

# Family Treatment Court/Dependency Drug Court Best Practice Standards: The What, How, and What Now - *Part 2*

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# Family Treatment Court Best Practice Standards

## Monitoring and Evaluation



Role of the  
Judge



Equity and  
Inclusion



Early  
Screening  
and  
Assessment



Timely,  
Quality  
Treatment



Case  
Management



Therapeutic  
Behavior  
Response



## Organization and Structure

# Early Identification, Screening, and Assessment

The process of early identification, screening, and assessment provides the greatest opportunity to fully meet the comprehensive needs of children, parents, and families affected by SUDs that come to the attention of the child welfare system. FTC team members and partner agencies screen and assess all referred families using objective eligibility and exclusion criteria based on the best available evidence indicating which families can be served safely and effectively in the FTC. Team members **use validated assessment tools and procedures** to promptly refer children, parents, and families to the appropriate services and levels of care. They conduct ongoing validated assessments of children, parents, and families while also addressing barriers to recovery and reunification throughout the case. Service referrals match identified needs and connect children, parents, and family members to evidence-based interventions, promising programs, and trauma-informed, culturally responsive, and family-centered practices. FTC team members take on varying roles for this process to occur in a timely and efficient manner.

# Early Screening, Identification and Assessment

- A. Target population, objective eligibility, and exclusion criteria
- B. Standardized and systematic referral, screening, and assessment process
- C. Use of valid and reliable screening and assessment for parents and families
- D. Use of valid, reliable, and developmentally appropriate screening and assessments for children
- E. Identification and resolution of barriers to recovery and reunification





## Who do FTCs Work For?



## Studies Show Equivalent or Better Outcomes:

- Co-occurring mental health problems
- Unemployed
- Less than a high school education
- Criminal history
- Inadequate housing
- Risk for domestic violence
- Methamphetamine, crack cocaine, or alcohol
- Previous Child Welfare Involvement

(e.g., Boles & Young, 2011; Carey et al., 2010a, 2010b; Worcel et al., 2007)

**Recommended  
Eligibility Criteria:**

Active Child Welfare Case

Assessed Substance Use Disorder –  
Moderate to Severe

Referral to FTC

# Screening and Assessment

*Use of subjective criteria has the potential to exclude families from FTCs for reasons that have not proved valid or meaningful in the course of the court experience. Removing subjective eligibility restrictions and applying evidence-based selection criteria significantly increase the effectiveness and cost-efficiencies of drug courts by allowing them to serve their target population.*

(Source: Bhati, Roman & Chalfin, 2008)



A photograph of a group of people in a meeting or classroom setting. Several individuals have their hands raised, indicating active participation or agreement. The background is slightly blurred, focusing attention on the hands in the foreground.

**If your referral process is systematic  
and objective ---**

**The team will focus on how to engage  
families in the FTC/treatment**

**instead of whether they should be allowed  
into the FTC.**

# Examine Current Screening and Admission Processes

## Subjective & Informal

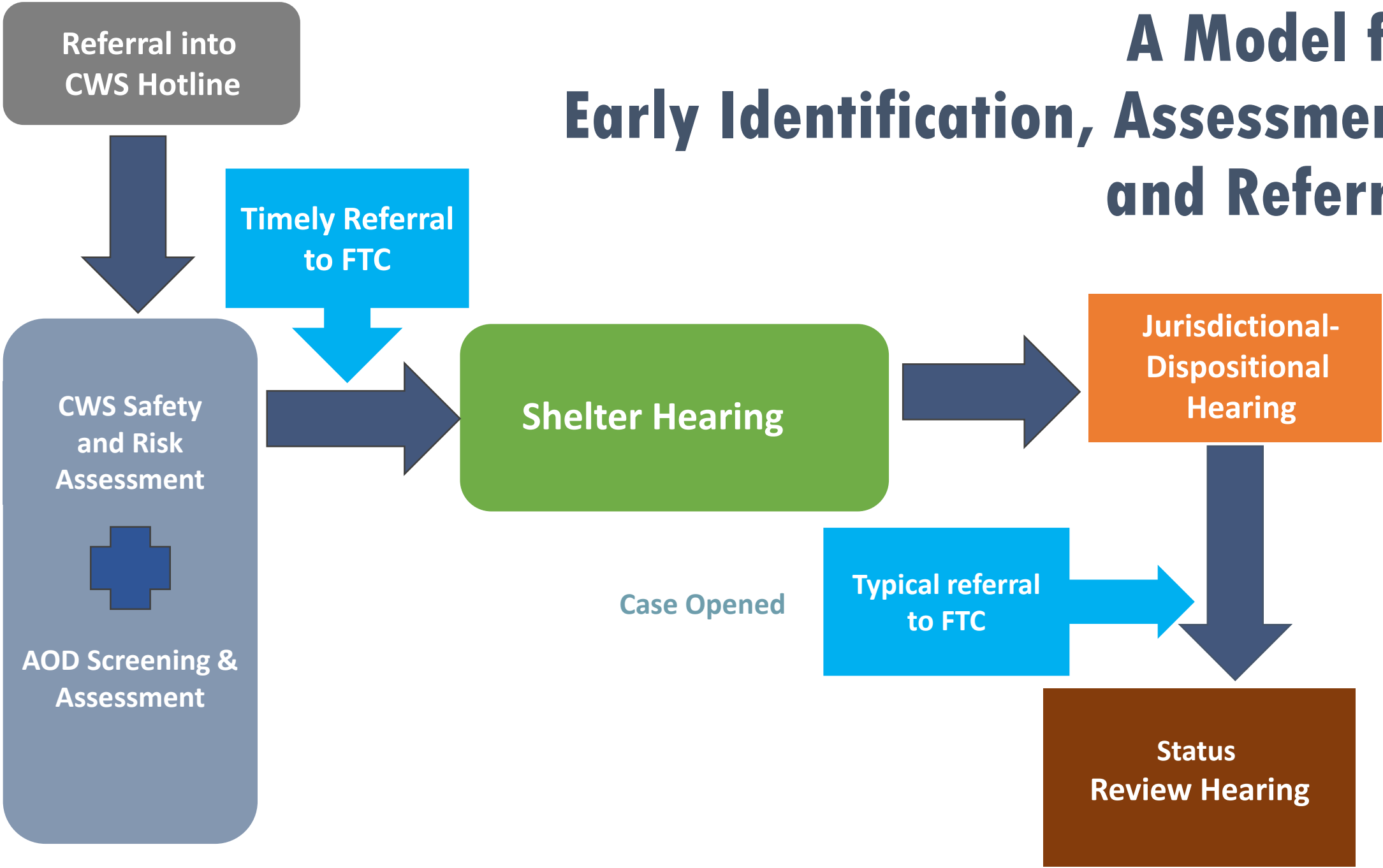
- *I refer all my clients to FTC because I know the people there.*
- *I only refer clients who really want to participate.*
- *Let me know when you get in the program.*
- *I prefer to refer clients who are doing well on their CWS case plan.*
- *I refer all my clients with a drug history to the FTC.*



## Objective & Systematic

- Clearly defined protocols and procedures, with timelines and communication pathways (who needs to know what and when)
- Eligibility criteria based on clinical and legal assessments
- Match appropriate services to identified needs

# A Model for Early Identification, Assessment, and Referral





## *Discussion*

1. Initial reactions to the recommended identification, screening, assessment and referral process?
2. Who currently has this structure in place?
3. What success and challenges did you experience? What advice can you give your peers?

# Timely, High Quality, and Appropriate Substance Use Disorder Treatment

SUD treatment is provided to meet the individual and unique substance-related clinical and supportive needs of persons with SUDs. For participants in FTC, it is important that the SUD treatment agency or clinician provide services in the context of the participants' **family relationships**, particularly the parent-child dyad, and understand the importance of and responsibility for **ensuring child safety** within the Adoption and Safe Families Act timeline for child permanency. A treatment provider's **continuum of services** includes early identification, screening, and brief intervention; comprehensive standardized assessment; stabilization; appropriate, manualized, evidence-based treatment including medications if warranted; **ongoing communication** with the FTC team; and continuing care. The parent, child, and family treatment plan is based on individualized and assessed needs and strengths and is provided in a timely manner including concurrent treatment of mental health and physical health.



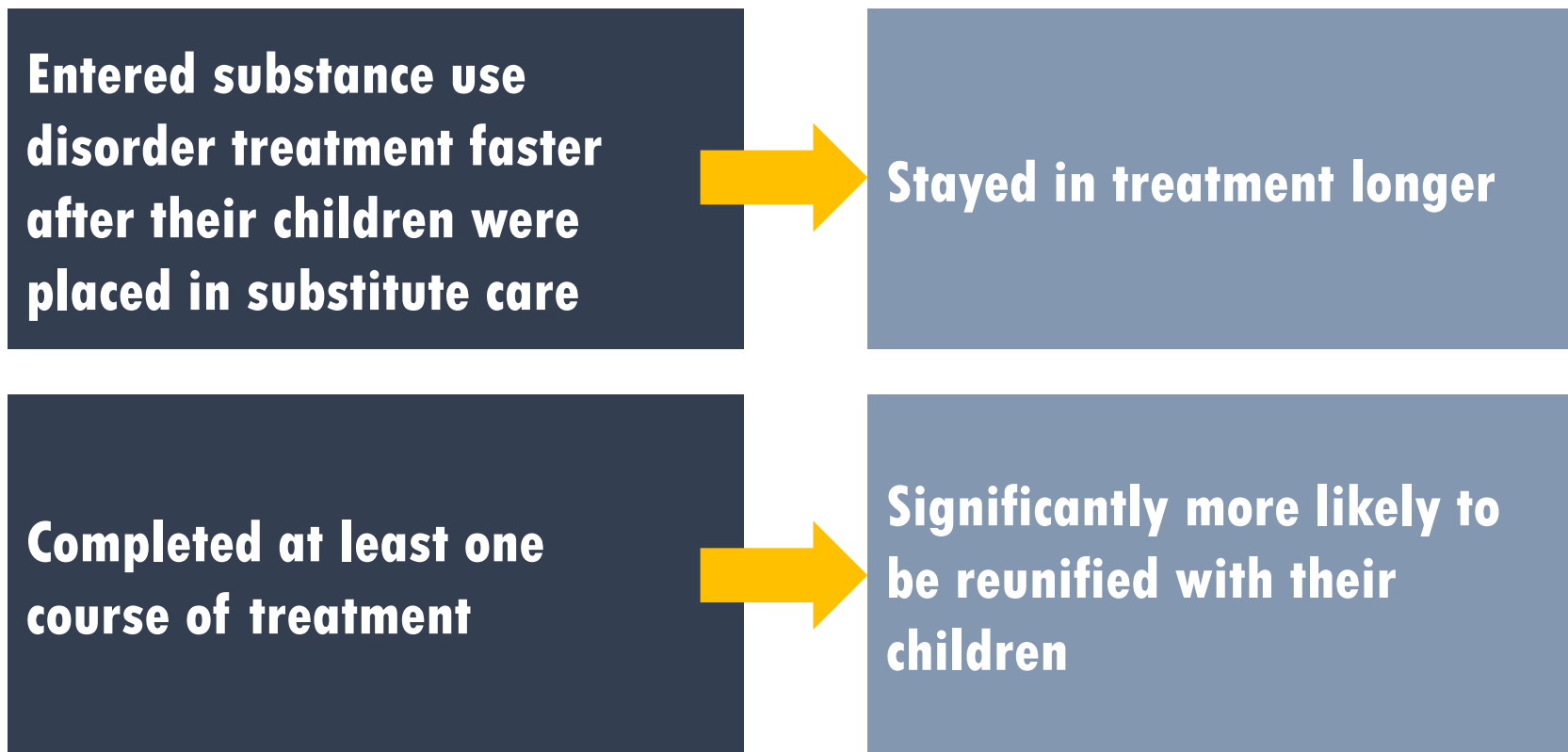
# Timely, High Quality, and Appropriate Substance Use Disorder Treatment

- A. Timely access to appropriate treatment
- B. Treatment matches assessed needs
- C. Comprehensive continuum of care
- D. Integrated treatment of co-occurring substance use and mental health disorders
- E. Family-centered treatment
- F. Gender-responsive treatment
- G. Treatment for pregnant women
- H. Culturally-responsive treatment
- I. Evidence-based manualized treatment
- J. Medication-assisted treatment
- K. Alcohol and other drug testing protocols
- L. Treatment provider qualifications



# Time To & Time In Treatment Matters

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



*Source: Green, Rockhill & Furrer (2007)*

# Timely Access to Appropriate Treatment

*Participants in an FTC that were provided immediate, intensive SUD treatment had significantly more reunifications, their children had fewer placements in longer-term foster care, and their children spent less time in non-kinship care than families not in the FTC.*

(Source: Burrus, Mackin & Aborn, 2008)



# **Engagement is Everyone's Job**

Engagement begins during the first interaction and continues throughout the entire case

# Treatment makes treatment decisions.



The **treatment provider** and the **FTC participant** jointly determine the appropriate level of SUD treatment.



Other members of the FTC team share pertinent information about the family's strengths and needs with the treatment provider to help the provider make the most informed decision.



Standardized assessment results drive the treatment provider's recommendations. The ASAM criteria for addictive, substance-related, and co-occurring conditions are the most widely used and comprehensive guidelines for treatment level of care placement.

# Medication for Addiction Treatment (MAT)

A variety of medications are used to complement substance use treatment for different types of substance use disorders including:

- Tobacco
- Alcohol
- Opioids
  - Methadone, Buprenorphine, Naltrexone, Naloxone

Prescribers of medication determine the appropriate type of medication, dosage and duration based on each person's:

- Biological makeup
- Addiction history and severity
- Life circumstances and needs

# As PART OF a comprehensive treatment program, MAT has been shown to:

- Increase retention in treatment
- Decrease illicit opiate use
- Decrease criminal activities, re-arrest and re-incarceration
- Decrease drug-related HIV risk behaviors
- Decrease pregnancy related complications

Fullerton, C.A., et al. November 18, 2013. Medication-Assisted Treatment with Methadone: Assessing the Evidence. *Psychiatric Services in Advance*; doi: 10.1176/appi.ps.201300235  
The American College of Obstetricians and Gynecologists. (2012) Committee Opinion No. 524: Opioid Abuse, Dependence, and Addiction in Pregnancy. *Obstetrics & Gynecology*, 119(5), 1070-1076.

Dolan, K.A., Shearer, J., White, B., Zhou, J., Kaldor, J., & Wodak, A.D. (2005). Four-year follow-up of imprisoned male heroin users and methadone treatment: Mortality, reincarceration and hepatitis C infection. *Addiction*, 100(6), 820–828.

Gordon, M.S., Kinlock, T.W., Schwartz, R.P., & O'Grady, K.E. (2008). A randomized clinical trial of methadone maintenance for prisoners: Findings at 6 months post-release. *Addiction*, 103(8), 1333–1342.

Havnes, I., Bukten, A., Gossop, M., Waal, H., Stangeland, P., & Clausen, T. (2012). Reductions in convictions for violent crime during opioid maintenance treatment: A longitudinal national cohort study. *Drug and Alcohol Dependence*, 124(3), 307–310.

Kinlock, T.W., Gordon, M.S., Schwartz, R.P., & O'Grady, K.E. (2008). A study of methadone maintenance for male prisoners: Three-month postrelease outcomes. *Criminal Justice & Behavior*, 35(1), 34–47.



# Continuum of Family-Based Services

## Parent's Treatment With Family Involvement

Services for parent(s) with substance use disorders. Treatment plan includes family issues, 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



National Center on  
Substance Abuse  
and Child Welfare

## Understanding Substance Use Disorder Treatment: A Resource Guide for Professionals Referring to Treatment

March 2018

- This TA tool is designed to equip professionals who refer parents to SUD treatment with a fundamental understanding of treatment.
- The tool includes a list of questions Judges, child welfare or court staff can ask treatment providers to ensure that effective linkages are made.
- With the knowledge gained, professionals will be able to make informed referral decisions for services that are a good fit to meet the parent and family's needs.





## *Discussion*

1. How does your FTC ensure timely access to quality treatment?
2. What successes and challenges have you experienced?
3. What advice can you give your peers?

# Comprehensive Case Management Services, and Supports for Families

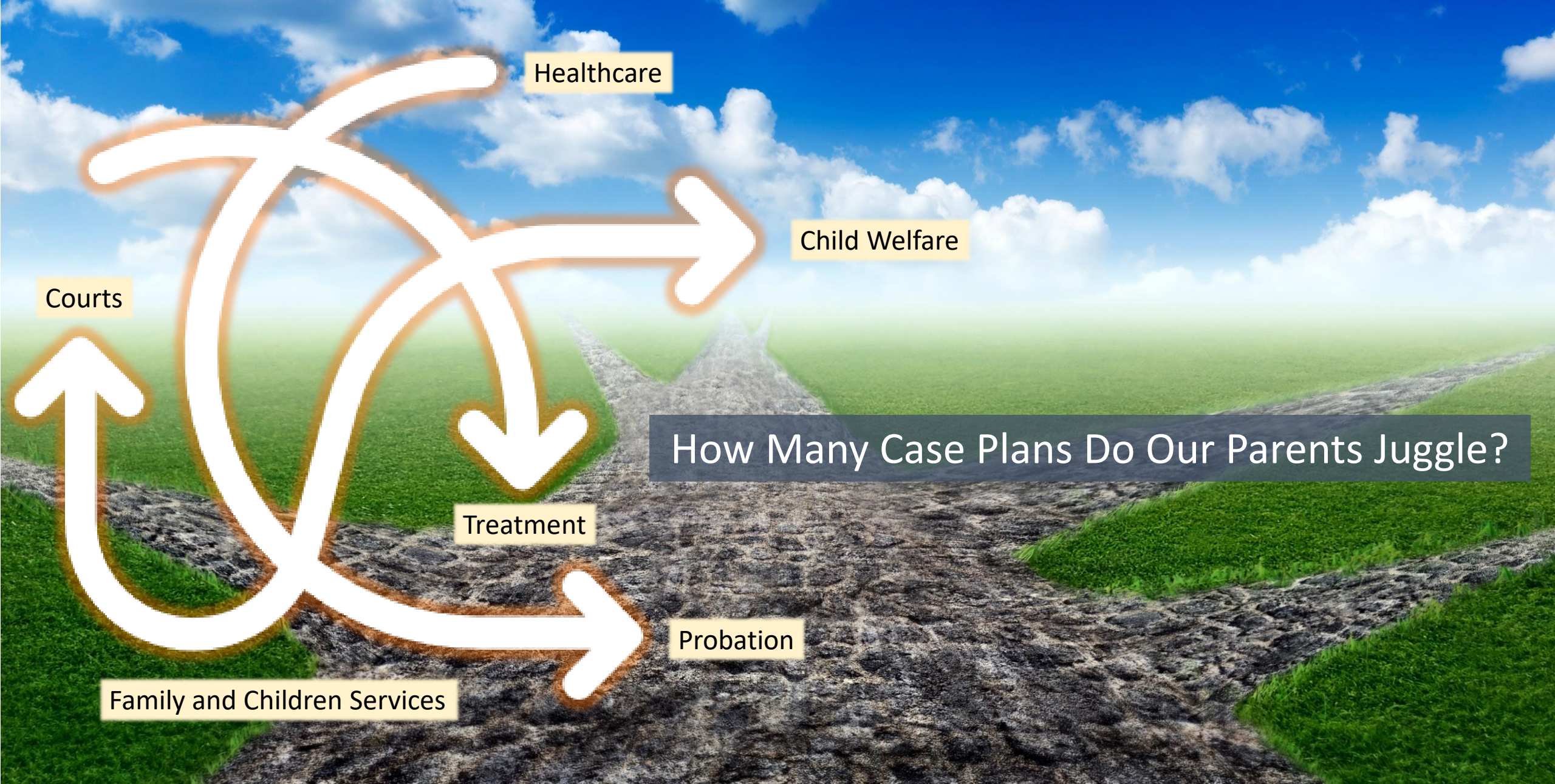
FTC ensures that children, parents, and family members receive comprehensive services that meet their assessed needs and promotes sustained family **safety, permanency, recovery, and well-being**. In addition to **high-quality** substance use and co-occurring mental health disorder treatment, the FTC's **family-centered** service array includes other clinical treatment and related clinical and community support services. These services are **trauma responsive**, include family members as active participants, and are grounded in cross-systems collaboration and **evidence-based or evidence-informed** practices implemented with fidelity.

# Comprehensive Case Management Services, and Supports for Families

- A. Intensive case management and coordinated case planning
- B. Family involvement in case planning
- C. Recovery supports
- D. High-quality parenting time (visitation)
- E. Parenting and family-strengthening programs
- F. Reunification and related supports
- G. Trauma-specific services for children and parents
- H. Services to meet children's individual needs
- I. Complementary services to support parents and families
- J. Early intervention services for infants and children affected by prenatal substance exposure
- K. Substance use prevention and intervention for children and adolescents



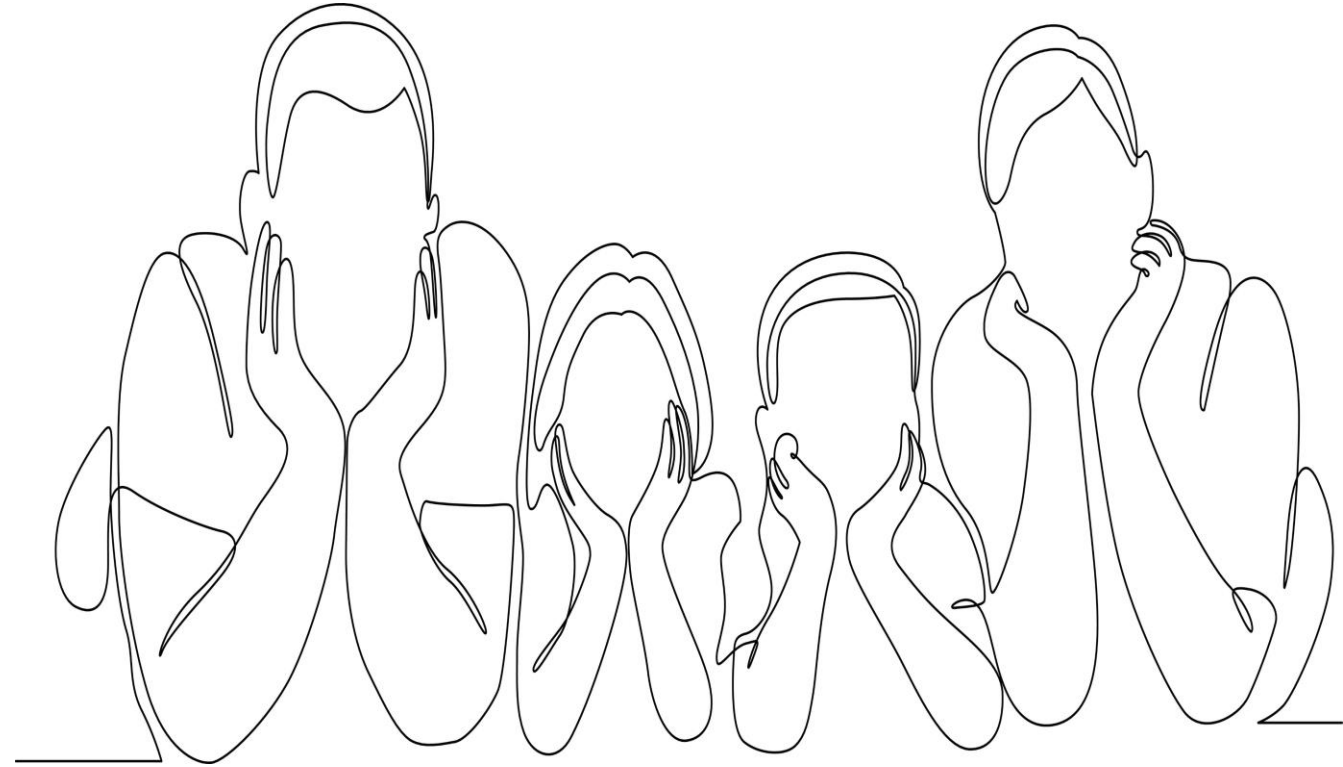
# Do Parents Know What They Need to Do to Reunify?





# Child and Family Services Reviews Round 3 Findings 2015-2016

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





# The Coordinated, Family-Centered Case Plan



Sequence and timing of services are realistic and achievable

Participant's immediate needs are balanced with their long-term goals

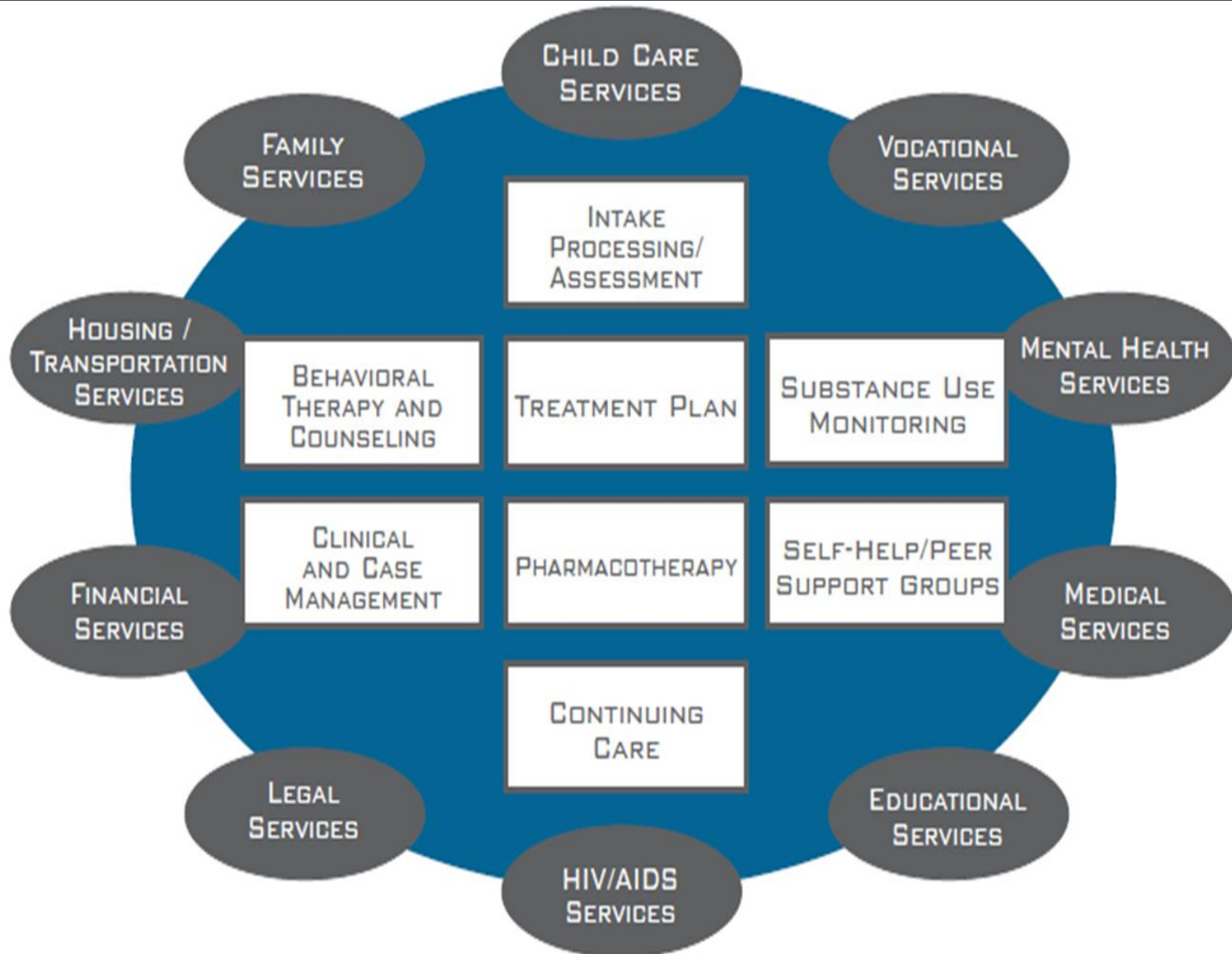
Plans are individualized, family-driven, culturally competent, and community and strengths-based

Plans are family-focused and address family functioning with special attention paid to coordinating child and adolescent services with those of the parent

Collaboration reveals potential areas of multiple and potentially conflicting requirements from different systems so conflicts can be resolved



# Full Spectrum of Treatment and Services



The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.

<b>Age Range</b>	<b>Frequency with Parents</b>	<b>Frequency with Siblings</b>	<b>Duration</b>
<b>0-12 months</b>	<b>Daily if possible; 3-5x per week</b>	<b>One or more times per week</b>	<b>At least 60 minutes</b>
<b>12-24 months</b>	<b>Daily if possible; 2-4x per week</b>		<b>60-90 minutes</b>
<b>2-5 years</b>	<b>Daily if possible; 2-4x per week</b>		<b>1-2 hours</b>
<b>6-12 years</b>	<b>At least 1-3x per week</b>		<b>1-3 hours</b>
<b>13-18 years</b>	<b>At least 1-2x per week</b>		<b>1-3 hours</b>

*(Child Welfare Capacity Building Collaborative; Child Welfare Information Gateway, 2015; Weintrub, 2008)*

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





## *Discussion*

1. How do parents know what is expected of them? Do they know what they need to do to reunify?
2. How can we include parent voice in case planning?
3. What kinds of reunification services have you seen be the most meaningful?
4. How do we address children's needs in our FTCs?





# Therapeutic Responses to Behavior

The FTC applies therapeutic responses (e.g., child safety interventions, treatment adjustments, complementary service modifications, incentives, sanctions) to **improve parent, child, and family functioning; ensure children's safety, permanency, and well-being; support participant behavior change; and promote participant accountability**. The FTC recognizes the biopsychosocial and behavioral complexities of supporting participants through behavior change to achieve sustainable recovery, stable reunification, and resolution of the child welfare case. When responding to participant behavior, **the FTC team considers the cause of the behavior as well as the effect of the therapeutic response on the participant, the participant's children and family, and the participant's engagement in treatment and supportive services**.

# Therapeutic Responses to Behavior

- A. Child and family focus
- B. Treatment adjustments
- C. Complementary service modifications
- D. FTC phases
- E. Incentives and sanctions to promote engagement
- F. Equitable responses
- G. Certainty
- H. Advance notice
- I. Timely response delivery
- J. Opportunity for participants to be heard
- K. Professional demeanor
- L. Child safety interventions
- M. Use of addictive or intoxicating substances
- N. FTC discharge decisions

# Behavior Responses as Engagement

Addiction is a  
brain disorder

The longer time  
in treatment, the  
greater  
probability of a  
successful  
outcome

Purpose of  
sanctions and  
incentives is to  
keep  
participants  
engaged in  
treatment

# Responding to Behavior



You have a toolbox.

In the toolbox, you have:

- Treatment adjustments
- Complementary services modifications
- Incentives
- Sanctions

# Key Strategies to Respond to Participant Behavior

Comprehensive  
Case Plan

FTC Phases

Treatment  
Adjustments

Complementary  
Service  
Modifications

Incentives and  
Sanctions

Child and  
Family Focus



# Child and Family Focus

Provide incentives that support family needs, parenting, and the parent-child relationship

Court must consider effect of a response on children and family as a unit

Accountability is focused on parent

Parenting time should be determined solely on basis of child's safety and best interest (vs. parent sanction or reward)

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

## *Discussion*

How have you seen phases used in a meaningful way to engage the parent and their family?

What creative behavior responses have you utilized or thought about?

What responses in our toolbox work? What doesn't?







# Resources





*Family Treatment Court  
Best Practice Standards*



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



NADCP  
National Association of  
Drug Court Professionals

# Family Treatment Court Best Practice Standards

# 8

*Standards*

and Key Provisions

<https://www.cffutures.org/home-page/ftc-best-practice-standards-2019/>

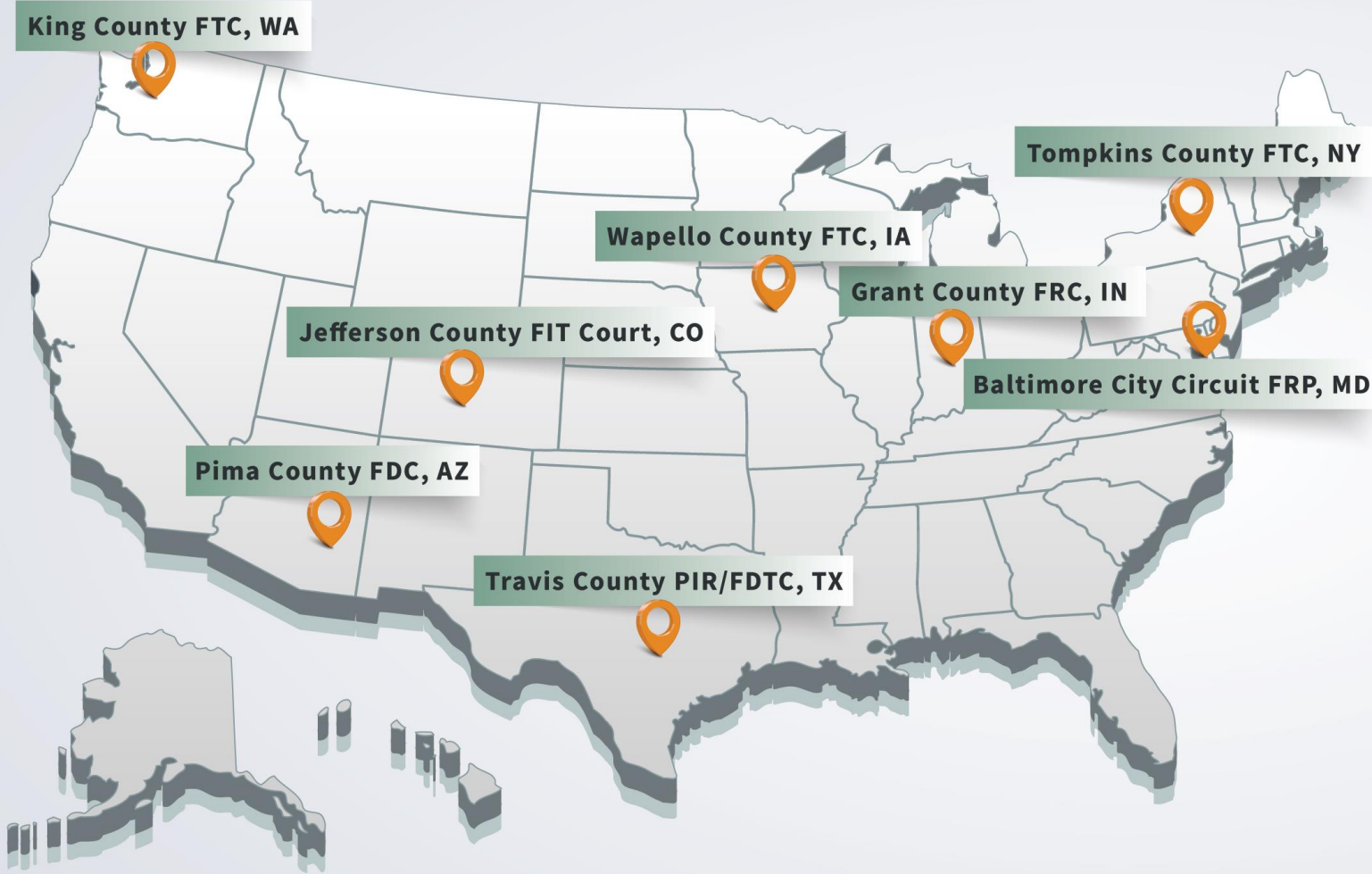


# FAMILY TREATMENT COURT

## Peer Learning Court Program



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



### PEER-TO-PEER SUPPORT INCLUDES:

- Virtual learning opportunities (e.g., video conference calls, topic-specific consultation).
- Access to FTC policies, handbooks, practices, and lessons.
- A virtual and/or in-person team site visit, providing an opportunity to observe their FTC court proceedings and staffing sessions.

To learn more about the FTC Peer Learning Court Program or to participate in a peer-to-peer connection, contact us [peerlearningcourts@cffutures.org](mailto:peerlearningcourts@cffutures.org)

## Course #1: May 25, 2021

Applying a Family-Centered,  
Problem-Solving Approach to  
Family Treatment Court Staffing  
and Court Hearings



Register at: [cffutures.org/ftc-practice-academy](https://cffutures.org/ftc-practice-academy)



Join us in 2021

Family Treatment Court  
Practice Academy

Putting the Pieces Together

Learn | Share | Do

## Course #2: July 8, 2021

Disrupting Stigma to Support  
Meaningful Change for Families  
in Family Treatment Court



## Course #3: October 12, 2021

Harnessing the Power of Parenting  
Time to Strengthen the Parent-Child  
Relationship and Support Reunification  
Efforts in Your Family Treatment Court



11:00 — 12:30pm PT |  
2:00 — 3:30pm ET

Questions? Email us at [fdc@cffutures.org](mailto:fdc@cffutures.org)  
Previously named the Family Drug Court Learning Academy





You can  
do this -  
We can  
help.

***Contact the Center for Children and Family Futures for Technical Assistance!***

**Thank you for all you do  
for California families!**



# Center for Children and Family Futures

## Family Treatment Court Training and Technical Assistance Team

[www.cffutures.org](http://www.cffutures.org)

[fdc@cffutures.org](mailto:fdc@cffutures.org)

