Ready-Set-Go!



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Learning Objectives

- Identify key decision and planning points for all Family Recovery Courts (FRCs)
- Explore the important role of governance structure, leadership, and data during the planning process
- Learn from the experiences of FRC teams that have successfully launched a FRC and hear about a newly published resource, Family Drug Court Planning Guide

Family Drug Court Model

Judicial Oversight

Comprehensive Services











Drug Court Hearings Therapeutic Jurisprudence Intensive Case
Management &
Recovery Support

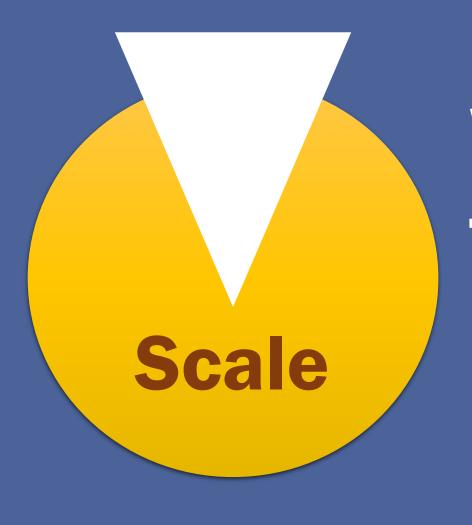
Enhanced
Family-Based
Services

Do you need a Family Recovery Court?

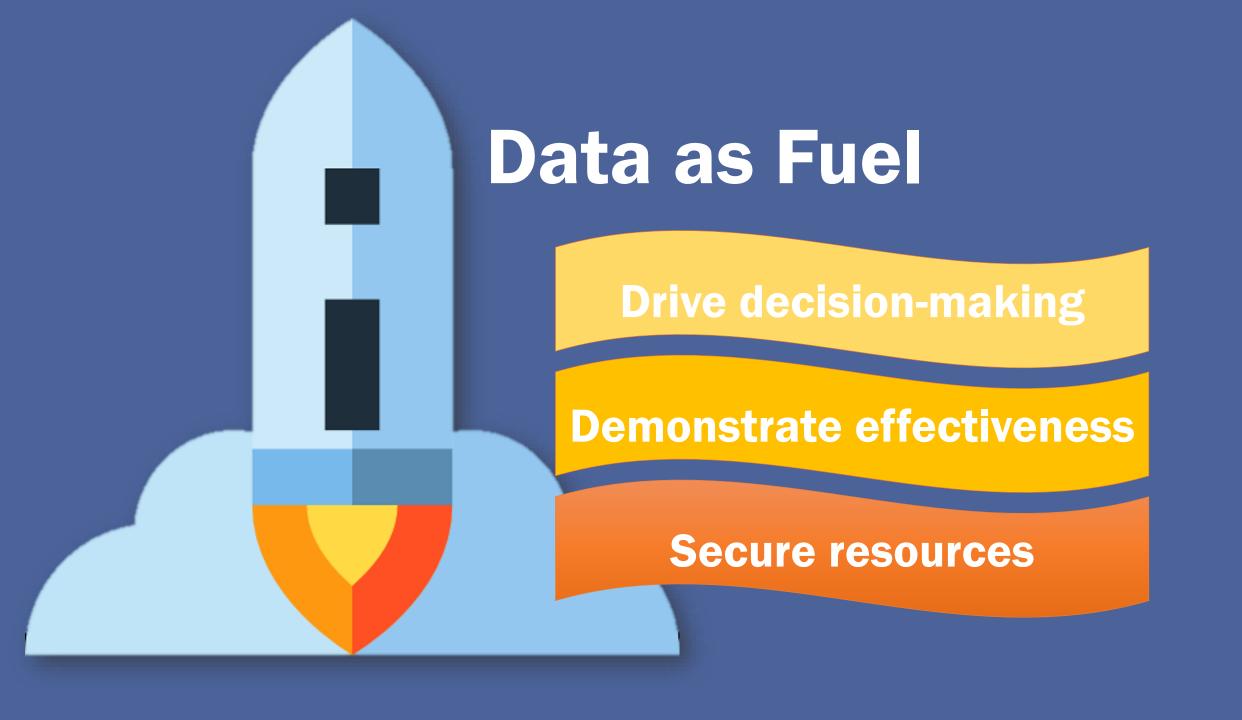
Using data to establish need for FRC



- Recovery
- Remain at home
- Reunification
- Repeat maltreatment
- Re-entry into out-of-home placement



What proportion of the total CWs population will your FRC serve?



How will you organize your work?

Establishing a governance structure

Involved in Systems That Struggle to Serve Them







The lack of coordination and collaboration across child welfare, substance use disorder treatment, and family or dependency court systems have hindered their ability to fully support these families.

Multilevel

Executive or OversightCommittee

Multiagency

Planning
Team

Steering Committee

Operational Team

Collaborative Structure for Systems Change

EXECUTIVE OR OVERSIGHT COMMITTEE

- Members Senior officials or executives
- Primary Functions Final review of approval of policy & practice recommendation, planning for sustainability, and seeking external, leveraged resources beyond the project grants, and engages in communication with external agencies and policy leaders about the project, explaining its goals and pointing out its results
- Convenes quarterly basis

CORE PLANNING TEAM /STEERING COMMITTEE

- Members Cross-Agency leaders
- Primary Functions responsible for overall planning and implementation of goals and strategies; ensures ongoing cross-system communication and serves as liaison between oversight committee and workgroups; formulate solutions of barriers identified by workgroups
- · Convenes monthly basis

WORKGROUP

Key stakeholders

- · Based on established priorities
- · Convene monthly or as needed

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WORKGROUP

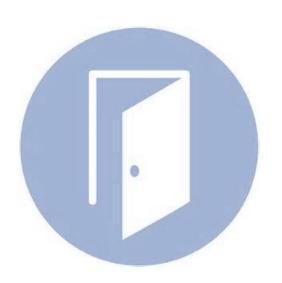
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WORKGROUP

Key stakeholders

- · Based on established priorities
- · Convene monthly or as needed



Opportunities to Build a Strong Infrastructure

- Develop a timeline to hold each other accountable
- Identify the right people for the right committees and workgroups
- Be crystal clear about functions and membership
- Need strong leadership to pull and keep momentum in between meetings
- Ensure information flow between different committees and the Planning Team



What model will you implement?

Selecting a structural design for your program

Integrated vs. Parallel

Integrated Model

- One judge, one court
- FRC is embedded into regular dependency dockets with integrated case plans

Pros:

- Involves key systems Court, CWS, Treatment
- All-encompassing view of family

Cons:

- Ex-parte communication and judicial ethics
- Limited scale

Parallel Model

- Different judges, separate dockets
- FRC is embedded into regular dependency dockets with integrated case plans

Pros:

- Confidentiality and protection of "privileged" information
- Opportunities to operate at higher scale

Cons:

- Communication and information challenges
- Can result in duplicative and poorly coordinated case plans

Key Considerations

- What is the need of your community or jurisdiction?
- Have you identified shared principles and developed goal statements?
- Have you weighed the benefits and challenges of each model?
- Have you explored all challenges related to information sharing?

How will you set the course for success for families?

Develop key processes for identification, access to treatment, and recovery support



The Adoption and Safe Families Act

ASFA

Time Clock

FRC's goal is safe and stable permanent reunification with a parent in recovery within time frames established by ASFA



Early Identification

- At the earliest point possible integrated with risk and safety assessment by CWS
- Multi-prong approach including screening tools, drug testing, reports, and observations
- Structured protocols that send clients with positive screening to timely assessment
- Warm hand-offs, follow-ups, and communication are critical

Referral into CWS Hotline

A Model for Early Identification, Assessment, and Referral

CWS Safety and Risk Assessment



AOD Screening & Assessment

Timely Referral to FDC or appropriate LOC

Detention Hearing

Typical referral to FDC or other LOC

Jurisdictional-Dispositional Hearing

Status Review Hearing

Diagnosing Substance Use Disorders

The Court should ensure that structured clinical assessments are congruent with DSM-V diagnostic criteria

Experimental Use

Substance Use Disorders

NO USE

USE/MISUSE

MILD

MODERATE

SEVERE

2-3

4-5

6+

Levels of Treatment Services Across a Continuum of Care

Medically Managed Intensive Outpatient Intensive Inpatient (>9 hours per week and possible (Intensive 24 hour care in a **Early Intervention** partial hospitalization) medically managed setting) Services **Outpatient Services** Residential (< 9 hours per week) (Residential settings with 24 hour monitoring in a variety of residential settings)

Source: American Society of Addiction Medicine, 2016

Time To & Time In Treatment Matters

In a longitudinal study of mothers (N=1,911)

Entered substance use disorder treatment faster after their children were placed in substitute care



Stayed in treatment longer

Completed at least one course of treatment



Significantly more likely to be reunified with their children

Ongoing Recovery Support



Each phase has its own unique recovery needs and supports

Peer Support

Warm Hand-Offs Resource Linkages Recovery Community

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?

Recovery Support Matters

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

Comprehensive Screening & Assessment



Early Access to Treatment



Consistently High Reunification Rate

Recovery Support Matters

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

Comprehensive Screening & Assessment



Early Access to Treatment



Recovery Coach



Consistently High Reunification Rate

System Walk-Through

Screening

Assessment

Referral

Monitoring

Flow Chart: Child Welfare Involved Families With Substance Use Disorders

Call comes into hotline. Are any questions asked at this point egarding substance use as a facto in the case?



What determines if an investigation occurs and when?



During an investigation how might a worker determine if SA is a factor in the case? Is a screening tool used? If yes, what tool? Always?



If susbstance use is a factor, what determines if children are removed or remain at home? What guides workers' decisions? Consistently applied?



Who decideds the LOC needed?
What is the basis for this
recommendation? Are there
instances in which the courts/case
workers don't agree with those
recommendations?



If a parent completes an assessment, with whom is this information shared? How? Are reatment recommendations shared with CW worker?



What happens if a parent/s refuses or doesn't show? With whom is this information shared? Are there any strategies used to improve engagement?



If substance use is a factor at any point in the case are parents referred for assessment? If yes, how? Always? Is it tracked? About how how does it take to get assessment?



What is the average wait time for Tx? (residential, IOP, OP) What happens while parents are waiting for a slot? Who communicates with parent regarding treatment recommendations, level and availability?



What happens if parent refuses treatment or doesn't show? With whom is information shared? Are there other attempts to engage?



If parent enters treatment is there a process for coordinating child welfare/Tx plans? Discussing joint expectations with parent? Coordinating visits, court dates, other competing timelines? Can children go with parent to treatment? Visit?



How is progress, drug testing results, compliance with case plans. shared across systems? With attorneys? With the courts? Is information in the CW record? How is it used to inform decisions regarding permanency?







If parent does not successfully reunify with child(ren) what supports are in place to sustain recovery or re-engage in treatment?



finitial permanency plans change, who informs counselors and other partners? If parent successfully completes treatment and is reunified with their child(ren) what supports are in place when the case is closed? For how long?



Is there a standard protocol for drug testing across all agencies? How and when are results shared? How is relapse handled?

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How will you train stakeholders and partners?

Develop a plan for interagency training

Becoming Consumers of Quality Treatment?

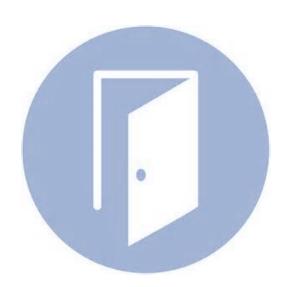
- Is it evidence-based? Will you offer medication-assisted treatment?
- Is it trauma-informed? Will you offer trauma-focused services?
- Is it family-centered? Will you offer services to focus on the parent-child relationship?
- Is it gender-responsive? Will you offer services specifically on engaging fathers?
- Is it culturally competent? How will you serve families of color?

Understanding Your Partners

- Legal mandates of each system, including ASFA timelines
- Information sharing, including confidentiality regulations
- Collaborative values
- Collaborative capacities

Educating Your Community About FRC Program

- Mission, goals, objectives
- Target population, eligibility criteria
- Referral process
- Phasing system
- Case staffing
- Court processing
- Desired shared outcomes



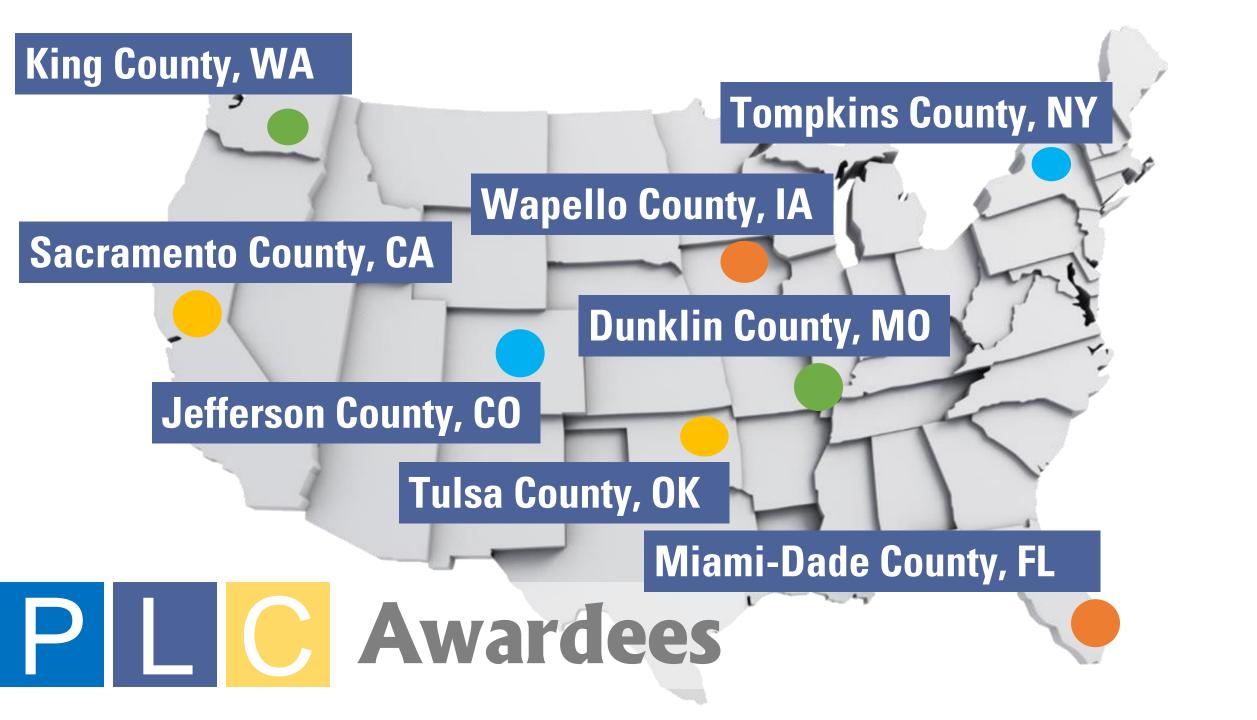
Assessing Collaborative Capacity

- Examine mission & values where is there agreement and divergence?
- Conduct system walk-throughs how are clients moving through systems?
- Conduct drop-off analysis what happens to clients?
- Data profile to establish data baselines compared to what?
- Feedback from front-line staff and providers what is really happening?
- Feedback from clients what is their experience?
- Assess cross-training needs where are there knowledge gaps?

Peer Learning Opportunities



Visit an FRC as a team







You can do this. We can help.







Family Treatment Court

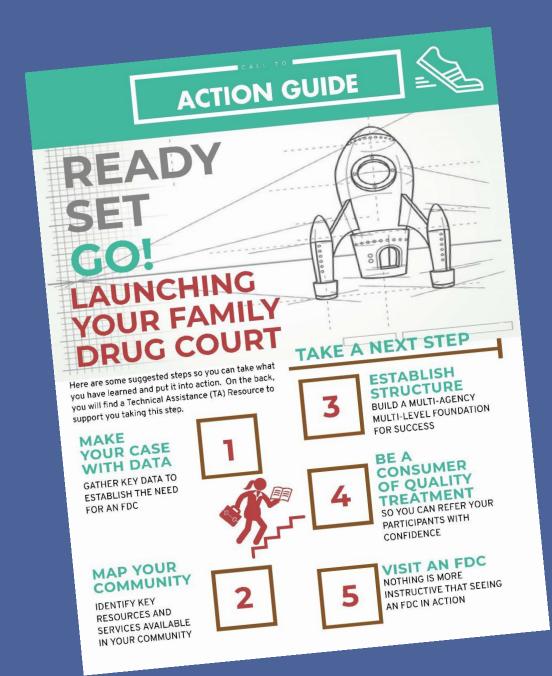
PLANNING GUIDE

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



Resources

- Video presentation (30 minutes)
- Team DiscussionGuide
- Café Conversation –
 IN, OH, FL (April 2018)
- Action Guide



Take Action Guide

- Take the next step
- Resources to help you move forward
- Contact us @ fdc@cffutures.org

Contact Information



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