

The background of the slide is a photograph of a paved path leading through a park or wooded area during autumn. The path is covered with fallen yellow and orange leaves. On the right side, there is a wooden fence and more trees with vibrant autumn foliage. The sky is visible in the upper part of the image, showing some clouds.

Rethinking Family Recovery: Supporting Families Towards Reunification and Recovery Through a Comprehensive Family-Centered Approach

New England Association of Drug Court Professionals Conference
November 29, 2018

Center for Children and Family Futures



Acknowledgement

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This project was supported by Grant #2016-DC-BX-K003 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect those of the Department of Justice.

Our Mission

To improve safety, permanency, well-being, and recovery outcomes for children, parents, and families affected by trauma, substance use, and mental health disorders.



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

Key Takeaways

A background image showing several hands cupped together, holding dark brown soil. A small green seedling with two leaves is growing out of the soil in the center. The hands are of different skin tones, suggesting a diverse group of people. The overall tone is hopeful and nurturing.

Our beliefs about substance use disorders influence how we respond

Active engagement in early recovery is critical

Systematic approach vs. perceptions of readiness

Implementation Lessons Family-Centered Approaches

Learn!

5 Briefs

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)

Overview of PFR

Key Lessons for
Implementing a Family-
Centered Approach

Cross-Systems Collaboration,
Governance and Leadership:

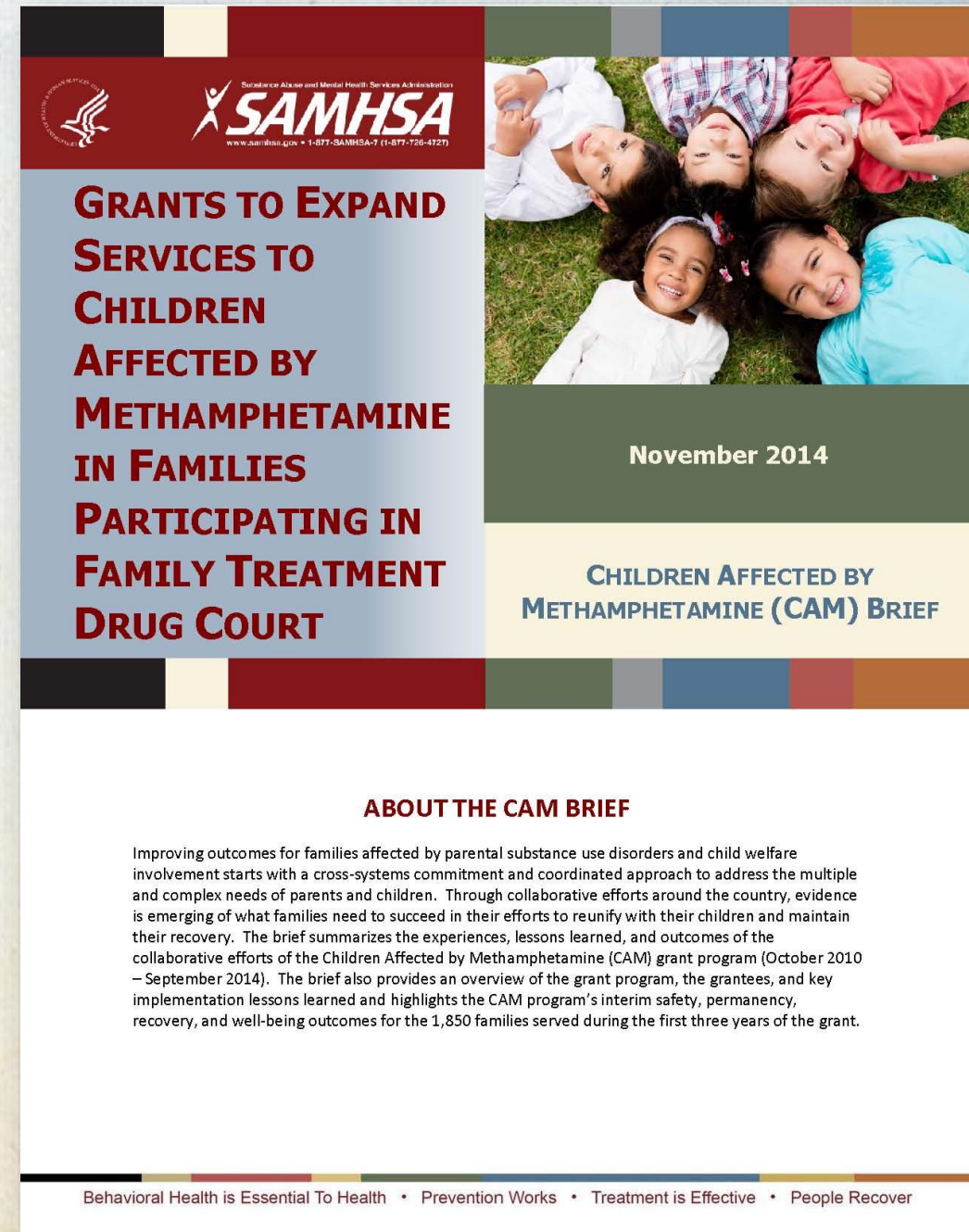
Evidence-Based Program
Implementation

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.*

Children Affected by Methamphetamine Brief

- Overview Children Affected by Methamphetamine (CAM) grant program (funded by SAMHSA from October 2010 – September 2014)
- Key implementation lessons learned
- Highlights safety, permanency, recovery, and well-being outcomes for the 1,850 families served during the first three years of the grant



A photograph of a family (a man, a woman, and a child) hugging each other in a sunlit forest. The sun is low in the sky, creating a warm, golden glow and lens flare effects. The background is filled with the silhouettes of trees and dappled sunlight.

**What would
FAMILY RECOVERY 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**

abstinence

graduation

compliance

safety

SUCCESS

case closure

lasting permanency

reunification

recovery

The background features a dark, blurred gradient of purple and blue. Scattered throughout are several gear icons: a green gear in the upper left, a white gear in the upper center, a black gear in the upper right, a green gear in the lower left, a white gear in the lower center, and a red gear in the lower right.

**Do parents know what they
need to do to reunify?**

Key Strategy



Redesign phasing system to better assess and prepare families for successful recovery and reunification

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
- Create shared goals and coordinated case plans for all partners including the family
- Focus on vital services
- Lay out steps towards reunification

A photograph of a person hugging a child in a sunlit forest. The person is wearing a light green shirt and the child is wearing a grey shirt. The background is a bright, sunlit forest with tall trees and green foliage. The text "Supporting FAMILY RECOVERY" is overlaid on the right side of the image.

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

Health

Overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being

Home

Maintaining a stable and safe place to live

Purpose

Conducting meaningful daily activities, such as a job, school or volunteerism, and having the independence of income, and resources to participate in society

Community

Having relationships and social networks that provide support, friendship, love, and hope

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

A woman with long blonde hair is lifting a young child into the air. The child is wearing a light blue hoodie and dark pants, with arms outstretched. They are outdoors at sunset, with mountains in the background. The scene is bathed in warm, golden light.

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



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

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

A photograph of a man and a woman in profile, facing each other and kissing. The man has short, dark, braided hair. The woman has long, light brown hair. They are both smiling and looking at each other.

PARENTS

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

A photograph of a family of three. A woman with long brown hair is on the left, smiling. A man with short dark hair and a white shirt is on the right, smiling. A baby is in the center, looking at the camera. The family is posed closely together.

FAMILY

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

A close-up photograph of a baby's face. The baby has dark skin and short dark hair, looking directly at the camera with a slight smile. The baby is wearing a white shirt.

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**

Sacramento County Family Drug Court Programming



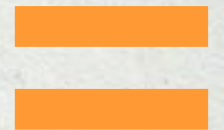
- **Dependency Drug Court (DDC)**
 - Post-File
- **Early Intervention Family Drug Court (EIFDC)**
 - Pre-File



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

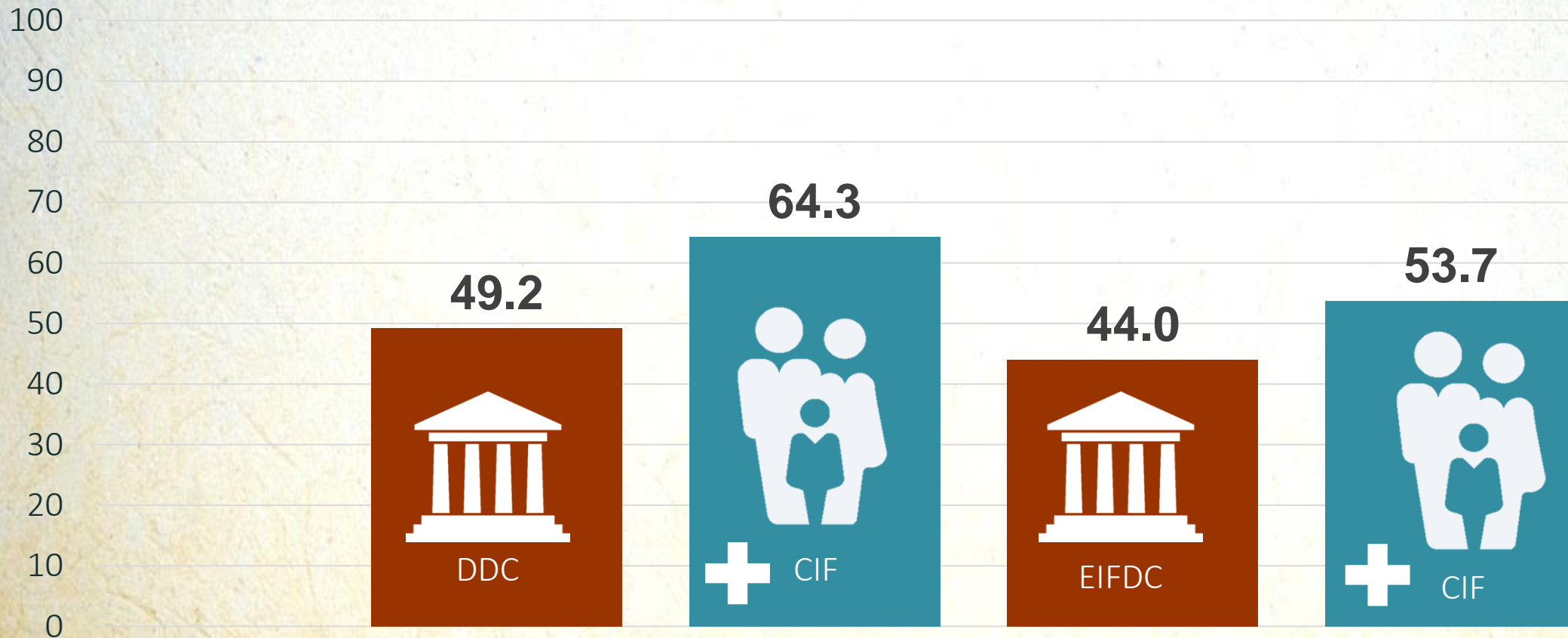


- Implementation of Celebrating Families
 - 16-week curriculum for families affected by parental substance use and child maltreatment and/or neglect
- Linkage to local Family Resource Center
- Warm-hand offs and case management support provided by recovery resource specialists



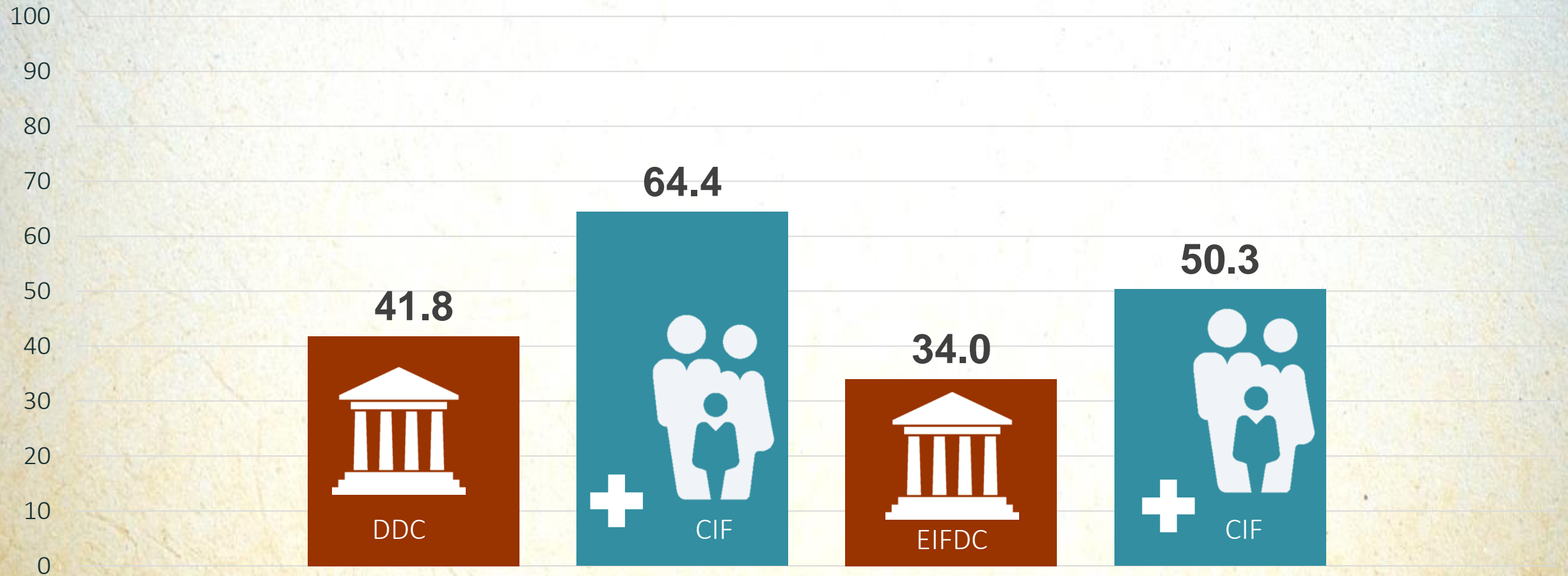
Sacramento County, CAM Project, Children in Focus (CIF)

Treatment Completion Rates



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

Rate of Positive Court Discharge/Graduate



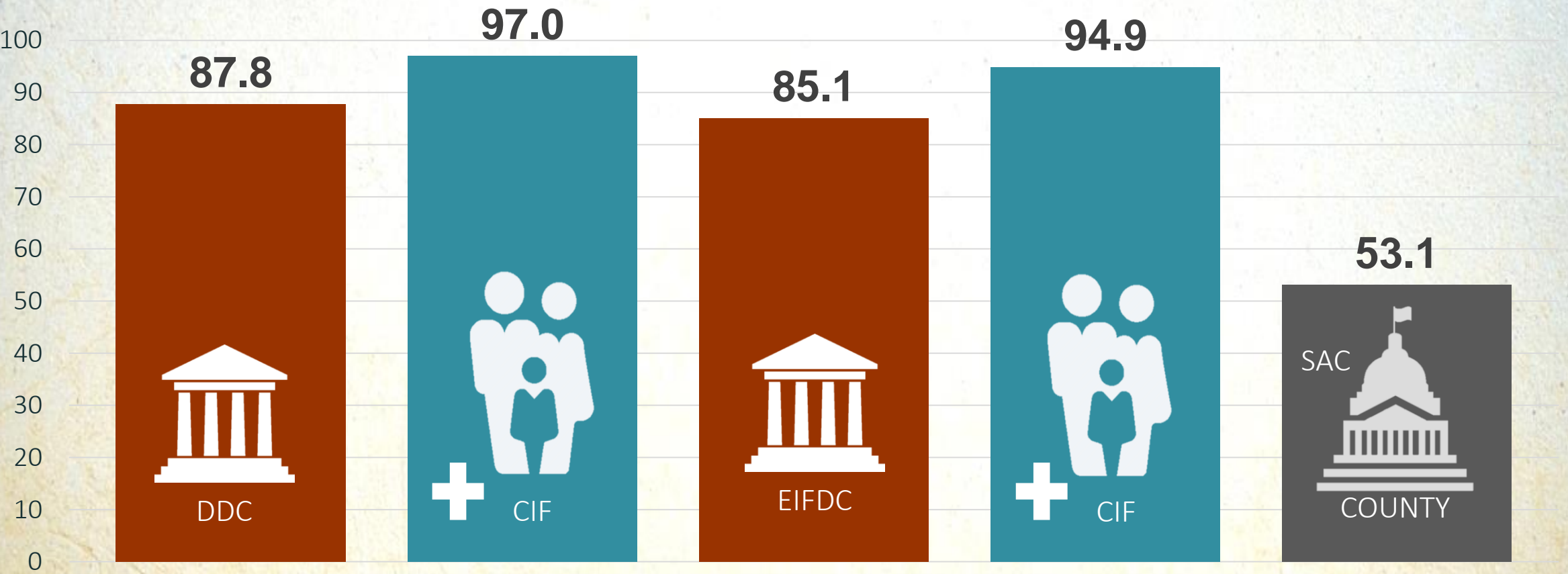
Sacramento County, CAM Project, Children in Focus (CIF)

Remained at Home



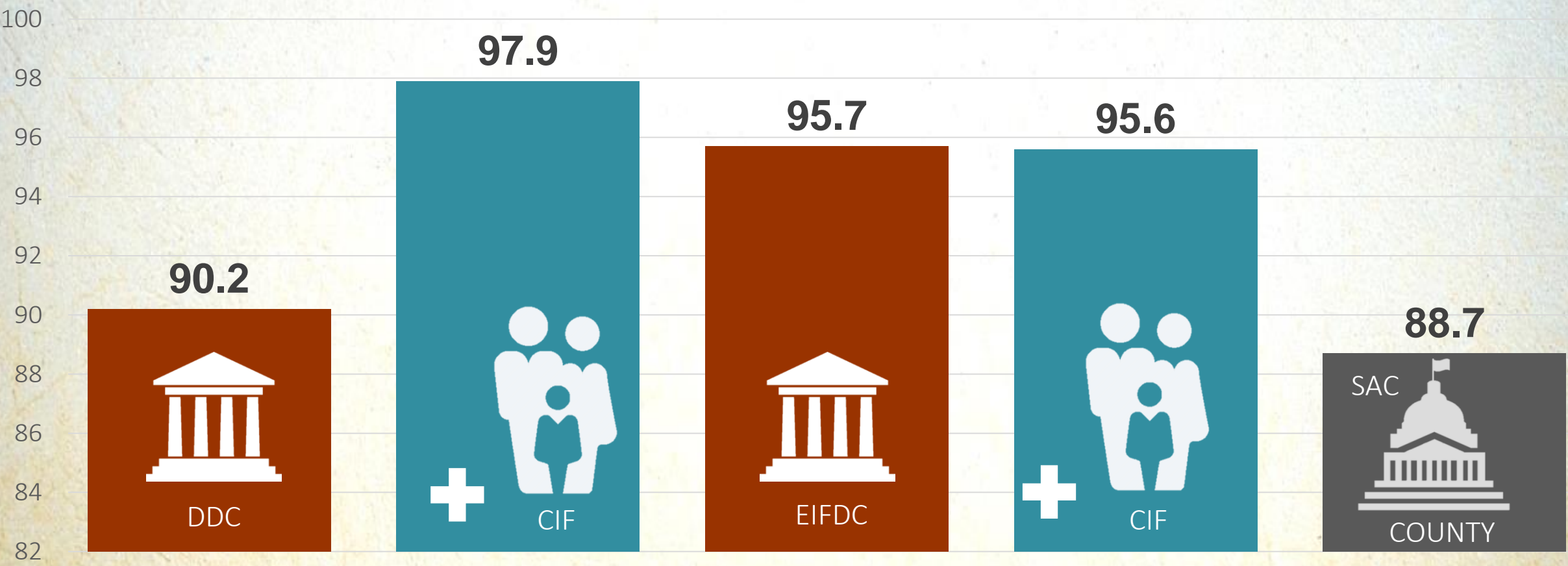
Sacramento County, CAM Project, Children in Focus (CIF)

Reunification Rates



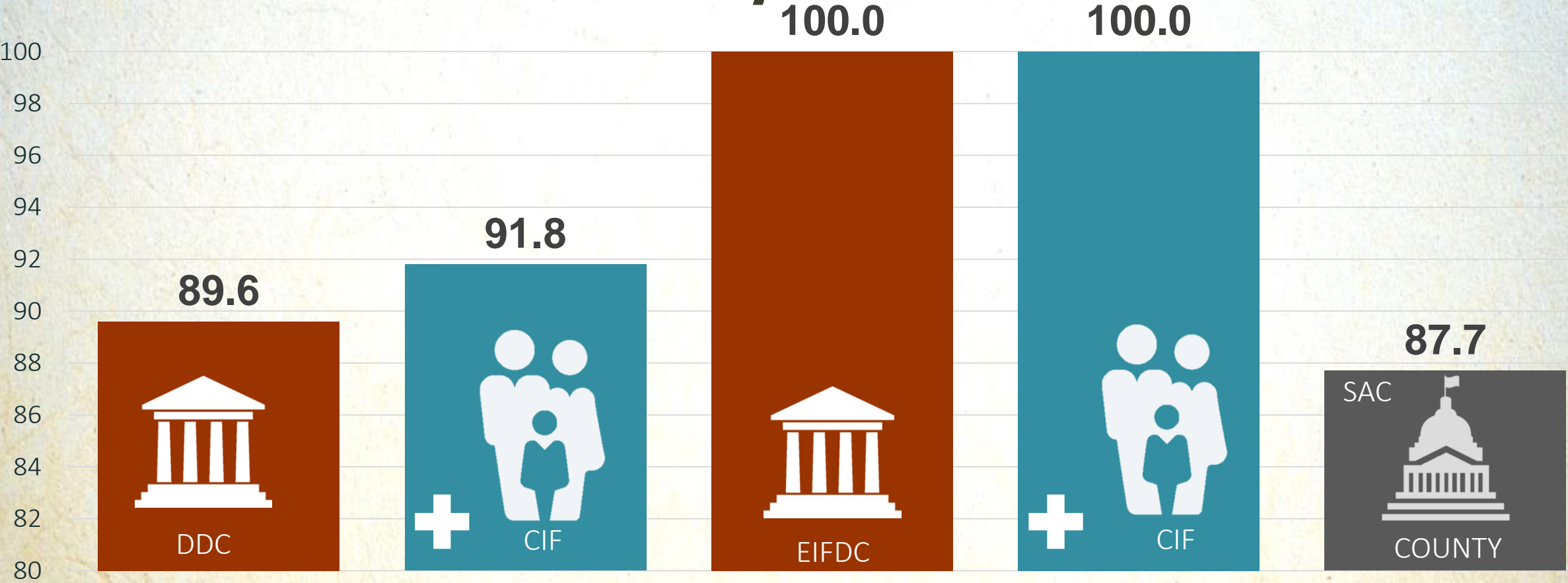
Sacramento County, CAM Project, Children in Focus (CIF)

No Recurrence of Maltreatment at 12 Months



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

No Re-Entry at 12 Months



A photograph of a family embracing in a sunlit forest. A man in a yellow shirt is hugging a woman in a grey shirt, who is holding a young child. The scene is bathed in warm, golden light from the sun filtering through the trees, creating a soft, bokeh effect in the background. The overall mood is one of love, support, and hope.

Key Strategies to Support Families Through Reunification

Key Strategy



**Actively
Engage Families
in Quality,
Family-Centered
Treatment**

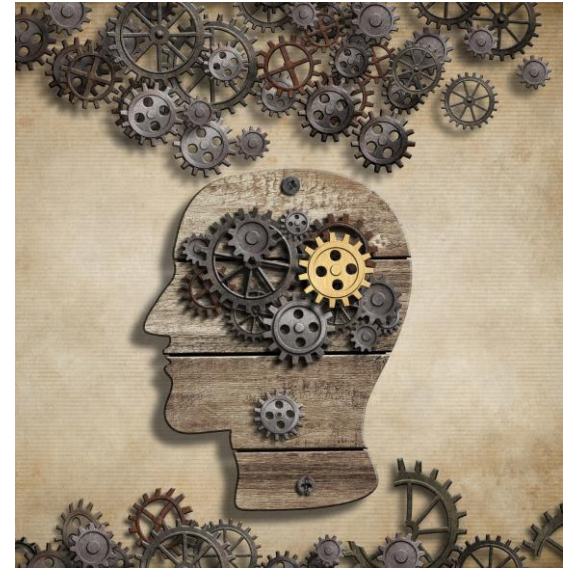


We know more about
**Brain Science of
Substance Use
Disorder**

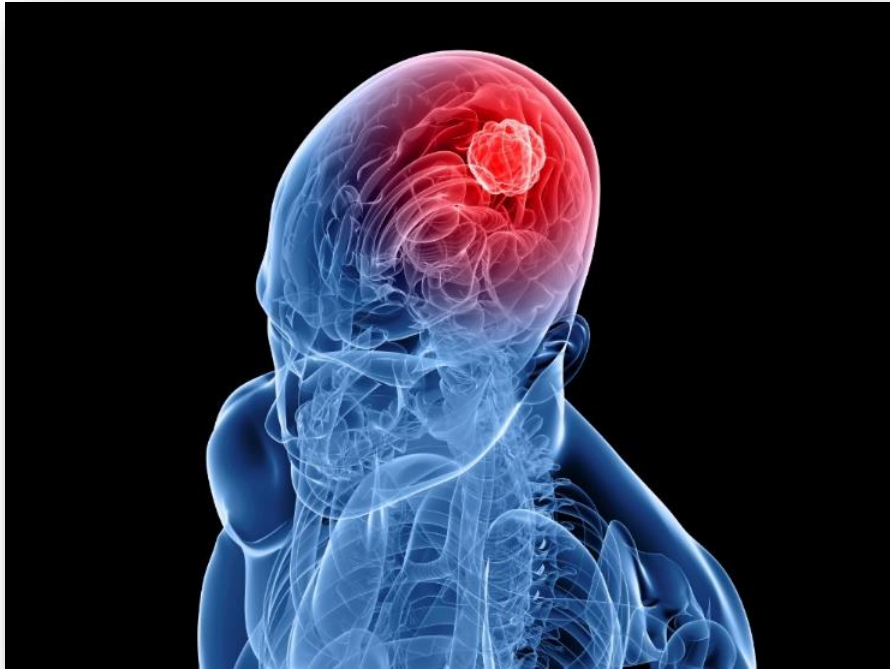
The ABCDE's of Addiction

Addiction is characterized by:

- A. Inability to consistently Abstain
- B. Impairment in Behavioral control
- C. Craving; or increased “hunger” for drugs or rewarding experiences
- D. Diminished recognition of significant problems with one’s behaviors and interpersonal relationships
- E. A dysfunctional Emotional response



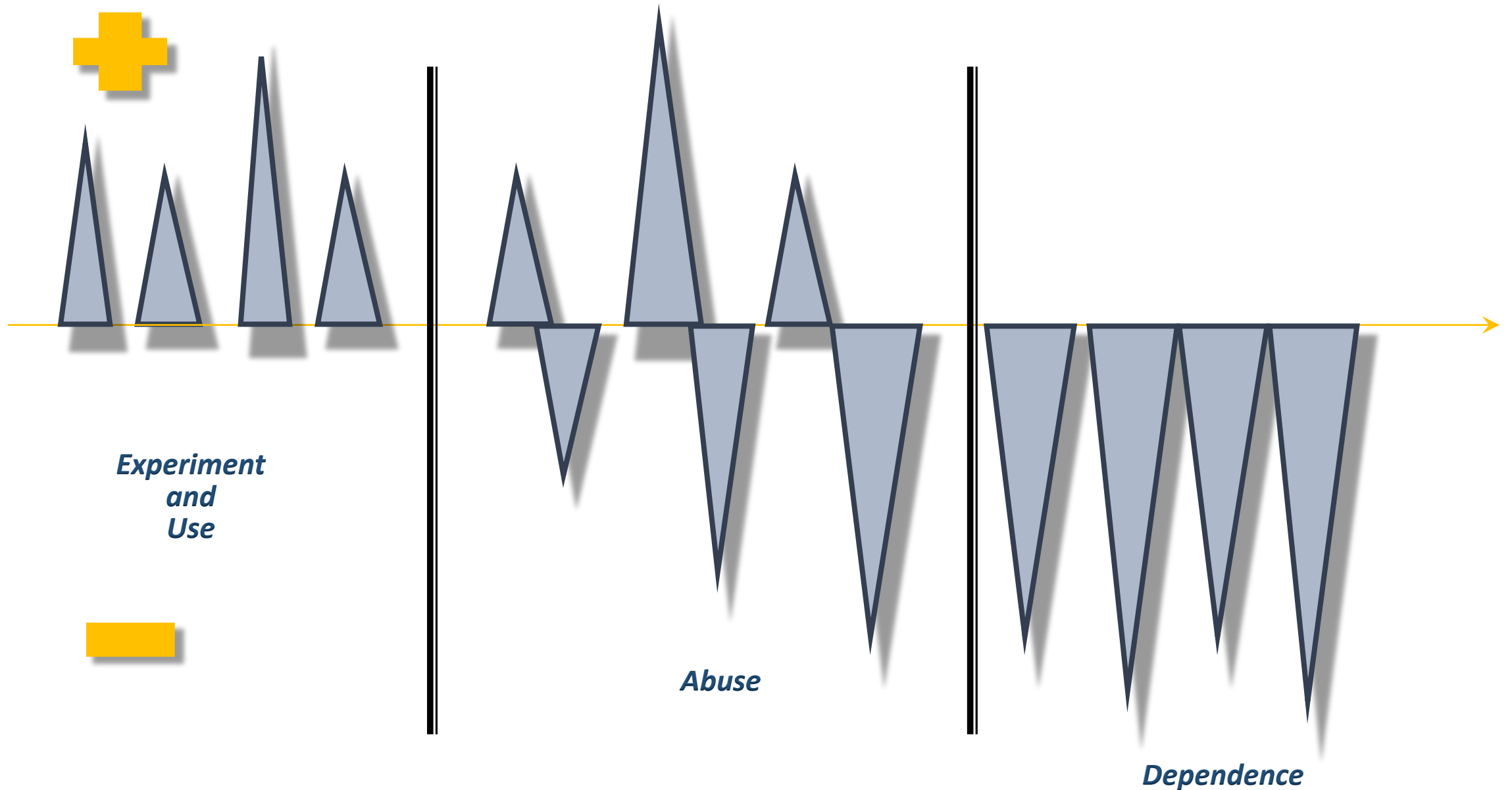
ASAM Definition of Addiction



“Addiction is a **primary, chronic disease** of brain reward, motivation, memory, and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing **reward and/or relief** by substance use and other behaviors.”

Adopted by the ASAM Board of Directors 4/12/2011

Spectrum of Substance Use Disorders

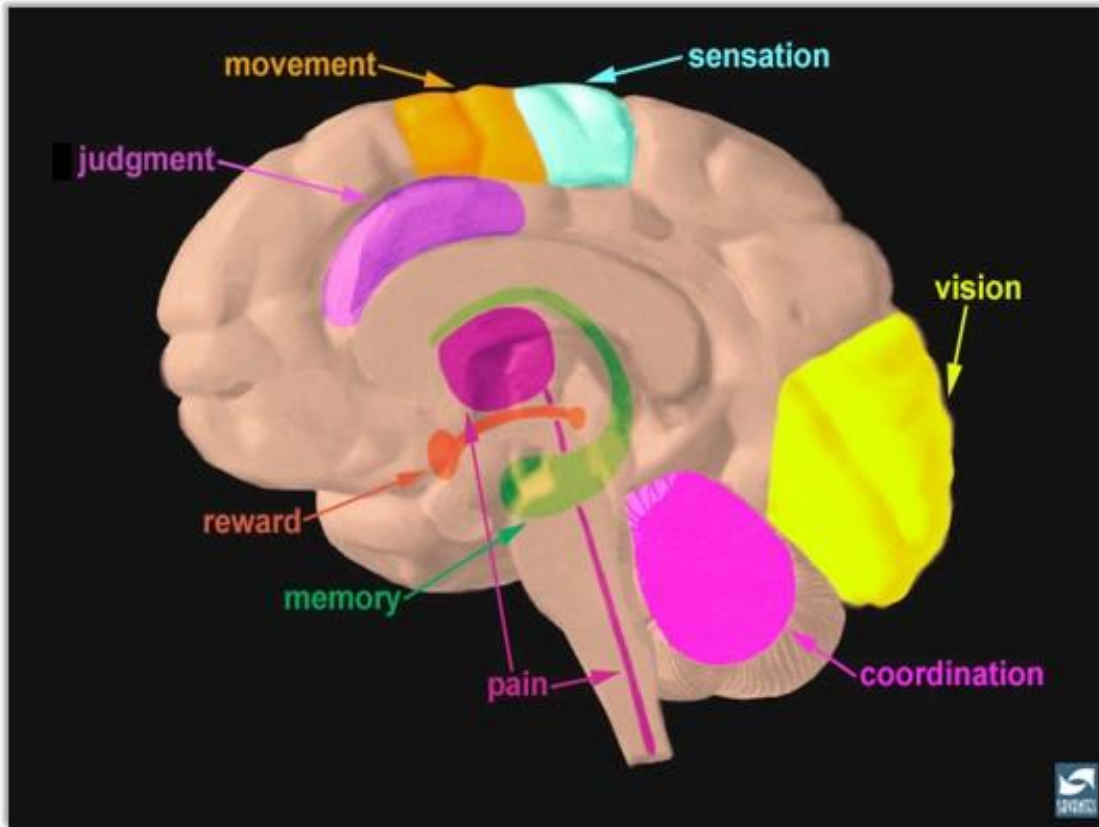


A Chronic, Relapsing Brain Disease

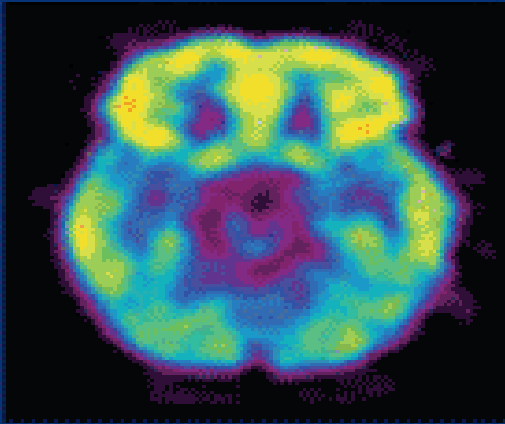
Brain imaging studies show physical changes in areas of the brain that are critical to:

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

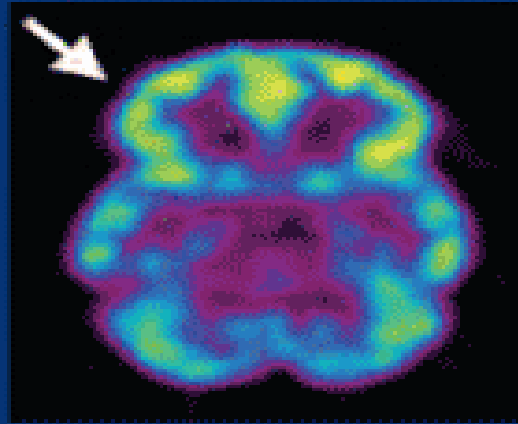
These changes alter the way the brain works and help explain the compulsion and continued use despite negative consequences.



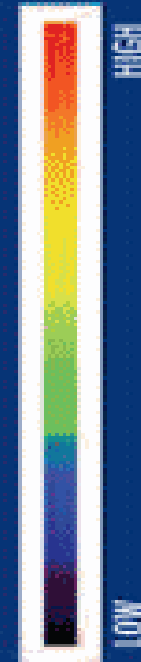
DECREASED BRAIN METABOLISM IN **DRUG ABUSER**



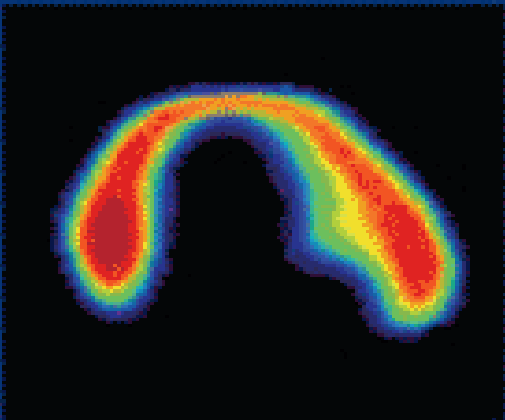
Healthy Brain



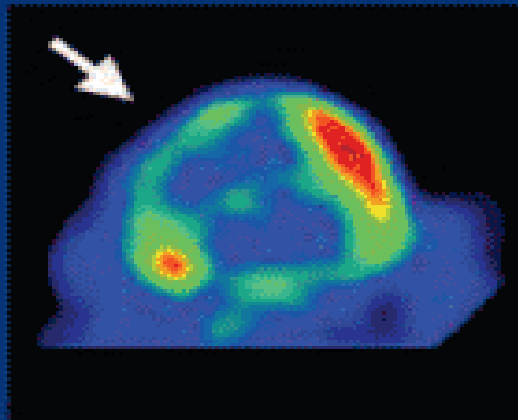
Diseased Brain/Cocaine Abuser



DECREASED HEART METABOLISM IN **HEART DISEASE PATIENT**



Healthy Heart



Diseased Heart

Substance use disorders are similar to other diseases, such as heart disease. **Both diseases disrupt the normal, healthy functioning of the underlying organ, have serious harmful consequences, are preventable, treatable, and if left untreated, can result in premature death.**

Effects of Drug Use on Dopamine Production




- 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

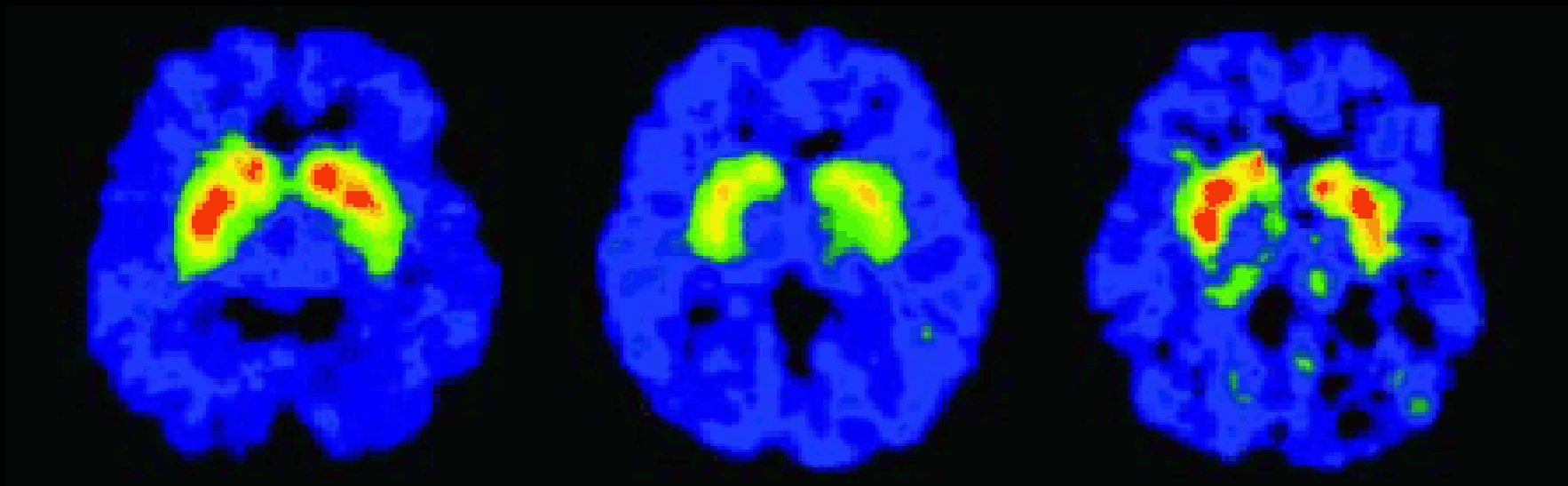


- Think about the implications for a child welfare parent who has just stopped using drugs and is trying to resume normal interactions with their child/ren.
- If you are tasked with observing this visitation, what conclusions might you draw?
- If cues are misread, how might this affect a parent's ability 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?

A Treatable Disease

- 
- Substance use disorders are preventable and is a treatable disease
 - Discoveries in the science of addiction have led to advances in drug use treatment that help people stop abusing drugs and resume their productive lives
 - Similar to other chronic diseases, addiction can be managed successfully
 - Treatment enables people to counteract addiction's powerful disruptive effects on brain and behavior and regain areas of life function

Brain Recovery with Prolonged Abstinence



Healthy Person

**Meth Abuser
1 month
abstinence**

**Meth Abuser
14 months
abstinence**

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

**Developmental
Impact**

**Generational
Impact**

**Addiction
affects the
whole family**

**Psycho-Social
Impact**

**Impact on
Parenting**



Addiction as a Family Disease

- The impact on child development is well-known: addiction weakens relationships – which are critical to healthy development
- **Child well-being** – is more than just development, safety and permanency – it's about relationships that ensure family well-being
- Impact of substance use combined with added trauma of separation due to out-home custody = severe family disruption



Effective Substance Use Disorder Treatment



- Is readily available
- Attends to multiple needs of the individual (vs. just the drug of use)
- 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

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)

Family-Centered Substance Use Disorder Treatment



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

Our Beliefs

*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.

Our Response

*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

Active Engagement

*Let's call the
treatment agency
together now.*

*Let me introduce you to
your counselor.*

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

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

Peer Support

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

**Experiential Knowledge,
Expertise**

Titles and Models

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

**Experiential Knowledge, Expertise +
Specialized Trainings**

YOU NEED TO ASK:

What does our program and community need?

Functions of Recovery Support Specialists



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

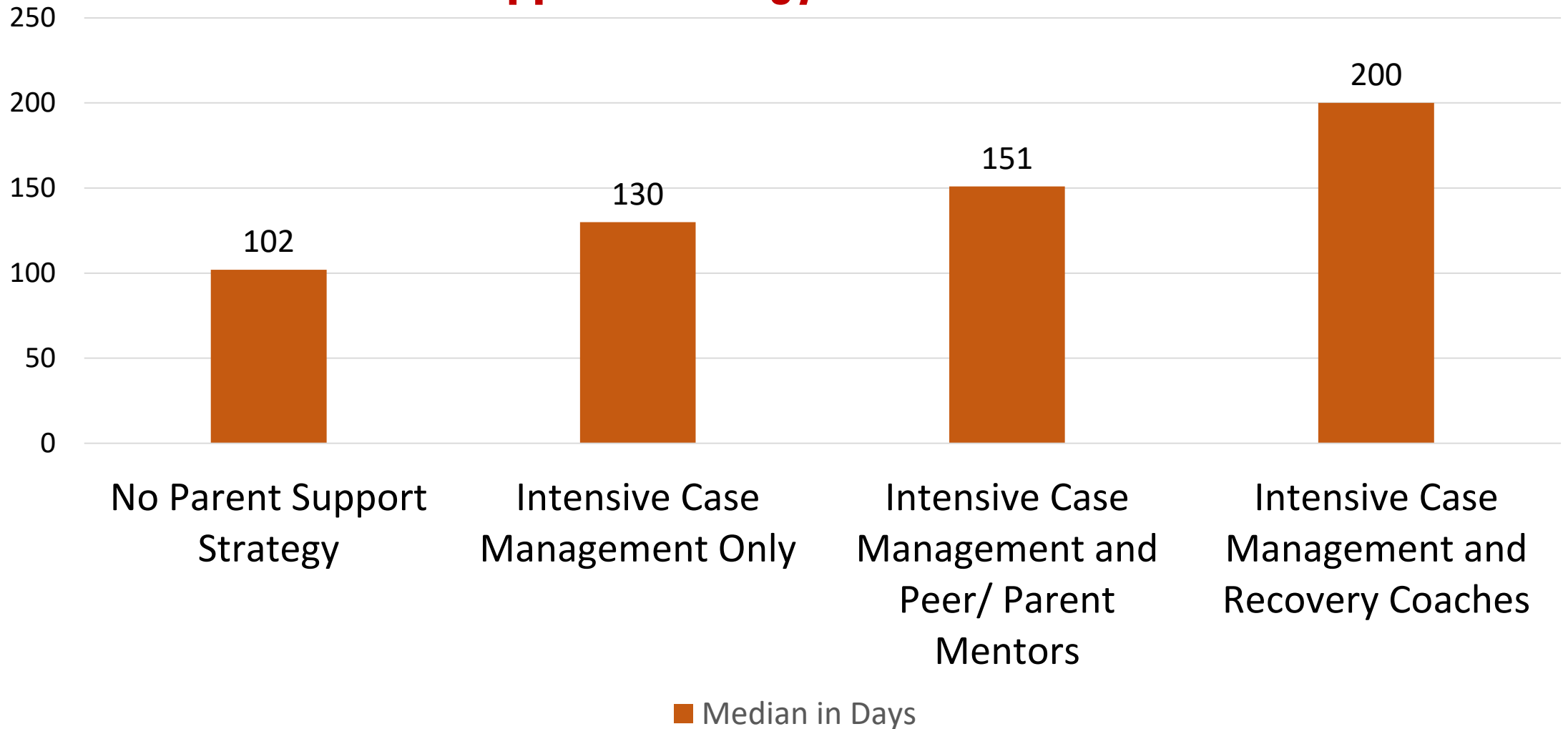
Advisor

- Educates community; garners local support
- Communicates with FDC team, staff and service providers



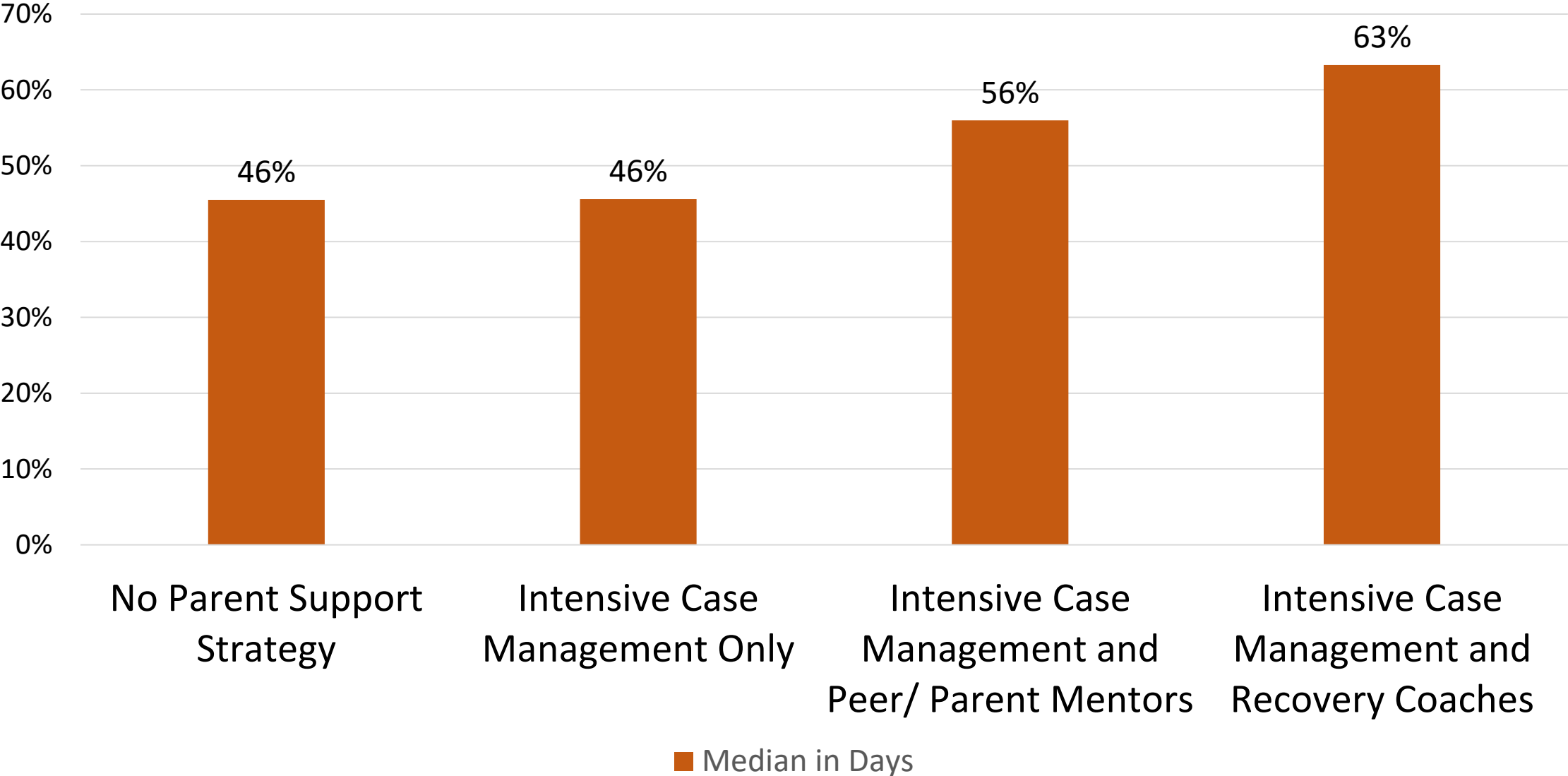


Median Length of Stay in Most Recent Episode of Substance Use Disorder Treatment After RPG Entry by Grantee Parent Support Strategy Combinations





Substance Use Disorder Treatment Completion Rate by Parent Support Strategies



Recovery Support Matters

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



Ryan, Perron, Moore, Victor, Park, (2017) "Timing matters: A randomized control trial of recovery coaches in foster care, Journal of Substance Abuse Treatment"

Recovery Support Matters

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



Ryan, Perron, Moore, Victor, Park, (2017) "Timing matters: A randomized control trial of recovery coaches in foster care, Journal of Substance Abuse Treatment"

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
 - (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/>
- **Strengthening Families** - <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 Clearing House** - www.cebc4cw.org
- **National Registry of Evidence-Based Programs and Practices** - www.nrepp.samhsa.gov

Grantee	EBPs Identified and/or Selected
Grantee A	<ul style="list-style-type: none"> • Baby Smarts (existing) • Positive Indian Parenting (new)
Grantee B	<ul style="list-style-type: none"> • Child-Parent Psychotherapy (existing) • Trauma-Focused Cognitive Behavioral Therapy (existing) • Alternatives for Families: A Cognitive-Behavioral Therapy (existing) • SafeCare (existing) • Celebrating Families! (new)
Grantee C	<ul style="list-style-type: none"> • Nurturing Families (existing) • Strengthening Families Program (existing) • Incredible Years (existing) • Triple P (existing)
Grantee D	<ul style="list-style-type: none"> • Celebrating Families! (existing) • Early Pathways (existing) • Parents Interacting with Infants (existing) • Solution-Focused Brief Therapy (new) • Caring for Children Who Have Experienced Trauma (new)

“Existing” – leveraging existing EBP community resource; “New” – implementing new EBP



**Social
Connections**

**Parental
Resilience**

**Nurturing and
Attachment**


**Concrete
Support for
Families**

**Knowledge of
Parenting and
Child
Development**

**Social and
Emotional
Competence of
Children**

Building Protective Factors to Strengthen Families

Considerations for Selecting a Parenting Program

- 
- Have you conducted a needs assessment? What do the 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?
 - Is it evidence-based for this population?
 - Do you have the staffing and logistical support for successful implementation?

Key Strategy



**Ensure Quality
Time for Parents
and Children**

Child and Family Services Reviews Round 3 Findings 2015-2016

- Cases did better when there was **frequent quality parenting time**
- Cases did better when **parents and children were involved in case planning**



Children's Bureau (2017). *Child and Family Services Reviews: Round 3 Findings 2015-2016*. Retrieved from <https://training.cfsrportal.org/resources/3105>

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**

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



Aftercare and Ongoing Support



Ensure aftercare and recovery success beyond FTC and CWS participation:

- Personal Recovery Plan – recovery 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



**Big steps
Small steps**

Just keep moving

Practice Innovation: Peer Support

Alameda, CA:

- All petitions reviewed for substance use by specialized and trained court clerks
- Recovery support specialist attends hearings
- Engagement at the earliest point improves treatment outcomes



Practice Innovation: Court Ordered Observation

Pima, AZ:

- Systematic screening
- All eligible families are court-ordered to observe FTC docket
- Peer mentors present to engage families during observation
- Observation survey



Practice Innovation: Enrollment

Florida:

- All eligible families are enrolled; Parents must opt out vs. opt in

Wapello, IA & Tompkins, NY:

- If eligible parent does not enter FTC, court sets parent frequently -- weekly/biweekly/monthly -- until parent is engaged in treatment or enters FTC





Q&A

Contact Information

**Family Drug Court Training and
Technical Assistance Team**
Center for Children and Family Futures

fdc@cfffutures.org

(714) 505-3525

www.cffutures.org



Highlighted Resources





NDCI
NATIONAL DRUG
COURT INSTITUTE



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



Family Treatment Court

PLANNING GUIDE

- Designed to provide step-by-step instructions
- Use Guide to gather needed information to present FTC concept
- Worksheet Activities

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

To download a copy:

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

Family Drug Court *Orientation Materials*



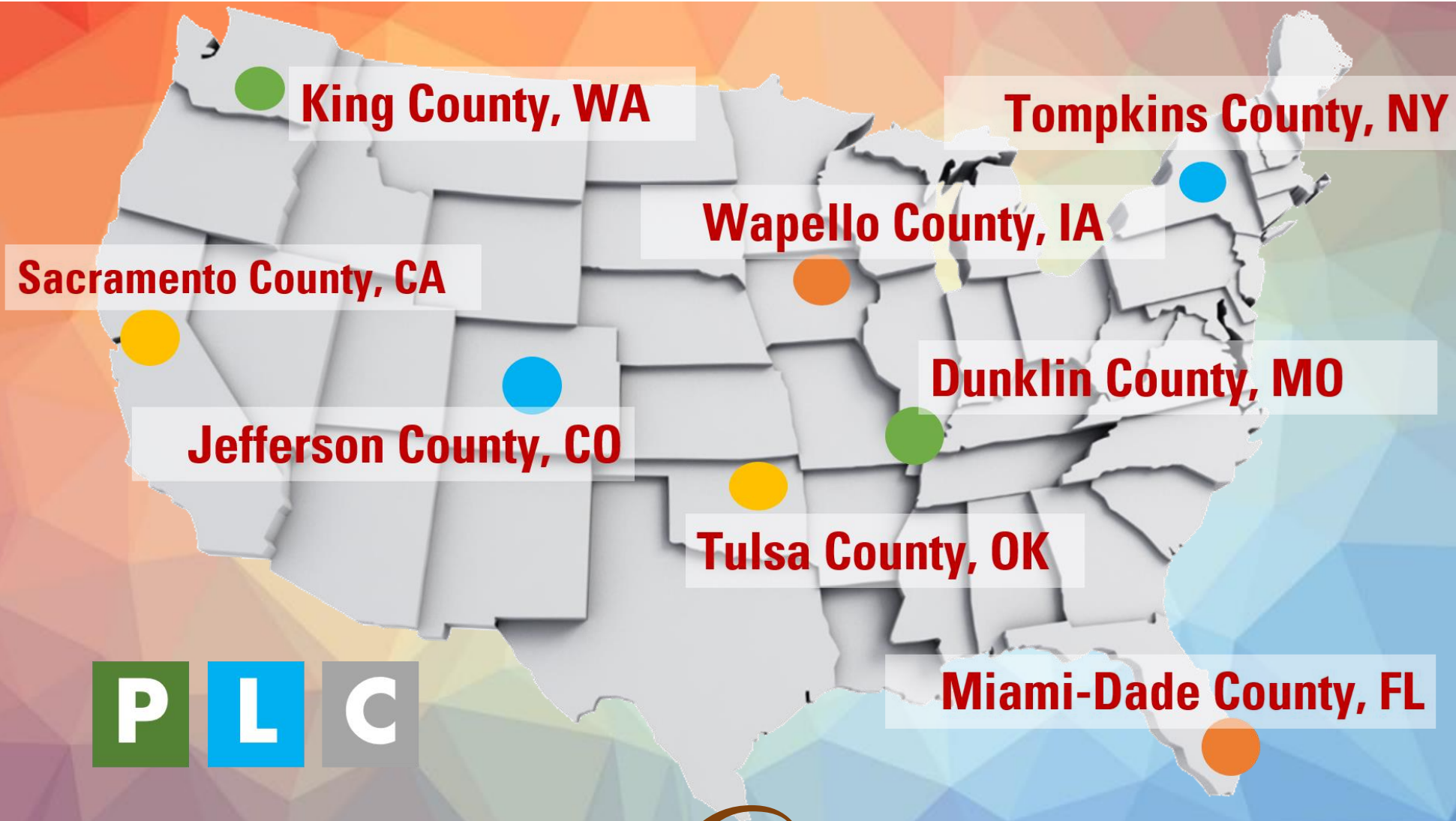
Discipline Specific

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/>

New Publication!

Purpose

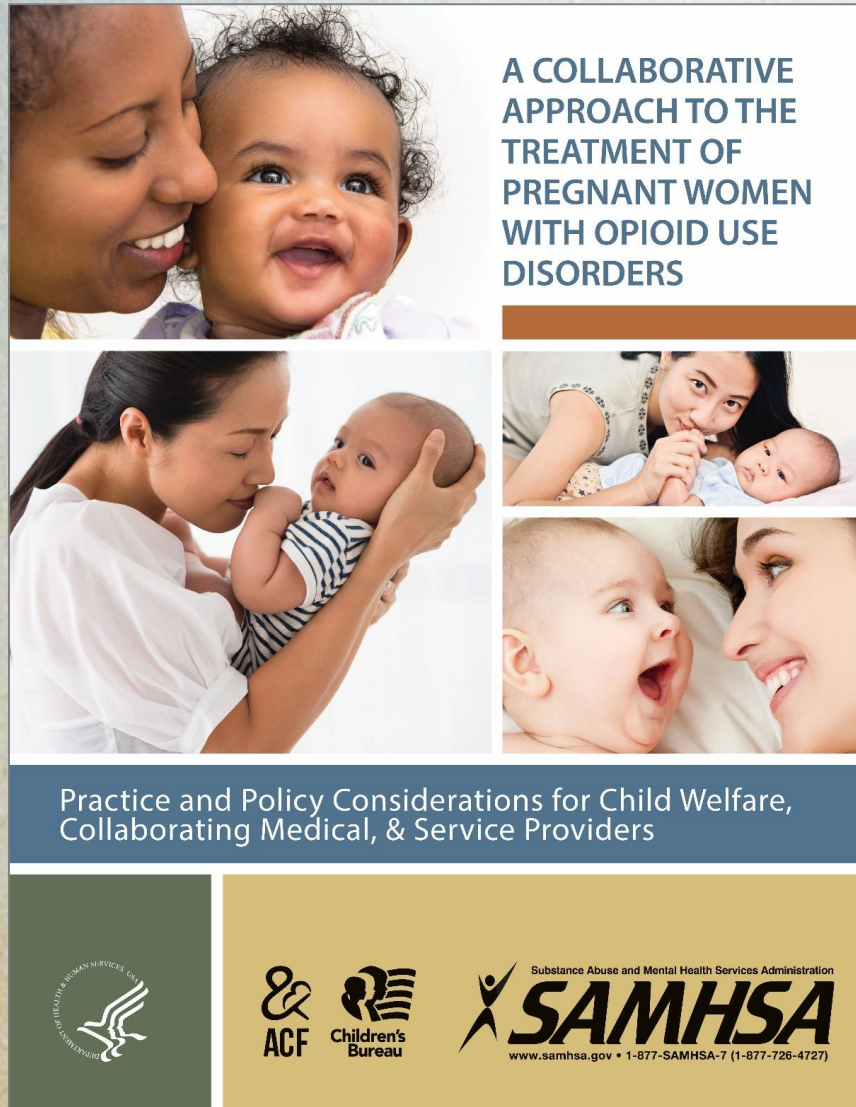
Support the efforts of states, tribes and local communities in addressing the needs of pregnant women with opioid use disorders and their infants and families

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



The screenshot displays the NCSACW website interface. At the top, a banner reads "Site Examples" and "The following resources provide examples of how jurisdictions have developed policy and protocols in working with pregnant". Below this, a section titled "Vermont" features a photo of a baby and the URL <http://www.uvm.edu/~nursing/>. To the right, a circular graphic lists "Tutorial", "Education", "Coaching", "Creativity", "Knowledge", and "E-Learning". The main content area is titled "Opioid Use Disorders and Medication-Assisted Treatment" and includes a breadcrumb trail: "Home > Resources & Tools > Opioid Use Disorders and Medication-Assisted Treatment". Below this, a section titled "Additional Resources" lists several links: "NCSACW Webinar Series on Opioid Use Disorders and Treatment", "Essential Information About the Treatment of Opioid Use Disorders", "Treatment of Opioid Use Disorders in Pregnancy", "Neonatal Abstinence Syndrome", "Access to Medication-Assisted Treatment", and "Site Examples". A photo of two women talking is visible on the right side of the page.

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

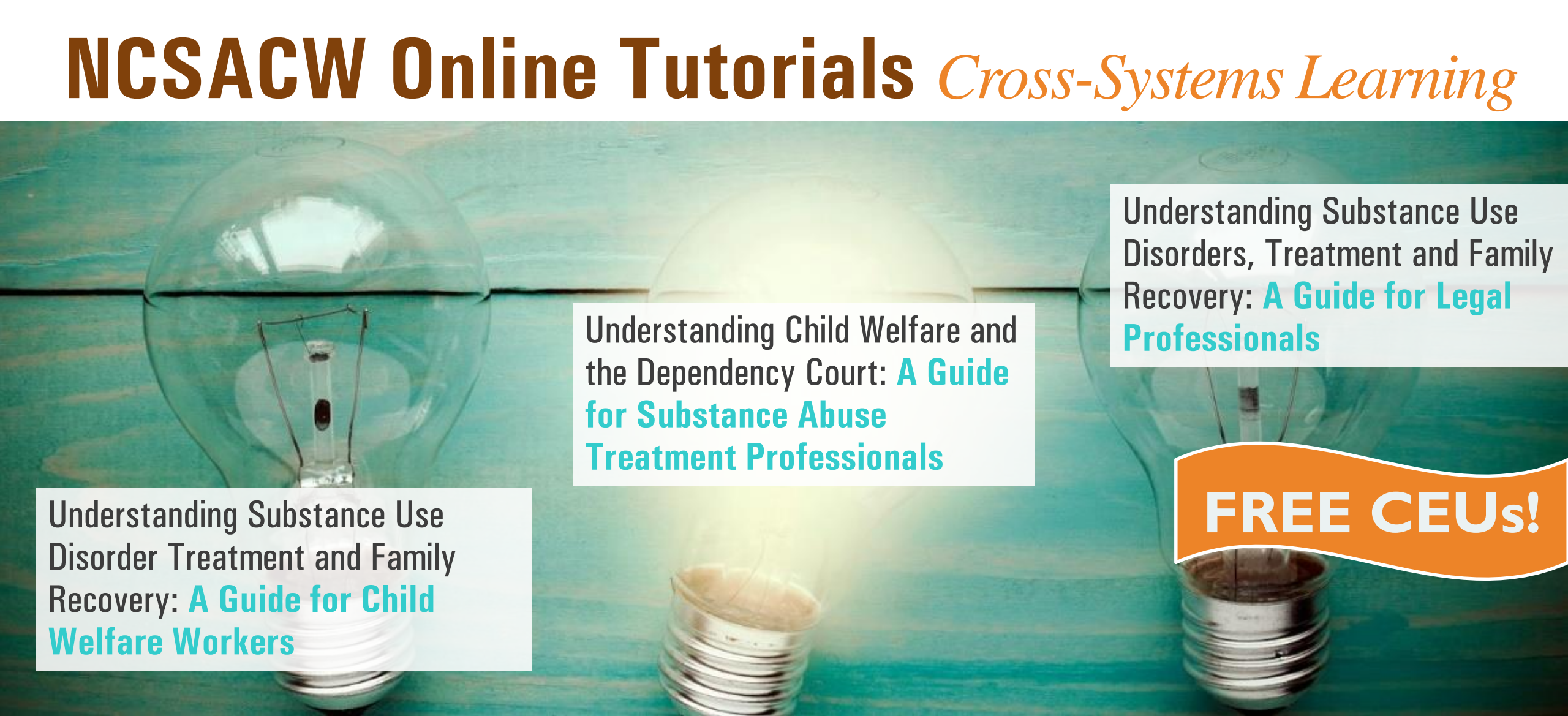


Start Learning Today



www.fdctutorials.org

NCSACW Online Tutorials *Cross-Systems Learning*



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

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

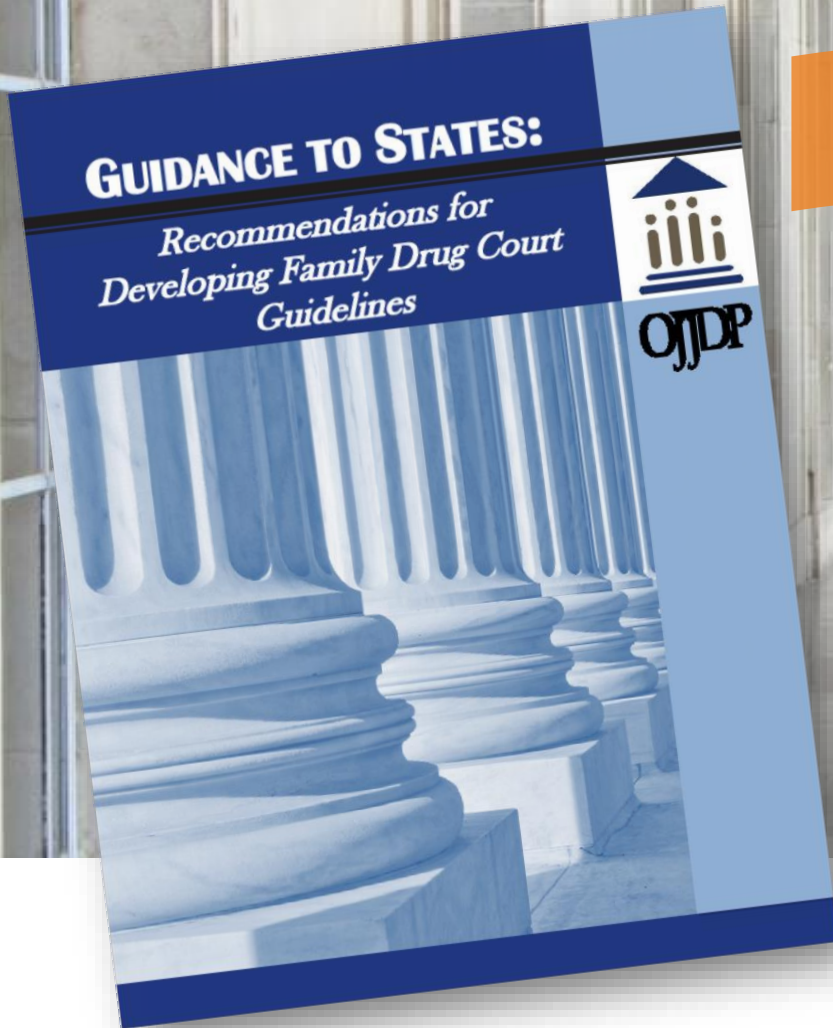
Understanding Substance Use Disorders, Treatment and Family Recovery: **A Guide for Legal Professionals**

FREE CEUs!



www.ncsacw.samhsa.gov/training

Family Drug Court *Guidelines*



2nd Edition – Research Update



<http://www.cffutures.org/publication/guidance-to-states-recommendations-for-developing-family-drug-court-guidelines-2015-update/>

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.

Expansion of
FDC Reach

Ensure Quality
Implementation

Build Evidence Base

National Strategic Plan For Family Drug Courts

MARCH 2017



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<http://www.cffutures.org/report/national-strategic-plan/>

Family Drug Court *Blog*



- Webinar Recordings
- FDC Resources
- FDC News



www.familydrugcourts.blogspot.com