Improving Family Drug Court Systems to Provide Comprehensive Family Centered Care

Lessons Learned from the Prevention and Family Recovery Project

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Learning Objectives

• Discuss lessons learned about moving to family-centered care within FDC context
• Identify practice and policy changes
• Highlight improvements in family functioning
• Discuss how to build on the momentum

FDC Practice Improvements

Parent-only
Services provided in the context of the parent’s recovery

Parents & Children
Child and family-focused assessments and services

Full Family-Treatment
Infused in all systems

Acknowledgements

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The Doris Duke Charitable Foundation
The Duke Endowment
Mission

The Prevention and Family Recovery (PFR) initiative seeks to demonstrate how a comprehensive family-centered FDC approach—grounded in effective cross-systems collaboration and evidence-based practices—improves child, parent and family outcomes, particularly in the areas of child abuse and neglect, reunification and parent-child relationships.

The PFR initiative....

Is NOT:

A narrowly defined project simply about adding parenting and child services to the menu

IS about:

Broader, sustainable systems improvements that transform the way FDCs and its collaborative partners serve families

PFR Project Goals

- Expand the service array for FDC families
- Strengthen the capacity of FDCs to implement and sustain a family-centered approach
- Identify breakthrough strategies that support a family-centered approach
- Disseminate lessons learned

PFR Project Partners

- **Children and Family Futures**
  - Providing intensive TA, training and support for grantees
  - Evaluating PFR and disseminating lessons learned
- **Doris Duke Charitable Foundation**
  - Supporting three FDC grantees nationally
- **The Duke Endowment**
  - Supporting a fourth FDC grantee in North Carolina
- **PFR National Advisory Council**
  - Providing input and guidance on PFR
  - Providing expert consultation to grantees on key implementation issues
- **The Four PFR Grantees**
Who are PFR Grantees Serving?

**Who are PFR Grantees Serving?**

**More than 700 Children of FDC Participants**

- 50% girls
- 50% boys
- 3.8 years old (median age)
- 50% ages 0-3 years
- 32% ages 4-8 years
- 11% ages 9-12 years
- 5% ages 13 years and older
- 79% in foster care at FDC enrollment

**More than 530 Adult FDC Participants**

- 80% Female (6% pregnant)
- 30 years old (median age)
- 63% ages 25-34 years
- 49% White
- 20% American Indian
- 18% Hispanic/Latino
- 10% African American
- 1% Asian/Native Hawaiian/Other Pacific Islander

- 38% High school graduate
- 37% High school (grades 9-12), no degree
- 53% Unemployed — not looking for work
- 34% Unemployed — looking for work
- 12% Employed (full or part time)

*Number PFR participants enrolled in grantees’ FDCs from July 1, 2014 to April 30, 2016.*
PFR Realist Evaluation

Designed to answer:

What works, for whom, how, and in what circumstances?

10 Key Lessons and Breakthrough Strategies

What we learned and examples of how grantees have changed the way their FDCs operate today

1. Increased, Renewed and Continued Focus on Cross-Systems Collaboration is Needed to Expand and Sustain the FDC Scope

- Strengthen existing relationships with the core systems
- Cultivate – and institutionalize – new partnerships

Breakthrough Practice

Restructured or Enhanced Clinical and FDC Staffings

- Inclusion of more partners and service providers
- Focus on desired behavioral changes
- Address needs and progress of children, parents and whole family
2. Effectiveness of Parenting and Children’s Services is Integrally Linked to Timely, Effective Substance Use Disorder Treatment

What’s Needed?
- Stronger relationships
- Increased communication
- Enhanced information sharing

How to get there?
- Trust
- Leadership
- Training

3. FDC Teams Need to Build Bridges to Connect Families to Services and Service Providers to Each Other — and Promote Parents’ Timely Admission to the FDC

- Need to fully understand, map, and track the community landscape
- Create a clear path to services – remove client, agency and systems level barriers
- Timely engagement is critical – begin services earlier in the child welfare case

4. Clarity of Roles and Responsibilities is Essential for a Multi-Faceted, Cross-Systems, Family-Centered Approach

- Roles and responsibilities may change as FDC practices are infused into the larger systems
- Clarity even more important when expanding the team

Breakthrough Practice

Dedicated or Co-Located FDC Liaisons from Partner Agencies

- FDC Public Health Nurse
- Child welfare liaison
- Children’s services liaison
- Mental health liaison
- Substance use assessor
Integration of a Children’s Services Coordinator

- Coordinate referrals and service linkages
- Streamline processes
- Improve communication
- Bring information about the children into the court processes

Breakthrough Practice

Even the Most Advanced Sites Need to Build their Cross-Systems Information Sharing and Evaluation Capacity to Move to Data-Driven Decision Making

What’s needed:
- Effective communication
- Trusting interagency relationships
- Staff and partner buy-in
- Dedicated leadership
- Political will
- Sound infrastructure: adequate staff, knowledge, training and resources

A Formal Governance Structure is Necessary to Prioritize and Oversee the FDC Work

- Requires executive-level representation from all key partners
- Promotes accountability and collaborative decision making
- Facilitates information sharing and communication
- Provides a venue for discussion about the FDC’s effectiveness
- Helps to identify and address emerging issues

Case managers, supervisors, judges and project directors will not be around forever. Our efforts going forward must focus on analyzing and disseminating solid data about the effects of our efforts.

It will only be through frequent and accurate reporting to our collaborative partners that we will be able to sustain true system changes and a family-centered focus on dependency court cases with parental substance abuse.

PFR Grantee
7. To Integrate a Truly Family-Centered FDC Approach Requires Several Cultural Shifts

- Family-focused lens built on knowledge of healthy parent-child relationships
- Evidence-based practices as expected standard of care

“PFR has caused us to change the whole focus and shift that conversation because everything that the parent does is integral to the child and every service that the child receives is very integral to that parent success.”

8. Developing the “Evidence-Based Practice Capacity” of Sites is a Complex Undertaking

Considerations:

- Training availability
- Target population
- Eligibility criteria
- Screening and referral processes
- When families should begin services
- Placement of child
- Location and accessibility of services
- Staffing contingency plans

9. To Achieve Larger Systems Change Requires Understanding and Adapting to the Changing Contextual Environment

- Parallel reforms – local, state or national
- Organizational changes – budget cuts, agency reorganizations, and project or partner staff turnover
- Policy changes – impacting substance use disorder treatment

How to effectively respond and adapt?

- Leadership
- Extensive outreach

10. FDC Teams Need to Maintain a Consistent and Strong Focus on Client Recruitment

Standardize and formalize:

- Identification of eligible FDC participants
- FDC referral and admission processes
- Responses to lapses and relapses
**Strategies to Improve Engagement and Retention**

- Streamlined FDC intake process and targeted initial dependency case plan
- Waived child support cases
- Revised phasing to align with progress towards reunification

**Breakthrough Practice**

**Top Family Needs at Intake**

*Percentage of families for whom item was rated a mild to serious problem*

- **Parent’s Substance Use**: 91.7%
- **Parent Employment**: 81.3%
- **Resolve Significant CPS Risk Factors**: 79.1%
- **Completion of Case Service Plans**: 74.8%
- **Family Income**: 72.0%

As measured by the NCFAS G+R

**Changes in Family Functioning – Families with Strength Ratings at FDC Intake and Discharge**

*All items statistically significant at p<.05*
Families with Positive Change in Ratings from FDC Intake to Discharge

<table>
<thead>
<tr>
<th>Category</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Safety</td>
<td>55.0%</td>
</tr>
<tr>
<td>Family Interactions</td>
<td>55.0%</td>
</tr>
<tr>
<td>Parental Capabilities</td>
<td>53.5%</td>
</tr>
<tr>
<td>Self-Sufficiency</td>
<td>52.7%</td>
</tr>
<tr>
<td>Readiness for Reunification</td>
<td>52.4%</td>
</tr>
<tr>
<td>Environment</td>
<td>52.4%</td>
</tr>
<tr>
<td>Family Health</td>
<td>52.0%</td>
</tr>
<tr>
<td>Child Well-Being</td>
<td>49.2%</td>
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<tr>
<td>Social/Community Life</td>
<td>40.2%</td>
</tr>
<tr>
<td>Parent/Child Ambivalence</td>
<td>38.9%</td>
</tr>
</tbody>
</table>

*All items statistically significant at p<.05, except parent/child ambivalence.

Building on our Momentum

What’s in Store for PFR Continuation and Expansion

“PFR2” Overview & Objectives

- Advance the capacity of current grantees
- Expand to four new sites – including a Tribal Family Healing to Wellness Court
- Replicate effective practices
- Increase the knowledge base

Focus on Capacity Building

- Governance and leadership
- Performance monitoring and evaluation
- Knowledge dissemination and sustainability
Q&A and Discussion

2015 Special Issue
Includes four Family Drug Court specific articles presenting findings on:
• Findings from the Children Affected by Methamphetamine (CAM) FDC grant program
• FDC program compliance and child welfare outcomes
• Changes in adult, child and family functioning amongst FDC participants
• Issues pertaining to rural FDCs

Resources

2nd Edition – Research Update – Recently Released

FDC Guidelines

To download a copy, visit our website:
Improving outcomes for children and families affected by substance use disorders

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