

# FAMILY MATTERS - TRANSITIONING TO A FAMILY-CENTERED APPROACH IN ALL COURTS

## Best Practices and Lessons Learned from Three Adult Drug Courts



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



Center for Children and Family Futures  
NEADCP Conference | November 2018



# Acknowledgement

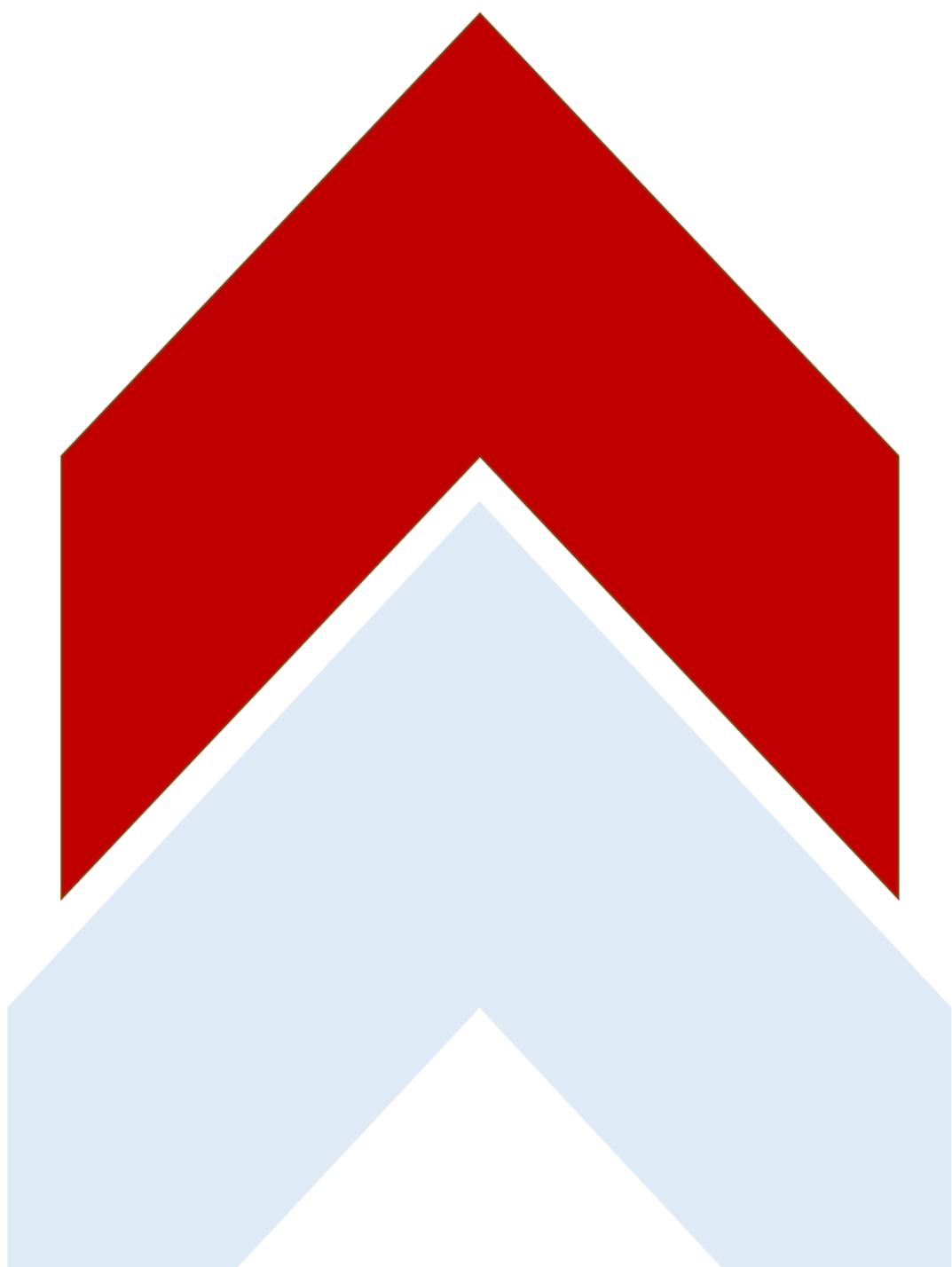
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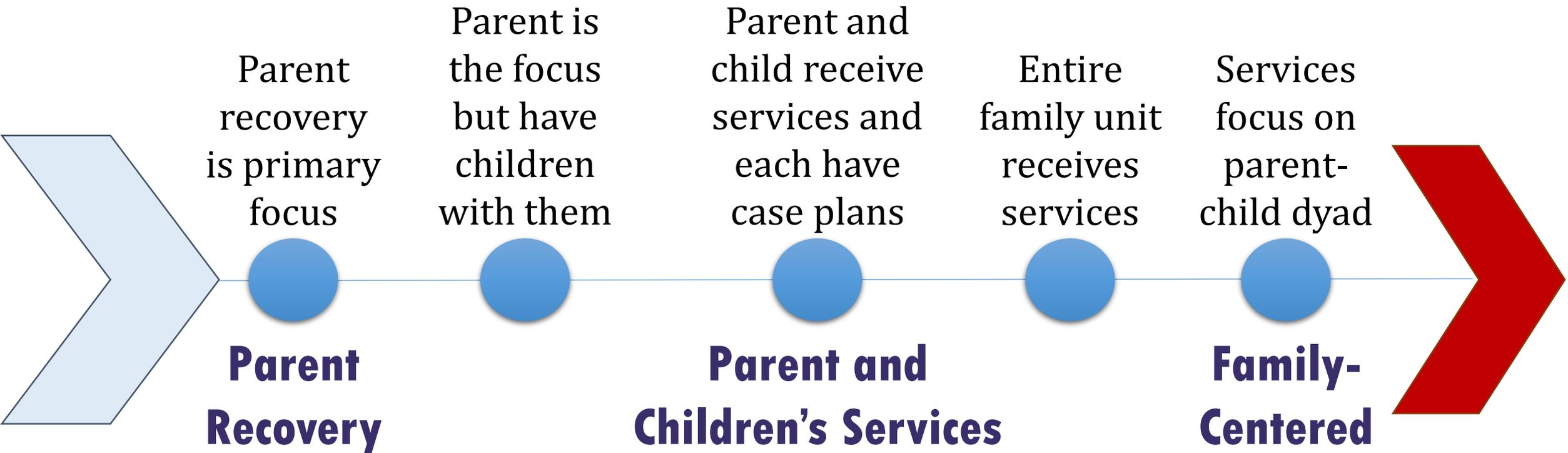
# Session Objectives

- Gain a greater understanding of the importance of addressing the needs of children and parent-child relationship as a critical part of family recovery
- Highlight 10 key strategies on how ADCs can make the transition to becoming more family-centered
- Identify next steps that ADCs can take to becoming more family-centered



**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



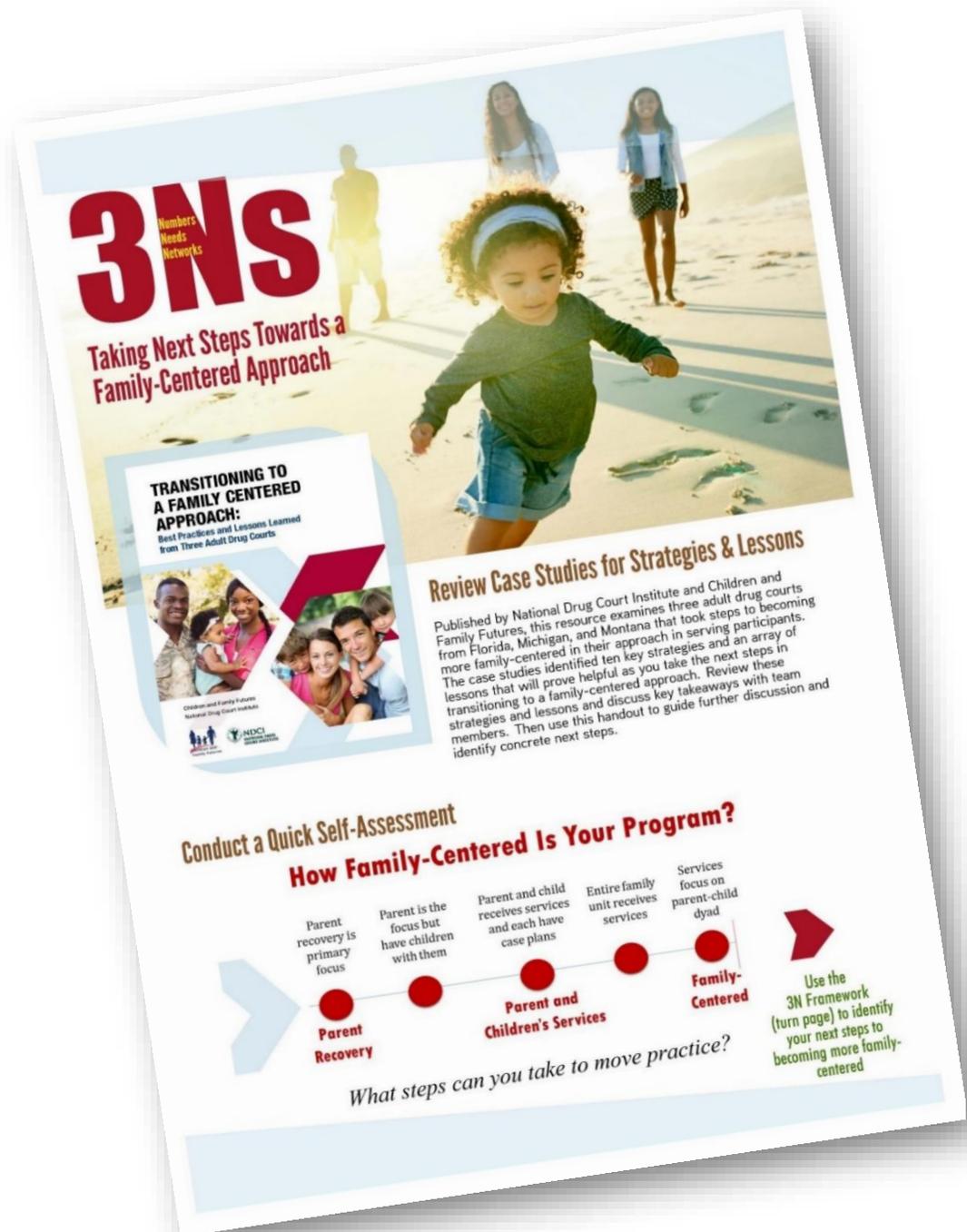
Children and Family Futures  
National Drug Court Institute



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

To download a copy:

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



# Additional Resource

## 3Ns Handout – Taking the Next Steps Towards and Family-Centered Approach

**Numbers**  
**Needs**  
**Networks**

Explore further with your Team about possible next steps you can take to move practice.

# Case Studies – Three Adult Drug Courts in Transition

**11<sup>th</sup> Judicial  
Circuit, Miami-  
Dade Adult Drug  
Court**  
**Miami, Florida**

**13<sup>th</sup> Judicial  
District Drug  
Court**  
**Billings, Montana**

**Van Buren County  
Circuit Court**  
**Paw Paw, Michigan**

For more background information, see **Appendix A**



**8.7** million children live with one or more parents who are dependent on alcohol or need treatment for illicit drug use.

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

*Lipari, R.N. and Van Horn, S.L. Children living with parents who have a substance use disorder. The CBHSQ Report: August 24, 2017. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD.*

*Transitioning to a Family Centered Approach: Best Practices and Lessons Learned from Three Adult Drug Courts, 2017)*



**Rethinking**

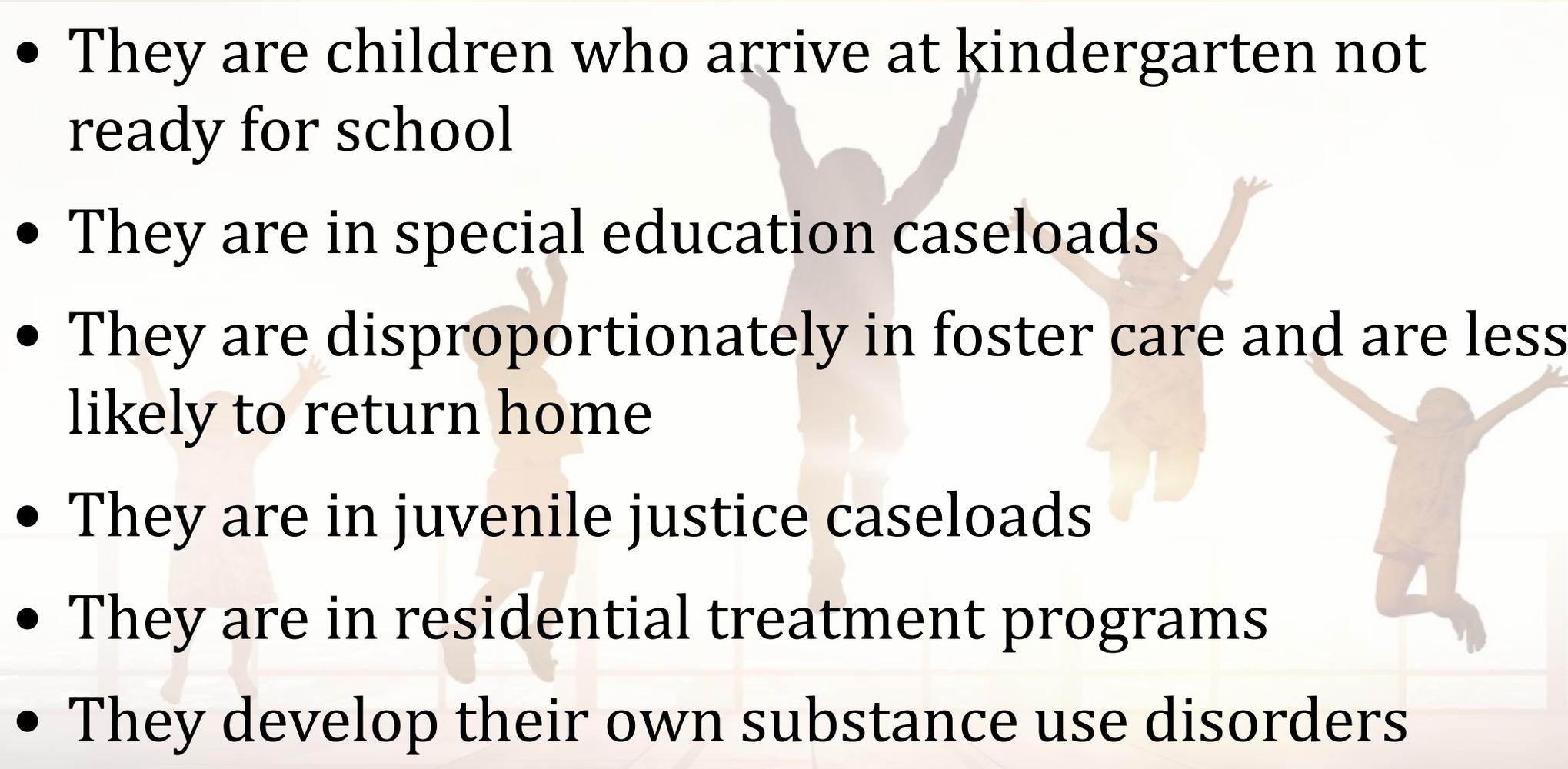
**RECOVERY**

# The Costs of Focusing Only on Parent Recovery

- Threaten parent's ability to achieve and sustain recovery; increase risk of relapse
- Threaten 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 background of the slide features a warm, golden-hour light with silhouettes of several children jumping joyfully with their arms raised. The children are positioned across the middle and lower portions of the frame, creating a sense of movement and happiness. The overall aesthetic is bright and hopeful, contrasting with the serious nature of the text.

# **The Costs of Focusing on Parent Recovery Only - What Happens to Children?**



**They become  
our drug court clients  
in 5-10-20 years.**

# What Research and Practice Tell Us:



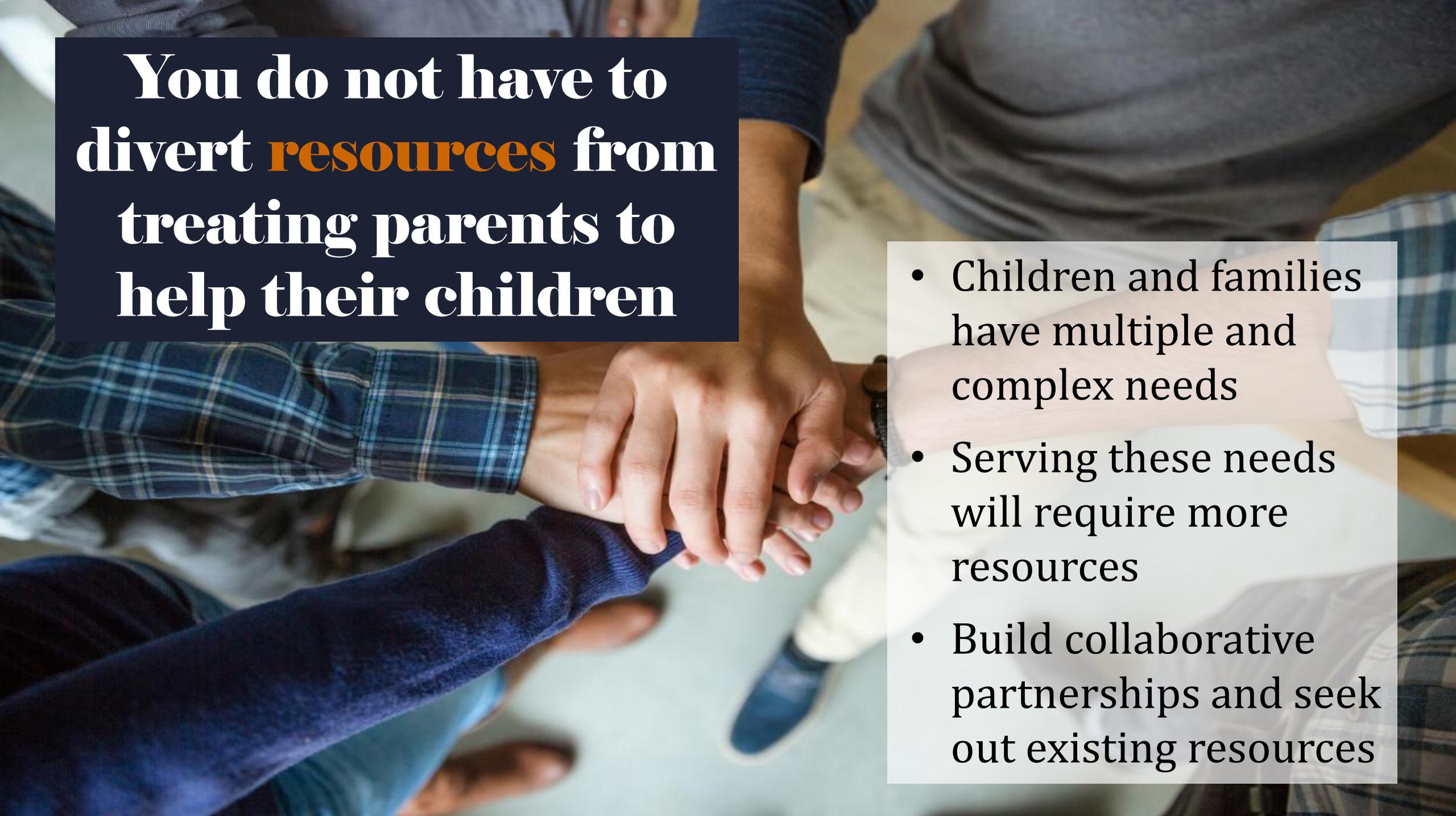
- Attachment-based treatment practices have produced **positive outcomes for women and children** in both residential and outpatient settings
- Family-focused treatment has produced **improvements in treatment retention, parenting attitudes, and psychosocial functioning**
- Postpartum women who had their 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.*





**You do not have to divert **resources** from treating parents to help their children**

- Children and families have multiple and complex needs
- Serving these needs will require more resources
- Build collaborative partnerships and seek out existing resources

# Recent Federal Legislative Actions

- 1. Family First Prevention Services Act (FFPSA)**
- 2. Omnibus Budget Act of 2018**
- 3. Opioid Bill - SUPPORT for Patients and Communities Act**
  - **Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act**



# FFPSA Four Components Related to Child Welfare and Persons with Substance Use Disorders

## 1. Family Residential Substance Use Disorder Treatment

- Beginning October 1, 2018, states can receive IV-E reimbursement for up to 12 months for a child who has been placed with a parent in a licensed residential family-based treatment facility for substance use disorder treatment:
  - This reimbursement is available without regard to income *eligibility*
  - This reimbursement is available without regard to the state opting into the prevention services
  - This is a placement agreement between the local child welfare entity and the local residential substance use disorder treatment agency, it is reimbursement claimed by the local agency just as any other foster care maintenance claim would be made by the child welfare agency



# FFPSA Title I: Prevention Services

**2. Beginning in FY 2020, Title IV-E will be available for up to 12 months for services (per family/per episode) for families of children who, without these services, would likely enter foster care, and pregnant and parenting foster youth**

- No income test – states define “candidates for foster care” as eligibility
- These services include:
  - Mental health services
  - Substance use disorder services
  - In-home parent “skill-based” programs (parent training, home visiting, individual and family therapy)

# FFPSA New Standards for Non-Family Placements

## 3. Title II - After a two week grace period, FFPSA limits IV-E maintenance payments for foster care placements that are NOT:

- Family foster homes (including relatives)
- Placements for pregnant or parenting youth
- Supervised independent living for youth 18+
- Qualified Residential Treatment Programs (Q RTP) for youth with treatment needs
- Specialized placements for victims of sex trafficking
- Family-based residential treatment facility for substance use disorder treatment

# Regional Partnership Grants

## 4. Regional Partnership Grants: Partnerships to address parental substance use

- Grants after 10/1/2018 require the Single State Authority for substance use services, the State Child Welfare Administrator, and if the grant is to serve children placed in out-of-home care, the court is to be partners in the application
- There are now planning and implementation phases
- Extended the RPG program through FY 2021 and made some changes effective October 1, 2018
- Forecast released November 7, 2018; Expect release of request for proposal on April 8, 2019 with a due date of June 7, 2019. They expect to fund 7 sites

# CARA's Primary Changes to CAPTA in 2016

1. Further clarified population to infants “born with and affected by substance use disorder or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder,” specifically removing “illegal”
2. Specified data to be reported by States
3. Required Plan of Safe Care to include needs of both infant and family/caregiver
4. Specified increased monitoring and oversight by States to ensure that Plans of Safe Care are implemented and that families have access to appropriate services

# Funding for Plans of Safe Care

## 1. Omnibus Budget Act of 2018

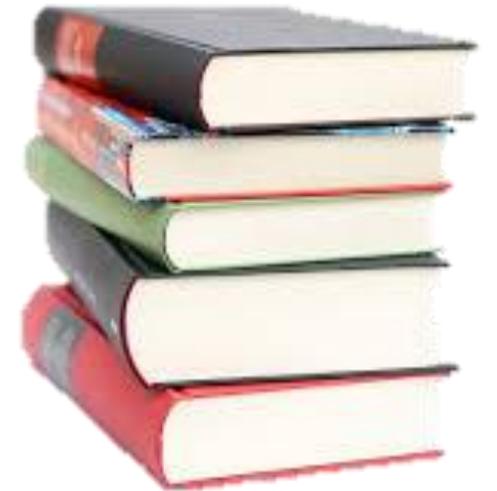
- Appropriated an additional \$60 Million to CAPTA State Grants and directs States to prioritize Plans of Safe Care
- Funds distributed to States using the usual allocation formula by September 30, 2018

## 2. Opioid Bill - SUPPORT for Patients and Communities Act

- Adds a new paragraph to State Grants authorizing a grant program through 2024 directed to implementing Plans of Safe Care at \$500,000 per state and per capita based on births

# Resources from the Field

- Best summaries available from Children's Defense Fund at <https://www.childrensdefense.org/policy/policy-priorities/child-welfare/family-first/>
- National partner Q&A implementation guide – ChildFocus is working on it with others
- Chapin Hall readiness assessment
- Annie E. Casey Foundation is working on messaging toolkit



**Numbers**

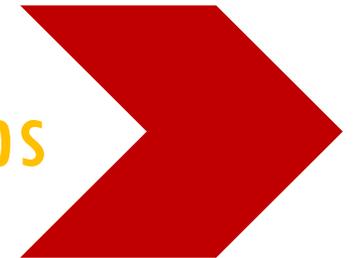
**Needs**

**Networks**

**3Ns**

**What You Can  
Do to Be More  
Family-  
Centered?**

Take the Next Steps



Take the Next Steps

# Numbers

## **The Judge can:**

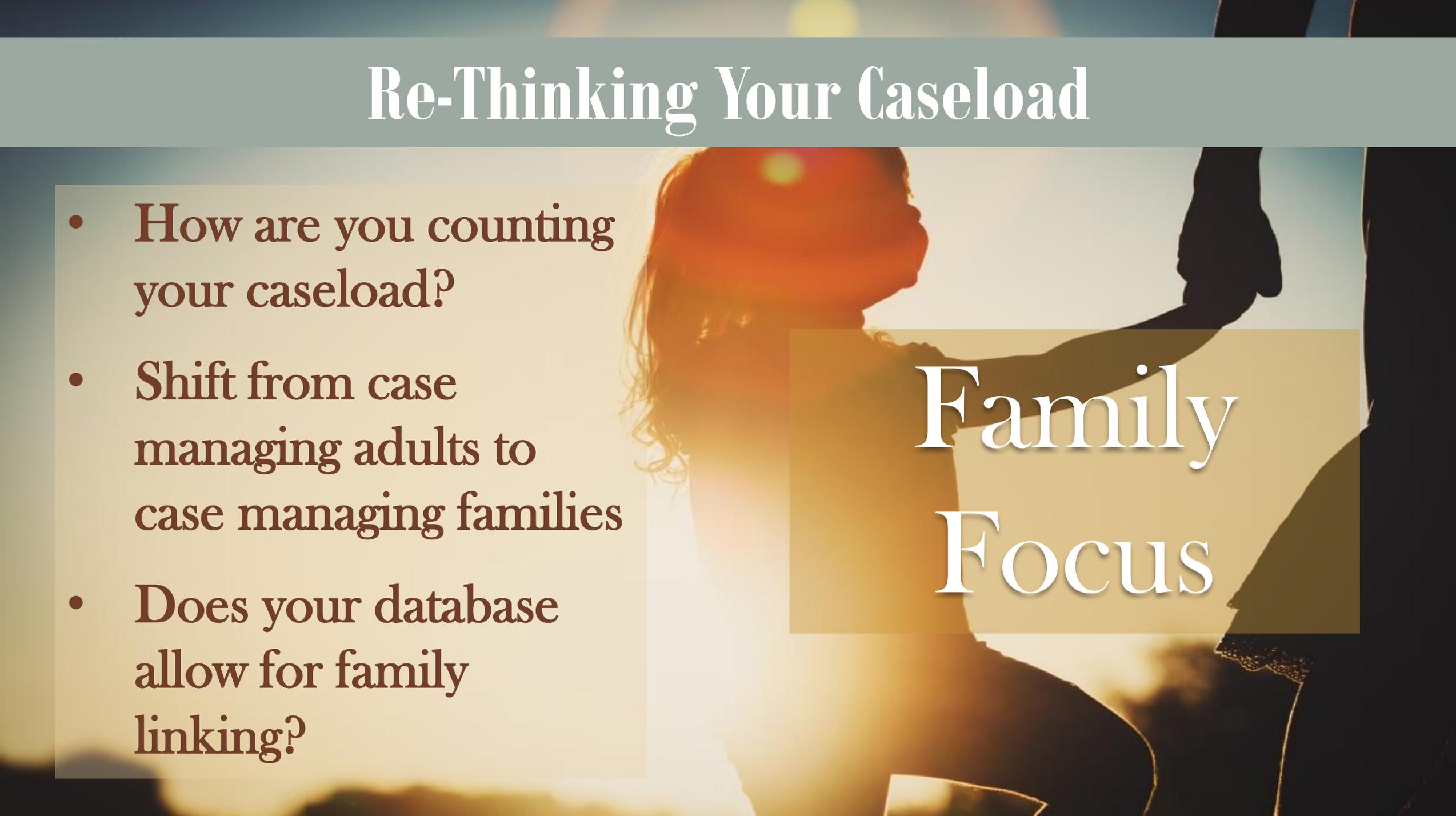
- Ask clients if they have children
- Ask about other family relationships, such as non-custodial parents (identity, location and quality of relationship)
- Ask questions about family status at intakes

## **The Coordinator and Team can:**

- Ensure you are asking questions about family structure
- Strategize on how to get entire family into treatment
- Ensure that court information systems including tracking of family members

# Re-Thinking Your Caseload

- How are you counting your caseload?
- Shift from case managing adults to case managing families
- Does your database allow for family linking?



Family  
Focus

# **KEY STRATEGY**



**Funding, Sustainability,  
Evaluation, and  
Outcomes**

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

*How do you know.....*

*How will you.....*



- How are families doing?
- Doing good vs. harm?
- What's needed for families?
- Monitor and improve performance?
- Demonstrate effectiveness?
- Secure needed resources?



Drug Courts as

*“Feel Good” Programs*



# Data Dashboard

- What needles are you trying move?
- What outcomes are the most important?
- Is there shared accountability for “moving the needle” in a measurable way, in ADC and larger systems?
- Who are you comparing to?

# Domain

# Performance Measure

Child Welfare

- Occurrence/Recurrence of Maltreatment
- Children Remain at Home
- Length of Stay in Out-of-Home Care
- Timeliness of Reunification and Permanency
- Re-entry to Out-of-Home Care
- Prevention of Substance Exposed Infants

Substance Use Disorder Treatment

- Access to Treatment
- Retention in Treatment
- Length of Stay in Treatment

Evidence-Based Parenting

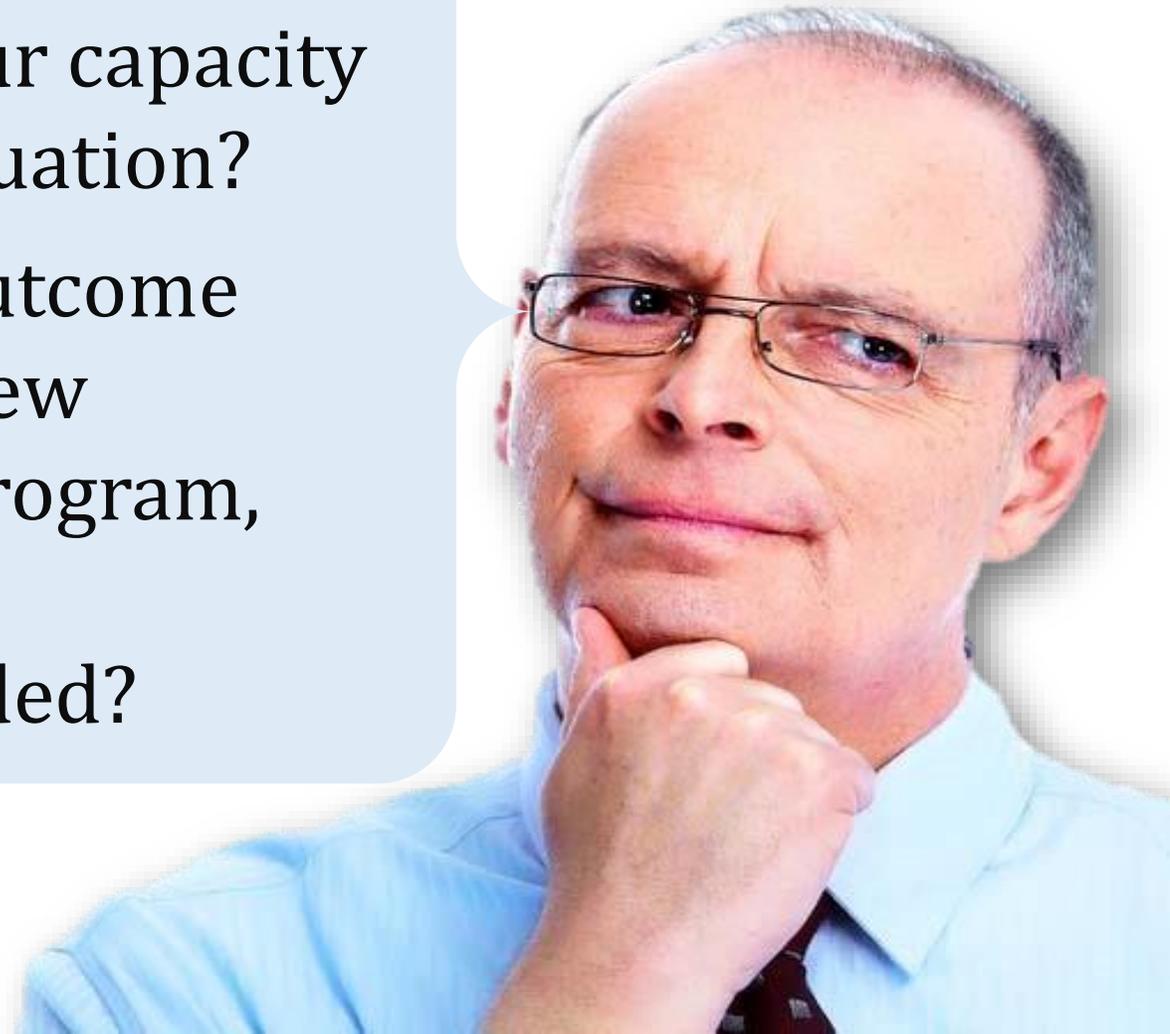
- Connection to EB Parenting
- Completion of EB Parenting

Evidence-Based Children's Intervention

- Connection to EB Children's Service
- Completion of EB Children's Service

# Things to Consider

- What are the barriers that negatively impact your capacity for collaborative evaluation?
- How could you use outcome data to regularly review progress and make program, practice, and policy modifications as needed?



# Numbers

Take the Next Steps

## Needs

### **The Coordinator and Team strategize:**

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

## **KEY STRATEGY**



**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 Use Disorder Assessment

# Tool vs. the Team

*Moving the conversation and attention from*

*What tool  
should we use?*

*What information  
do we need? What  
is the purpose?*

*What are we  
going to do with  
the information?*

*How are we going  
to share it?*



**Case Study**  
**Example:**  
**13<sup>th</sup> Judicial**  
**District**  
**Drug Court**  
**Billings, Montana**

# The Need for a Tool

- Brief screening tool that can be administered by a drug court coordinator (with little or no training)
- Simple and efficient - screening should be completed in a short time frame
- Identify an array of family-related issues regarding the family of an adult drug court client
- So appropriate referrals can be made within the immediate community
- Applicable to complex family structures common to drug court participants

# The Approach

- Preferred administrator approach is utilizing Motivational Interviewing (MI) techniques. MI is a collaborative conversation to strengthen a person's own motivation for and commitment to change
- The spirit of MI is based on three key elements:
  - (1) Collaboration between administrator and client
  - (2) Evoking or drawing out client's ideas about change
  - (3) Emphasizing autonomy of client

# Family Strengths and Needs Survey



**Family Strengths and Needs Survey**

Case or Client ID: \_\_\_\_\_ Survey Administrator ID: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_ Interview Start Time: \_\_\_\_\_

① Missoula County Family Drug Court      ⑤ Missoula County Veteran's Court  
② Missoula County Co-Occurring Court      ⑥ Cascade County Adult Treatment Court  
③ Mineral County Adult Treatment Court/DUI Court      ⑦ Billings Municipal Treatment Court  
④ Custer County Adult Treatment Court      ⑧ Fort Peck DUI Court (Nat. Am.)  
⑨ First Judicial District Adult Treatment Court

Program: \_\_\_\_\_

Today's Date \_\_\_\_\_ Enrollment/ Intake Date \_\_\_\_\_

**PARTICIPANT DEMOGRAPHICS:**

Gender?       Male       Female       Other

Please specify "Other" \_\_\_\_\_

Age in years?

First number: ①    ②    ③    ④    ⑤    ⑥    ⑦

Second number:    ⑧    ⑨    ⑩    ⑪    ⑫    ⑬    ⑭    ⑮

What is your race/ ethnicity?

① American Indian or Alaskan native      ④ Hispanic/Latino  
② Asian or Pacific Islander      ⑤ Caucasian  
③ African American      ⑥ Other (please specify) \_\_\_\_\_

**Read to Client:** As you know, substance abuse impacts the entire family. We want to make sure that you and your family have as much support as possible during your recovery process. May I ask you a few questions about your family's strengths? This will help identify the ways we can support you to meet your family's needs. The information you provide will remain confidential. However, I need to make you aware of some limits to confidentiality. It is my legal responsibility to report suspected abuse or neglect of a child, elderly person or a disabled person or if I believe you are in danger of harming yourself or another person. If you report that you intend to physically injure someone the law requires me to inform that person as well as the legal authorities. However, I am not directly seeking this type of information in this interview. May I answer any questions? Is it OK to begin now?

1

# Family Strengths and Needs Survey

## Domains:

- Participant demographics
- Family demographics
- History and current dynamic
- Emotional support system
- Substance use impact
- Family medical and mental health history
- Child care
- Parenting
- Education
- Employment and financial status
- Trauma

# Feedback From Montana Court Coordinators

Process of completing the FSNS fostered rapport and contributed to building a relationship between the survey administrator and participant.

The process expanded administrators' view of a participant to include her/his family issues and dynamics and other factors affecting recovery.

# Drug Court Coordinator Experience Administering FSNS

“This experience opened up a world of needs that have gone unaddressed and also provided motivation for finding these services and linking with other community organizations.”

“The process of administering the FSNS helps coordinators to get to know the participant at a deeper level, much less superficial than with the standard intake/screening tool.”

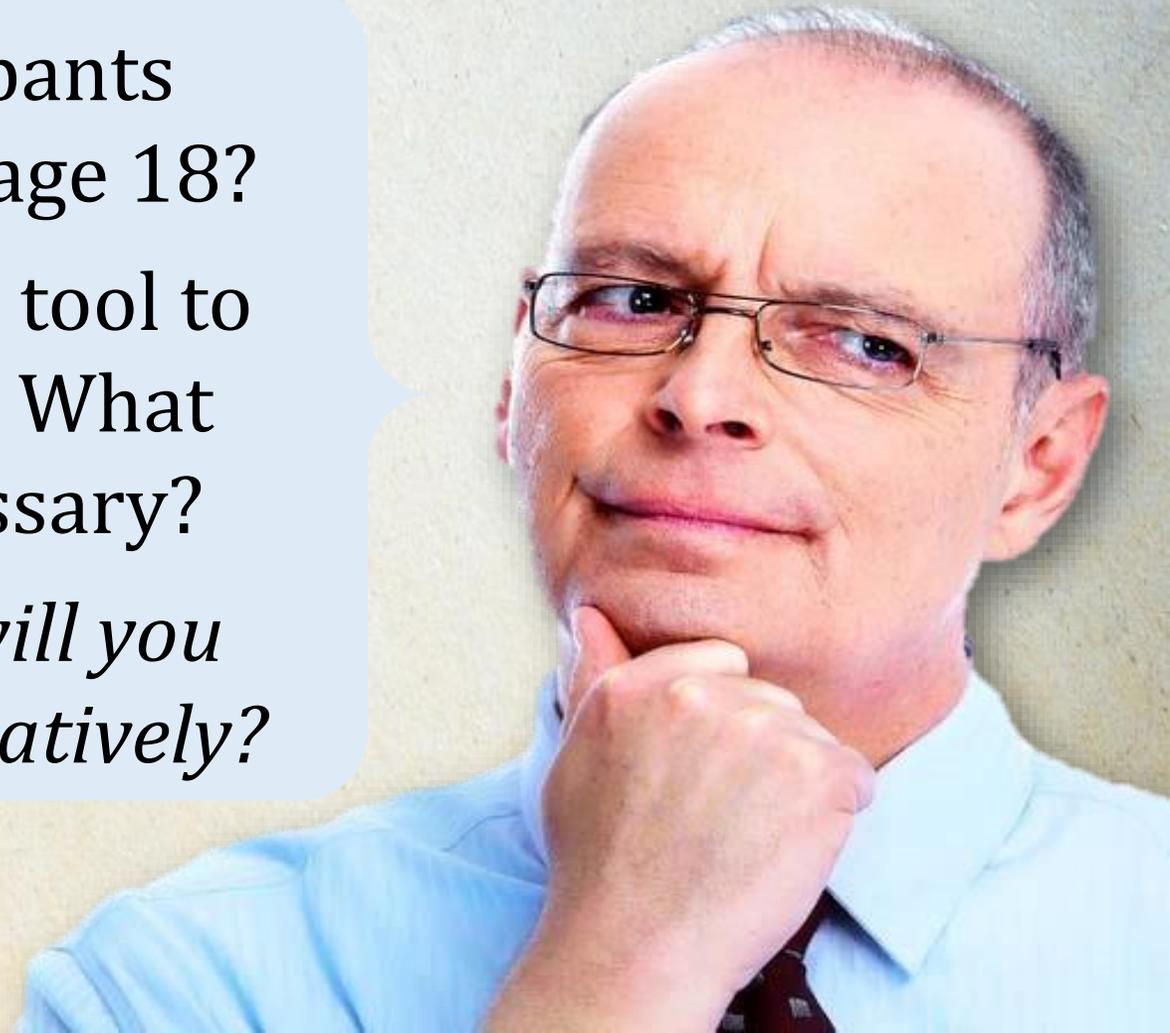
# Family Issues that May Affect Recovery



- 52.7% had concerns regarding one or more of their **children's social and emotional well-being**
- 47.2% of participants had concerns regarding **medical problems or issues** with one or more of their children
- 40.0% had concerns about one or more of their **children's behavior**
- 17.8% had significant concerns about their spouse's or significant other's **mental health**

# Things to Consider

- How many of participants have children under age 18?
- Have you identified a tool to assess family needs? What training will be necessary?
- Tools + Team - *how will you share results collaboratively?*



## **KEY STRATEGY**



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

**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 themselves or the child at risk

## Therapeutic

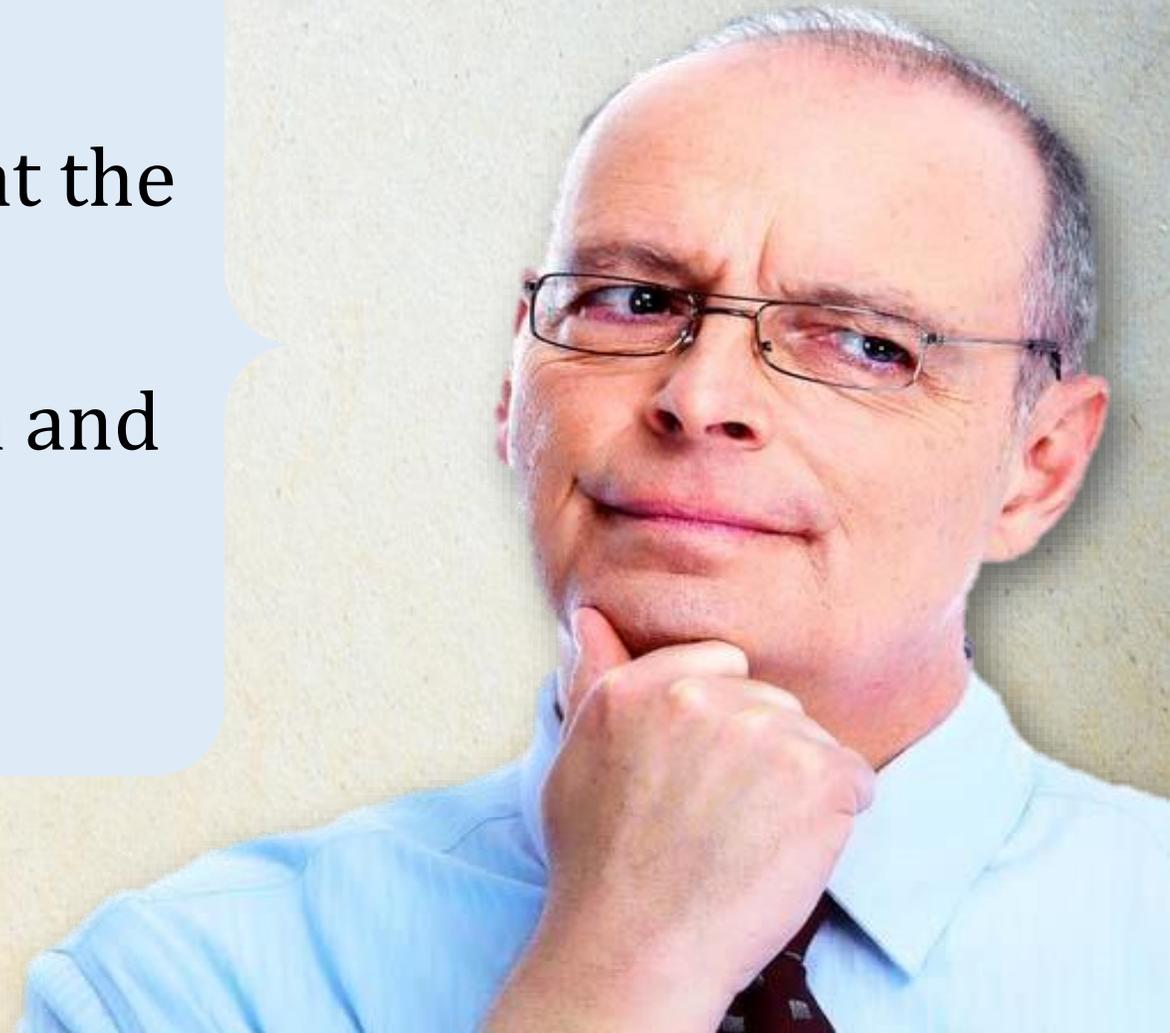
- A response designed to achieve a specific clinical result for parent in treatment

## 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 impact of that sanction would have on children and the parent-child relationship (ie. jail).



# Numbers

# Needs

Take the Next Steps

# Networks

## **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 DC Team, including judicial leaders on the importance of serving children and families?

# Numbers

# Needs

Take the Next Steps

# Networks

## **The Coordinator and Team strategize:**

- Do you refer and follow-up to 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?
- Have you developed formal relationships and information sharing protocols?

# 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**

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



# Continuum of Family-Based Services

## Parent's Treatment with Family Involvement

- Services for parent(s) with substance use disorders
- Treatment plan includes family issues and family involvement

Goal: Improved outcomes for parent(s)

## Parent's Treatment with Children Present

- Children accompany parent(s) to treatment
- Children participate in child care but receive no therapeutic services
- Only parent(s) have treatment plans

Goal: Improved outcomes for parent(s)

## Parent's and Children's Services

- Children accompany parent(s) to treatment
- Parent(s) and attending children have treatment plans and receive appropriate services

Goals: Improved outcomes for parent(s) and children, better parenting

## Family Services

- Children accompany parent(s) to treatment
- Parent(s) and children have treatment plans
- Some services provided to other family members

Goals: Improved outcomes for parent(s) and children, better parenting

## Family-Centered Treatment

- Each family member has a treatment plan and receives individual and family services

Goals: Improved outcomes for parent(s), children, and other family members; better parenting and family functioning

## **KEY STRATEGY**



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

**Provide evidence-  
based services to  
children and parents  
including services  
that address the  
parent-child dyad**

# 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/>
- **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](http://www.cebc4cw.org)
- **National Registry of Evidence-Based Programs and Practices** - [www.nrepp.samhsa.gov](http://www.nrepp.samhsa.gov)

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

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

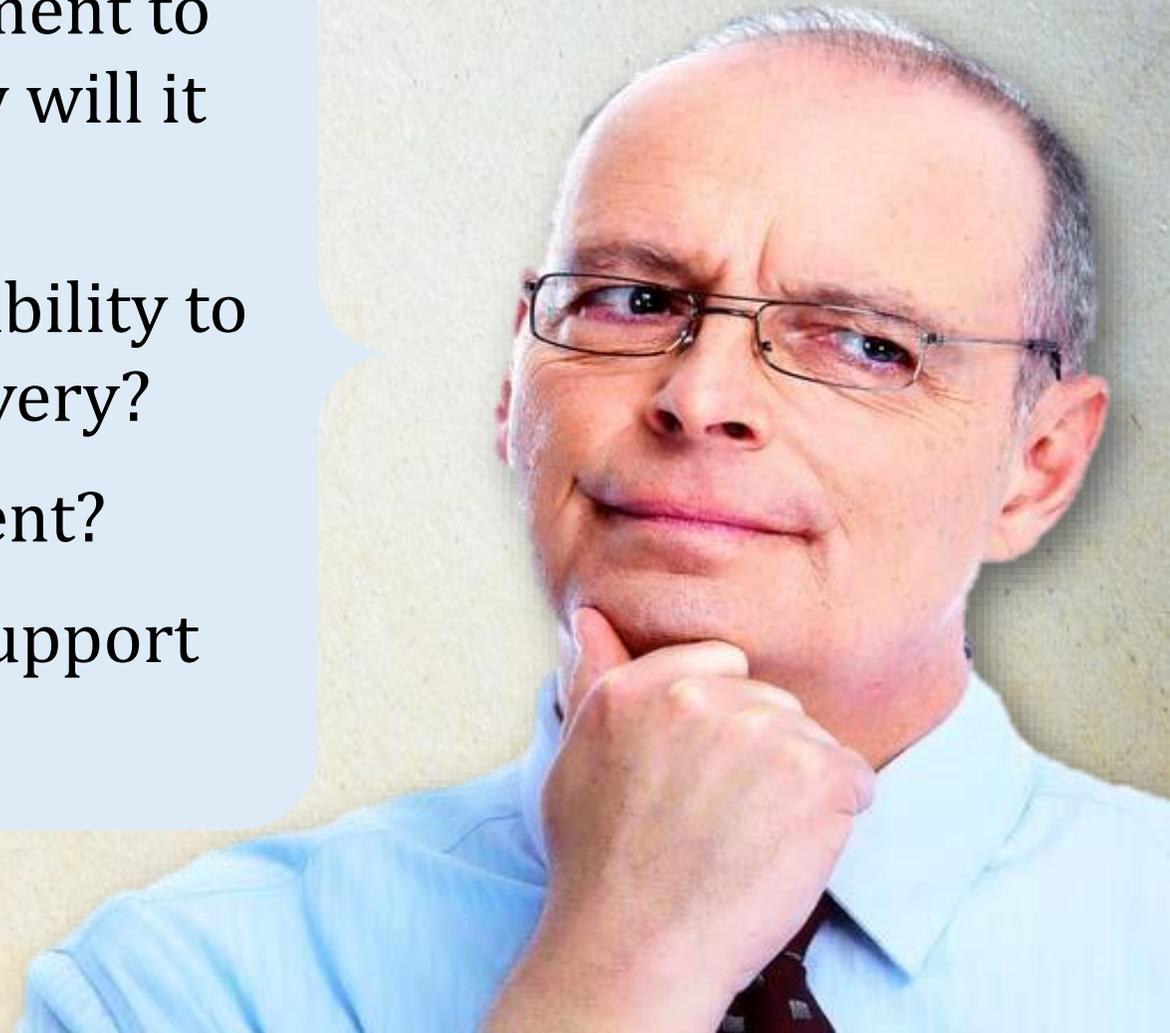
# When Should We Offer Parent Education?

## Sequencing of Parent Education

- Key considerations include cognitive functioning
- Participation in parenting programs can enhance parent motivation and engagement in treatment because it affirms their primary role and identity as a parent and focuses on their most important need
- Increase self-confidence as parents and equip them with needed skills
- *There is no time to lose when it comes to parent-child bond*

# 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?



# Turning to Community Partners to Serve Families

- Partnered with Linda Ray Center to provide comprehensive family and children services
- Advocated for its treatment partner to provide family therapy
- ADC and treatment provider tracking family outcomes

# Impact of Visitation 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)

# Assessing for Quality Visitation

- Rethink language - *parenting time or family time* (vs. visitation)
- Recognize visitations as a right and need (vs. privilege, reward, incentive)
- Ensure frequency and duration is guided by needs of child and family (vs. capacity of CWS, logistics)
- Provide concrete feedback on parent-child interaction (vs. observation, surveillance)
- Affirm permanency as the goal – (vs. good visits) – Is the visitation plan moving family closer to achieving reunification? Are real-life parenting and reasons for removal being addressed?
- Maintain collaboration and communication with family, treatment providers, service providers, and foster parents

# Strategies to Ensure Quality and Frequent Parenting Time



- Involve parents in planning
- Elicit foster parents or kinship caregiver support
- Invite parents to join child's appointments
- Enlist natural community settings
- Focus on strengths and positive interactions
- Provide parenting support and coaching

# Co-Parenting Activities

- What is your system of care's philosophy about co-parenting?
- What are the expectations for foster parents to participate?
- Ground rules and limitations
- Are there differences of opinions on the benefits of co-parenting?
- Dispelling the myths about bio and foster parent collaborations



# Interventions that Include Parent–Child Component

- Do the services of partner providers have parent-child components?
- Can you expand your service array?
- How do providers document progress in strengthening the parent-child relationship?
- What will the parenting reports look like to include the parent-child piece?





# Support for Parents in Court to Advocate for Improvements or Strengthening of the Relationship with Their Child

## Questions every judge should ask?\*

- Reaching out to the parent in court for their perspective on how visitation or co-parenting activities are going
- How are improvements in the parent-child relationship linked to the levels of visitation along with recommendations from substance use and mental health treatment providers?

\* Recommended Resource: *Visitation with Infants and Toddlers in Foster Care: What Judges and Attorneys Need to Know.*

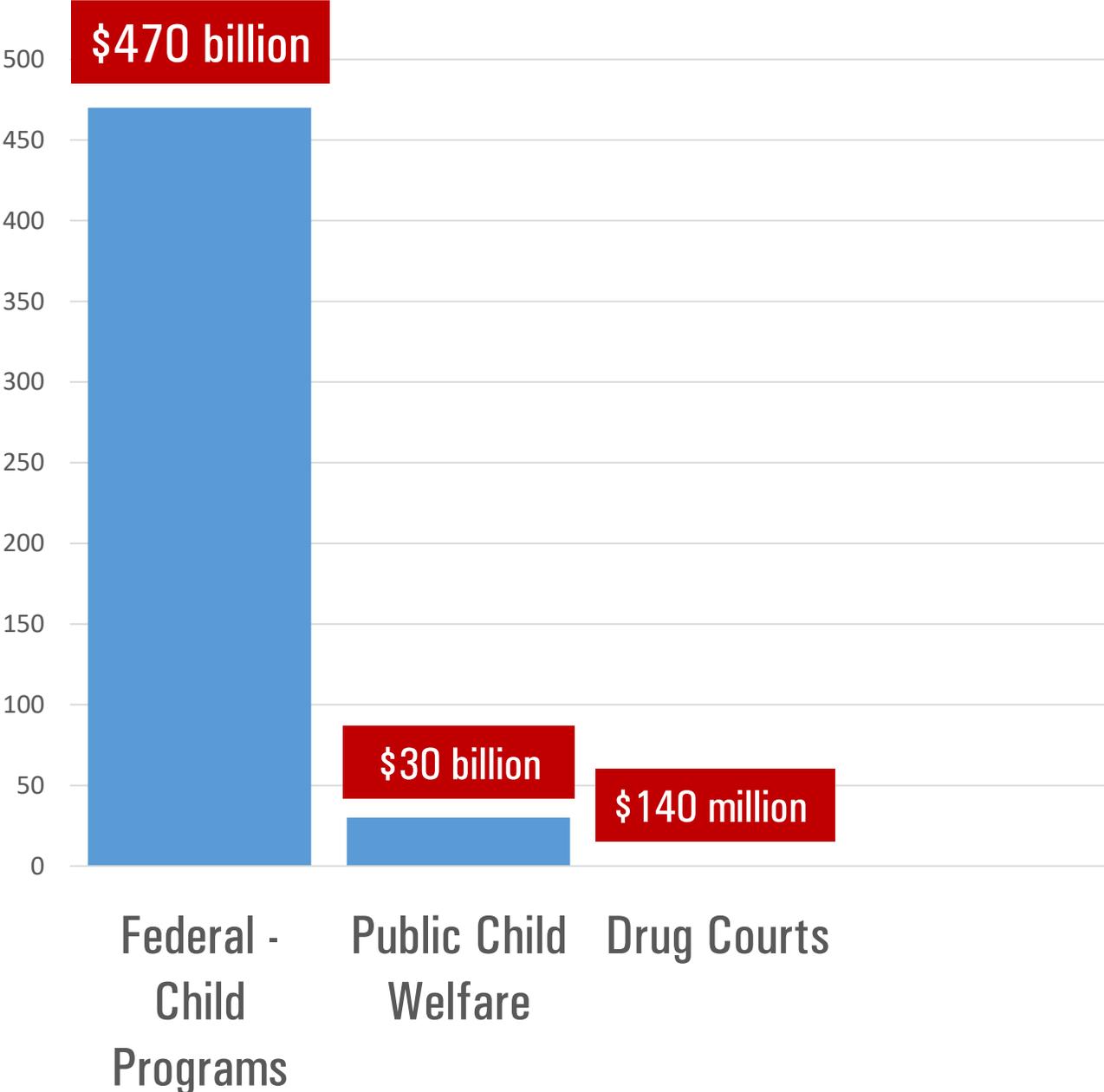
# **KEY STRATEGY**



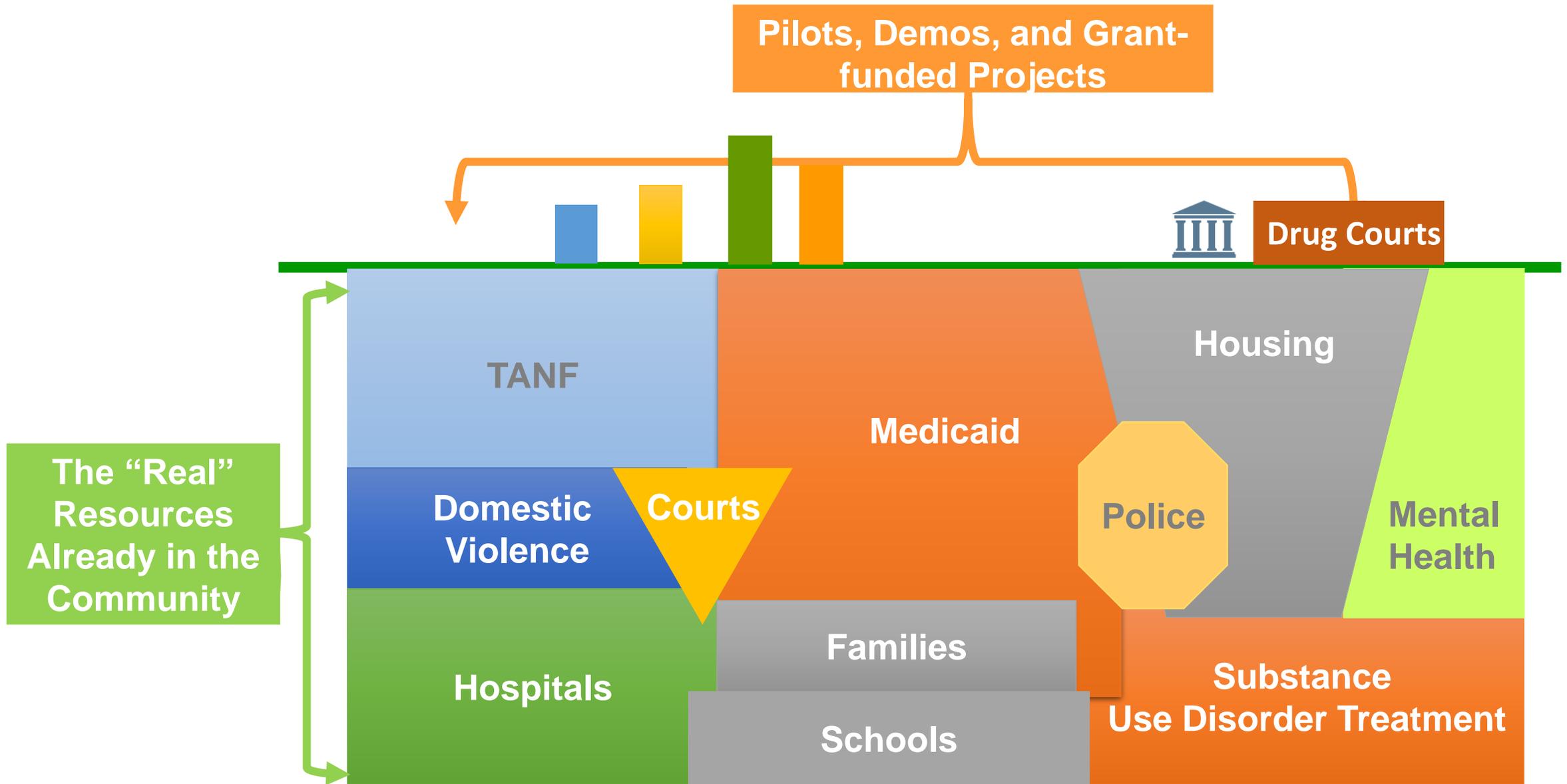
**Funding, Sustainability,  
Evaluation, and  
Outcomes**

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

# Getting a Piece of the Pie

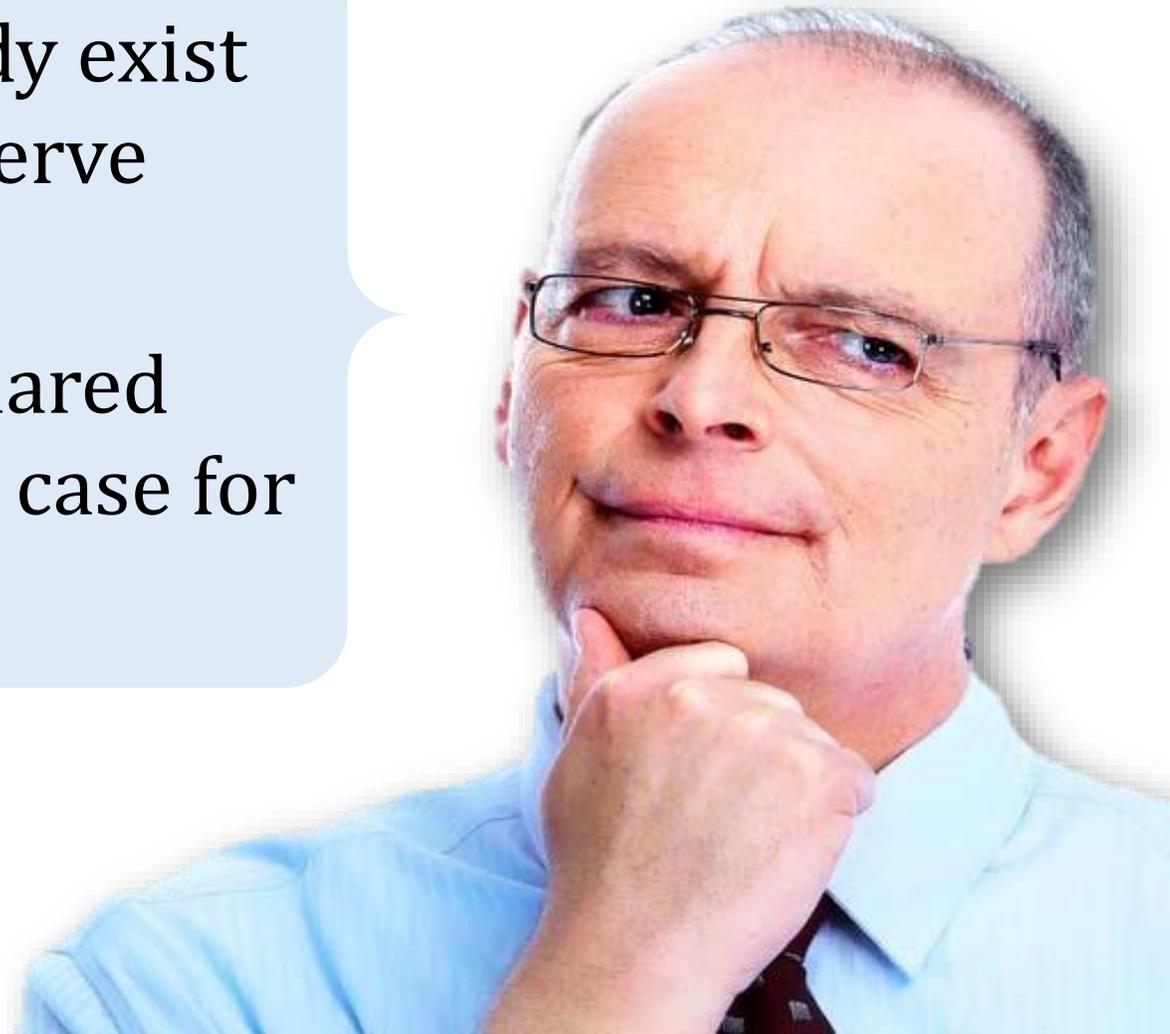


# Redirection of Resources Already Here



# 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?



A silhouette of a young child holding an adult's hand against a bright sunset background. The child is on the left, looking up and to the right, holding the adult's hand which is on the right side of the frame. The background is a warm, golden glow from the setting sun, with some lens flare effects. A light blue triangle is on the left side of the image.

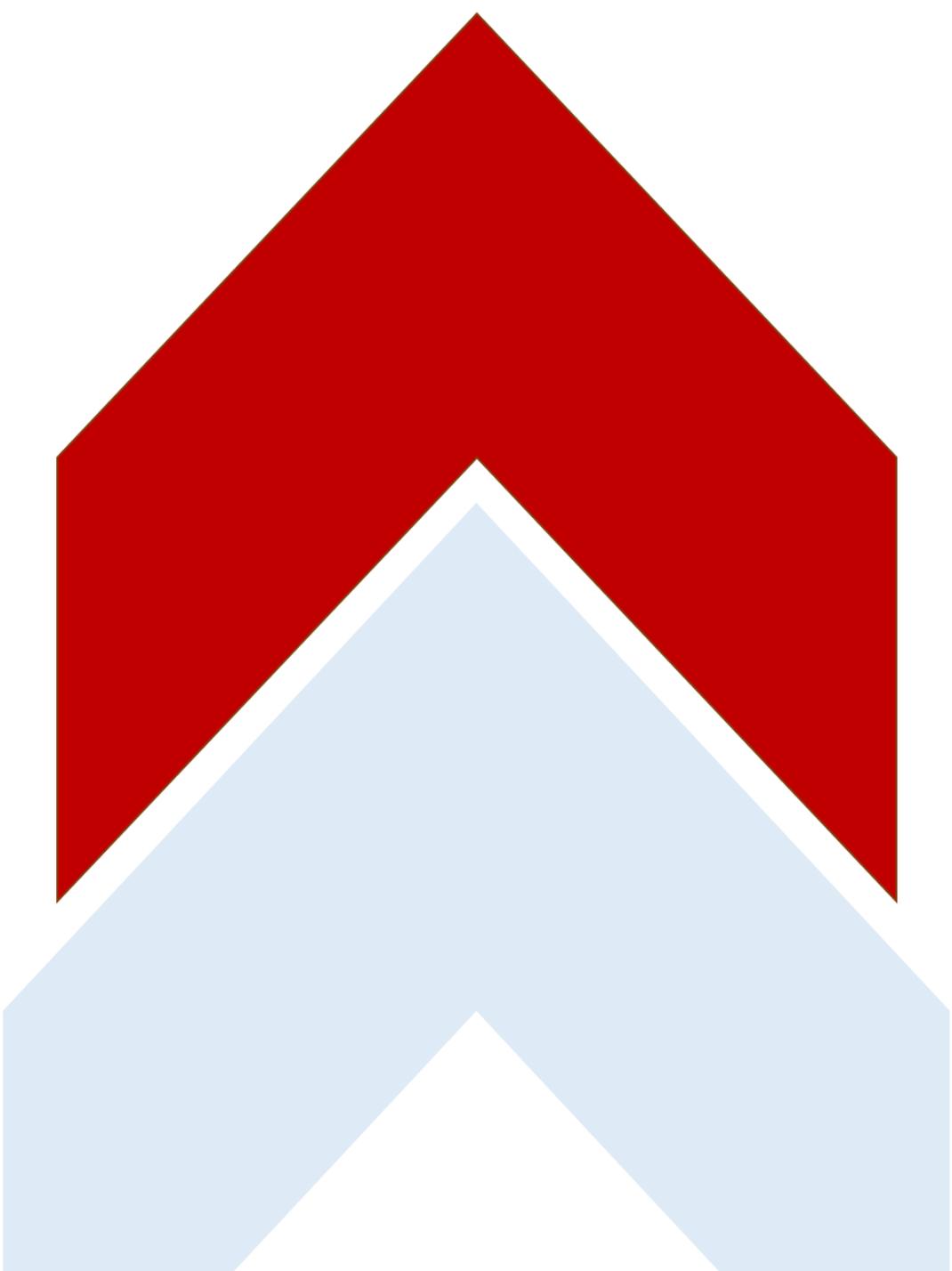
**Big steps**

**Small steps**

**Just keep moving**

# **Q&A and Discussion**





**We can help!**

**RESOURCES**

**View the Recorded Webinar!**

# Early Screening & Assessment



How Effective **Family Drug Courts** Match Service to Need

**Includes Team  
Discussion Guide!**

# View the Recorded Webinar!!

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

Includes Team  
Discussion Guide!



July 2016



## Parent-Child Relationship

# 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.*

*On behalf of children  
and families in your  
community, thank you  
for the work you do!*



# Contact Information

*Strengthening  
Partnerships*

*Improving  
Family  
Outcomes*

## Family Drug Court Training and Technical Assistance Team

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