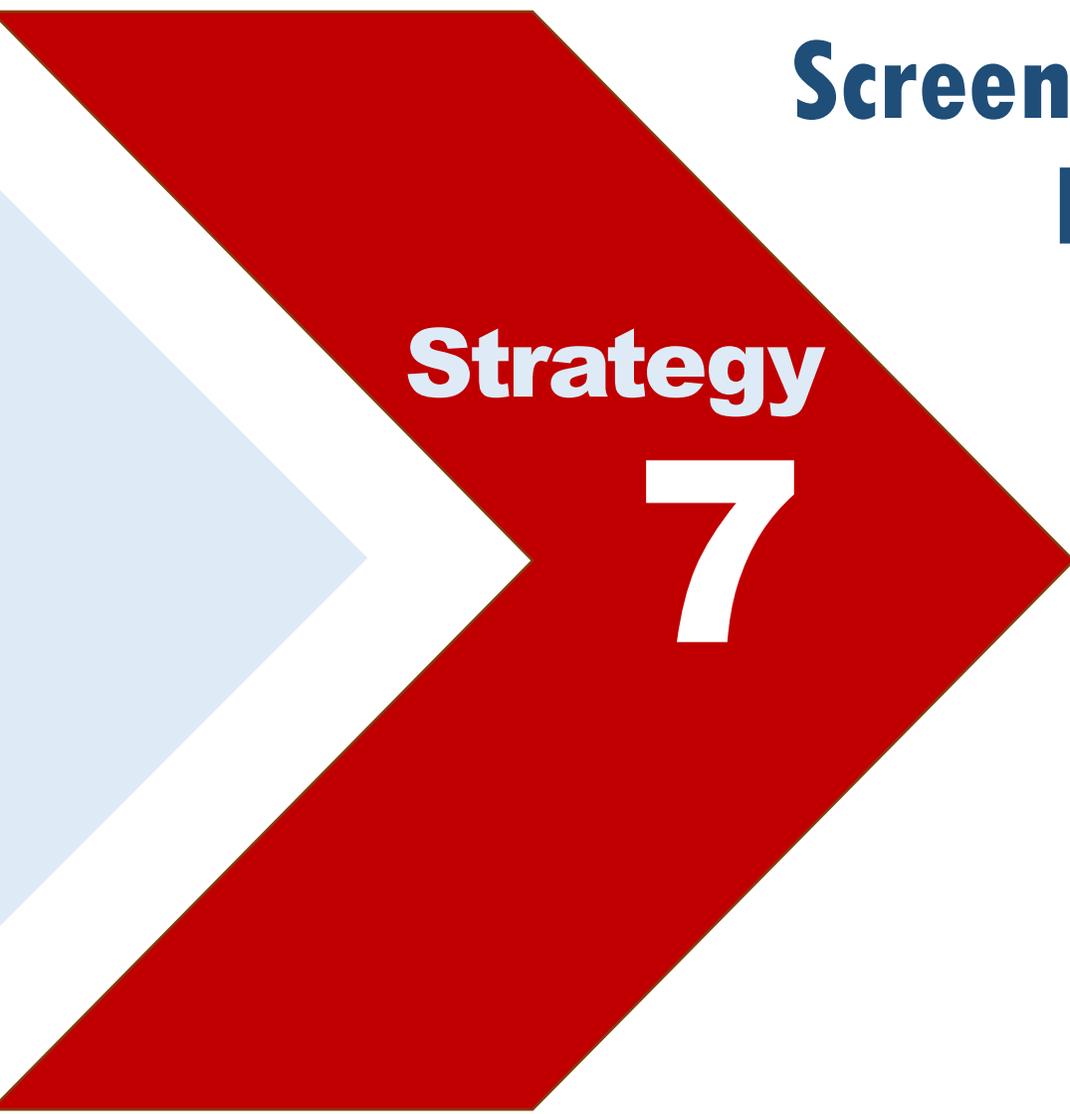
- Addiction Severity Index
- Adverse Childhood Experience
- PTSD Checklist for DSM-V
- Correctional Offender Management Profiling for Alternative Sanctions
- Risk and Needs Triage
- Texas Christian University – Client Evaluation of Self and Treatment
- Behavioral Substance Abuse Assessment

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



Strategy

7

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 Program** - <http://www.strengtheningfamiliesprogram.org/>
- **Nurturing Program for Families in Substance Abuse Treatment and Recovery** - <http://www.healthrecovery.org/publications/detail.php?p=28>

Please visit:

- **California Evidence-Based Clearinghouse** - www.cebc4cw.org
- **National Registry of Evidence-Based Programs and Practices** - www.nrepp.samhsa.gov

Screening, Assessment, and Needs of Parents, Children, and Families



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 the child at risk

Therapeutic

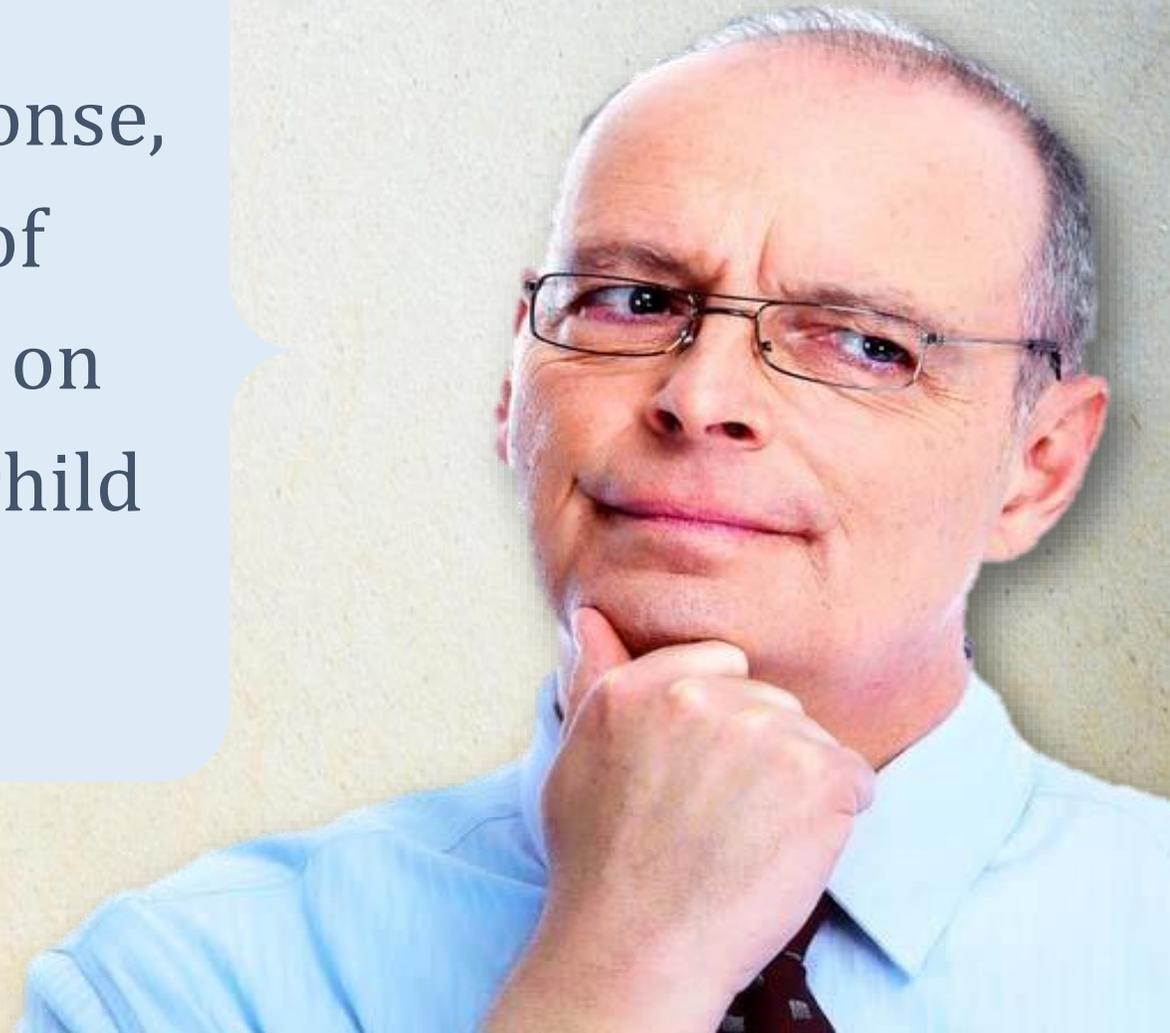
- A response designed to achieve a specific clinical result for parent in treatment

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 effect of that sanction would have on children and the parent-child relationship (e.g. jail)





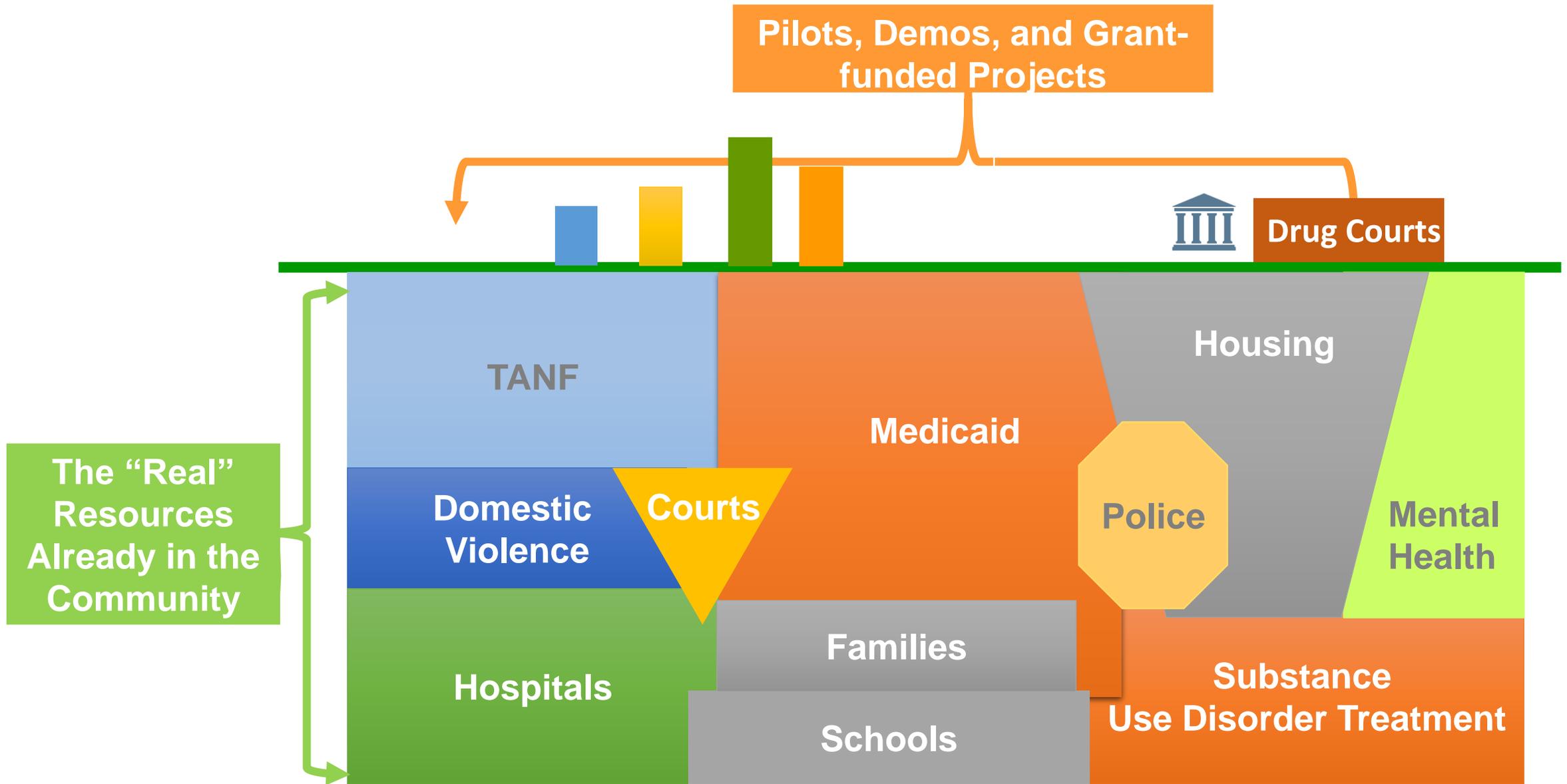
Strategy

9

Funding, Sustainability, Evaluation, and Outcomes

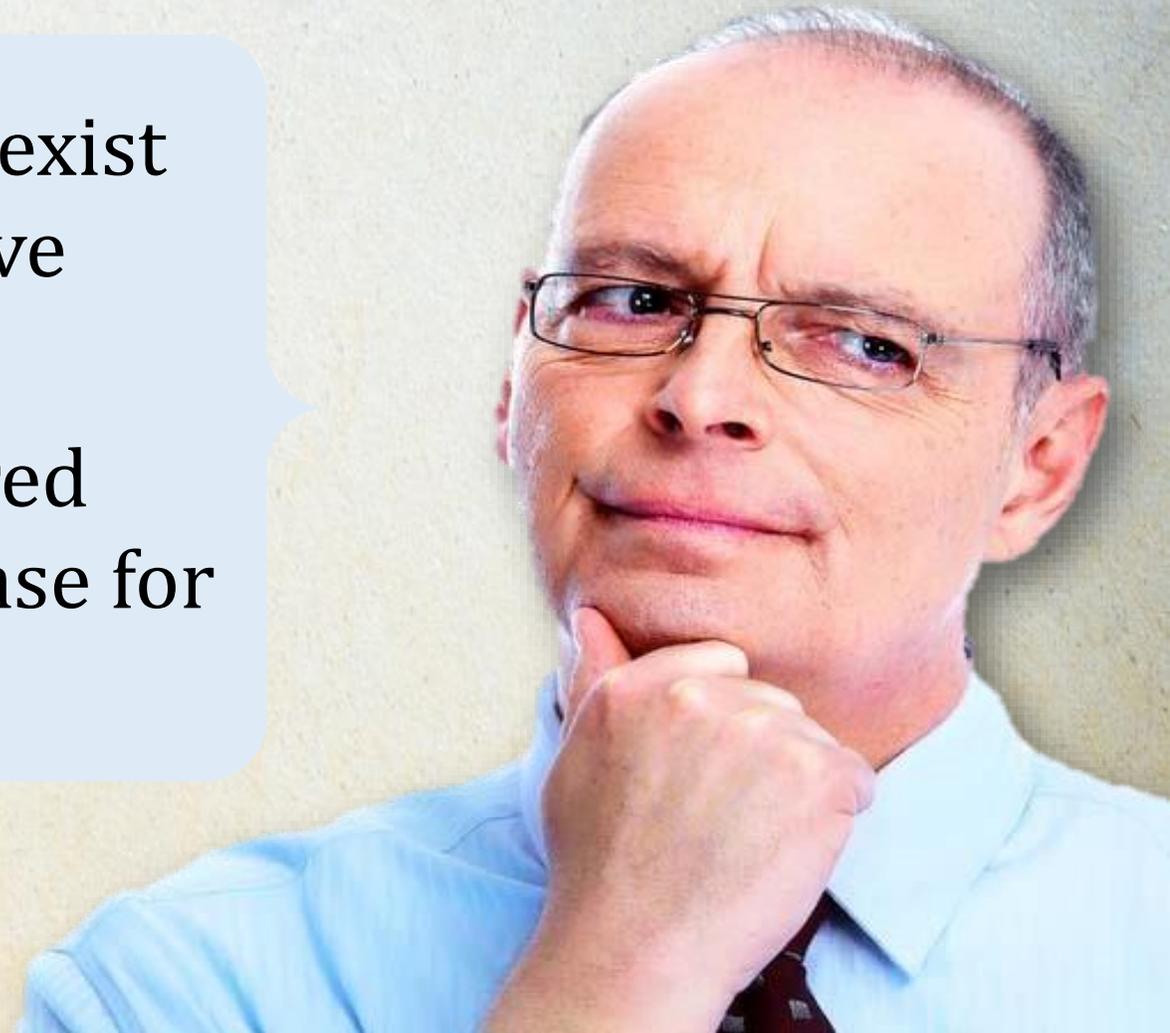
Develop sustainability plans that account for funding services to children and families

Redirection of Resources Already Here



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

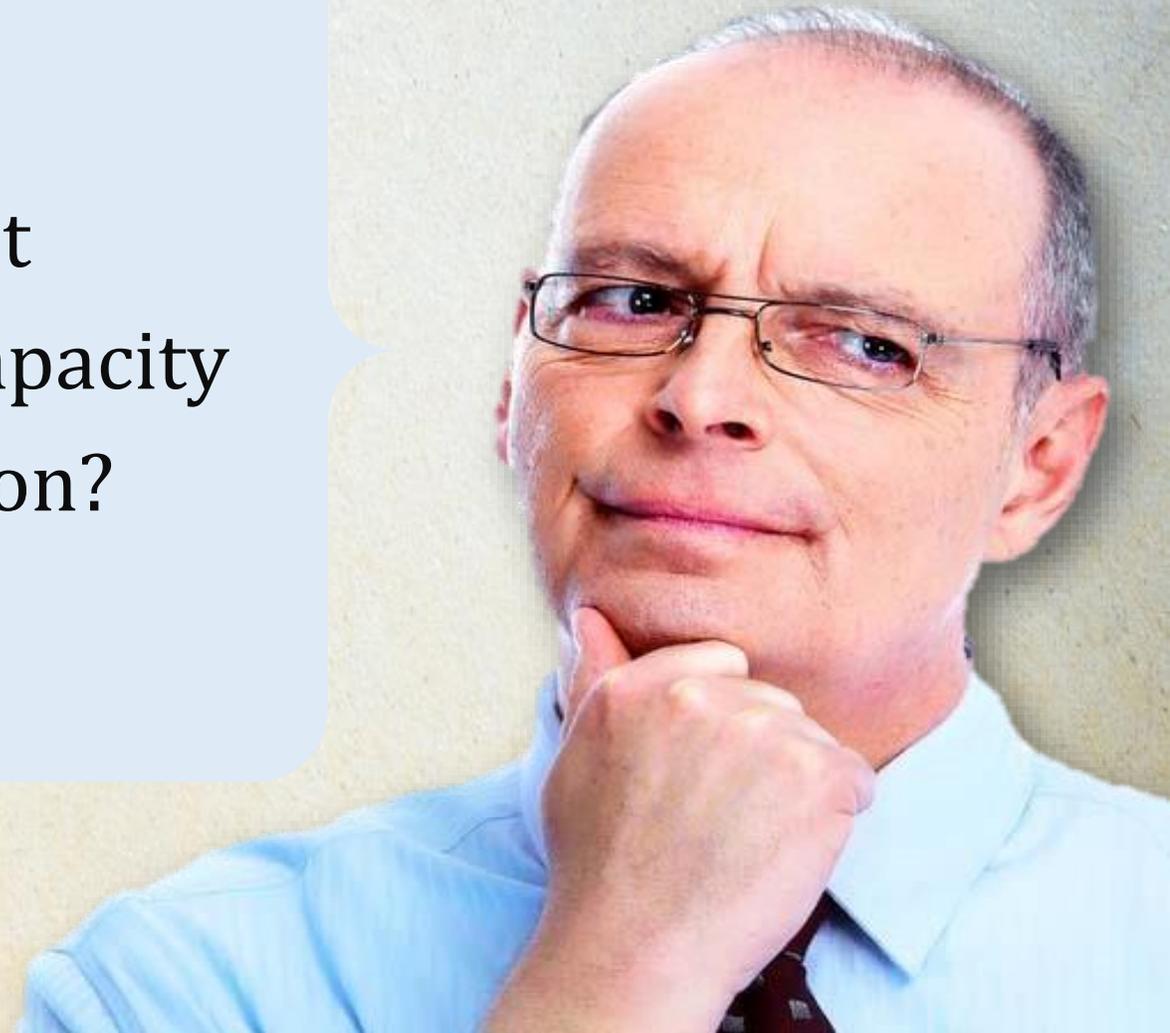
Conduct program evaluations to identify parent, child, and family outcomes

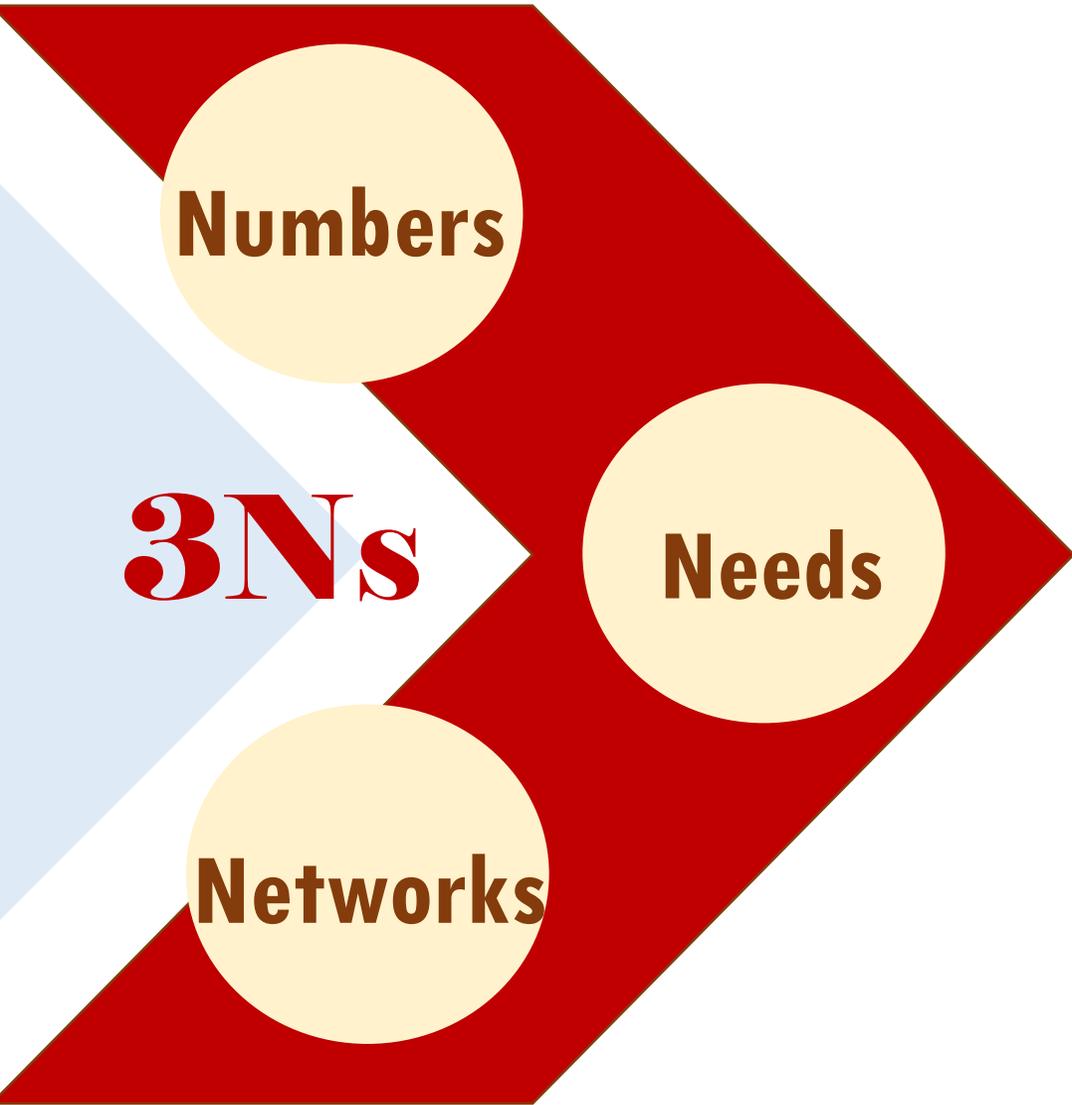
Family-Centered Performance Measures

Domain	Performance Measure	Description
Child Welfare	C1. Occurrence/Recurrence of Maltreatment	The percentage of children who experience maltreatment after ADC entry
	C2. Children Remain at Home	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
	C3. Length of Stay in Out of Home Care	The average length of stay in out of home care from date of most recent entry to date of discharge
	C4. Timeliness of Reunification and Permanency	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
	C5. Re-entry to Out of Home Care	The percentage of children who re-enter out of home care after reunification
	C6. Prevention of Substance Exposed Infants	Percentage of pregnant women who had a substance exposed infant after ADC entry
SUD Treatment	A1. Access to Treatment	The average number of days from SUD treatment referral to SUD treatment entry
	A2. Retention in Treatment	The percentage of parents who successfully complete SUD treatment
	A3. Length of Stay in Treatment	The average number of days from SUD treatment entry to treatment discharge
EB Parenting	EB-A1. Connection to EB Parenting	Of the number of parents referred to evidence-based parenting, the percentage who begin services
	EB-A2. Completion of EB Parenting	Of the number of parents who begin evidence-based parenting, the percentage that complete the program
EB Children's Intervention	EB-C1. Connection to EB Children's Service	Of the number of children referred to evidence-based therapeutic services, the percentage who begin services
	EB-C2. Completion of EB Children's Service	Of the number of children who begin evidence-based therapeutic services, the percentage that complete services

Things to Consider

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

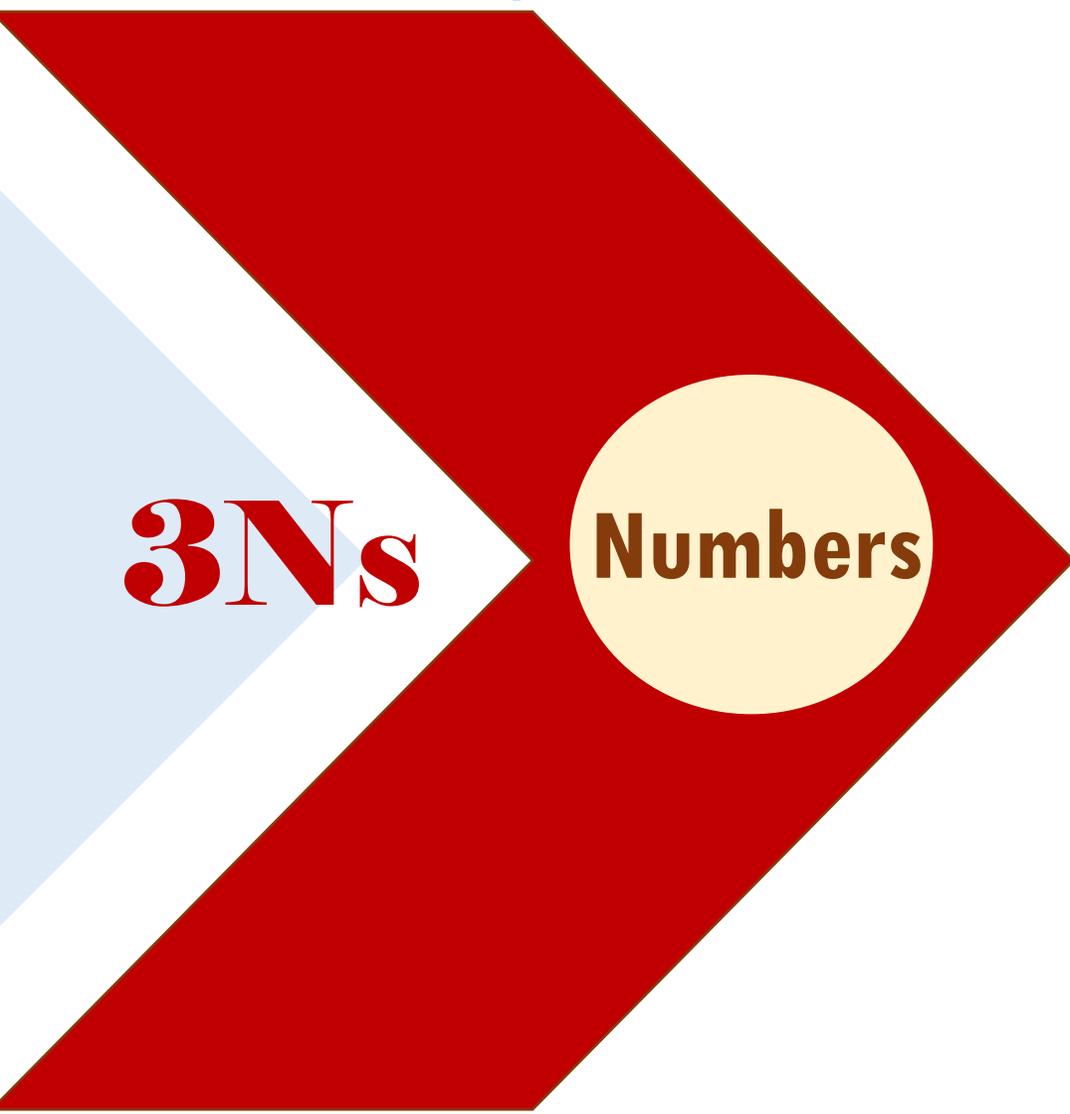




What You Can Do To be More Family-Centered?

Take the Next Steps

Take the Next Steps

A large red arrow pointing to the right, with a white and light blue diagonal stripe on the left side. Inside the arrow, the text '3Ns' is written in red, and 'Numbers' is written in brown inside a yellow circle.

3Ns

Numbers

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

A large red arrow pointing to the right. Inside the arrow, on the left side, is the text '3Ns' in a red, stylized font. On the right side of the arrow, there is a yellow circle containing the word 'Needs' in a brown, sans-serif font.

3Ns

Needs

The Coordinator and Team strategize:

- Are the child's medical, developmental, behavioral, and emotional needs assessed?
- How will you 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?

Take the Next Steps



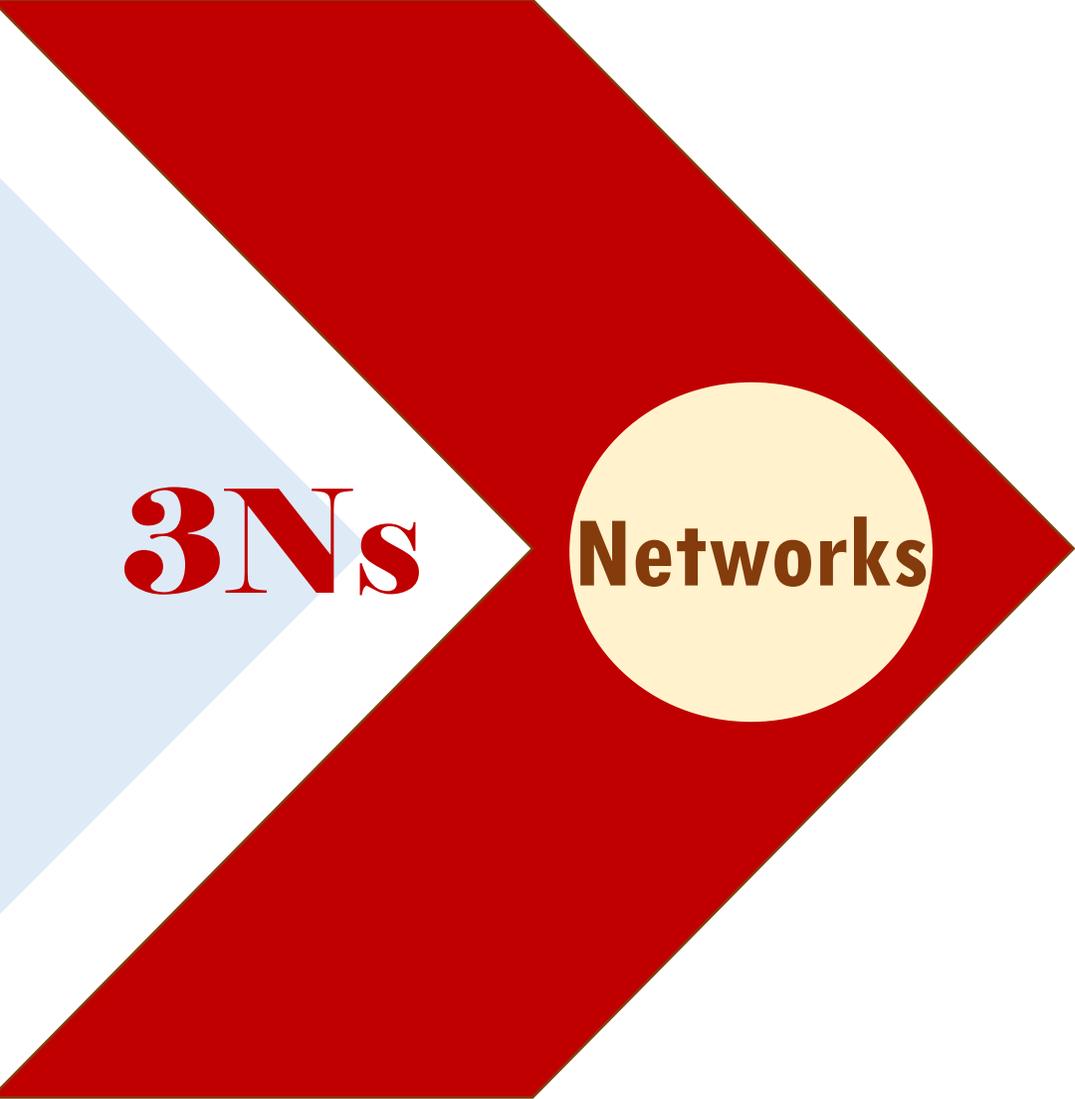
3Ns

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 the drug court team, including judicial leaders on the importance of serving children and families?

Take the Next Steps



3Ns

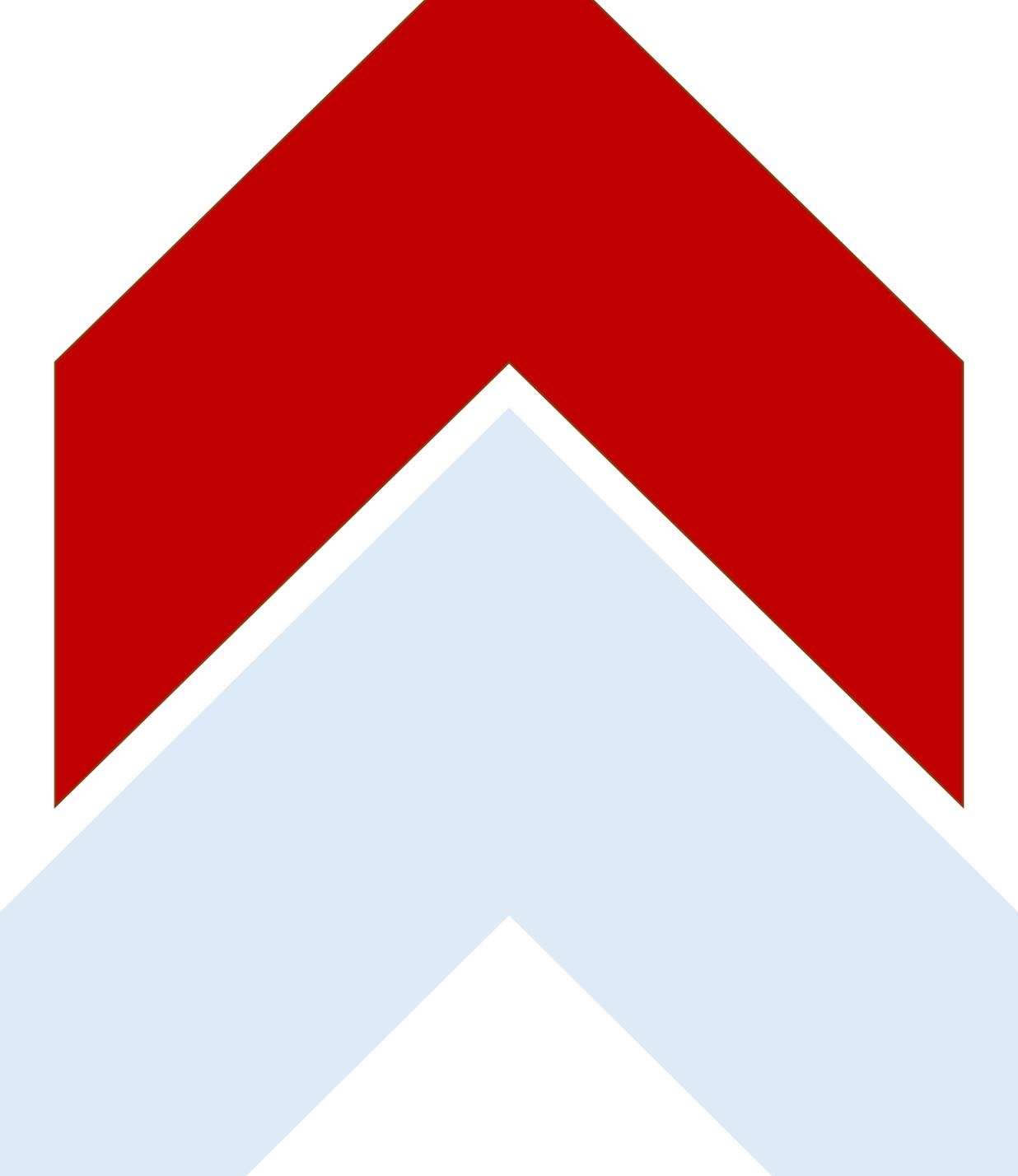
Networks

- Do you refer to and follow-up with 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?

A young girl with curly hair and a headband is running on a beach. In the background, a woman and another girl are walking. The scene is bright and sunny, with long shadows on the sand. A blue triangle is on the left side of the image.

**Big steps
Small steps**

**Just keep
moving**



RESOURCES

TRANSITIONING TO A FAMILY CENTERED APPROACH:

Best Practices and Lessons Learned
from Three Adult Drug Courts



Children and Family Futures
National Drug Court Institute



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

<https://www.ndci.org/wp-content/uploads/2016/05/Transitioning-to-a-Family-Centered-Approach.pdf>

Family Drug Court *Learning Academy*



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



www.cffutures.org



View the Recorded Webinar!!

**Supporting Families in Family Drug Courts for Recovery, Reunification
and Permanency**

**Includes Team
Discussion Guide!**



July 2016

Parent-Child Relationship

Family Drug Court *Blog*



- Webinar Recordings
- FDC Resources
- FDC News



www.familydrugcourts.blogspot.com

Discussion Guide *Understanding Treatment*



www.cffutures.org

- For Child Welfare and Court Professionals
- Build stronger partnerships with treatment
- Ensure best treatment fit for families

Family Drug Court *Online Tutorial*

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

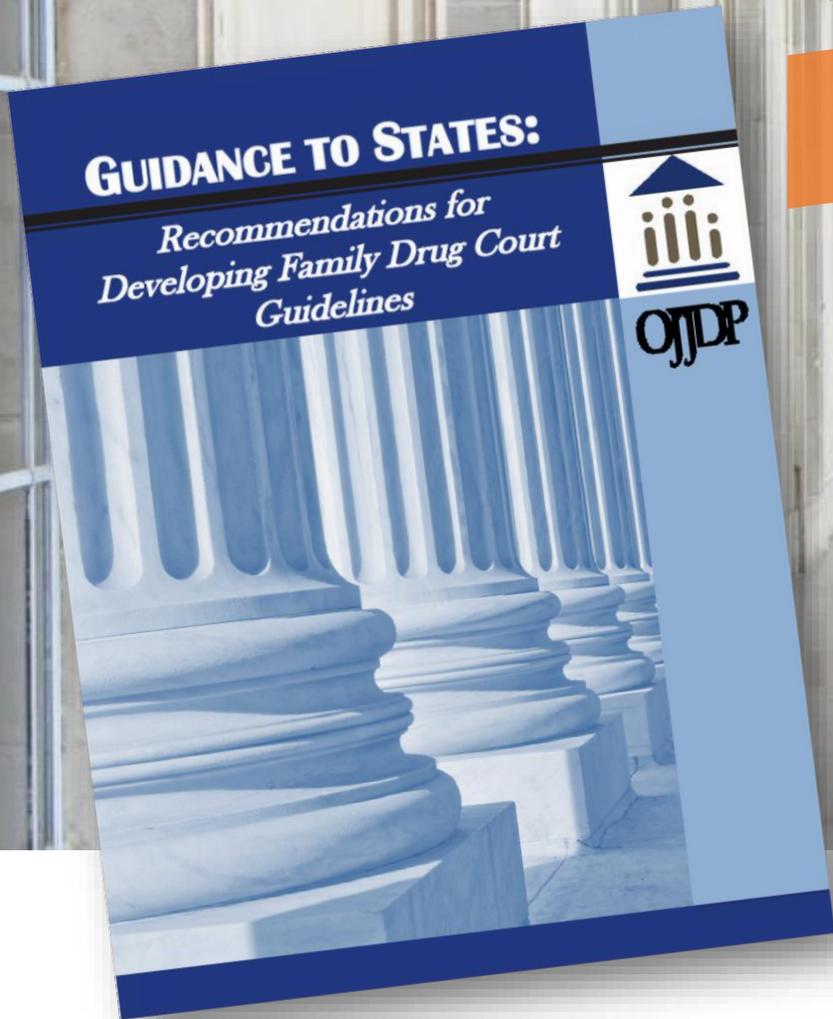
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Collaborate with Center for Children and Family Futures, Inc. to **Design and Implement Your Evaluation**

Measure the Difference You Are Making



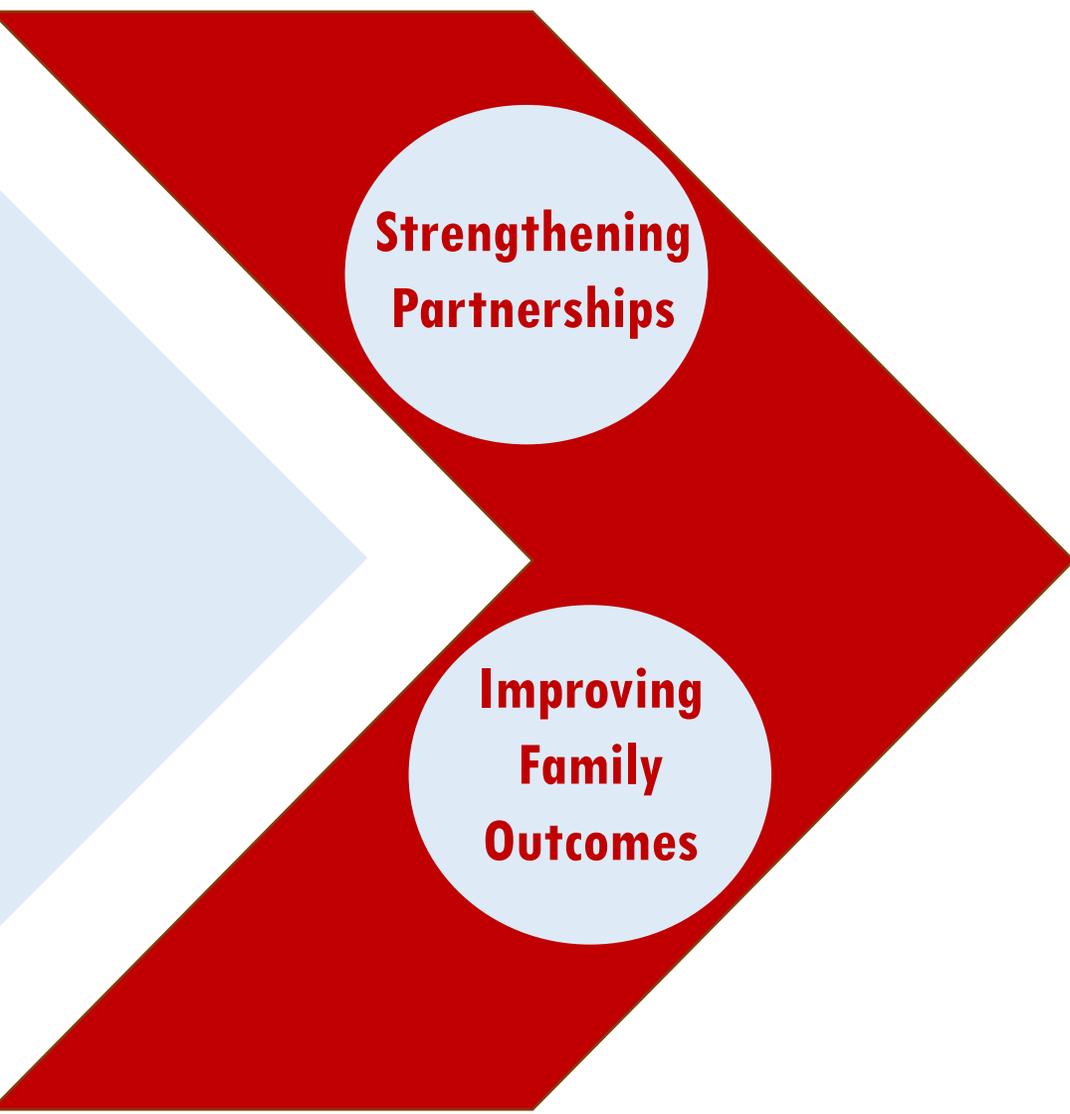
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