

# GUIDANCE TO STATES:

## *Recommendations for Developing Family Drug Court Guidelines*



OJJDP





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# INTRODUCTION

Family Drug Courts (FDCs) are a result of the drug court movement that began in 1989 for adult criminal cases. Adult drug courts have been described as:

“Drug Courts use the coercive authority of the criminal justice system to provide treatment to addicts in lieu of incarceration. This model of linking the resources of the criminal justice system and substance treatment programs has proven effective for increasing treatment participation, decreasing criminal recidivism, and reducing use of the health care system (Carey & Finigan, 2004; Gottfredson, Najaka, & Kearley, 2003; Finigan, 1998).”<sup>1</sup>

States first created FDCs in 1995, and more than 300 FDCs are in operation today. These programs address substance abuse and parenting within the child welfare system, with a focus on abuse and neglect cases in the family dependency court. The Adoption and Safe Families Act of 1997 (ASFA) set forth goals of improving the safety and permanency for children. Family Drug Courts are one method of meeting these goals.

Specifically, FDCs (also referred to as “Family Dependency Treatment Courts,” “Family Treatment Courts,” “Dependency Drug Courts” and “Family Treatment Drug Courts”) utilize a multi-disciplinary approach, recognizing that their clients (i.e., parents, children and families that enter the FDC) often face a range of challenges in addition to a substance abuse disorder. These FDC programs typically begin at either the state or local (county or district) level, and are characterized by strong judicial leadership combined with significant partnership efforts from child welfare and substance abuse treatment professionals. These three key partner agencies participate in planning, implementing and assigning staff to an operational team that works in the FDC on a day-to-day basis. These agencies are joined by other agencies and community-based service providers to complete the team. Additional members might include domestic violence service advocates, parent educators, mental health professionals, child development specialists, public health nurses and others. FDCs are often voluntary programs, with parents being referred by one or more team member agency; however, some FDCs are mandatory and as such are one response on the spectrum of dependency court options. Other differences include whether the FDC is operated by one judge who hears both the dependency case and the FDC progress reviews, or two judges, each with their own role. Regardless of whether the FDC is considered an “integrated” or a “parallel” model, the goal of assuring that the needs of the entire family are met remains the same.

In 1997, the Office of Justice Programs of the U.S. Department of Justice identified 10 key components of drug courts,<sup>2</sup> providing jurisdictions with a framework for developing and refining their drug court programs for criminal offenders with substance use disorders. Although several States have developed FDC standards to provide direction regarding needs and issues specific to child welfare, most have not done so.

Experts in the child welfare and substance abuse treatment field have done significant work to develop an operational model that addresses the unique needs of families with substance abuse in the child welfare system. For example, the National Center on Substance Abuse and Child Welfare (NCSACW) published a document<sup>3</sup> in 2003 that was designed to improve linkages between substance abuse treatment services, child welfare systems and dependency courts. The following year, the Office of Justice Programs in the U.S. Department of Justice first described the characteristics of FDCs in the seminal publication *Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model* in 2004.<sup>4</sup> The National Drug Court Institute (NDCI) refined these characteristics through its Family Dependency Treatment Court Drug Court Planning Initiative.

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<sup>1</sup>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*, 7, 6-42. Retrieved from [http://www.ndci.org/sites/default/files/nadcp/DCR\\_best-practices-in-drug-courts.pdf](http://www.ndci.org/sites/default/files/nadcp/DCR_best-practices-in-drug-courts.pdf)

<sup>2</sup>U.S. Department of Justice, Office of Justice Programs. (1997). *Defining Drug Courts: The Key Components*. Retrieved from <http://www.ndci.org/sites/default/files/ndci/KeyComponents.pdf>

<sup>3</sup>U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2003). *Framework And Policy Tools for Improving Linkages Between Alcohol and Drug Services, Child Welfare Services and Dependency Courts*. Retrieved from <http://www.ncsacw.samhsa.gov/files/NewFramework.pdf>

<sup>4</sup>U.S. Department of Justice, Office of Justice Programs. (2004). *Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model*. Retrieved from <https://www.ncirs.gov/pdf/files1/bja/206809.pdf>



These characteristics became the foundation for the program policies and practices of many FDCs, but no publication has offered guidance on planning, implementing and evaluating FDCs.

## **PURPOSE OF THIS DOCUMENT**

As States, courts and service providers strive to use evidence-based or evidence-informed practices in their services, determining which practices are best can be challenging. Children and Family Futures produced this document with the National Drug Court Institute and with Federal, State, and other stakeholders to offer guidelines to help states and programs create systems changes that will have a lasting impact on FDCs, the policies of courts and child welfare and treatment service systems, and community-based organizations serving parents, children, and families. The document provides guidance for implementing an FDC, including the development of FDC partnerships and a common vocabulary for describing FDC components, with a focus on improving services to families who are involved with the child welfare system and are affected by substance use disorders. The authors hope that this document will help jurisdictions select and improve practices and, ultimately, outcomes for children and families.

After the introduction, the next two sections of this document describe the methods used to develop the 10 recommendations in the document and how to use the document. Each of the following 10 sections focuses on one of the 10 recommendations. These sections explain each recommendation, summarize the research supporting it and list Effective Strategies (practices that States can use to assess their progress). Asterisks identify Effective Strategies that are supported by research conducted in FDCs.

The 10 recommendations are:

1. Create a shared mission and vision
2. Develop interagency partnerships
3. Create effective communication protocols for sharing information
4. Ensure cross-system knowledge
5. Develop a process for early identification and assessment
6. Address the needs of parents
7. Address the needs of children
8. Garner community support
9. Implement funding and sustainability strategies
10. Evaluate shared outcomes and accountability

Appendix A describes the structure that FDCs need to govern the collaborative process for developing FDC guidelines or standards. The facilitator's guide in Appendix B provides exercises and tools to help States and communities create their own guidelines and/or standards. Appendix C provides a checklist of the types of evidence supporting effective strategies for each recommendation. Appendix D lists the publications that Children and Family Futures reviewed to inform the development of the 10 recommendations in this document.

## METHODS

A diverse group of subject matter experts from across the country developed the 10 recommendations for FDCs described in this document. The members of the group had expertise in the same disciplines – substance abuse treatment and other services, child welfare and the courts – as FDC teams. The group collected feedback on the initial draft recommendations from a broader group of stakeholders, including State Drug Court Coordinators, and incorporated this input into the final set of recommendations.

In developing their recommendations, the subject matter experts considered the results of a quantitative and qualitative review by Children and Family Futures of 13 source documents that included standards and guidelines developed for collaborative justice court programs and 32 individual FDC research articles and evaluations that were related to drug courts and child welfare (see list of publications reviewed in Appendix D). This literature included studies that had quasi-experimental designs and randomized, controlled trial studies in an FDC, even though such research is challenging in a court setting.

The qualitative review involved examining each document for references to the topic areas included in the draft recommendations. The quantitative review consisted of counting the frequencies of the more than 1200 references to these topics. The results of these reviews were used to create the Effective Strategies within each recommendation.

Although research on child welfare and substance abuse outcomes has been conducted for decades, only a few studies have focused on specific practices in FDCs or identified the practices that contribute to FDC success. As the authors of the recent *Research Update on Family Drug Treatment Courts* note, “evaluators are just beginning to uncover the specific practices within Family Drug Treatment Courts that can optimize their outcomes and cost-benefits for taxpayers.”<sup>5</sup> Children and Family Futures, therefore, reviewed numerous publications on research on adult drug courts, child welfare and substance abuse treatment to identify practices that improve outcomes for parents, children and families as part of the qualitative review. In reviewing this literature, Children and Family Futures assumed that the adults with substance abuse disorders in criminal drug courts and parents in FDCs have common characteristics and, therefore, that some of the adult drug court research findings are relevant to FDCs and best practices in adult drug courts are likely to have similar outcomes in FDCs.



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<sup>5</sup>Marlowe, D.B., & Carey, S. (2012). *Research Update on Family Drug Courts*. Retrieved from <http://www1.spa.american.edu/justice/documents/4095.pdf>

# HOW TO USE THIS DOCUMENT

This section describes some considerations for States and FDC programs that are using the recommendations in this document to create standards or guidelines, or to enhance an FDC.

## SELECTING RECOMMENDATIONS TO IMPLEMENT

The 10 recommendations provided in this document are interrelated. For example, an FDC’s mission and values (Recommendation 1) are closely linked to the shared outcomes that the FDC team selects (Recommendation 10). Measuring these outcomes requires good information systems (Recommendation 3) and strong evaluation mechanisms (Recommendation 10). These evaluations will support sustainability planning (Recommendation 9) and provide the evidence other agencies need to become genuine partners of the FDC (Recommendation 2) rather than simply attending interagency meetings. Effective tools for screening and assessment (Recommendation 5) and for client engagement and retention (Recommendations 6 and 7) can ensure that parents in FDC have a good chance of completing the program and reducing the longer-term costs of failed treatment and out-of-home care. Additionally, there are several themes that apply across the recommendations, namely “Judicial Leadership,” which is necessary throughout the planning, implementation and operation of an FDC, “Scale” referring to the extent of the eligible child welfare population affected by a substance use disorder that FDCs can serve, and “Scope,” the range of needs among the child welfare population (including housing, mental illness, family violence, family income, employment, and children’s issues) that FDCs can address.





FDCs will not be able to devote equal attention to all 10 recommendations at the same time and implementation of the recommendations will be an ongoing process. A State might choose to implement all 10 recommendations or it might modify some of them to accomplish its goals and meet its own unique needs.

In developing their FDC guidelines based on the recommendations in this document, States should consider their own standards (if any exist), pertinent State or Federal legislation, resources available and the strengths and abilities of the providers in the State. States should also consider what impact new guidelines or standards will have on their existing FDCs.

Once a State develops guidelines based on the 10 recommendations, it should develop a process for adopting the new guidelines or standards given the resources available. The existing FDCs can provide information on the context and range of the most effective strategies and of challenges, such as gaps in services in rural jurisdictions or limited employment options. States can incorporate these lessons learned from the field into their FDC guidelines or standards.

### **PLANNING CHANGES THAT WILL HAVE A SYSTEMWIDE IMPACT**

The recommendations in this document address both the scale and scope of the systems changes that States need to optimize the outcomes of existing FDCs and create effective new FDCs. No decision made by an FDC team is more important than its determination of the scale and scope of its operations and the populations the FDC will serve, and these recommendations can aid in that process. FDCs cannot function in a vacuum, so FDC teams need to understand how their programs relate to the larger systems (such as the child welfare system) to which they belong. Decisions regarding what proportion of the eligible child welfare population to serve should not be based solely on the amount of outside funding available. These decisions are difficult to make, but FDCs that ignore these policy issues risk becoming “boutique courts” that cannot influence the rest of the dependency court's operations or the larger population in need of services. The term “boutique court” refers to FDCs, or other specialty courts, that serve a very small percentage of the overall population served by the courts. A significant amount of research in the adult criminal drug court setting has addressed eligibility criteria and which populations these programs can serve most effectively—namely high-risk, high-need offenders.<sup>6</sup>

The systemwide approach described in this document is designed to improve outcomes for parents, children, and families. In implementing the recommendations in this document, States should design an approach that will: 1) improve both short-term and long-term outcomes, resulting in more stable and healthy family units; 2) provide more accurate and informed decision-making to ensure child safety, permanency and well-being; and, 3) more effective use of public funds to help families remain in the community without returning to the child welfare system. A systemwide change can also improve outcomes in the education system by decreasing the number of missed school days and increasing average daily attendance funds recovered.<sup>7</sup> Additional indirect benefits include reduced criminal involvement, reduced juvenile delinquency, improved social functioning and financial savings (from reduced use of emergency rooms, for example).<sup>8</sup>

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<sup>6</sup>Marlowe, D. B. (2011). The verdict on drug courts and other problem-solving courts. *Chapman Journal of Criminal Justice*, 2, 53-92.

<sup>7</sup>Chang, H. N., & Romero, M. (2008). *Present, Engaged and Accounted For: The Critical Importance of Addressing Chronic Absence in the Early Grades*. New York: National Center for Children in Poverty. Retrieved from <http://www.aecf.org/~media/PublicationFiles/CAreport3text.pdf>

<sup>8</sup>Wang, C., & Holton, J. (2007). *Total Estimated Cost of Child Abuse and Neglect in the United States*. Retrieved from [http://www.preventchildabuse.org/about\\_us/media\\_releases/pcaa\\_pew\\_economic\\_impact\\_study\\_final.pdf](http://www.preventchildabuse.org/about_us/media_releases/pcaa_pew_economic_impact_study_final.pdf)

## IMPLEMENTATION OF THE 10 RECOMMENDATIONS THROUGH COLLABORATION

FDCs are collaborative efforts of the court, child welfare substance abuse treatment systems and community partners. No single system or set of workers has the authority, capacity, resources or skills needed to respond to the array of challenges faced by families affected by substance use disorders. However, collectively, multiple systems and agencies have these capacities and skills. Regardless of the model chosen—integrated or parallel—FDCs have a responsibility to ensure that parents, children and families receive services from agencies that are part of the same system or that are available in the community. An “integrated model” FDC refers to the same judge presiding at both dependency and drug court progress hearings. In a “parallel” model, two different judges preside at dependency and drug courts progress hearings. Even in a parallel-model FDC, information regarding the parent and child must be integrated and the needs of all family members must be met. Working with partnering agencies and the operational team, FDC judges have a unique opportunity to lead the systemwide changes called for in the 10 recommendations in this document.

Having different goals and objectives, serving different family members as the primary client and using different strategies to meet objectives can be challenges when multi-disciplinary teams form. These barriers to building successful collaborations between the substance abuse treatment and child welfare systems are well known and have been described in several publications.<sup>9</sup> Adding the court system to the mix complicates these challenges. In FDCs, ensuring a non-adversarial approach, particularly among attorneys, and that due process is given to all parties can be challenging.

A focus on collaborative strategies can overcome these challenges. As State partners begin this process of creating an FDC, they should assess whether all partners at all levels embrace the FDC model. If resistance exists, State partners can implement outreach and education efforts, such as providing in-service informational meetings and descriptive data reports outlining both the problems as well as the proposed solutions. In addition, all FDC team members should have numerous opportunities to share their differing. For example, FDC case staffing and parent progress review hearings can allow each team member to present his or her perspective on each issue. In addition, when partners develop new protocols, they might pilot-test these protocols in one or two FDCs and use the results to strengthen their FDC model before implementing these new protocols statewide. Ultimately, the FDC team—whether state or local—should tie important decisions to shared values and memoranda of understanding.

Many parents in FDCs have matters before the criminal court, are on supervised probation and have children who may be involved with the juvenile justice system. These families require even more collaboration within the court system and related agencies and present clear opportunities for family-focused judicial decision-making. Bringing additional members onto the operational team that represent these other disciplines can strengthen the collaborative effort and provide more comprehensive service delivery and response to families.

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<sup>9</sup>Children and Family Futures. (1999). *Five National Reports Issued on Alcohol and Other Drug Problems in Child Welfare* at <http://www.ncsacw.samhsa.gov/files/Summary5NationalReports.pdf>

# RECOMMENDATION 1: CREATE A SHARED MISSION AND VISION

*FDC partners must have a shared mission and vision to define their joint work. Agreement on values and common principles is an essential foundation for collaborative FDC relationships.*



## DESCRIPTION

A shared mission and vision are important for an FDC's long-term success. Mission and vision statements articulate an FDC's purpose, its overarching goals and the populations it serves. Mission focuses on the manner and method by which goals are met, while a vision describes how the future will be different because of the work being done. FDCs must identify a mission and vision based on goals and principles shared by all partnering agencies that articulate how the partnering agencies and their staff members will work together to best ensure the safety, permanent placement and well-being of children and of parents in recovery.

The process of developing a collaborative mission and vision statement is as important as the mission and vision statement itself. The judge plays a critical role in this part of the planning process, leading the development of mission and vision statements, as well as encouraging an environment that supports the differences across disciplines. The discussions required for all partners involved in an FDC to agree on a mission and vision tend to reveal shared and discrepant goals across systems. Recognizing common goals and resolving discrepancies can result in a shared mission and vision that will act as the foundation of the collaborative effort and can be revisited in times of disagreement.

Each partner enters the FDC collaboration with its own perspectives, assumptions and values pertaining to the mission and mandates of the FDC and other partners. Often, differences in values and definitions, such as who is the primary client, affect the ability of staff members to cross the boundaries of professional ethics, mandates and responsibilities. Unless these differences are identified and addressed, the FDC will find it difficult to reduce the adversarial nature of the court process and reach agreement when practice or systems issues arise. No team member should be expected to relinquish his or her individual values, but a shared set of values that identifies common ground, shapes mission and vision and incorporates the views of the entire team is necessary for all team members to work together effectively. Judicial leadership is important for teams on an ongoing basis as they periodically revisit mission and vision.

This process of developing a shared mission and vision leads to the discussion of practice and policy decisions. One of the first issues that a newly formed FDC team must address is whether to implement an integrated or parallel model. Some team members might have very strong opinions about the benefits of one model over the other, while other team members might not understand the differences. Although the court might ultimately choose which model to implement, involving all team members in this discussion might reveal differing visions and values.

*No team member should be expected to relinquish his or her individual values, but a shared set of values that identifies common ground and incorporates the views of the entire team is necessary for all team members to work together effectively.*

## RESEARCH FINDINGS

Despite a multitude of structural and philosophical differences among the alcohol and drug, child welfare and court systems, staff members from these systems share several important core values. The practices shown by research to be effective are remarkably consistent across all three systems. For example, they have positive, supportive relationships with families, advocate for parents, communicate clearly and frequently with parents, collaborate across the three systems and are familiar with and have experience with substance abuse and ASFA. Implementing these elements increases the ability of parents to make timely progress<sup>10</sup> in their recovery and to complete their child welfare case plan.

Research has demonstrated the importance of structure and consistency in adult drug courts. Outcomes are best when teams have a shared vision and an agreed-upon set of practices that can include written guidelines on the type of responses for non-compliance of parents with court orders, the availability of drug test results for parents within 48 hours, drug testing of parents at least twice per week, status reviews of FDC cases every other week and immediate sanctions. These factors ensure that parents learn about structure, accountability, safety and dependability.<sup>11</sup>

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<sup>10</sup>Green, B.L., Rockhill, A., & Burrus, S. (2002). *What Helps and What Doesn't: Providers Talk about Meeting the Needs of Families with Substance Abuse Problems Under ASFA: Summary of Findings*. Portland, OR: NPC Research, Inc. Retrieved from [http://www.npcresearch.com/Files/whathelps\\_whatdoesnt%20FINAL.pdf](http://www.npcresearch.com/Files/whathelps_whatdoesnt%20FINAL.pdf)

<sup>11</sup>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*, 7, 6-42. Retrieved from [http://www.ndci.org/sites/default/files/nadcp/DCR\\_best-practices-in-drug-courts.pdf](http://www.ndci.org/sites/default/files/nadcp/DCR_best-practices-in-drug-courts.pdf)

## EFFECTIVE STRATEGIES

- Judicial officers lead the planning, implementation and operations of the FDC.
- Judicial officers, attorneys and child welfare and substance abuse treatment providers, as well as other service providers, have served as FDC partners in identifying core values and developing a shared mission and vision.
- Judicial leadership helps promote teamwork and facilitate better working relationships between agencies.
- The FDC has used formal values assessment processes, such as the Collaborative Values Inventory<sup>12</sup> or the Partnership Self-Assessment Tool,<sup>13</sup> to assess consensus or disagreement about issues related to substance abuse, parenting and child safety.
- The FDC has specific objectives that reflect a consensus on issues (e.g., target population, eligibility criteria, or parallel or integrated FDC model) related to families with substance abuse-related problems involved in the child welfare and dependency court systems.
- The FDC team has consulted criminal and delinquency drug court personnel to address potential overlaps of parents and children and to ensure the use of consistent approaches when appropriate for different types of cases.
- The FDC team has discussed and developed responses to the conflicting timeframes associated with child welfare, ASFA, Temporary Assistance to Needy Families (TANF), substance abuse treatment and child development. (TANF refers to part of the Personal Responsibility and Work Opportunity Reconciliation Act (Public Law 104-193), a block grant program that provides Federal funding to States, territories and Tribes to cover benefits, administrative expenses and services for families determined to be in need.) All members of the FDC team understand the mandates and demands placed on child welfare to close the dependency case and balance this with the parent's recovery needs. Team members understand the relationship between the FDC and the underlying legal dependency case and they have agreed-on policies and procedures that protect due process and identify their ethical obligations.
- The FDC revisits its mission and vision statements and its policies and procedures annually and has established meaningful orientation and assimilation processes for new team members.
- The FDC has established meaningful orientation and assimilation processes for new team members.
- The FDC has selected a parallel or integrated model after considering the benefits and challenges of each model. All FDC team members understand the importance of integrated information sharing, regardless of the model selected.
- The FDC team has developed detailed policies and procedures, agreed upon by all team members, which cover operations and policy issues, such as whether participation in the program will be voluntary or involuntary for families. These policies and procedures reflect the team members' values and shared mission and vision.
- The FDC team has discussed whether the program will use jail time as a sanction and all team members understand the impact of and rationale for the decision. If the FDC uses jail time as a sanction, FDC team members have agreed on protocols for ensuring parents' due process. (Whenever liberty or property interests are at risk, persons are entitled to certain procedural rights under federal and state law.) FDC team members understand that the judicial officer has sole authority to determine whether to use jail time as a sanction for a given parent.


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<sup>12</sup>Collaborative Values Inventory. (2003). Children and Family Futures, Inc. Retrieved from <http://www.cffutures.org/files/cvi.pdf>

<sup>13</sup>The Partnership Self-Assessment Tool. Retrieved from <http://partnershiptool.net/>



## RECOMMENDATION 2: DEVELOP INTERAGENCY PARTNERSHIPS



***Although FDCs are part of the legal framework of the court, child welfare systems and share the restorative goals of treatment services, they must collaborate with other agencies to provide the range of services and support required to ensure family stability; recovery of parents; and the permanent placement, safety, and well-being of children. These partners should include mental health, domestic violence, primary health care, child development and other agencies.***

### DESCRIPTION

Many parents served by FDCs require services in addition to treatment and child welfare services to address the complex issues that impede the healthy functioning of their families. These services include mental health, domestic violence, primary and oral health care, child care, housing, transportation and employment services. The FDC must form partnerships to meet these needs.

The FDC team member agencies must include judges, agency attorneys, parents' attorneys, children's attorneys, child welfare workers and substance abuse treatment providers. FDC teams must also include representatives from a wide range of agencies that can provide essential services listed above. The FDC team members and service providers should coordinate their case planning to prioritize and sequence services so that demands on parents are manageable and clinically appropriate.

### RESEARCH FINDINGS

Research results support the value of family system approaches. That is, treating the family as the identified client and meeting the varied needs of all family members.<sup>14</sup> Integrated substance abuse and child welfare services produce better outcomes for women, for example, and coordinated and integrated services help women and men remain in treatment longer and increase their likelihood of reducing their substance use and being reunified with their children.<sup>15</sup> Resolving co-occurring problems, such as domestic violence, homelessness and mental illness, increases the likelihood of achieving family reunification.<sup>16</sup>

*Research results suggest a need for consideration of family system approaches when working with FDC participants.*

*Cannavo & Nochajski, 2011*

The research on adult drug courts suggests that a coordinated team approach that ensures continuous input from representatives of several professional disciplines might be necessary to intervene effectively with high-risk, adults with substance abuse disorders who are involved in the criminal justice system.<sup>17</sup> (The term "high risk" indicates that a parent is unlikely to change his or her behavior without services that are more intensive than standard services.) Programs with a single case coordinator who actively collaborates with multiple service providers are particularly effective for increasing family intimacy and child well-being and decreasing family danger and conflict among court-referred clients (parents) and their families.<sup>18,19</sup>

<sup>14</sup>Cannavo, J.M., &Nochajski, T.H. (2011). Factors contributing to enrollment in a family treatment court. *American Journal of Drug and Alcohol Abuse*, 37(1), 54-61. DOI:10.3109/00952990.2010.535579

<sup>15</sup>Marsh, J.C., Smith, B.D., & Bruni, M. (2011). Integrated substance abuse and child welfare services for women: A progress review. *Child and Youth Services Review*, 33(3), 466-472. DOI: 10.1016/j.chidyouth.2010.06.017

<sup>16</sup>Marsh, J.C., Ryan, J.P., Choi, S., & Testa, M.F. (2006). Integrated services for families with multiple problems: Obstacles to family reunification. *Children and Youth Services Review*,28(9), 1074-1087.

<sup>17</sup>Marlowe, D. B. (2011). The verdict on drug courts and other problem-solving courts. *Chapman Journal of Criminal Justice*, 2, 53-92.

<sup>18</sup>The Intimacy, Conflict, and Parenting–Family Functioning Scale was used to measure these items before and after the intervention. Noller, P. ICPS Family Functioning Scales (ICPS-FFS) in *Handbook of Family Interventions* (2001) Vol. 2.

<sup>19</sup>Coll, K. M., Stewart, R. A., Morse, R., & Moe, A. (2010). The value of coordinated services with court-referred clients and their families: An outcome study. *Child Welfare*, 89(1), 61-79.

Adult programs with wraparound services, including efforts to secure safe and stable housing, avert re-arrests and save taxpayer money in the long run when these programs address such participant (client) needs as relapse prevention, gender-specific services, mental health treatment, parenting classes, family counseling, domestic violence programs, health and dental services and residential care.<sup>20</sup> These findings are probably applicable to parents in FDCs.

## EFFECTIVE STRATEGIES

- The FDC coordinates clinical services for mental health and trauma issues and addresses these services in its comprehensive assessments and case plans for all of the families that the FDC serves.\*
- Comprehensive assessment and case plans for all families participating in the FDC include domestic violence advocacy and services. Where possible, the FDC team includes a representative from a domestic violence service agency.
- The FDC ensures that primary health care, dental care, child care and transportation are available to the families that it serves.
- Specialized health care services are available to all parents that the FDC serves who have HIV/AIDS, Hepatitis C or another infectious disease that is frequently transmitted by intravenous drug users.
- The FDC team is aware of the number of referrals that team members make to other programs and services and monitors and addresses barriers to obtaining these services. The referral process includes a “warm handoff,” the communication between the person making the referral and the service provider.\*
- The FDC has a process for developing and maintaining interagency partnerships, including linkage agreements or memoranda of understanding and representatives of partner agencies are members of an FDC advisory group.
- The FDC has substance abuse support or recovery groups that focus on child welfare and child safety issues.
- The FDC refers its parents to child development and parenting education programs that have demonstrated positive results and that use evidence-informed practices.
- The FDC has policies for sharing information with other providers and coordinates its services with criminal and juvenile justice system, law enforcement and community supervision professionals to meet the needs of families involved with the criminal or juvenile justice system (e.g., visitation for children with incarcerated parents or substance use disorder treatment while parents are incarcerated).\*

*In Chatham County, Georgia, a domestic violence services advocate is part of the FDC's operational team and attends every staffing and court session.*

*Chatham County Family  
Drug Court*

\*Supported by research conducted in FDCs.

<sup>20</sup>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*, 7, 6-42. Retrieved from [http://www.ndci.org/sites/default/files/nadcp/DCR\\_best-practices-in-drug-courts.pdf](http://www.ndci.org/sites/default/files/nadcp/DCR_best-practices-in-drug-courts.pdf)

## RECOMMENDATION 3: CREATE EFFECTIVE COMMUNICATION PROTOCOLS FOR SHARING INFORMATION

*Effective, timely, and efficient communication is required to monitor cases, gauge FDC effectiveness, ensure joint accountability, promote child safety and engage and retain parents in recovery.*

### DESCRIPTION

Effective information sharing is required to optimize decision-making by courts and child welfare and treatment providers and is perhaps the cornerstone of FDCs. Shared information across systems is the foundation of mutual accountability and the pursuit of common goals. Effective information sharing at the program and systems levels is necessary to measure effectiveness. It requires effective data management, use of existing databases and coordination across databases for program evaluation.

FDCs need information-sharing protocols that comply with confidentiality laws and regulations and meet the information needs of FDC team members to serve parents and families appropriately and effectively. Without efficient communication protocols, different systems might duplicate efforts and waste scarce resources. Information-sharing protocols should ensure that team members only share information with other systems that is critical for informed decision-making and treatment planning while protecting parents' privacy and due process rights. The protocols must also ensure that information is shared in a timely way.

*FDC research has identified that increased information sharing between treatment, child welfare, the courts, and the regular contact between judges and participants as important to its success.*

*Green, Furrer, Worcel,  
Burrus & Finigan, 2007*

### RESEARCH FINDINGS

FDC research has demonstrated that information sharing between substance abuse treatment systems, child welfare systems and courts and regular contact between judges and participants (clients) are important for success.<sup>21</sup> Research also suggests that collaborative models involving child welfare and substance abuse treatment systems typically include protocols for sharing confidential information.<sup>22</sup> Effective practices that are remarkably consistent across court, substance abuse treatment and child welfare systems are communicating clearly and frequently with parents, collaborating across the three systems and having knowledge of and experience with substance abuse issues and ASFA.<sup>23</sup>

<sup>21</sup>Green, B.L., Furrer, C., Worcel, S., Burrus, S., & Finigan, M.W. (2007). How effective are family treatment drug courts? Outcomes from a four-site national study. *Child Maltreatment*, 12(1), 43-59.

<sup>22</sup>Austin, M.J. & Osterling, K.L. (2006). *Substance Abuse Interventions for Parents Involved in the Child Welfare System: Evidence and Implications*. Berkeley, CA: University of California at Berkeley, School of Social Welfare. Retrieved from <http://cssr.berkeley.edu/bassc/public/060213FinalExecutiveSummary.pdf>

<sup>23</sup>Green, B.L., Rockhill, A., & Burrus, S. (2002). *What Helps and What Doesn't: Providers Talk about Meeting the Needs of Families with Substance Abuse Problems Under ASFA: Summary of Findings*. Portland, OR: NPC Research, Inc. Retrieved from [http://www.npcresearch.com/Files/whathelps\\_whatdoesn't%20FINAL.pdf](http://www.npcresearch.com/Files/whathelps_whatdoesn't%20FINAL.pdf)

## EFFECTIVE STRATEGIES

- Data management:
  - The FDC has a plan to track, monitor and use information on parents, children and families, as well as system-level data.
  - The FDC has assessed its data systems to identify gaps in monitoring child welfare and substance abuse treatment systems and uses the results of this assessment to make changes.
  - The FDC compares project data with systemwide data on outcomes in child welfare and substance abuse treatment systems on a regular basis.
  - The FDC's child welfare agencies have accurate baseline measures of parental substance use.
  - The FDC's substance abuse treatment agencies collect reliable baseline data on families involved in the child welfare system and use this information to design program policies and develop client services.
- Protocols for sharing information:
  - The FDC has identified the confidentiality regulations that govern its ability to share information with child welfare agencies, substance abuse treatment providers and dependency courts and has devised a way to share information about parents, children and families with the FDC team that complies with these regulations.
  - The FDC team has agreed on the type of information about parents' progress in treatment to share with partnering agencies based on an understanding of the applicable ethical and legal restrictions. The FDC shares data on the families it serves in a timely manner to ensure effective monitoring of their progress and behavior.\*
  - The FDC has resolved barriers to sharing information and ensuring judicial impartiality.
  - The FDC has developed formal working agreements or memoranda of understanding with child welfare and substance abuse treatment agencies that specify how these partners will share information about clients in treatment with the FDC team and the dependency or juvenile court.
  - The FDC works collaboratively with parents as part of the case planning process. All FDC team members and parents are aware of what information will be shared and with whom.<sup>24</sup>
  - The FDC has an established practice of staffing cases prior to court hearings to exchange and discuss up-to-date information on the parent's progress and issues regarding the child. Team members participating in the case staffing typically include judges, coordinators, defense and prosecuting attorneys, guardians ad litem, treatment staff members, child welfare case workers or managers and other individuals who have access to information that is critical to the family's well-being.\*
  - An average of three minutes or more are spent by each client before the judge during the progress review hearing.
  - Team members in addition to judges and attorneys attend progress review hearings (e.g., coordinator, treatment provider).
  - The FDC team uses email to exchange treatment information in between scheduled staffing meetings.<sup>25</sup>
  - The FDC's intake process can identify prior substance abuse treatment episodes and prior reports of child abuse or neglect as a result of its information-sharing protocols.

\*Supported by research conducted in FDCs.

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<sup>24</sup>Legal Action Center. (2012). *Confidentiality and Communication: A Guide to the Federal Drug & Alcohol Confidentiality Law and HIPAA*. 7th ed. New York: Legal Action Center of the City of New York, Inc.

<sup>25</sup>Carey, S.M., & Waller, M. S. (2011). *Oregon Drug Court Cost Study: Statewide Cost Savings and Promising Practices*. Portland, OR: NPC Research, Inc.

## RECOMMENDATION 4: ENSURE CROSS-SYSTEM KNOWLEDGE

*Ongoing cross-training of FDC team members and stakeholders at all levels is essential for ensuring collaboration and consistent, effective practice.*

### DESCRIPTION

Cross-training at all levels—policymakers, program managers, line-level clinical staff members, administrative support staff members and court officers (bailiffs)—is needed to bridge divisions between the child welfare, substance abuse treatment and judicial systems. This training ensures that all partners understand: 1) the impact of alcohol and other drug use and child abuse and neglect; 2) the latest research on these issues; 3) the legal requirements of each system involved (e.g., the ASFA); and, 4) the goals, objectives and operational components of the FDC. Training on specific practice and more conceptual staff development efforts are critical to ensuring that all partners acquire the skills that are needed for effective collaboration and the delivery of consistent, supportive and non-adversarial messages to parents in recovery and their families. Cross-system training and shared learning result in mutual respect for team members' roles and responsibilities and prevent the continuation of conventional practices that reinforce barriers.

### RESEARCH FINDINGS

Research suggests that promising collaborative models involving child welfare and substance abuse treatment systems typically include cross-training.<sup>26</sup> Two studies have demonstrated the importance of cross-training of child welfare and substance abuse treatment providers.<sup>27</sup> One practice that is effective in court, substance abuse treatment and child welfare systems is ensuring that all team members are familiar and have experience with substance abuse issues and ASFA.<sup>28</sup> An adult drug court study showed that programs that "...seek out training [and] acquire the support and insights of experts (including evaluators)...see improvements in outcomes."<sup>29</sup> That same research found that adult drug court teams that had a strong working relationship and included a small enough number of treatment providers that promoted more individual relationships and communication (as well as a manageable number of program participants [clients] that allowed the judge and the team to know each person) produced improved outcomes.

*Many FDCs schedule monthly brown bag sessions for operational team members to take turns teaching other team members the fundamental principles of their field. These sessions often include definitions of commonly used acronyms and technical terms, as well as ethical and legal mandates.*

<sup>26</sup>Austin, M.J. & Osterling, K.L. (2006). *Substance Abuse Interventions for Parents Involved in the Child Welfare System: Evidence and Implications*. Berkeley, CA: University of California at Berkeley, School of Social Welfare. Retrieved from <http://cssr.berkeley.edu/bassc/public/060213FinalExecutiveSummary.pdf>

<sup>27</sup>Sun, A-P., Shillington, A.M., Hohman, M., & Jones, L. (2001). Caregiver AOD use, case substantiation, and AOD treatment: Studies based on two southwestern counties. *Child Welfare, 80*(2), 151-178.

<sup>28</sup>Green, B.L, Rockhill, A., & Burrus, S. (2002). What Helps and What Doesn't: Providers Talk about Meeting the Needs of Families with Substance Abuse Problems Under ASFA: Summary of Findings. Portland, OR: NPC Research, Inc. Retrieved from [http://www.npresearch.com/Files/whathelps\\_whatdoesn't%20FINAL.pdf](http://www.npresearch.com/Files/whathelps_whatdoesn't%20FINAL.pdf)

<sup>29</sup>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, 7*, 6-42. Retrieved from [http://www.ndci.org/sites/default/files/nadcp/DCR\\_best-practices-in-drug-courts.pdf](http://www.ndci.org/sites/default/files/nadcp/DCR_best-practices-in-drug-courts.pdf)



## EFFECTIVE STRATEGIES

- All FDC team members receive training and education on:
  - Working with substance abuse-affected families in the child welfare system, including training in gender-specific and trauma services and the dynamics of addiction and recovery
  - The effects of substance exposure on children
  - The responsibilities and mandates of child welfare workers, including ASFA timelines
  - The responsibilities and mandates of judges and attorneys as well as criminal and juvenile justice system practices
  - Cultural issues to improve the team’s cultural competency for working with diverse substance abuse treatment and child welfare client groups
- The FDC has developed ongoing, joint training programs for substance abuse treatment, child welfare and court staff and other service providers that address each partner’s mandates, constraints and goals, as well as effective methods for working together.
- The FDC has a staff development plan that includes a mechanism to collect periodic updates on the cross-training and orientation received by all FDC team members.
- FDC team members receive joint training in methods for increasing parent motivation, such as Stages of Change and Motivational Interviewing.
- FDC team members receive joint training on therapeutic relationships and understand the impact of their own responses to parents on enabling addictive behavior and supporting recovery.
- FDC team members receive joint training on self-care and avoiding burnout.

## RECOMMENDATION 5: DEVELOP AN EARLY IDENTIFICATION AND ASSESSMENT PROCESS

*FDCs identify participants early in the dependency case process, use screening and assessment to determine the needs and strengths of parents, children and families and identify the most appropriate treatments and other services based on these needs and strengths.*

### DESCRIPTION

Accurate, timely and ongoing reviews of each family's progress are key to the successful implementation of an FDC. Prompt screening and assessment help to ensure compliance with ASFA timelines and provide the greatest chance of the family's success.

Before a dependency case is filed in the dependency court, or immediately after, FDCs must screen parents to determine whether a substance use disorder might have played a role in the alleged child maltreatment, whether the parent meets the legal and clinical eligibility criteria for FDC services and whether the parent plans to enroll in the FDC. FDCs must provide parents who participate in FDCs with prompt access—as soon after referral as possible—to further assessments to determine the nature and extent of the substance use disorder and any mental health issues because parents often have co-occurring disorders. In addition, FDCs must determine the intensity of treatment that each parent requires and which modality is clinically appropriate.

Before the dependency case is filed in family court, a child welfare worker should complete screening and assessment to identify any safety risks to children. Upon child welfare's application (petition in court) and after a court hearing, the court enters any orders that are necessary to protect the children. Child safety assessments and assessments by the alcohol and drug abuse counselor continue on an ongoing basis to promote the parent's recovery.

*The impact of the court is notable; parents who were court-ordered to services were more likely to have been in treatment in the three months prior to and following their FDC start date.*

*Boles & Young, 2010*

### RESEARCH FINDINGS

Two studies on early identification and assessment point to the importance of cross-training and interdisciplinary skills for child welfare and substance abuse treatment providers. Child welfare workers need to be familiar with substance abuse treatment screening, identification and assessment. Substance abuse treatment workers must be sensitive to the multiple problems and needs of their child welfare clients.<sup>30</sup> Research in pregnant women indicates that the costs to society are reduced and mothers and children benefit economically from a universal substance abuse screening and intervention policy implemented during prenatal care along with appropriate child welfare responses.<sup>31</sup> When early identification and assessment leads to appropriate treatment placement, parents who participate in treatment programs that offer at least five family or children's services and employment or educational services are twice as likely to reunify with their children as those with three or fewer of these services.<sup>32</sup>

<sup>30</sup>Sun, A.-P., Shillington, A.M., Hohman, M., & Jones, L. (2001). Caregiver AOD use, case substantiation, and AOD treatment: Studies based on two southwestern counties. *Child Welfare, 80*(2), 151-178.

<sup>31</sup>Berger, L.M. (2002). Estimating the benefits and costs of a universal substance abuse screening and treatment referral policy for pregnant women. *Journal of Social Service Research, 29*(1), 57-84.

<sup>32</sup>Grella, C.E., Needell, B., Shi, Y., & Hser, Y. (2009). Do drug treatment services predict reunification outcomes of mothers and their children in child welfare? *Journal of Substance Abuse Treatment, 36*, 278-293. DOI: 10.1016/j.jsat.2008.06.010

Women in drug court who enter treatment sooner remain in treatment longer and are more likely to successfully complete treatment and their children spend less time in out-of-home placements and are more likely to be reunified with their parents.<sup>33</sup> In addition, these families achieve permanency and their cases are closed sooner than families that wait longer before entering drug court.<sup>34</sup> The impact of the court in the FDC is notable; parents who receive services under a court order are more likely to have been in treatment in the three months prior to and the three months after their FDC start date.<sup>35</sup>

## EFFECTIVE STRATEGIES

- The FDC has developed a joint policy with the substance abuse treatment, child welfare and dependency court systems governing standardized screening and assessment of substance use disorders among families in the child welfare system.
- Substance abuse treatment providers work with child welfare workers or are out-stationed at child welfare offices and/or dependency courts to facilitate screening and assessment of FDC clients.
- The FDC uses assessment results to create coordinated substance abuse treatment and child welfare case plans that court orders reinforce.\*
- The FDC supplements its child abuse and neglect risk assessments with in-depth assessments of substance abuse issues and their impact on each family member, including children.
- The FDC's substance abuse treatment providers have sufficient information about their child welfare cases to conduct high-quality assessments of families referred by child welfare staff to substance abuse treatment.
- The FDC's substance abuse treatment providers routinely ask about the status of children in the families they serve, including their living arrangements and safety, and they have standard protocols for responding to child safety risks.
- The FDC team uses screening and assessment information to ensure that parents have timely access to appropriate treatment and other services.\*
- The FDC team has developed legal and clinical eligibility criteria for FDC enrollment and the team implements these criteria in a standardized fashion. The team re-examines the criteria each year to ensure that their implementation successfully identifies all high-risk, high-need parents.
- The FDC routinely monitors the implementation and quality of its identification, screening and assessment protocols to ensure that these protocols continue to address relevant issues, including trends in substances used, shifts in demographic characteristics and changes in cultural practices.
- The FDC recognizes the incidence of co-occurring disorders and assesses all participating family members for trauma, mental health issues (diagnosed or undiagnosed) and family history of substance abuse and mental health disorders, including the alcohol and drug use history of parents, siblings and grandparents.

*Early identification refers to the earliest point possible following contact with the child welfare system. Early access to assessment allows referrals and linkages for parents in the timeliest manner.*

\*Supported by research conducted in FDCs.

<sup>33</sup>Bruns, E.J., Pullmann, M., Wiggins, E., & Watterson, K. (2011). *King County Family Treatment Court Outcome Evaluation: Final Report*. Seattle, WA: Division of Public Behavioral Health and Justice Policy.

<sup>34</sup>Worcel, S., Furrer, C., Green, B.L., & Rhodes, B. (2006). *Family Treatment Drug Court Evaluation: Final Phase I Study Report*. Portland, OR: NPC Research. Retrieved from <http://npcresearch.com/Files/Phase%20I%20Study%20Report.pdf>

<sup>35</sup>Boles, S., & Young, N. K. (2010, July). *Sacramento County Dependency Drug Court: Year Seven Outcome and Process Evaluation Findings*. Irvine, CA: Children and Family Futures. Retrieved from <http://www1.spa.american.edu/justice/documents/3906.pdf>

## RECOMMENDATION 6: ADDRESS THE NEEDS OF PARENTS

*FDC partner agencies encourage parents to complete the recovery process and help parents meet treatment goals and child welfare and court requirements. Judges respond to parents in a way that supports continued engagement in recovery. By working toward permanency and using active client engagement, accountability, and behavior change strategies, the entire FDC team makes sure that each parent that the FDC serves has access to a broad scope of services.*

### DESCRIPTION

FDCs are designed to engage and retain parents in substance abuse treatment within the timeframes required by ASFA and the developmental needs of the children in families that FDCs serve. Especially when parents begin the initial stages of recovery, FDCs must implement engagement and retention strategies to ensure that parents remain in treatment for sufficient time to meet their recovery goals and learn new coping skills. FDCs use strategies, including written phase requirements and flexible responses to defined client behaviors, to inform parents about the expectations they must meet and encourage parents to meet these expectations. Each FDC partner and its staff should participate in these behavior change strategies to encourage parents to enter and remain in substance abuse treatment and other needed services.

*Programs should consider how motivational elements may be addressed during the intake assessment to aid in decreasing refusal rates.*

*Cannavo & Nochajski, 2011*

### RESEARCH FINDINGS

FDCs need to provide the families they serve with access to an array of services, including treatment programs that allow children to live with their parents when possible and that use appropriate motivational strategies, including drug testing, to monitor and support parents. FDC teams should consider how to ensure that parents are motivated to enter the program during intake assessment to help decrease the rate of parents refusing to enter the program.<sup>36</sup>

Recovery coaches provide clinical assessments, advocacy, service planning, outreach and case management to parents throughout the case. The use of recovery coaches is one strategy that, according to research, has a positive impact on family outcomes.<sup>37</sup> The Engaging Moms Program in Miami/Dade County demonstrated that recovery coaches have beneficial effects on multiple outcomes, including substance use, mental health, parenting practices, and family functioning.<sup>38</sup> In addition, the use of recovery coaches significantly increased parents' access to substance abuse treatment and improved family outcomes. Assigning recovery coaches or peer mentors and other substance abuse specialists<sup>39</sup> to parents also increases the likelihood that parents will be reunified with their children.

Research has identified many other strategies that have beneficial outcomes in families served by FDCs. Entering drug court quickly following the dependency petition can lead to faster substance abuse treatment entry, more rapid achievement of permanency and a shorter time to case closure.<sup>40</sup> Offering parents a range of services in addition to substance abuse treatment also has a positive association with the number of months that clients

<sup>36</sup>Cannavo, J.M., &Nochajski, T.H. (2011). Factors contributing to enrollment in a family treatment court. *American Journal of Drug and Alcohol Abuse*, 37(1), 54-61. DOI:10.3109/00952990.2010.535579

<sup>37</sup>Ryan, J.P., Marsh, J.C., Testa, M.F., & Louderman, R. (2006). Integrating substance abuse treatment and child welfare services: Findings from the Illinois alcohol and other drug abuse waiver demonstration. *Social Work Research*, 30, 95-107.

<sup>38</sup>Dakof, G. A., Cohen, J. B., Henderson, C. E., Duarte, E., Boustani, M., Blackburn, A., Venzer, E., & Hawes, S. (2010). A randomized pilot study of the Engaging Moms Program for Family Drug Court. *Journal of Substance Abuse Treatment*, 38, 263-274.

<sup>39</sup>Center for Substance Abuse Treatment. (2010). *Substance Abuse Specialists in Child Welfare Agencies and Dependency Courts Considerations for Program Designers and Evaluators*. HHS Pub. No. (SMA) 10-4557. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <http://www.ncsacw.samhsa.gov/files/SubstanceAbuseSpecialists.pdf>

<sup>40</sup>Worcel, S., Furrer, C., Green, B.L., & Rhodes, B. (2006). *Family Treatment Drug Court Evaluation: Final Phase I Study Report*. Portland, OR: NPC Research. Retrieved from <http://npcresearch.com/Files/Phase%20I%20Study%20Report.pdf>

spend in treatment and the number of counseling sessions clients receive during treatment.<sup>41</sup> A cross-site evaluation of residential treatment programs for pregnant and parenting women found that postpartum women whose infants lived with them while these women were undergoing substance abuse treatment had higher treatment completion rates and longer stays in treatment than women whose children did not live with them.<sup>42</sup> The most effective drug courts conduct urine drug testing at least twice per week, ensure that clients have at least three minutes on average of the judge's attention at each review session and have progress review hearings twice monthly during the first several weeks or first phase of the program. Adult drug courts that provide parenting classes reduce criminal recidivism and save money compared to programs that do not provide parenting classes.<sup>43</sup>

Parental completion of substance abuse treatment is the strongest predictor of reunification or permanent placement with children.<sup>44</sup> Making entry to the FDC voluntary leads to the severance of fewer parental rights, a higher percentage of permanency decisions reached within one year, earlier achievement of permanency and a higher percentage of children's permanent placement with their parents.<sup>45</sup>

## EFFECTIVE STRATEGIES

- The FDC uses a system of phases, or stages with benchmarks for accomplishments that define the parent's progress and a set of defined, targeted behaviors that the FDC team has shared with parents, such as through a client handbook.
- The FDC tracks parents' behaviors and accomplishment of phase benchmarks.
- The FDC has implemented case plans that integrate substance abuse recovery plans or are coordinated with child welfare case plans.
- The FDC has realistic expectations for its clients and the FDC team members also understand both the neurological limitations of people with substance abuse disorders, the difficulties of early recovery and the challenges that parents face.
- The FDC uses motivational strategies\* and program practice elements to engage parents and promote access to and accountability of its services.
- The FDC uses engagement strategies to encourage early entry into the FDC.
- The FDC responds promptly to client behaviors through a system that ensures that the response is as prompt as possible and is based on such factors as the length of time that parents have spent in the FDC.
- The FDC team, particularly judges, recognizes the effectiveness of positive reinforcement, uses positive reinforcement frequently and models positive reinforcement for parents.
- Judicial officers determine how to respond to parent behaviors after the FDC team has discussed potential responses.
- Judges clearly explain to parents the reasons for all responses to behaviors to demonstrate that the FDC's actions are fair.
- The FDC team members understand what motivates behavior change and applies these motivational principles when working with and responding to client behaviors.

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<sup>41</sup>Walker, M. A. (2009). Program characteristics and the length of time clients are in substance abuse treatment. *Journal of Behavioral Health Services & Research*, 36(3), 330-343.

<sup>42</sup>Clark, H.W. (2001). Residential substance abuse treatment for pregnant and postpartum women and their children: Treatment and policy implications. *Child Welfare*, 80,179-198.

<sup>43</sup>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*, 7, 6-42. Retrieved from [http://www.ndci.org/sites/default/files/nadcp/DCR\\_best-practices-in-drug-courts.pdf](http://www.ndci.org/sites/default/files/nadcp/DCR_best-practices-in-drug-courts.pdf)

<sup>44</sup>Green, B.L., Rockhill, A., & Furrer, C. (2007). Does substance abuse treatment make a Difference for child welfare case outcomes? A statewide longitudinal analysis. *Children and Youth Services Review*, 29, 460-473. DOI: 10.1016/j.childyouth.2006.08.006

<sup>45</sup>Ashford, J.B. (2004). Treating substance-abusing parents: A study of the Pima County family drug court approach. *Juvenile and Family Court Journal*, 4, 27-37. DOI: 10.1111/j.1755-6988.2004.tb00171.x



- The FDC provides outreach to parents who miss their initial substance abuse treatment appointment or who drop out of treatment.
- The FDC uses a coordinated legal and clinical plan to respond when a parent misses a court date.
- The FDC has staff members with training in approaches to improve rates of engagement and retention and these staff members use these strategies.
- The FDC has adequate and timely access to information to measure parents' progress in substance abuse treatment and uses this information in staffing decisions, progress hearings, and case management meetings to encourage full participation of parents in FDC services.\*
- The FDC responds to relapses and other risk indicators by reassessing clinical needs and child safety and by re-engaging these parents in treatment.
- The FDC uses drug testing effectively and in conjunction with a treatment program to monitor parents' compliance with treatment plans.
- Drug test results are received within two days or less.
- The FDC has determined whether jail time can be used as a sanction. All team members understand the impact of this decision, especially its impact on children and family reunification efforts, and the rationale for this decision. All team members understand the circumstances in which jail time might be imposed, the duration of this period and which parents might need to spend time in jail to motivate change.
- The FDC has developed, identified and assessed common points at which FDC clients leave the program before completing treatment. Team members use this information to modify program processes, requirements and services and to inform the development of program benchmarks.
- FDC staff members track the status of their parents' progress in the child welfare system and integrate this information into case plans and services.
- The FDC team members are multi-disciplinary, have cross-training and use the relationships between parents and judges to reinforce treatment and other service requirements.
- The FDC offers its clients an array of services and selects services for parents based on evidence and client gender. The FDC uses curricula designed to meet the unique needs and strengths of men or women that are culturally relevant and were developed and tested with the population(s) served.
- The FDC provides its services in a location that parents can easily reach using public transportation.
- The FDC uses a family-focused approach and, whenever possible, allows young children to reside in treatment facilities with their parent(s).
- The FDC is trauma-informed, uses practices and curricula that are based on the assumption that family members might have experienced trauma and delivers trauma-specific services to address these needs.
- The FDC has developed or has a partnership with an evidenced-based parenting program.
- The FDC uses recovery coaches to support the recovery efforts of parents.\*
- The FDC offers medication management for substance abuse and mental health disorders.

*A study in Hillsdale County, Michigan, found that more than 90% of women in an FDC had been sexually abused during childhood. As a result of this finding, the FDC increased its services and supports for parents beyond substance abuse treatment.*

*Hillsdale County  
Family Treatment Court*

\*Supported by research conducted in FDCs.

## RECOMMENDATION 7: ADDRESS THE NEEDS OF CHILDREN



***FDCs must address the physical, developmental, social, emotional, and cognitive needs of the children they serve through prevention, intervention, and treatment programs. FDCs must implement a holistic and trauma-informed perspective to ensure that children receive effective, coordinated and appropriate services.***

### DESCRIPTION

Prenatal and postnatal exposure to a parent with a substance use disorder can result in neurological, physical, social-emotional, behavioral and cognitive deficits and delays. These children also have an increased risk of exposure to significant trauma experiences that threaten their well-being and likelihood of developing substance use and mental health disorders. FDCs provide developmental screening, assessment and treatment services to children to address:

- The consequences of living in a household affected by parental substance abuse, including trauma associated with abuse, neglect, and removal from the home
- The effects of maltreatment
- The full spectrum of developmental stages
- The increased risk of developing a substance use disorder, with a focus on prevention and treatment services for school-aged, preadolescent and adolescent children

These specialized services are particularly important to mitigate the risk of intergenerational patterns of substance use and to promote children's physical, social and emotional well-being. FDC, child welfare and dependency court staff members must work together to ensure that the needs of all children are met. FDCs must coordinate their services for children with the services they provide to parents to support healthy relationships between parents and children, while keeping the interests of children paramount. Ultimately, providing services to parents benefits their children by helping parents understand and provide better care for children who exhibit effects of substance exposure or traumatic experiences.

### RESEARCH FINDINGS

FDCs should address the full array of immediate (medical, safety) and long-term (educational, social) needs of children. Research shows that treating the complex needs of children requires a team of child development professionals that extends well beyond the types of teams available in traditional substance use disorder treatment settings.<sup>46</sup> Parents who participate in treatment programs offering at least five family and children's services and employment and educational services are twice as likely to reunify with their children as those in programs that offer three or fewer of these services.<sup>47</sup> Family-centered residential substance abuse treatment programs that allow mothers to enter treatment with all of their children retain more women in care until they reach stability, perhaps because these programs allow both parents and children to learn alternative ways of interacting.<sup>48</sup> Investing more funds in

*Investing more into services for children in the FDC setting, in other words devoting more funding to these direct services, has been demonstrated to be more cost effective.*

*Carey, Sanders, Waller,  
Burrus & Aborn, 2010*

<sup>46</sup>Conners, N.A., Bradley, R.H., Mansell, L.W., Liu, J.Y., Roberts, T.J., Burgdorf, K., & Herrell, J. M. (2004). Children of mothers with serious substance abuse problems: An accumulation of risks. *American Journal of Drug and Alcohol Abuse*, 30(1), 85-100.

<sup>47</sup>Grella, C.E., Needell, B., Shi, Y., & Hser, Y. (2009). Do drug treatment services predict reunification outcomes of mothers and their children in child welfare? *Journal of Substance Abuse Treatment*, 36, 278-293. DOI: 10.1016/j.jsat.2008.06.010

<sup>48</sup>Metsch, L.R., Wolfe, H.P., Fewell, R., McCoy, C.B., Elwood, W.N., Wohler-Torres, B., Haskins, H. V. (2001). Treating substance abusing-women and their children in public housing: Preliminary evaluation findings. *Child Welfare*, 80, 199-220.

services for children in FDCs is also more cost effective than not investing in these services.<sup>49</sup> Interventions for children with prenatal drug exposure require a comprehensive, culturally relevant, family-oriented approach. Intervention strategies that address the multiple needs of mothers (and fathers, when relevant) and children have the greatest likelihood of improving overall outcomes.<sup>50</sup>

## EFFECTIVE STRATEGIES

- The FDC uses an established protocol with healthcare professionals and treatment agencies to serve pregnant and parenting women with substance use disorders.
- The FDC has implemented substance abuse prevention and early intervention services for the children of FDC clients based on national models and evidence-informed practices.
- Children of FDC clients have access to services that include interventions that are appropriate for different developmental stages. These services include, for example, school readiness programs, adolescent substance abuse and other treatment services and at-risk youth prevention and intervention programs.
- The FDC ensures that children of FDC clients undergo a comprehensive health assessment that includes screening for developmental delays and neurological effects of prenatal exposure to alcohol and other drugs, as required by the Child Abuse Prevention and Treatment Act (CAPTA). This assessment also addresses the physical, social-emotional, behavioral and psychological effects of removal from the home, parental substance use and exposure to trauma.
- The FDC ensures that all children in out-of-home care are protected from further exposure to trauma from placement changes and children meet with each other often enough to establish and maintain secure attachments and relationships with parents.
- The FDC has developed linkages to a range of programs, including high-quality early childhood development programs, for the children of FDC clients. These programs are designed to meet the developmental needs of these children, including school readiness and educational support.\*
- The FDC uses national prevention and intervention models for children of parents with substance abuse disorders.
- The FDC identifies gaps in services for children and provides services to fill those gaps.
- The FDC has linkages to residential substance abuse treatment programs that allow children to be placed with parents. If such services are not available in the jurisdiction, the FDC works with providers to create these services.
- The FDC team has access to a full continuum of services for parents and their children. When gaps in the continuum exist or the capacity of programs is limited, the FDC works with providers to create the needed services.

*The Family Dependency Drug Court in Miami, Florida, uses an evidence based parenting intervention, Nurturing and Strengthening Families. The FDC refers parents of children aged 0-3 years to child-parent psychotherapy, as well as multi-dimensional family therapy with older children.*

*Miami-Dade Family  
Dependency Drug Court*

\*Supported by research conducted in FDCs.

<sup>49</sup>Carey, S.M., Sanders, M. B., Waller, M. S., Burrus, S.W. M., Aborn, J.A. (2010). *Marion County Fostering Treatment Attachment Court Process, Outcome and Cost Evaluation: Final Report*. Retrieved from <http://www1.spa.american.edu/justice/documents/3905.pdf>

<sup>50</sup>Belcher, H.M.E, Butz, A.M., Wallace, P., Hoon, A.H., Reinhardt, E., Reeves, S.A., & Pulsifer, M.B. (2005). Spectrum of early intervention services for children with intrauterine drug exposure. *Infants and Young Children*, 18(1), 2-15.

## RECOMMENDATION 8: GARNER COMMUNITY SUPPORT

*FDCs collaborate with community-based organizations to support the multiple needs of parents, children, and families during FDC participation and to provide ongoing support for continued success after family members have completed their FDC services.*



### DESCRIPTION

FDCs are part of the continuum of community-based services needed for long-term success by families in which a parent has a substance use disorder. To provide a bridge between FDC participation and ongoing support services after families complete the FDC, FDCs must identify services available in the community and create or use protocols to link parents to these services. FDCs must form partnerships with community agencies, businesses, support and self-help groups, service organizations and foundations. These partnerships inform the community about the success of the FDC, solicit assistance for FDC families and provide resources to support families in recovery. Through outreach and education, FDCs can develop community support to strengthen their programs and ensure their long-term sustainability, making the FDC part of the fabric of the community it serves.

### RESEARCH FINDINGS

Supportive services, often found in the community, ensure that parents with a substance use or mental disorder fully re-engage with family members, friends, and community members while preventing recurrence of child abuse and substance abuse in the long term. Aftercare and longer-term services from family and community providers can ensure a seamless continuum of services for parents who have completed their FDC program. These services prevent relapse and recurrence of abuse or neglect in families affected by substance use and co-occurring mental disorders.<sup>51</sup>

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<sup>51</sup>Children and Family Futures. (2011). *The Collaborative Practice Model for Family Recovery, Safety and Stability*. Irvine, CA: Children and Family Futures. Retrieved from <http://www.cffutures.org/files/PracticeModel.pdf>

## EFFECTIVE STRATEGIES

- The FDC has developed and implemented strategies to recruit broad community participation in addressing the needs of the families that it serves.
- Consumers (e.g., parents in recovery, program graduates and adults and youth who have been in foster care) have an active advisory role in planning and developing FDC programs and providing ongoing feedback to the FDC.
- The FDC involves community members in a variety of roles, including advising on program planning, development and implementation. Community leaders might be members of the FDC's steering committee.
- The FDC has developed and implemented a formal mechanism to solicit support and input from community members and consumers.
- The FDC has conducted a needs assessment of program participants and has used community mapping to identify existing services and service gaps in the community. This process builds on any needs assessment that team member agencies have conducted.
- The FDC team identifies the support services that parents frequently need (e.g., transportation, child care, employment and housing services) and refers families to these services. The FDC has formal agreements with providers of these services.
- The FDC provides sober living housing opportunities to parents in recovery.
- The FDC has linkages with faith-based recovery and other support services.
- The FDC works collaboratively with other collaborative justice programs when appropriate.
- The FDC has policies and practices to link parents to continuing care services that include the full array of family income support programs (e.g., earned income tax credit, child support, State Children's Health Insurance Program, food stamps and housing subsidies).
- The FDC has implemented a plan to conduct community outreach and education (with parents serving as presenters when appropriate) throughout the year to inform community groups and other stakeholders about its services, engage these stakeholders in delivering services to FDC clients and obtain their support to sustain the FDC. All team members help develop and implement the plan.

*Some FDCs have an advisory committee of community partners, consumers, and other stakeholders. These committees provide the FDC with invaluable information and resources.*



## RECOMMENDATION 9: IMPLEMENT FUNDING AND SUSTAINABILITY STRATEGIES



***Sustainability planning must address financial needs as well as support from a broad range of stakeholders. FDCs must have access to the full range of funding, staffing and community resources required to sustain its innovative approaches over the long term. FDCs need a governance structure that ensures ongoing commitment from policy makers, managers, community partners and operational staff members.***

### DESCRIPTION

Sustaining an FDC requires:

- Ensuring that the FDC has adequate funding and optimally using existing resources
- Reviewing and modifying programs, policies and procedures to optimize program effectiveness
- Providing community outreach and education
- Forming partnerships
- Obtaining access to funding from all available State and community resources
- Using resources that partner agencies have provided to serve FDC clients

Addressing all of these requirements for sustainability requires data to demonstrate that the FDC's resources and programs are improving outcomes for families. Sustainability efforts must address internal and external support, community outreach and education, quality partnerships and blended funding streams.

Jurisdictions that have successfully sustained their FDCs have leveraged cross-system resources and opportunities to obtain more funding, including integrating the FDC into the State and local budgets of the court, child welfare and treatment systems. FDCs sustain their effectiveness through ongoing attention to and evaluation, review and modification of FDC policies, procedures and outcomes. Ensuring sustainability also requires a governance structure that ensures program effectiveness, fidelity to the FDC model, ongoing staff training and development and education for stakeholders (e.g., community leaders and members, the business community, service providers and consumers).

### RESEARCH FINDINGS

One FDC's evaluation showed that the program increased the use of substance abuse treatment services by FDC clients and decreased the use of other publicly funded services (such as child welfare, community corrections and the court services).<sup>52</sup> Internal reviews of evaluation data and program statistics that lead to modifications in program operations increase cost savings, especially if independent evaluators conduct these evaluations.<sup>53</sup> These findings should be relevant to FDCs.

<sup>52</sup>Carey, S. M., Sanders, M. B., Waller, M. S., Burrus, S. W. M., & Aborn, J. A. (2010). *Jackson County Community Family Court Process, Outcome, and Cost Evaluation: Final Report*. Portland, OR: NPC Research. Retrieved from [http://www.oregon.gov/CJC/docs/jackson\\_byrne\\_final\\_report\\_june\\_2010.pdf](http://www.oregon.gov/CJC/docs/jackson_byrne_final_report_june_2010.pdf)

<sup>53</sup>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*, 7, 6-42. Retrieved from [http://www.ndci.org/sites/default/files/nadcp/DCR\\_best-practices-in-drug-courts.pdf](http://www.ndci.org/sites/default/files/nadcp/DCR_best-practices-in-drug-courts.pdf)

## EFFECTIVE STRATEGIES

- The FDC team has a long-range plan to sustain its activities after any one-time grants expire and this plan identifies:
  - Funds already dedicated to FDC clients and their families but that are not necessarily part of the FDC budget
  - The full scope of services already available in the community to FDC clients
  - Service gaps
  - Existing civil service positions that can be used or amended to focus on serving FDC clients
  - Federal, State and local funding sources available to assist FDC clients
  - Funding sources available for comprehensive family treatment and the services that such funding covers
- The FDC has a plan to fund substance abuse treatment services by leveraging funds from such sources as Medicaid, Substance Abuse Prevention and Treatment block grants from the Substance Abuse and Mental Health Services Administration, child welfare funding streams and other community resources.
- The FDC collaborates with TANF to fund substance abuse treatment and supportive employment-related services.
- The FDC has a plan to cover its infrastructure costs (e.g., coordinators and dedicated case managers) through child welfare funding, the court’s budget and existing community agencies.
- The FDC budget includes funds for:
  - FDC infrastructure
  - Substance abuse treatment services that are targeted to parents
  - Services for children, including resources to ensure that each child undergoes developmentally appropriate screening for the effects of parental substance abuse, in compliance with CAPTA requirements
  - Services for families, including services to improve the parenting skills of the adults that the FDC serves
  - Training for the FDC team
  - Evaluation
- FDC partners are aware of, share information with the FDC team about and use State and local budget processes to support the FDC. The FDC’s partners share information about their budgets and staffing.
- The FDC partners have joint funding strategies that maximize opportunities to support the FDC.
- The FDC has created a nonprofit 501(c)(3) organization or established a fund to sustain the FDC in collaboration with a local community foundation to allow the FDC to accept private donations.
- The FDC partners jointly seek external funding.
- The FDC partners jointly decide how to use the FDC’s funding.
- The FDC seeks funding to take its operations to scale to meet the demand for these services over the long term.
- Funds to support the FDC are available in agency, court and treatment provider budgets so that the FDC does not rely on one-time project grants to fund its services.
- The FDC seeks commitment to its program objectives from a wide range of community-based organizations and entities.
- The FDC has a community outreach and education plan to support its sustainability.

*Chatham County, Georgia has a food and clothing bank for FDC parents and families. The items in the bank are contributed by community members and organizations. Some items are used as incentives.*

## RECOMMENDATION 10: EVALUATE SHARED OUTCOMES TO ENSURE ACCOUNTABILITY



*FDCs must demonstrate that they have achieved desired results as defined across partner agencies by agreeing on goals and establishing performance measures with their partners to ensure joint accountability. FDCs develop and measure outcomes and use evaluation results to guide their work. FDCs must continually evaluate their outcomes and modify their programs accordingly to ensure continued success.*

### DESCRIPTION

All FDC team members must jointly develop an evaluation plan that identifies the program's goals and measurable objectives based on its mission and vision. The plan must include agreed-upon criteria for identifying the target population and scale of the FDC's services and the outcomes that all family members served must achieve, including the recovery of parents from substance use disorders and the well-being, safety and permanency of the children. These jointly developed goals, and ways to measure the objectives, guide the FDC's work and a careful evaluation demonstrates whether the FDC and the people it serves have achieved their target outcomes. Without shared outcomes, each stakeholder is likely to measure FDC outcomes using on its own definitions of success without consideration of the broader definition of success. Because successful FDCs use a collaborative approach, the FDC's evaluation plan should call for measuring the outcomes of collaborative efforts between FDC staff and other stakeholders—thereby sharing in the accountability of the program's outcomes.

The entire FDC team is responsible for meeting the mutually agreed-on performance measures. For example, every team member plays a role in treatment engagement and supporting the therapeutic goals of substance use disorder treatment for parents and permanency for children. All FDC team members must make a commitment to evaluate the FDC's outcomes.

### RESEARCH FINDINGS

Developing measurable shared outcomes requires a coordinated approach. Child welfare agencies and substance abuse service providers that provide timely, accessible and effective substance abuse treatment and support services collaboratively are more likely to achieve child safety, well-being, family preservation, and permanency.<sup>54</sup> Adult drug court research has found that those programs that “collect and use data, seek out training, acquire the support and insights of experts (including evaluators) and use the data and expert feedback to make ongoing adjustments to enhance practices see improvements in outcomes.”<sup>55</sup> Similar approaches in FDCs would probably have similar outcomes.

*FDC teams are more invested in the evaluation process if they are part of the evaluation design process. The use of measures that are based on each team member's definition of success can strengthen commitment at the operational team and agency levels.*

<sup>54</sup>Gregoire, K.A., & Schultz, D.J. (2001). Substance-abusing child welfare parents: Treatment and child placement outcomes. *Child Welfare, 80*(4), 433-452

<sup>55</sup>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, 7*, 6-42. Retrieved from [http://www.ndci.org/sites/default/files/nadcp/DCR\\_best-practices-in-drug-courts.pdf](http://www.ndci.org/sites/default/files/nadcp/DCR_best-practices-in-drug-courts.pdf).

## EFFECTIVE STRATEGIES

- The FDC has identified shared outcomes for the families that it serves and uses the outcome evaluation results to ensure accountability and success.
- The FDC has identified shared system outcomes in collaboration with its partners.
- The FDC uses its outcomes data and evaluation results to modify its policies, procedures and operations.
- The FDC partners have agreed on how to share the FDC's evaluation results with policymakers and community leaders and to use these results to leverage resources for the FDC's sustainability.
- All FDC team members are accountable for successful substance abuse treatment outcomes, child safety and permanency outcomes and ASFA compliance for their mutual clients.
- The FDC identifies outcome criteria in its contracts with community-based providers who serve FDC clients to measure their effectiveness in achieving shared outcomes such as retention rates.
- The FDC uses outcomes data to measure provider effectiveness and uses the data to select those that are most effective to deliver services to families.
- The FDC has identified comparison groups to make its evaluation results credible.

## CONCLUSION

These 10 recommendations are based on direct interaction with more than 100 FDCs, the research cited throughout this paper, and the reflective practice of hundreds of FDC team members from throughout the nation. These recommendations can assist a state-level policy body in determining the level of resources needed to take advantage of the effectiveness of FDCs in achieving improved client outcomes and cost savings over time. Similarly, an FDC team that uses these strategies will be able to review in depth how well their partnership is coping with the multiple challenges of operating a successful FDC.

These recommendations can help FDCs respond to the most important decisions now facing them as they plan for their future:

- Expanding FDCs' scale and their scope to respond to a wider segment of the population that would benefit from them
- Linking with parallel reforms in courts, child welfare, treatment, and other agencies, rather than operating as separate, isolated projects
- Responding to fiscal strain at state and local levels with greater emphasis on FDCs because they are cost-effective.

Family drug courts have expanded during the past two decades because they have proven that they meet a need to provide children and families with a stronger system of accountability for results from both clients and agencies in serving families in the child welfare system affected by substance use disorders. These recommendations build on that track record to adopt a systems perspective on the work of FDCs, out of a conviction that at their most effective, FDCs can move beyond a single project to achieving a lasting impact on the wider systems within which they operate and on the children and families FDCs have proven they can help.



## APPENDIX A – COLLABORATION

Collaboration, a cornerstone of family drug courts (FDCs), starts during the planning process. Whether a statewide effort is developing FDC standards or guidelines or a local decision has been made to plan and implement an FDC, collaboration is necessary for a successful outcome. FDC guidelines must be developed in the context of the larger child welfare, substance abuse treatment and judicial systems, considering the requirements of each system. FDC guidelines should identify target outcomes, and these outcomes should be agreed on by the collaborating systems.

Top officials must agree that the FDC will collaborate with the child welfare, substance abuse treatment and judicial systems on behalf of families experiencing substance use disorders. The support of department heads and other administrators is key to ensuring that staff members have the time and authority needed to make decisions on behalf of the agency.

This appendix describes a structure that States and counties can use to create a multi-disciplinary and collaborative structure for their FDC.





## **OVERSIGHT COMMITTEE**

Each FDC should form an oversight committee made up of leaders of the child welfare system, substance abuse treatment service providers, judges and court officials (and, if appropriate, representatives of the governor's or county commissioner's office). Members of the oversight committee instruct senior managers in their systems to give priority to the FDC and to submit periodic progress reports to the FDC. In addition, these officials must be willing to change their own agencies' policies when those policies impede the ability of FDC staff to serve families.

FDC oversight committees typically meet three or four times a year to review the activities of the FDC and to discuss and set policies. Each member receives regular updates from representatives on the steering committee in between oversight committee meetings.

## **STEERING COMMITTEE**

The steering committee members should include representatives of the following:

- Administrators and mid-level managers from State and county child welfare agencies
- Administrators from the State substance abuse treatment service agency and directors of substance abuse treatment provider agencies
- Judicial officers, court administration leaders and attorneys for parents, children and the social service agency
- A recognized Native American tribe that provides child welfare services in the State
- Families served by the child welfare, substance abuse treatment and judicial systems

The steering committee reviews FDC policies and protocols, focuses on monitoring and evaluation systems and plans, and includes local involvement of FDC professionals to ensure a broad understanding of how State-level decisions affect communities. The steering committee creates, directs and evaluates the FDC's policies and activities and ensures the integration of the FDC's child welfare and treatment practices into the relevant court processes. The steering committee also reports to the FDC's oversight committee. Although all steering committee members have the authority to make decisions about and commitments regarding the FDC on behalf of their agency, they may not make FDC-related decisions independently of the rest of the steering committee.

Ideally, senior managers from the child welfare service, substance abuse treatment service and court systems serve as co-chairs of the steering committee and jointly ensure that the committee functions effectively. If this approach is not feasible or is unwieldy, the chair's position should rotate among representatives of each of the three collaborating systems. Regardless of the arrangement, attention should be paid to the coordination so that clear leadership responsibility rests with the chair or co-chairs. Chairs and co-chairs of FDC steering committees need different skills than those required to direct single-agency working groups. Steering committee leaders must be able to facilitate discussions of a variety of perspectives without promoting the perspective of their own agency over those of others. Chairs and co-chairs must also ensure that all members have a chance to speak at steering committee meetings.

FDC steering committees typically include members who do not have jurisdiction over one another, report to different system leaders and have different positions within their respective agencies. Decision-making by decree, or majority rule, is not effective in this context. Instead, the steering committee should seek consensus on its recommendations and decisions. To achieve consensus, some jurisdictions hire outside facilitators or ask the FDC program coordinator to convene their steering committee. If funds are available, hiring an external, trained facilitator is helpful to avoid the perception that the FDC is "run" by one agency and to guide the group in making decisions. These facilitators can ensure that members focus on their assigned tasks and achieve outcomes that committee members believe are important. Unlike committee chairs, facilitators are not authorized to make decisions on behalf of the committee. Effective facilitators help group members identify and resolve tensions and create a sense of energy and excitement.

Three minimum requirements for establishing an effective steering committee are:

- **Members must have authority to make decisions on behalf of their agencies.** The steering committee must be able to reach conclusions and take actions without losing time and momentum while members seek approval for the committee's decisions from their agencies.
- **Members must have sufficient time to participate in meetings, build collaborative relationships and address issues pertaining to FDC activities.** Attending meetings and completing related work between meetings must be part of each member's work assignment. Each partner system should assign a dedicated member to ensure continuity over time.
- **An administrative staff person from one of the partner systems should coordinate committee activities.** The staff person should arrange meeting logistics, distribute agendas, send reminder notices about meetings, track committee milestones and deadlines, take minutes and reproduce and disseminate meeting materials as necessary. Unless steering committee meetings are well coordinated, members might stop attending meetings or send substitutes who lack authority to make decisions. Although freeing up or providing funding for a dedicated full-time, or even part-time staff person to coordinate the steering committee will require an investment from partner agencies, this level of administrative support is critical for supporting the steering committee and, ultimately, building a successful collaborative team. Ideally, this investment is shared by participating agencies.

Multi-disciplinary groups are most effective when: 1) committee members respect one another's time; 2) the discussions are engaging and can influence policies at the appropriate policy level; 3) the committee members seek multiple perspectives; and, 4) their decisions have tangible outcomes.

## APPENDIX B – FACILITATOR'S GUIDE

This Facilitator's Guide is an **excerpt** from "Screening and Assessment for Family Engagement, Retention and Recovery (SAFERR)." It was developed for collaboration in the broader Child Welfare and Substance Abuse treatment field, and it is included here to guide collaborative implementation efforts and as noted below to provide "suggestions, tools, and templates to help staff create, govern, and work within a collaborative structure." States and local jurisdictions are encouraged to use the templates as a framework for their own process.



## **Facilitator's Guide**

As noted in the Introduction of this guidebook and of no surprise to anyone working in child welfare, alcohol and drug treatment, and dependency court systems, collaboration is not easy. Even when people sincerely want to collaborate, it is hard to share authority and accountability with people who come from different backgrounds, have different values, and work for different systems from our own. The previous sections of this guidebook recommend activities and approaches that may be quite different from those currently in use. Reading about and even endorsing these strategies will not make them happen. Creating change takes dedication, commitment, support, and perseverance.

This section provides suggestions, tools, and templates to help staff create, govern, and work within a collaborative structure. It is a close companion to Section I of this guidebook, in which a collaborative structure and activities are suggested. This section is specifically aimed at people responsible for chairing or facilitating Steering Committee or Subcommittee meetings. While every collaborative endeavor is unique, collaborative groups tend to go through similar processes and struggles. The material included here draws from insights gained from providing technical assistance to more than 40 States and countless local communities.

The SAFERR tools and materials were developed specifically for use by staff working in the child welfare, alcohol and drug, and court systems, but they are not specific to any particular State. Each jurisdiction should use the information included here in the way that best addresses its own priorities and concerns. Successful collaborative endeavors depend on the leadership, relationships, communication, and specific policy priorities of the group, not on the use of any particular tool. Some communities may adhere closely to the processes suggested in this section, and others may simply use some of the templates to help them in their own processes. In either case, this section is an attempt to provide staff with the benefit of prior efforts made by colleagues across the country.

Screening and assessment are just two components of a larger framework of collaboration. While these materials focus on those two components, communities should approach them in the context of a larger framework of collaboration that goes beyond screening and assessment to include engaging and retaining families in services and evaluating family and systems outcomes (Young & Gardner, 2002). A revised framework, included in the Appendix of Young and Gardner's document, can be found in "Framework and Policy Tools for Improving Linkages between Alcohol and Drug Services, Child Welfare Services and Dependency Courts" at <http://ncsacw.samhsa.gov>.

### **Step One: Getting Started**

#### ***Establishing the Project***

The Oversight Committee, composed of the top officials in each system, can give the initiative significant weight among their employees and in the larger community if, at the outset, they release a short notice and statement of support. This notice would be signed by all of them on letterhead stationery that includes all agency logos. The notice might include the names of Steering Committee members and a few facts about goals and timetables. The next page is a generic letter, adapted from one developed by staff in Colorado.

## Sample Project Announcement Letter

LOGO  
(Court)

LOGO  
(Alcohol and Drug)

LOGO  
(Child Welfare)

Substance abuse and child maltreatment are two of our country's most pressing social problems, and they are elaborately interconnected. Nationally, in cases in which a child has been placed in custody, estimates of parental substance abuse range from 33 percent to 66 percent. Anecdotal evidence suggests that over 90 percent of dependency court cases involve children affected by substance abuse. (*State or county specific data can be added here*)

Despite these connections and the implications involved in removing children from their parents, child protective services workers, substance abuse counselors, and judges and lawyers often lack guidelines, protocols, and knowledge when making decisions about child placement, services to families, and termination of parental rights.

We understand that no employee and no agency can resolve problems of child maltreatment and substance use disorders<sup>1</sup> on its own and that unless we work together to better serve families, none of us will succeed. (The term "substance use disorder (SUD)" is used in this paper as the more precise terminology indicating diagnostic criteria of the *Diagnostic and Statistical Manual (DSM)* of substance abuse or dependency. The term "alcohol and drugs" is used when referring to the broad general issue of substance use.) Therefore, we have jointly created a *State- or county- (specify)* wide initiative that will result in protocols for screening, assessing, engaging, and retaining families who have substance use disorders and who are involved with our child welfare and dependency court systems.

Overall guidance for this initiative is provided by the Steering Committee listed below. We have asked the Steering Committee to create relevant topic-specific Subcommittees and hope that many of you will participate on these subcommittees. We will serve as the Oversight Committee, and for purposes of this project, the Steering Committee will report to all of us regarding progress, problems, and results.

It is essential that the Steering Committee and Subcommittee processes be inclusive, open, and based on principles shared by all systems. It is equally essential that the results be both grounded in research and practical to implement.

This project represents an important and exciting opportunity for families and staff. We look forward to working together and thank you for your support and interest as we go forward.

\_\_\_\_\_  
**Court Administrator**

\_\_\_\_\_  
**Alcohol and Drug Director**

\_\_\_\_\_  
**Child Welfare Director**

### Steering Committee Members

Name	Affiliation and Contact Information

The Oversight Committee should issue written letters of appointment to each Steering Committee member. These letters give the project prominence within each system, provide support for Steering Committee members to spend the time required to participate in the project, and make it clear that the member has authority to make decisions on behalf of the agency.

### Sample Project Announcement Letter

LOGO  
(Court)

LOGO  
(Alcohol and Drug)

LOGO  
(Child Welfare)

Dear

We are pleased to announce that (name of jurisdiction) is launching an initiative to help us better serve families with substance use disorders who are involved with child welfare and dependency courts. With this letter, we are appointing you to serve on the Steering Committee for this important project. The three of us collectively compose the Oversight Committee, and the Steering Committee reports to all of us.

We will meet with the Steering Committee at its first meeting and then quarterly thereafter. At our kickoff meeting, we plan to explore more deeply what each agency would like to achieve from this project, identify areas of common and diverging priorities, and develop one or more overarching goals that cross our three systems. We will also discuss more fully the authority, scope, and mandate of the Steering Committee.

By the end of the kickoff meeting, we plan to have identified areas of greatest interest and priority for action. We also will talk more fully about the Subcommittees that we know will be necessary to achieve the goals, and we will set a schedule of Steering Committee and Oversight Committee meetings for the next 12 months.

You will receive more information about the kickoff meeting in the coming days.

We are very excited about this project and look forward to working with you.  
Thank you for agreeing to serve on the Steering Committee.

\_\_\_\_\_  
**Court Administrator**

\_\_\_\_\_  
**Alcohol and Drug Director**

\_\_\_\_\_  
**Child Welfare Director**

Section I, “Building Cross-System Collaboration,” lists the type and level of staff who should serve on the Steering Committee and specifies that they should be at a level to make decisions and commitments on behalf of their agencies. Each jurisdiction should add other perspectives to the Steering Committee as determined by local needs and structures.

### ***Steering Committee Structure and Governance***

Initiatives of the scope and importance described in this guidebook that address challenging issues warrant the use of a paid outside facilitator, at least in the beginning. While some members of the



Steering Committee will not know each other before coming together for this project, others will have had prior experiences, both positive and negative, with each other. It is asking a lot of senior managers to participate in decisionmaking groups in which one of their colleagues is “in charge,” even if only as a facilitator. It is also expecting a lot of a senior manager to ask him or her to facilitate a senior-level decisionmaking body while serving as a “voting” member of that body.

The Steering Committee facilitator need not be a full-time job. A skilled consultant who is familiar with the subject matter and State operations can be hired on an hourly or fixed-price basis. Ideally, the three systems should contribute to pay facilitator fees, thus modeling the collaboration they expect of staff. It is also quite possible that a local foundation would fund such a position if requested by the top officials from all three systems.

As noted in Section I, if hiring an outside facilitator is simply not possible, the Oversight and Steering Committees must find other ways to ensure members that they will be treated equally. Communicating to all Steering Committee members that the Steering Committee reports equally to the three Oversight Committee members can help reduce the perception that one agency is running the initiative. Or, the Steering Committee might be co-facilitated by representatives of all three systems. As a last alternative, people from each system could rotate as facilitators. This section uses the term “facilitator” to include internal staff or external consultants.

### Using Internal Facilitators

If an internal facilitator is used, it is important for the facilitator and the Steering Committee to be aware of the person’s multiple and potentially conflicting roles. The facilitator should tell the group at the outset that he or she is serving as a facilitator and not as a staff member or agency representative, and then must diligently maintain that distinction. The facilitator’s job is to manage discussions without getting pulled in. If the facilitator absolutely needs to make a point as a staff or agency representative, he or she should make a statement to that effect, make the point, and then state that he or she is returning to the facilitator role. When the boundaries of these different roles are delineated and respected, others will be more inclined to trust and respect the boundaries as well. (Adapted from Arnie Arnoff, Director of Training and Organizational Development, The University of Chicago, May 2002.)

The Steering Committee will require the services of an administrative person to take minutes during meetings, follow up on decisions and commitments made during meetings, and distribute agendas or other reading material. It is impractical to ask the facilitator or Steering Committee member to perform these tasks.

The Steering Committee should consider using student interns. Graduate public policy or social work students often need field placements in order to complete their course requirements. These students frequently know how to conduct literature reviews and other research, and they are often skilled at preparing presentations or other public information brochures and fact sheets.

One important responsibility of the Steering Committee will be to create and oversee the activities of several Subcommittees that will work on one or a few specific issues related to screening and assessment. Subcommittee members should represent the frontline of practice in each system and come from local offices that are interested in pilot testing and implementing cross-system training strategies, screening or assessment protocols, or multidisciplinary teams that emerge from the project. Ideally, a

Steering Committee member should chair each Subcommittee, to ensure that information flows easily and accurately between the two groups.

Details of Steering Committee members' roles and responsibilities should be thoroughly explored and recorded during its first, kickoff meeting, described below. Initially, it is recommended that the Steering Committee meet monthly, especially if it will meet with the Oversight Committee quarterly. After plans of action have been developed and Subcommittees established, the Steering Committee could possibly meet less often.

### **Step Two: The Kickoff Meeting**

If possible, the Steering Committee should start its work with a 2-day kickoff meeting, with the three members of the Oversight Committee attending for at least part of that time. This meeting should be held in a neutral location, to avoid the appearance that any system is leading the initiative and to reduce the likelihood that members will go back and forth to their offices. If a 2-day meeting is not feasible, the activities planned for that time can be accomplished over a series of meetings.

#### ***Outcomes of the Kickoff Meeting***

By the end of the kickoff meeting, the following should be in place:

##### ***Substantively:***

There should be a "wish list" describing the kinds of policies, protocols, training curricula, multidisciplinary teams, and other innovations that members would like to explore through this initiative. This list does not have to reflect consensus of the group, but there should be general agreement on highest priority areas.

##### ***Procedurally:***

Members should understand their roles and responsibilities, meeting dates should be established for the next 12 months, and members should understand and support ground rules for meetings, discussions, and decisions.

The next two pages offer an annotated generic agenda for the kickoff meeting. This agenda covers all the important items that should be discussed at the first meeting. The page following the agenda provides more information and some exercises to help facilitators guide the discussion on some of the topics included on the agenda.

## Sample Kickoff Meeting Agenda

### *Location and Time*

#### Day One

##### **8:45 – 9:45            Introductions**

Participants will introduce themselves to the group, including descriptions of their backgrounds, what they and the organizations they represent hope to gain from this initiative, and what changes they would like to see for the families they serve.

##### **9:45 – 11:00           Overview of the Project**

The Oversight Committee, comprising the Court Administrator, and Directors of the Alcohol and Drug and Child Welfare Service<sup>2</sup> systems, will describe why they established this initiative, what they expect from it, and what kind of guidance and direction they will provide to the Steering Committee. (The term “child welfare service system” includes public agencies operated by States, counties, and federally recognized Indian tribes as well as nonprofit or for-profit organizations operating under the auspices of those governments.) The Oversight Committee will present its view of roles and responsibilities of the Steering Committee and will hear suggestions and ideas from Steering Committee members.

##### **11:00 – 11:15           Break**

##### **11:15 – 12:30           Presentations From Agencies, Tribes, and Consumers**

Representatives from the three State systems, a county, a tribe, and consumers will present overviews of their agencies and systems. The presentations will describe agency missions, structures, and principal activities. In addition, the representatives will highlight particular “hot” issues facing their agencies, and will describe relationships their agencies have with each other, the State legislature, and universities.

##### **12:30 – 1:30            Lunch**

##### **1:30 – 2:15            Presentations From Agencies, Tribes, and Consumers (cont’d)**

##### **2:15 – 3:15            Brainstorming** (including break)

Members will express their ideas and hopes for desired activities, products, and outcomes of the initiative. All ideas will be accepted and recorded. The result of this exercise will form the basis for project goals and tasks.

##### **3:15 – 4:15            Steering Committee Ground Rules and Future Meetings**

This session will establish meeting dates for the Steering Committee for the coming year. Meeting times will be established, and ground rules regarding attendance, communication, and decisionmaking processes will be discussed and agreed to. A process for creating and distributing minutes and background materials will be determined.

**4:15 – 4:30**                    **Closing Comments**

## **Day Two**

**8:30 – 9:00**                    **Recap of Day One**

All participants will reflect on the prior day to clarify issues that may seem vague, to ask questions, or to raise additional issues that have occurred to them.

**9:00 – 10:30**                    **Framing the Project**

Members will review the wish list that resulted from the brainstorming and explore key priorities, challenges, and additional tools or resources that might be required to achieve goals. The group will reach consensus on the issues of most importance, the ideal outcomes for those issues, and barriers to achieving the outcomes.

**10:30 – 10:45**                    **Break**

**10:45 – 12:00**                    **Exploration of Subcommittee Topics and Structures**

On the basis of results from the Brainstorming and Framing the Project discussions, the group will identify issues that are most likely to be addressed through the work of Subcommittees. It will determine Subcommittee structures, roles, and responsibilities, including Steering Committee responsibilities in guiding Subcommittees. Preliminary lists of possible Subcommittee members will be established.

**12:00 – 1:00**                    **Lunch**

**1:00 – 2:00**                    **Planning for Next Meeting/Meeting With Oversight Committee**

Members will develop agenda items for the next meeting, assign the lead person for each item, and determine background material required. (Agenda items/exercises are likely to include completing the Collaborative Values Inventory or completing the Understanding Our Systems Worksheet, both of which are described below and included in this *Facilitator's Guide*).

**2:00 – 2:30**                    **Closing and Next Steps**

The Steering Committee will identify unresolved issues and develop strategies for addressing them.

## ***Techniques for Guiding the Kickoff Meeting***

Steering and Subcommittee procedures and ground rules are described in Section I. The following paragraphs address the substantive items that will be discussed during the kickoff meeting.

### ***Introductions***

Not all Steering Committee members will know one another, especially those Committees that have broad representation including consumers, family members, tribal members, and social service agencies. The facilitator should develop creative and enjoyable ways to have people introduce themselves or each other to the group.

### ***Overview of the Project***

The kickoff meeting is the first time the Steering Committee will be coming together, and it will be joined by the directors from all three systems. Some members are likely to be unsure of why they were asked to participate, uncertain of demands that might be placed on their time or resources, and unfamiliar with others on the Committee. The facilitator should work with members of the Oversight Committee before the meeting to help them present their vision and ideas, to concretely describe their goals and expectations, and to specify clearly their charge to the Steering Committee. In addition, the facilitator should ensure that the Oversight Committee is open to hearing ideas and suggestions from the Steering Committee.

### ***Presentations From Agencies, Tribes, and Consumers***

Not all Steering Committee members will be knowledgeable about each other's systems. Representatives from the three State systems, counties, tribes, and consumers should be asked in advance to present brief overviews of their agencies, systems, or experiences with agencies and systems. The facilitator should work with presenters before the meeting to be sure they prepare comments in advance and have visual or written information to accompany their comments. Presenters should consider this presentation to be an important and substantive one about their agency mission, structure, and activities.

### ***Brainstorming***

Brainstorming is helpful when a group is interested in generating a lot of ideas and when people need encouragement to speak out. The group can use ideas generated in a brainstorming session to choose the specific issues they want to develop into projects and plans of action. Brainstorming discussions are likely to raise questions about which families will be the focus of this initiative. The child welfare and alcohol and drug service systems are involved with a larger group of families than are the courts and will be interested in developing strategies that include both court-involved and non-court-involved families. Court staff will be more interested in focusing on families under court jurisdiction. The box below provides some guidelines regarding brainstorming sessions.

## Rules of Brainstorming

1. Postpone and withhold judgment of ideas.
2. Encourage wild and exaggerated ideas.
3. Quantity, not feasibility, counts in brainstorming.
4. Build on the ideas put forward by others.
5. Every person and every idea has equal worth.

*(Adapted from Infinite Innovations Ltd., c 1999–2001)*

## Methods of Brainstorming

### *Structured Go-Arounds*

To be used when interested in hearing from everyone. Each person is given an opportunity to speak, usually within a time limit. Responses are saved until everyone has had a chance to contribute.

### *Gallery Method*

Large sheets of paper, blackboards, or flip charts are used on which general themes or ideas are written. Participants then walk around the “gallery,” read the ideas, and add their comments or thoughts. This method is good for people who prefer writing to speaking and for people who are visual learners.

### *Individual Writing*

Group members are given a topic, task, idea, or free reins to write for a defined period of time, typically 15 minutes. This method is good for generating ideas, soliciting opinions, slowing down a heated discussion, or for unlocking a stalled discussion in which no one is participating.

*(Adapted from Arnie Arnoff, Director of Training and Organizational Development, The University of Chicago, May 2002)*

## Framing the Project

The brainstorming session provides the opportunity for everyone to put thoughts on the list without having to explain or defend them. The outcome of the brainstorming session should yield a diverse and rich list of interests, issues, and concerns. The Framing the Project session allows members to think more deeply about these ideas, understand other points of view, and challenge assumptions and be challenged. From this discussion, the group should be able to group topics into general categories and to select a few categories that are the most important to address, even if there is not agreement on every item. This discussion also will help the Steering Committee envision topics for future meetings and for assignment to Subcommittees.

The next steps included in this section provide information about tasks and activities that the Steering Committee should undertake at subsequent meetings.

### **Step Three: Developing Shared Values, Principles, and a Mission Statement**

Experience has repeatedly shown that the most critical first activity in creating an effective collaborative Steering Committee or other workgroup is holding open and honest discussions about values and



principles. These discussions are not focused on securing or forcing agreement on every value, but they should ultimately yield statements of mission, values, and principles that the group endorses and supports.

When people from the alcohol and drug system, child welfare system, dependency courts, tribes, consumers, and other agencies come together, they bring with them both overlapping and divergent values and philosophies. Systems, agencies, and workers have values that reflect their organizations and their professional training. For example, child welfare agencies are charged with ensuring child safety, alcohol and drug treatment agencies have deep concern for the adult's recovery from substance use, and the court is focused on establishing permanent living arrangements for children. These values are intense, deep seated, and long lasting.

Value differences cannot be ignored, and they will not always be reconciled. Unless differences are acknowledged and accepted, however, they will emerge repeatedly and frustrate efforts to make important changes. At the same time, when people acknowledge their differences and then move on to explore and reinforce their shared values, those values become the base on which significant progress can be made.

### ***Developing Trust***

At their most fundamental, collaborations are based on trust. Trust is both a prerequisite for and a product of collaborative activities. Trust is most often discussed in terms of relationships between families and workers, but in fact trust includes other important dimensions. For example, staff at all levels in each system must believe that staff in the other systems will respond appropriately to the needs of children and families and will both share their expertise with and seek help from people from other fields. In addition, staff within each system must trust that officials in their own system will give them the skills to do their jobs well and will support them in their work. This *Facilitator's Guide* includes a more detailed discussion regarding how leaders can address all of these dimensions of trust.

The first task of the Steering Committee will often be to create the level of trust required for systems to work together effectively. It is likely that the same trust issues that emerge during Steering Committee discussions also exist in local jurisdictions and at the frontline. To the extent that members of the Steering Committee create and sustain their own trust, they can communicate and model that trust within their own agencies and to their staff. As people develop trust in one area or around one issue, it will be easier for trust to develop in other areas as well. Trust will be an outcome of the work staff does to identify shared values, increase their understanding and knowledge about each other, participate in training together, and develop communication structures.

The table below, **Dimensions of Trust**, summarizes the many dimensions of trust that have to be addressed.

## Dimensions of Trust

Trust Dimension	Examples
Workers have to earn the trust of their clients.	<p>Workers have to:</p> <ul style="list-style-type: none"> <li>• Refrain from passing judgment.</li> <li>• Be comfortable in their knowledge of program rules and services.</li> <li>• Be forthcoming and clear in presenting options and consequences.</li> <li>• Explain why they need to know certain information and what will happen with information provided.</li> <li>• Not turn over to such an extent that recipients feel no one knows them.</li> <li>• Respect recipients.</li> <li>• Believe that recipients have strengths and potential.</li> <li>• Hold confidential information in confidence and explain to families when and how information may be shared.</li> </ul>
Agencies have to earn the trust of their clients.	<p>Agencies have to:</p> <ul style="list-style-type: none"> <li>• Create forms, brochures, and letters that are user friendly.</li> <li>• Ensure that services exist to help recipients.</li> <li>• Develop written and visual material to help recipients learn about services.</li> <li>• Create the most private and pleasant waiting and interviewing areas possible.</li> <li>• Seek feedback from families regarding services and procedures.</li> <li>• Create policies that support recipients in disclosing problems.</li> </ul>
Workers have to trust their skills and capacities.	<p>Workers need opportunities to:</p> <ul style="list-style-type: none"> <li>• Learn about addiction, child maltreatment, and legal processes.</li> <li>• Identify and explore their personal beliefs and values about addiction and child maltreatment.</li> <li>• Visit substance abuse treatment programs.</li> <li>• Work collaboratively with staff from treatment programs in making shared decisions about services and progress.</li> <li>• Achieve and be recognized for their achievements.</li> </ul>
Agencies have to earn the trust of their staff.	<p>Workers need to feel confident that:</p> <ul style="list-style-type: none"> <li>• If recipients seek help, the agency has resources to provide that help.</li> <li>• They will have ample opportunity for training that includes both conceptual and practical elements, and that they can practice and problem-solve what they have learned.</li> <li>• Their judgment, perspective, and autonomy are respected and valued by supervisors and managers.</li> <li>• The agency has employee assistance plans or other mechanisms for staff who have substance abuse problems themselves or within their families.</li> <li>• They have opportunities for growth.</li> </ul>

### ***Task 1: Complete the Collaborative Values Inventory and the Collaborative Capacity Instrument***

Children and Family Futures staff have been providing technical assistance to collaborative efforts in States and local jurisdictions for the past decade. This work led them to develop the *Collaborative Values Inventory (CVI)*, a self-administered questionnaire that provides jurisdictions with an anonymous way of assessing the extent to which group members share ideas about the values that underlie their collaborative efforts. (The CVI is included at the end of this section and is available at [www.ncsacw.samhsa.gov](http://www.ncsacw.samhsa.gov).) The CVI is simple and short, but it identifies areas of commonality and difference that are easily overlooked either because people feel uncomfortable discussing values or because they move directly to program and operational issues.

When disagreements arise, it is easy for people to feel that others are merely protecting turf, playing politics, or unaware or unsympathetic to a need. If a group explores values and beliefs, however, and learns that members feel differently about some basic assumptions that affect community needs and responses, it has a better grasp of why disagreements arise. The group also can respond more professionally and appropriately during such disagreements. For example, value discussions frequently lead to the realization that systems have different beliefs on something so basic as “who is the client.” The alcohol and drug system has traditionally viewed parents as clients, and the child welfare system has considered the child to be the client. If this difference is aired and discussed, generally staff from both systems conclude that everyone serves the *family*, even though each may focus on specific aspects of family functioning.

The *Collaborative Capacity Instrument (CCI)* is also a self-administered questionnaire that provides people with information on how well members of their group perceive that systems collaborate and on areas in which members believe that collaboration is either strong or weak. The CCI is also included at the end of this section and can be obtained through [www.ncsacw.samhsa.gov](http://www.ncsacw.samhsa.gov).

### ***Task 2: Create a Mission Statement and a Statement of Values and Principles***

By the end of the Steering Committee kickoff meeting, Committee members will have reached general agreement on issues that are the most important or interesting. After completing and discussing the *CVI* and *CCI*, the group will have a good feel for those values members share and are important to everyone.

The next task for the Steering Committee is to translate that agreement and knowledge into a simple, preferably one-page document that includes a mission statement for the initiative and a list of principles and values that will guide the group in its work. The principles should be specific enough to guide decisionmaking.

The box below provides an example of a mission statement and shared values and principles. The values and principles relate to the practice questions posed in Section III of this guidebook, “Collaborative Practice at the Frontline.” Section I of this guidebook includes a list of principles that have been developed in some jurisdictions, and the end of this section includes values and principles developed by the Sacramento County Dependency Drug Court and Cuyahoga County, Ohio. It also includes a statement of values and principles developed jointly by the American Academy of Child and Adolescent Psychiatry (AACAP) and the Child Welfare League of America (CWLA).

## Mission Statement

To improve screening and assessment for families involved in the child welfare service system and dependency courts who are affected by substance use disorders.

## Shared Values and Principles

### *Determining the existence and immediacy of a child welfare or substance use issue*

- In making decisions regarding child safety and family well-being, practitioners from all systems should consider the possibility of substance use disorders and adopt a “screen out” stance with regard to substance use.
- Regardless of which system (alcohol and drug, child welfare, or dependency court) the family enters and what the presenting problem is, practitioners should systematically inquire about potential involvement with the other systems.

### *Determining the nature and extent of a child welfare or substance use issue*

- Team members’ effective communication is more critical than the specific tool in determining the relationship between substance use and child safety or risk.
- Sharing information appropriately is desirable, helpful, and feasible.
- To make appropriate referrals for assessment, people from all systems should understand the range of funding streams that are available and should know how to access them.

### *Developing treatment and family case plans, monitoring change, transitions, and outcomes.*

- Case plans can and should be modified as circumstances change.
- Actions should have consequences that are fair, timely, and appropriate to the action.
- Consequences should apply to families and to staff; consequences should not be used solely as punishments.
- Family progress should be recognized, noted, and shared with family members.

## Step Four: Review Current Operations

Steering Committee members will by now have at least a passing knowledge of each other’s systems, but it is unlikely that they will have enough knowledge on which to make decisions about policy and practice changes. Therefore, it is important for the members to develop a deeper level of understanding about each system and where systems connect.

### ***Task 1: Define Terms and Processes***

Section I features the **SAFERR Terms and Processes in the Child Welfare Service, Alcohol and Drug Service, and Dependency Court Systems** table that provides short definitions and descriptions of processes within all three systems at several points in time during the period they are working with families. The Steering Committee should charge a Subcommittee with using this chart to define, review, and describe each process as it exists in the State or jurisdiction. Experience has shown that this task

includes many “eye opening” moments during which people realize that they have been unaware of or misunderstood other agencies’ processes.

At the end of this task, members should understand how other systems operate and how different systems define similar processes in different ways. Most important, the Steering Committee should address differences in language or inconsistencies in processes to develop common terms and descriptions. In addition to setting the stage for changes in policies and practice, creating a uniform set of terms and processes provides a good basis for creating or revising training curricula that can be used with staff in all systems.

***Task 2: Complete Worksheet 1: Understanding Our Systems***

The outcome of the analysis undertaken in Task 1 can be used to complete Worksheet 1: Understanding Our Systems. A sample completed Worksheet 1 follows on the next page. This worksheet provides the Steering Committee with a short summary of the current situation and concerns about current practice that need to be addressed. Information from this worksheet will be useful in creating the plan of action for the project.

<b>WORKSHEET 1—UNDERSTANDING OUR SYSTEMS</b> <i>SAMPLE</i>	
<b>Issues with Current Policy/Practice</b>	
<b>How is a substance use disorder identified in the CWS system?</b>	
<b>When</b>	Whenever CWS professional identifies it as an issue
<b>Where</b>	Wherever the CWS professional is with the family (e.g. CWS office or home visit)
<b>By Whom</b>	CWS professional
<b>How is this communicated to the other systems?</b>	CWS professional makes referral to ADS treatment provider with signed release of information form and history Inclusion in court report for court-involved families
	<p>CWS professionals often do not have adequate training in identifying and screening for alcohol and drug issues</p> <p>No standard for screening families</p> <p>Over-referral by some CWS professionals and under-referral by other professionals; based on individual knowledge of SUDs</p> <p>Release of information form and history are not always being sent to the provider</p> <p>When CWS professional refers to the ADS treatment provider there may be a lack of follow up; individuals not making it to treatment and no one is going after them to try and engage them</p>



<b>How is risk of child abuse or neglect identified in the ADS system?</b>	
<b>When</b>	If an incident arises where a provider needs to report child abuse and neglect
<b>Where</b>	ADS program
<b>By Whom</b>	ADS professional
<b>How is this communicated to the other systems?</b>	Through the CWS hotline
<b>How is a SUD identified in the dependency court?</b>	
<b>When</b>	At the time of petition filing
<b>Where</b>	Court
<b>By Whom</b>	Attorney for CWS presents evidence that includes information from the CWS professional
<b>How is this communicated to the other systems?</b>	Through the court report
<b>Throughout a State, there is no structured way of identifying child abuse and neglect issues; agencies have their own training programs and ways of identifying (or not) children's issues</b>	
<b>No structured training on mandated reporting laws; no information given when the law changes</b>	
<b>Case specific; no systemic policy/procedure around CWS informing court of alcohol and drug issue</b>	
<b>Issue of judges' misunderstanding or having a lack of knowledge around alcohol and drug issues; when and what type of testing is appropriate; same problem with attorneys and other judicial staff</b>	

Task 3: Complete Worksheet 2: Where Do We Want To Go From Here?

Worksheet 2 continues the process started with Worksheet 1. Once people understand and agree on how systems currently operate, how information is or is not communicated, and what concerns exist with current policies and practices, they can begin to identify specific changes they want to make. Worksheet 2 is designed to help the Subcommittees, Steering Committee, and others think generally about the changes to be made in the areas of Determining the Presence and Immediacy of a Child Welfare or Alcohol and Drug Issue, Determining the Nature and Extent of the Issue, and Developing and Monitoring Treatment and Case Plans.

As the Steering Committee gets ready to consider and propose changes, it is helpful for members to review the statements of their mission, principles, and values that they developed, to be sure they continue to be the framework that guides decisions and activities.

Using Worksheet 2, Subcommittee or Steering Committee members should—

- Revisit the list of concerns with current problems included in Worksheet 1;
- Identify the desired goals and outcomes for each issue or concern;
- Consider implications of the desired changes; and
- Start to develop action steps.

At this stage, the analysis should address general implications and action steps and not become distracted by the many details that will arise when implementation starts. The plan of action, described below, will address all facets of implementation.

A sample of a completed Worksheet 2 follows this page.



**WORKSHEET 2—WHERE DO WE WANT TO GO FROM HERE? SAMPLE**

Identified Issues with Current Policies and Practice	Desired Changes	Implications of Changes							Action Steps
	As a collaborative, where do we want to be? What do we want our SAFERR policies/practices to be?	Family Involvement	Community Partners	Training/Staff Development	Information Systems	Budget/Funding	Agency Policies	Legislation	How does the collaborative get to where it wants to be? What tasks do collaborative members need to complete to get us there?
<p>What issues did we raise in the working session using Worksheet 1 regarding current policies and practice?</p>	<p>Trained CWS staff in identifying and screening for alcohol and drug issues; pilot colocation of ADS worker in CWS office</p> <p>Screen Out policy; all families to be screened for alcohol and drug issues using a standard screening tool</p> <p>Standard screening tool used by all publicly funded treatment providers in the State</p> <p>Protocols for information sharing with ADS and the court</p> <p>Policy and procedure guidelines about follow up on referrals</p>		X	X	X	X	X		<ul style="list-style-type: none"> <li>Develop guidelines and training curriculum</li> <li>Conduct meeting with CWS and ADS administrators to determine where colocation pilot should take place; set up colocation pilot</li> <li>Develop a Screen Out policy</li> <li>Conduct research and select the screening tool to be used statewide</li> <li>Develop referral followup guidelines</li> <li>Develop protocols for information sharing among ADS, CWS and the court</li> </ul>
<p>Child Welfare Services System</p> <p>CWS workers do not have adequate training in identifying and screening for alcohol and drug issues</p> <p>No standard for screening families</p> <p>Over referral by some CWS workers and under referral by other workers; based on individual knowledge of SUDs</p> <p>Release of information form and history are not always being sent to the provider</p> <p>When CWS worker refers to the ADS treatment provider, there is no follow up; individuals are not making it to treatment and no one is going after them to</p>									



## **Step Five: Develop and Implement a Plan of Action**

By now, the Steering Committee has worked through a brainstorm list of all possible ideas and strategies, developed a set of values and principles to guide its work, identified current systems and operations and the problems with the current situation, and developed a list of desired changes. These changes should now be incorporated into a plan of action that focuses on implementation details, specific action steps, tasks, and timelines.

### ***Task 1: Develop a "Visual" of Team Progress to Date***

The visual representation of work done in preparation for the plan of action can be used as the first page in the plan and will remind everyone involved of the project's mission, principles, and priorities. It is also a simple, clear record of work accomplished. A sample visual representation follows this page.

### ***Task 2: Develop the Products and Action Steps for the Plan of Action***

The plan of action is an extremely important written product of the initiative. It becomes the roadmap or blueprint for the Oversight and Steering Committees and Subcommittees. It serves as the standard against which work of all three groups will be monitored and evaluated. The plan of action should clearly specify the following:

- Major activities to be undertaken;
- Products to be developed;
- Tasks required to complete activities and produce products;
- System and individuals responsible for completing each task; and
- Timelines for completion.

A hypothetical plan of action, **ADS, CWS, and Dependency Court SAFERR Collaborative Plan of Action: Determining Presence and Immediacy**, based on the information included in sample Worksheets 1 and 2, follows the visual representation. Please note that this example is not necessarily a complete or accurate plan for the activities noted. Each Steering Committee or Subcommittee should define its own action steps, tasks, and timelines. The sample is simply an illustration of the concept of a detailed plan of action.

## SAFERR Model for Determining Presence and Immediacy

**Mission:** To improve screening, assessment, engagement and monitoring for families involved in the CWS system and dependency courts who are affected by substance use disorders

### Guiding Principles:

In making decisions regarding child and family well being, practitioners from all systems should consider the possibility that substance abuse is a problem and adopt a “screen out stance” with regard to substance abuse  
Regardless of which system (ADS, CWS or dependency court) the family enters and what the presenting problem is, practitioners should systematically inquire about potential involvement with the other systems

### Desired Changes

#### ADS System

Statewide guidelines for treatment providers to ask questions about participants' children; training for treatment providers on guidelines

On-line resource guide on services for children from families with SUDs

Policy and procedure guidelines around information sharing with CWS and the court

#### CWS System

Trained CWS staff in identifying and screening for alcohol and drug issues; pilot co-location of ADS worker in CWS office

“Screen Out” policy; all families to be screened for alcohol and drug issues using a standard screening tool

Standard screen tool used by all publicly funded treatment providers in the State

Policy and procedure guidelines around information sharing with ADS and the court

Policy and procedure guidelines about follow up on referrals

#### Dependency Court

Trained judges, attorneys and other judicial staff on alcohol and drug issues and issues of children from families with SUDs

Standards for inquiry by judges into whether or not families have been screened for SUDs and issues specific to children from families with SUDs; require screens when they have not been conducted

### Collaborative Action Steps

- Develop guidelines and training curriculum for ADS providers
- Develop on-line resource guide for services to children from families with SUDs
- Develop policy and procedure around information sharing among ADS, CWS, and the dependency court
- Develop guidelines and training curriculum for CWS providers
- Develop a pilot to co-locate ADS staff in a CWS office
- Develop a “Screen Out” policy
- Conduct research and select a screening tool to use Statewide
- Develop referral follow up protocols
- Develop training for judges, attorneys, and other judicial staff
- Develop standards of inquiry and court ordering for screens for families



ADS, CWS and Dependency Court SAFERR Collaborative Plan of Action Determining Presence and Immediacy <i>SAMPLE</i>			
Goals	Action Steps/Tasks	System/Individuals Responsible	Timeline for Completion
<b>Goal 1—Develop statewide guidelines for ADS providers to ask questions about children</b>	1.1 Convene workgroup on statewide guidelines and training for ADS providers	Representatives of ADS, CWS, dependency court, and any other agencies as deemed appropriate	10/10/06
	Research guidelines from other jurisdictions		12/16/05
	Draft guidelines		1/16/07
	1.2 Steering Committee to review guidelines	Steering Committee	1/30/07
	1.3 Workgroup to edit guidelines based on Steering Committee feedback	Workgroup	2/13/07
	1.4 Elicit input from CWS and ADS providers	Workgroup	3/10/07
	1.5 Workgroup to edit guidelines based on provider input	Workgroup	3/24/07
<b>Goal 2—Implement Training for ADS providers on statewide guidelines</b>	1.6 Steering Committee to approve guidelines	Steering Committee	3/31/07
	1.7 Implement guidelines	Administrators and staff of ADS providers	On-going
	2.1 Convene workgroup on guidelines and training for ADS providers	Representatives of ADS, CWS, dependency court and any other agencies as deemed appropriate	10/10/06
	Research training curriculum		12/16/06
	Select or draft curriculum		1/16/06
	Draft training plan		1/16/07
	2.2 Steering Committee to review training curriculum and plan	Steering Committee	1/30/07
	2.3 Workgroup to edit curriculum and plan based on Steering Committee feedback	Workgroup	2/13/07
	2.4 Elicit input from CWS and ADS providers	Workgroup	3/10/07
	2.5 Workgroup to edit training curriculum and plan based on provider input	Workgroup	3/24/07
	2.6 Steering Committee to approve training curriculum and plan	Steering Committee	3/31/06
	2.7 Train ADS providers	Identified Trainers	On-going

<b>Goal 3—Develop online resource guide on services for children from families with SUDs</b>	3.1 Convene workgroup to develop online resource guide	Representatives of ADS, CWS, dependency court, and any other agencies as deemed appropriate	10/10/06	
	Conduct research on local, State and national resources		12/16/06	
	Identify Web location for resource guide		12/16/06	
	Identify Webmaster		12/16/06	
	Draft resource guide		1/16/07	
<b>Goal 4—Establish protocols for information sharing among ADS, CWS, and the dependency court</b>	3.2 Steering Committee to review resource guide	Steering Committee	1/30/07	
	3.3 Workgroup to make edits/additions based on Steering Committee feedback	Workgroup	2/13/07	
	3.4 Create online format	Webmaster	2/28/07	
	3.5 Post online resource guide	Webmaster	2/28/07	
	4.1 Convene workgroup to develop guidelines for information sharing	Representatives of ADS, CWS, dependency court, and any other agencies deemed appropriate	10/10/06	
	Review current practice of information sharing		12/16/06	
	Review current information management systems		12/16/06	
	Draft protocols for information sharing		2/21/07	
	4.2 Steering Committee to review and approve protocol	Steering Committee	2/28/07	
	4.3 Implement protocol	Administrators and staff of ADS, CWS, and dependency court	On-going	
	<b>Goal 5—Implement training for CWS Workers in identifying and screening for SUDs</b>	5.1 Convene workgroup on training for CWS workers and development of colocation pilot	Representatives of ADS, CWS, dependency court, and any other agencies as deemed appropriate	10/10/06
		Research training curriculum		12/16/06
Select or draft curriculum			1/16/07	
Draft training plan			1/16/07	
5.2 Steering Committee to review training curriculum and plan		Steering Committee	1/30/07	
5.3 Workgroup to edit curriculum and plan based on Steering Committee feedback		Workgroup	2/13/07	
5.4 Elicit input from CWS and ADS providers		Workgroup	3/10/07	
5.5 Workgroup to edit training curriculum and plan based on provider input		Workgroup	3/24/07	
5.6 Steering Committee to approve training curriculum and plan		Steering Committee	3/31/07	
5.7 Train CWS workers		Identified Trainers	On-going	

<b>Goal 6—Pilot colocation of ADS Workers in a CWS Office</b>	6.1 Convene workgroup on Training for CWS workers and development of colocation pilot	Representatives of ADS, CWS, dependency court, and any other agencies deemed appropriate	10/10/06	
	Research colocation models in other jurisdictions		1/20/07	
	Explore interest among CWS offices		4/28/07	
	Develop policies and procedures for pilot		4/28/07	
	6.2 Steering Committee to review plan for pilot	Steering Committee	5/19/07	
	6.3 Steering Committee to select CWS office for pilot	Steering Committee	5/19/07	
	6.4 Final touches to plan for pilot	Workgroup	5/26/07	
	6.5 Implement pilot	CWS and ADS administrators and staff	6/1/07	
	6.6 Review success of pilot to date	Steering Committee	12/15/07	
	6.7 Review success of pilot and determine whether going to scale with colocation	Steering Committee	5/31/08	
	<b>Goal 7—Create a Screen Out Policy Statement</b>	7.1 Convene workgroup to develop Screen Out Policy and develop/select standard screening tool	Representatives of ADS, CWS, dependency court, and any other agencies deemed appropriate	10/10/06
		Research policies in other jurisdictions		1/30/07
		Draft Screen Out policy statement		2/21/07
7.2 Steering Committee to review Screen Out policy		Steering Committee	2/28/07	
7.3 Workgroup to edit policy based on Steering Committee feedback		Workgroup	3/24/07	
7.4 Steering Committee to approve policy		Steering Committee	3/31/07	
7.5 Implement policy		CWS administrators and staff	On-going	

<b>Goal 8—Implement Use of a Standard SUD screening tool by CWS Workers</b>	8.1 Convene workgroup to develop Screen Out Policy and develop/select standard screening tool	Representatives of ADS, CWS, dependency court, and any other agencies deemed appropriate	10/10/06	
	Research screening tools		1/30/07	
	Select existing tool to use or draft new tool		2/21/07	
	8.2 Steering Committee to review screening tool	Steering Committee	2/28/07	
	8.3 Workgroup to edit screening tool based on Steering Committee feedback	Workgroup	3/24/07	
	8.4 Elicit input from CWS and ADS providers	Workgroup	4/21/07	
	8.5 Workgroup to edit screening tool based on provider input	Workgroup	5/5/07	
	8.6 Steering Committee to approve screening tool	Steering Committee	5/19/07	
	8.7 Implement use of tool	CWS administrators and staff	On-going	
	9.1 Convene workgroup to develop guidelines for referral followup	Representatives of ADS, CWS, dependency court, and any other agencies deemed appropriate	10/10/06	
<b>Goal 9—Establish guidelines for referral followup</b>	Develop plan for referral followup		2/21/07	
	9.2 Steering Committee to review and approve guidelines for referral followup	Steering Committee	2/28/07	
	9.3 Implement guidelines for referral followup	Administrators and staff	On-going	
	<b>Goal 10—Implement training for judges, attorneys and Other judicial staff on SUDs and children’s issues</b>	10.1 Convene workgroup to develop training and standards for judges, attorneys, and other judicial staff	Representatives of ADS, CWS, dependency court, and any other agencies deemed appropriate	10/10/06
		Research judicial training in other jurisdictions		1/20/07
		Conduct meeting with the Office of the Court Administrator and the State Bar Association to establish their buy in		1/27/2006
		Select or draft curriculum		4/28/07
		Draft training plan		4/28/07
		10.2 Steering Committee to review training curriculum and plan	Steering Committee	5/19/07
		10.3 Workgroup to edit curriculum and plan based on Steering Committee feedback	Workgroup	6/2/07
10.4 Elicit input from the Office of the Court Administrator and the State Bar Association		Workgroup	6/30/07	
10.5 Workgroup to edit standards based on input from the Office of the Court Administrator and the State Bar Association		Workgroup	7/14/07	
10.6 Steering Committee to approve training curriculum		Steering Committee	7/21/07	
10.7 Train judges, attorneys, and other judicial staff	Identified Trainers	On-going		

<b>Goal 11—Implement Standards for inquiry by judges into screenings for families</b>	11.1 Convene workgroup to develop training and standards for judges, attorneys, and other judicial staff	Representatives of ADS, CWS, dependency court, and any other agencies deemed appropriate	10/10/06	
	Research standards in other jurisdictions		1/20/07	
	Conduct meeting with the Office of the Court Administrator and the State Bar Association to establish their buy in		1/27/07	
	Select or draft standards		4/28/07	
	11.2 Steering Committee to review standards	Steering Committee	5/19/07	
	11.3 Workgroup to edit standards based on Steering Committee feedback	Workgroup	6/2/07	
	11.4 Elicit input from the Office of the Court Administrator and the State Bar Association	Workgroup	6/30/07	
	11.5 Workgroup to edit standards based on input from the Office of the Court Administrator and the State Bar Association	Workgroup	7/14/07	
	11.6 Steering Committee to approve training curriculum	Steering Committee	7/21/07	
	11.7 Train judges, attorneys, and other judicial staff	Identified Trainers	On-going	
	<b>Goal 12—Implement standards for judges to order screenings when they have not taken place</b>	12.1 Convene workgroup to develop training and standards for judges, attorneys, and other judicial staff	Representatives of ADS, CWS, dependency court, and any other agencies deemed appropriate	10/15/06
		Research standards in other jurisdictions		1/20/07
		Conduct meeting with the Office of the Court Administrator and the State Bar Association to establish their buy in		1/27/07
		Select or draft standards		4/28/07
		12.2 Steering Committee to review standards	Steering Committee	5/19/07
		12.3 Workgroup to edit standards based on Steering Committee feedback	Workgroup	6/2/07
		12.4 Elicit input from the Office of the Court Administrator and the State Bar Association	Workgroup	6/30/07
12.5 Workgroup to edit standards based on input from the Office of the Court Administrator and the State Bar Association		Workgroup	7/14/07	
12.6 Steering Committee to approve training curriculum		Steering Committee	7/21/07	
12.7 Train judges, attorneys, and other judicial staff		Identified Trainers	On-going	

### ***Task 3: Develop a Communication Protocol***

Systems interact with each other constantly and through a variety of mechanisms. Nonetheless, communication breakdowns, misunderstandings, and gaps are common experiences for agency staff and families alike. Effective communication is the ingredient common to values, principles, trust, and action. As noted throughout this guidebook, the key to quality services is not the tools that are used, but how information from tools and other sources is shared. The clearest test of interagency consensus is whether it works to communicate the status of both parents and their children because both are affected by abuse, neglect, and substance use disorders. Steering Committee and Subcommittee members need to identify key points in all systems where effective communication can and must take place, and they need to develop clear administrative policies and protocols for the proper exchange of confidential information.

The **Pathways of Communication Templates** on the following pages are designed to help staff move beyond preliminary discussions about communication and toward developing a communication protocol. They are intended to be suggestions, and each community will need to adapt the specific information to its own systems and procedures.

The page immediately following this page is the Overview template. It proposes a model for communication across the systems as a whole. The subsequent three pages provide breakout versions of the Overview template, depicting critical junctures of decisionmaking and detailed information that are examples of information that may be needed to be communicated across systems. They are **Pathways of Communication Templates for Determining Presence and Immediacy of an Issue, for Determining the Nature and Extent of the Issue, and for Treatment and Case Plans, Monitoring Change, Transitions, and Outcomes.**

The activities that occur within system are listed in the darker colored columns. The bridges between the systems are represented by the three lighter colored columns.

The Subcommittee or Steering Committee should consider each of these communication points and should adapt them to meet State or local needs. The templates provide a mechanism for staff to understand what activities each system is responsible for undertaking. Once these activities are understood, staff can determine who needs to know what, and when. Staff can then create policies and protocols to share information with family members and among staff.

The goal of communication should derive from serving the whole family and should reduce administrative burden on workers. Each of the communication bridges should be clearly defined, and the content of the information to be exchanged across bridges must be specified.

# Pathways of Communication Template

## Identification Through Community or Family Awareness of Signs, Symptoms and Behaviors

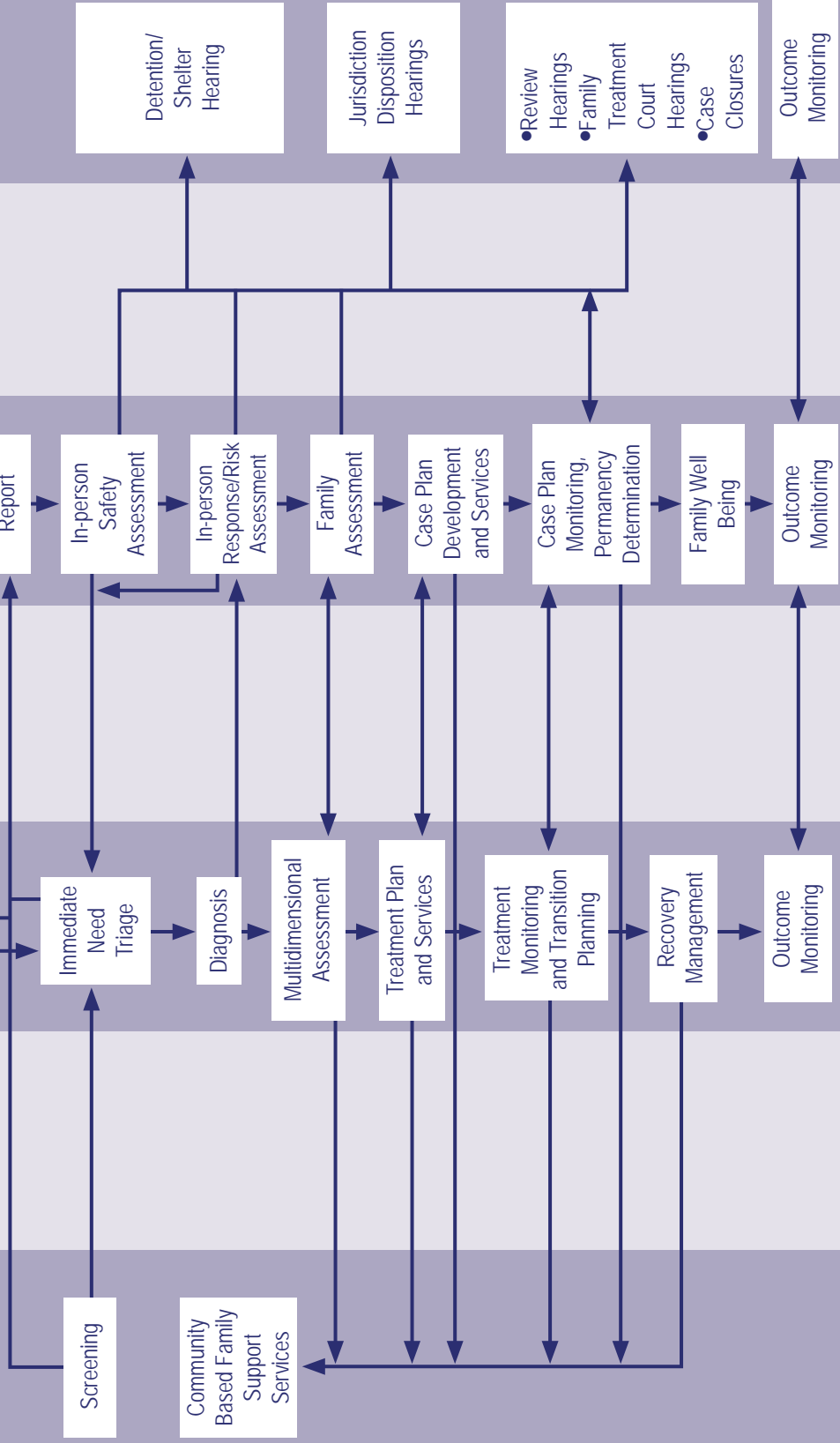
### Family and Extended Family Members

Other  
Community  
Agencies

Alcohol and  
Drug Services

Child Welfare  
Services

Dependency  
Court

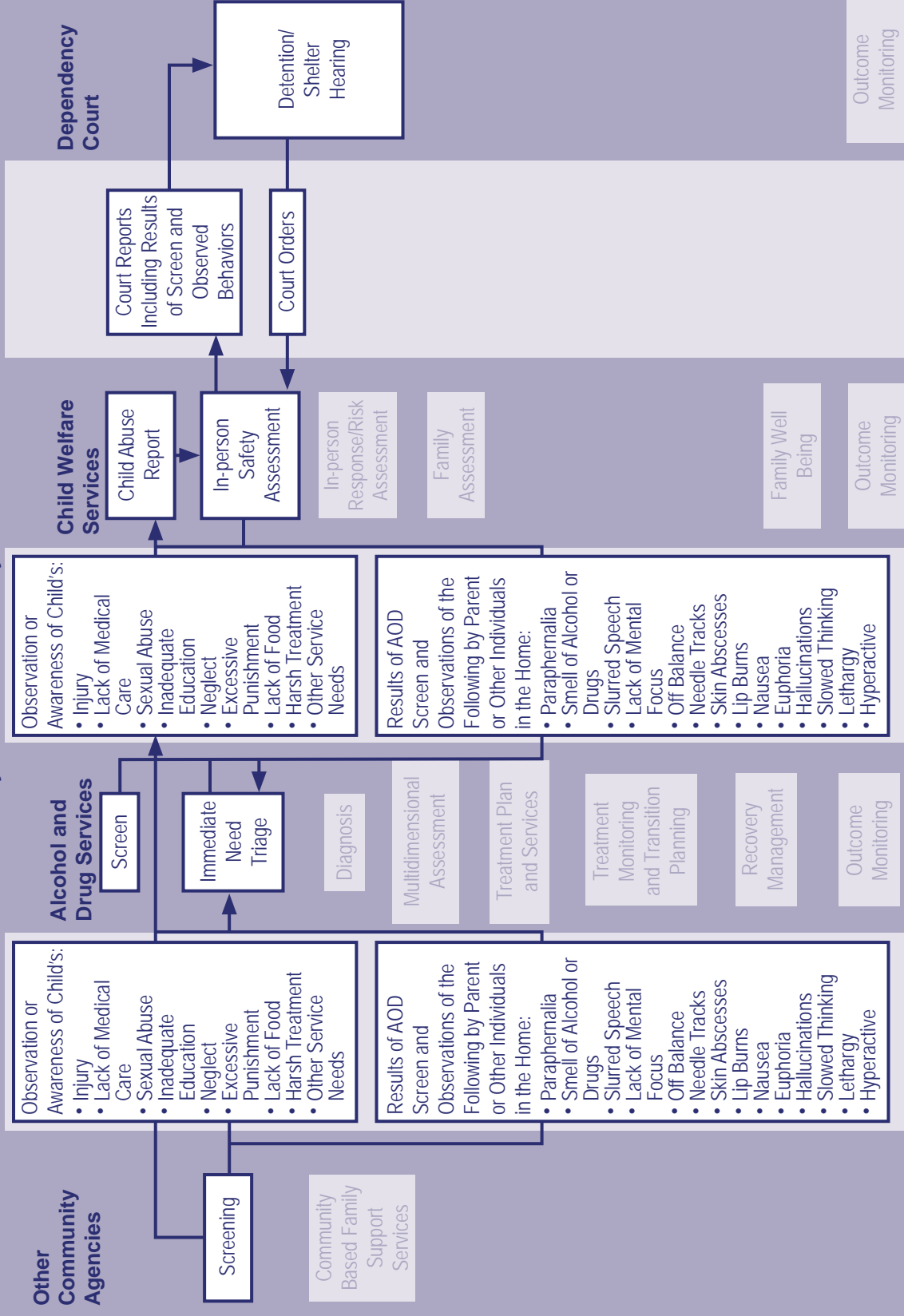




# Pathways of Communication Template for Determining Presence and Immediacy of an Issue

## Identification Through Community or Family Awareness of Signs, Symptoms and Behaviors

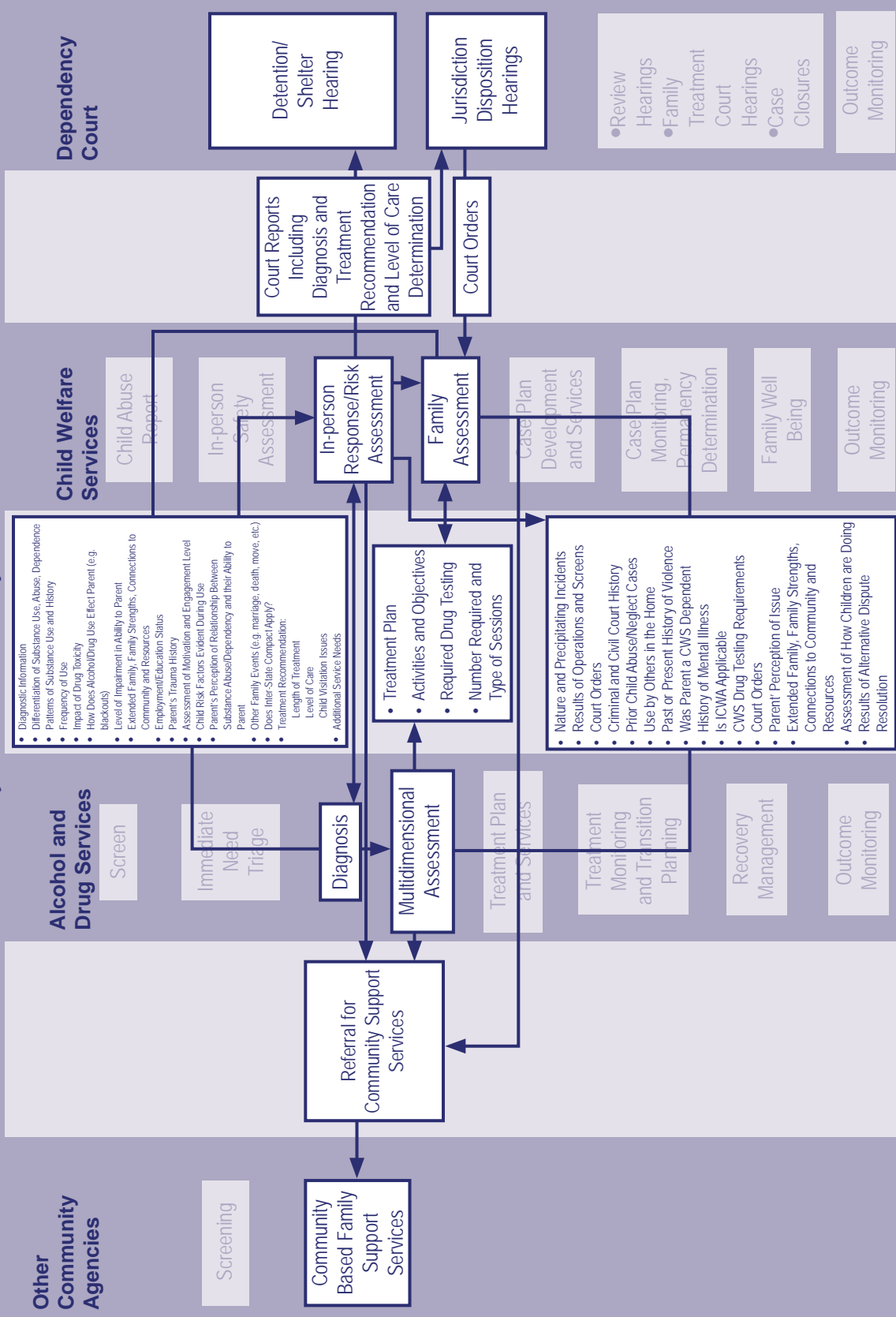
### Family and Extended Family Members



# Pathways of Communication Template for Determining Presence and Immediacy of an Issue

## Identification Through Community or Family Awareness of Signs, Symptoms and Behaviors

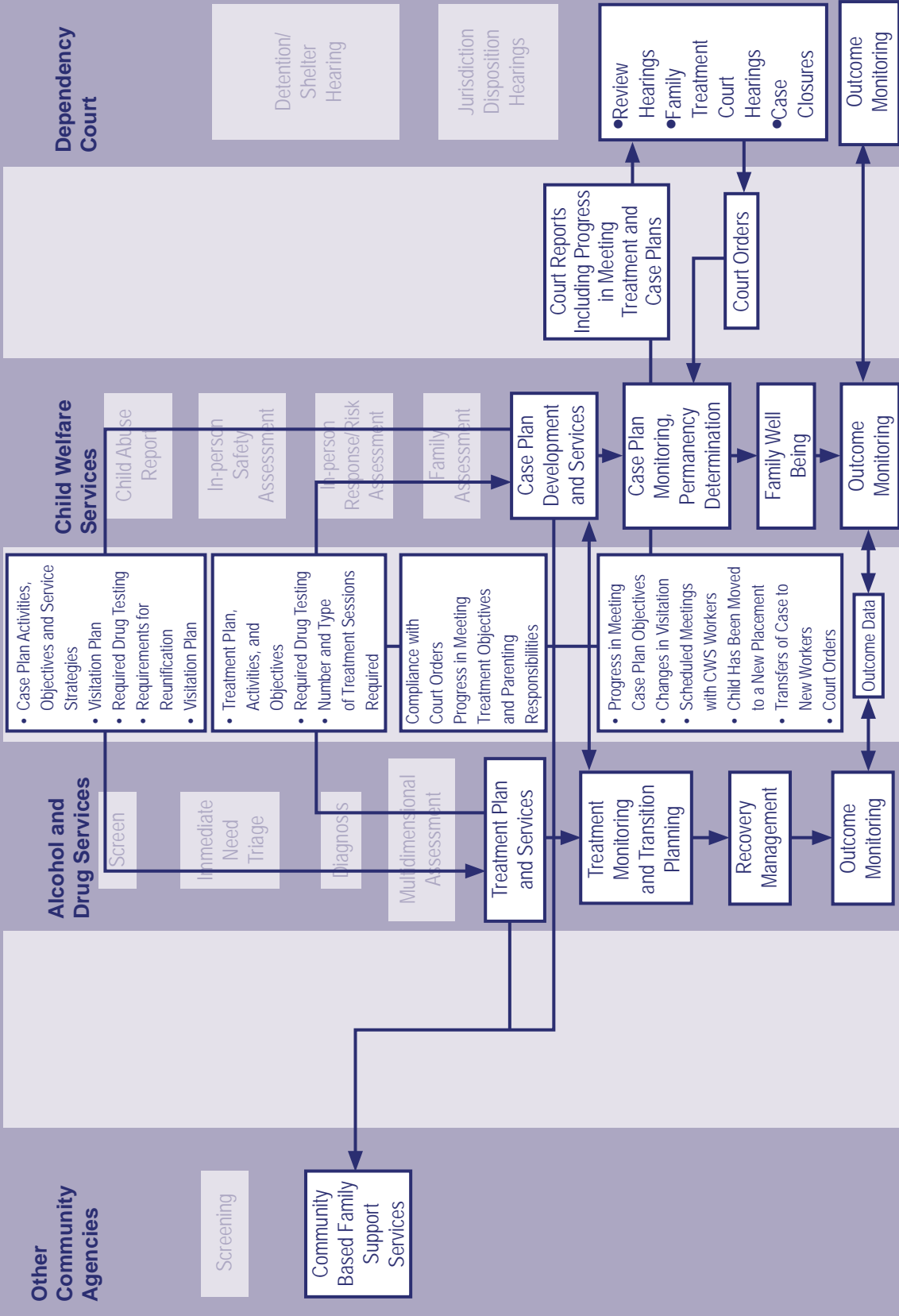
### Family and Extended Family Members



# Pathways of Communication Template for Determining Presence and Immediacy of an Issue

## Identification Through Community or Family Awareness of Signs, Symptoms and Behaviors

### Family and Extended Family Members



Other Community Agencies

Alcohol and Drug Services

Child Welfare Services

Dependency Court

Screening

Community Based Family Support Services

Screen

Immediate Need Triage

Diagnosis

Multidimensional Assessment

Treatment Plan and Services

Child Abuse Report

In-person Safety Assessment

In-person Response/Risk Assessment

Family Assessment

Case Plan Development and Services

- Case Plan Activities, Objectives and Service Strategies
  - Visitation Plan
  - Required Drug Testing
  - Requirements for Reunification
  - Visitation Plan
- Treatment Plan, Activities, and Objectives
  - Required Drug Testing
  - Number and Type of Treatment Sessions Required
- Compliance with Court Orders
- Progress in Meeting Treatment Objectives and Parenting Responsibilities

- Progress in Meeting Case Plan Objectives
- Changes in Visitation
- Scheduled Meetings with CWS Workers
- Child Has Been Moved to a New Placement
- Transfers of Case to New Workers
- Court Orders

Court Reports Including Progress in Meeting Treatment and Case Plans

Court Orders

- Review Hearings
- Family Treatment Court Hearings
- Case Closures

Outcome Data

Case Plan Monitoring, Permanency Determination

Family Well Being

Outcome Monitoring

Detention/ Shelter Hearing

Jurisdiction Disposition Hearings

Outcome Monitoring

## **Step Six: Monitoring and Evaluating Success**

The Oversight Committee should charge the Steering Committee with monitoring collaborative efforts. Monitoring is about accountability, and accountability is the difference between an effective collaborative and just another meeting. While Monitoring Success is noted here as Step Six, it really needs to be planned from the beginning of the collaborative effort and included as an ongoing component of the work.

The monitoring process has two focal points:

- Evaluating the collaborative process; and
- Evaluating the benefit to families.

Information collected on both points should continually feed back into the work of the Oversight and Steering Committees and Subcommittees, so that both process and products can be modified based on this information.

### ***Evaluating the Collaborative Effort***

The Steering Committee should continually examine itself and the Subcommittees and should closely monitor progress in implementing activities specified in the plan of action. In order to have a foundation for evaluating how far the collaborative has come, it is useful to gather some baseline information. If the various Committees complete the *Collaborative Values Index* and the *Collaborative Capacity Inventory* early on in their work, as described earlier in this section, they can repeat those self-assessments periodically to ascertain whether there have been changes in perceptions about ability to collaborate.

Although it is important to monitor process, it is also important to monitor completion of work. Regular review of progress toward completed activities is essential to keeping the Committees on task, adjusting deliverables as needed, and reporting to the Oversight or Steering Committee and other stakeholders. An example of a Progress Report template, **Determining Presence and Immediacy**, based on the sample plan of action presented earlier, follows on the next page.

Conducting evaluations on an annual or semiannual basis is also beneficial because it allows for a more detailed review of the collaborative process. An example of an evaluation report format based on the sample plan of action follows the Progress Report template.

**ADS, CWS, and Dependency Court SAFERR Collaborative  
Progress Report  
Determining Presence and Immediacy**

*SAMPLE*

Activity/Tasks	Progress Report	Problem/Barriers	Product Modification	Next Steps
Statewide guidelines for ADS providers to ask questions about children				
Training for ADS providers on guidelines				
Online resource guide on services for children from families with SUDs				
Protocols for information sharing among ADS, CWS and the dependency court				
Training for CWS workers in identifying and screening for SUDs				
Pilot colocation of ADS workers in a CWS office				

Activity/Tasks	Progress Report	Problem/Barriers	Product Modification	Next Steps
Screen Out policy statement				
Standard SUD screening tool to be used by CWS workers				
Guidelines for referral followup				
Training for judges, attorneys, and other judicial staff on SUDs and children's issues				
Standards for inquiry by judges into screening for families				
Standards for judges to order screenings when they have not taken place				

**ADS, CWS, and Dependency Court SAFERR Collaborative  
Midyear Evaluation  
Determining Presence and Immediacy**

*SAMPLE*

Deliverable	Due Date	Percent Complete	Revised Due Date
<b>Statewide Guidelines for ADS Providers to Ask Questions About Children</b>	<b>3/31/07</b>		
Convene workgroup on guidelines and training for ADS providers	10/10/06		
Research guidelines from other jurisdictions	12/16/06		
Draft guidelines	1/16/07		
Steering Committee to review guidelines	1/30/07		
Workgroup to edit guidelines based on Steering Committee feedback	2/13/07		
Elicit input from CWS and ADS providers	3/10/07		
Workgroup to edit guidelines based on provider input	3/24/07		
Steering Committee to approve guidelines	3/31/07		
Implement guidelines	Ongoing		
<b>Training for ADS providers on Guidelines</b>	<b>3/31/07</b>		
Convene workgroup on guidelines and training for ADS providers	10/10/06		
Research training curriculum	12/16/06		
Select or draft curriculum	1/16/07		
Draft training plan	1/16/07		
Steering Committee to review training curriculum and plan	1/30/07		
Workgroup to edit curriculum and plan based on Steering Committee feedback	3/10/07		
Elicit input from CWS and ADS providers	2/13/07		
Workgroup to edit training curriculum and plan based on provider input	3/24/07		
Steering Committee to approve training curriculum and plan	3/31/07		
Train ADS providers	Ongoing		



<b>On-line Resource Guide on Services for Children from Families with SUDs</b>	<b>2/28/07</b>		
Convene workgroup to develop online resource guide	10/10/06		
Conduct research on local, State, and national resources	12/16/06		
Identify web location for resource guide	12/16/06		
Identify Webmaster	12/16/06		
Draft Resource Guide	1/16/07		
Steering Committee to review resource guide	1/30/07		
Workgroup to make edits/additions based on Steering Committee feedback	2/13/07		
Create on-line format	2/28/07		
Post online resource guide	2/28/07		
<b>Protocols for Information Sharing Among ADS, CWS and the Dependency Court</b>	<b>2/28/07</b>		
Convene workgroup to develop guidelines for information sharing	10/10/06		
Review current practice of information sharing	12/16/06		
Review current information management systems	12/16/06		
Draft protocols for information sharing	2/21/07		
Steering Committee to review and approve protocol	2/28/07		
Implement protocol	Ongoing		
<b>Training for CWS Workers in Identifying and Screening for SUDs</b>	<b>3/31/07</b>		
Convene workgroup on Training for CWS workers	10/10/06		
Research training curriculum	12/16/06		
Select or draft curriculum	1/16/07		
Draft training plan	1/16/07		
Steering Committee to review training curriculum and plan	1/30/07		
Workgroup to edit curriculum and plan based on Steering Committee feedback	2/13/07		
Elicit input from CWS and ADS providers	3/10/07		
Workgroup to edit training curriculum and plan based on provider input	3/24/07		
Steering Committee to approve training curriculum and plan	3/31/07		
Convene workgroup on Training for CWS workers	Ongoing		

<b>Pilot Colocation of ADS Workers in a CWS Office</b>	<b>6/1/07</b>		
Convene workgroup on training for CWS workers and development of colocation pilot	1/20/07		
Research colocation models in other jurisdictions	4/28/07		
Explore interest among CWS offices	4/28/07		
Develop policies and procedures for pilot	5/19/07		
Steering Committee to review plan for pilot	5/19/07		
Steering Committee to select CWS office for pilot	5/19/07		
Final touches to plan for pilot	5/26/07		
Implement pilot	6/1/07		
Review success of pilot to date	12/15/07		
Review success of pilot and determine if going to scale with colocation	5/31/08		
<b>Screen Out Policy Statement</b>	<b>3/31/07</b>		
Convene workgroup to develop Screen Out policy and develop/select standard screening tool	10/10/06		
Research policies in other jurisdictions	1/30/07		
Draft Screen Out policy statement	2/21/07		
Steering Committee to review Screen Out policy	2/28/07		
Workgroup to edit policy based on Steering Committee feedback	3/24/07		
Steering Committee to approve policy	3/31/07		
Implement policy	Ongoing		
<b>Standard SUD Screening Tool to be Used by CWS Workers</b>	<b>5/19/07</b>		
Convene workgroup to develop Screen Out Policy and develop/select standard screening tool	10/10/06		
Research screening tools	1/30/07		
Select existing tool to use or draft new tool	2/21/07		
Steering Committee to review screening tool	2/28/07		
Workgroup to edit screening tool based on Steering Committee feedback	3/24/07		
Elicit input from CWS and ADS providers	4/21/07		
Workgroup to edit screening tool based on provider input	5/5/07		
Steering Committee to approve screening tool	5/19/07		
Implement use of tool	Ongoing		

<b>Guidelines for Referral Follow Up</b>	<b>2/28/07</b>		
Convene workgroup to develop guidelines for referral followup	10/10/06		
Develop plan for referral follow up	2/21/07		
Steering Committee to review and approve guidelines for referral followup	2/28/2006		
Implement guidelines for referral follow up	Ongoing		
<b>Training for Judges, Attorneys, and Other Judicial Staff on SUDs and Children's Issues</b>	<b>7/21/07</b>		
Convene workgroup to develop training and standards for judges, attorneys, and other judicial staff	10/10/06		
Research judicial training in other jurisdictions	1/20/07		
Conduct meeting with Office of the Court Administrator and the State Bar Association to establish their buy in	1/27/07		
Select or draft curriculum	4/28/07		
Draft training plan	4/28/07		
Steering Committee to review training curriculum and plan	5/19/07		
Workgroup to edit curriculum and plan based on Steering Committee feedback	6/2/07		
Elicit input from the Office of the Court Administrator and the State Bar Association	6/30/07		
Workgroup to edit standards based on input from the Office of the Court Administrator and the State Bar Association	7/14/07		
Steering Committee to approve training curriculum	7/21/07		
Train judges, attorneys, and other judicial staff	Ongoing		
<b>Standards for Inquiry by Judges into Screening for Families</b>	<b>7/21/07</b>		
Convene workgroup to develop training and standards for judges, attorneys, and other judicial staff	10/10/06		
Research standards in other jurisdictions	1/20/07		
Conduct meeting with the Office of the Court Administrator and the State Bar Association to establish their buy in	1/27/07		
Select or draft standards	4/28/07		
Steering Committee to review standards	5/19/07		
Workgroup to edit standards based on Steering Committee feedback	6/2/07		

Elicit input from the Office of the Court Administrator and State Bar Association	6/30/07		
Workgroup to edit standards based on input from the Office of the Court Administrator and the State Bar Association	7/14/07		
Steering Committee to approve training curriculum	7/21/07		
Train judges, attorneys, and other judicial staff	Ongoing		
<b>Standards for Judges to Order Screenings When They Have Not Taken Place</b>	<b>7/21/07</b>		
Convene workgroup to develop training and standards for judges, attorneys, and other judicial staff	10/15/06		
Research standards in other jurisdictions	1/20/07		
Conduct meeting with the Office of the Court Administrator and the State Bar Association to establish their buy in	1/27/07		
Select or draft standards	4/28/07		
Steering Committee to review standards	5/19/07		
Workgroup to edit standards based on Steering Committee feedback	6/2/07		
Elicit input from the Office of the Court Administrator and the State Bar Association	6/30/07		
Workgroup to edit standards based on input from Office of the Court Administrator and State Bar Association	7/14/07		
Steering Committee to approve training curriculum	7/21/07		
Train judges, attorneys, and other judicial staff	Ongoing		

**Reasons why a deadline was not been met:**

**Changes in product deliverables:**

**Key accomplishments achieved:**

**Barriers encountered in the collaborative relationships:**

**Resources developed or discovered for collaborative work:**

**Fiscal and non-fiscal challenges anticipated in the future:**

## ***Evaluating the Benefit to Families***

In developing the plan to evaluate the benefit to families, the Oversight and Steering Committees should explore existing data systems and determine what information about critical evaluation criteria or performance measures can be easily obtained. The Steering Committee or a Subcommittee should look at how data from different systems can be used to help all agencies understand the benefits to families they serve in common.

Federal data will likely be a useful resource for evaluating changes in families. In addition to other Federal data sources, the Steering Committee should review how its State scored on the Child and Family Services Review outcomes assessed by the Federal team in its most recent review. The Steering Committee should try to use those outcomes and the State's Program Improvement Plan to inform this collaborative initiative.

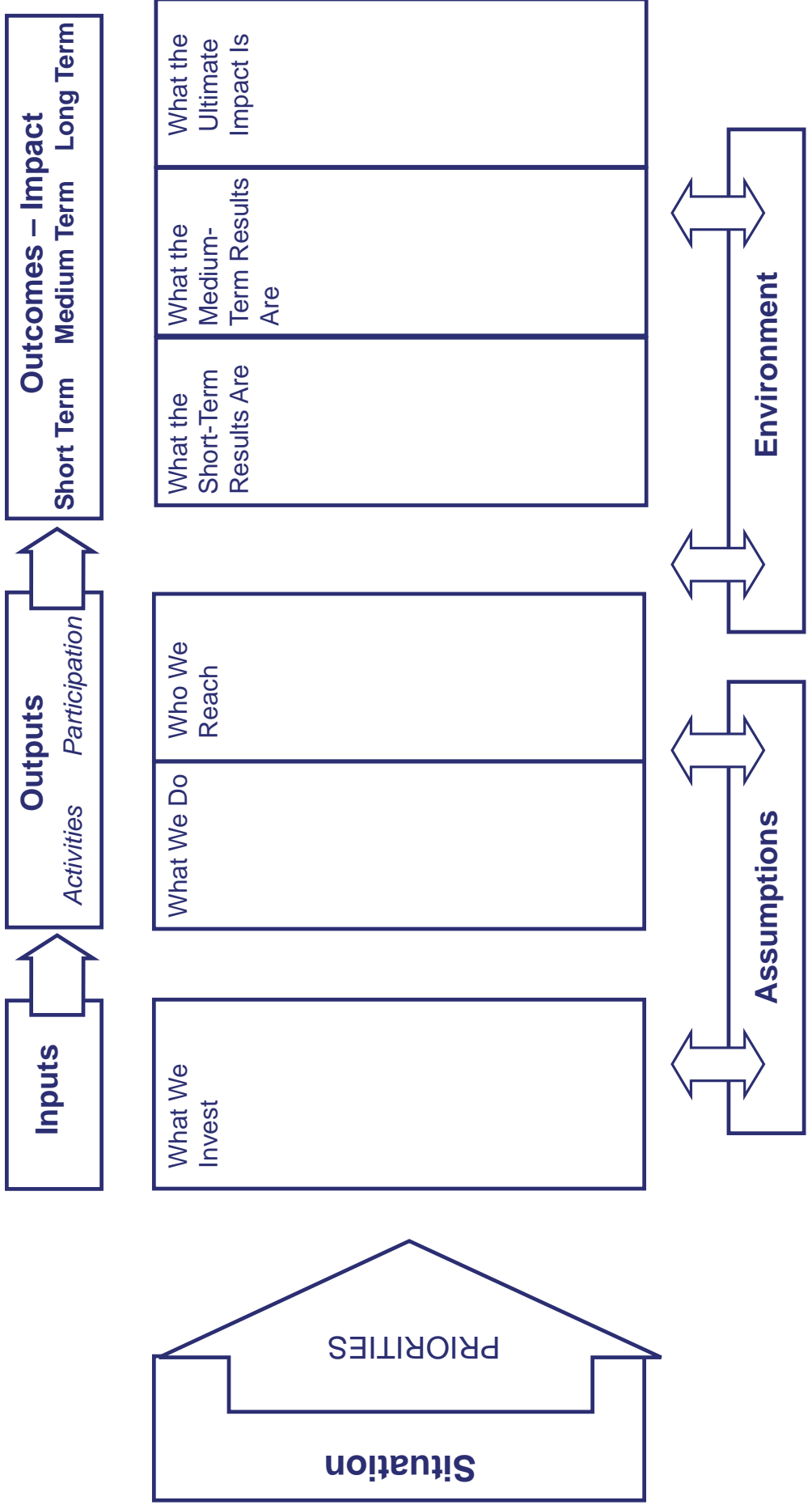
Key to evaluating the benefit to families is the development of collaborative outcome measures. Unless all partners are held jointly accountable to the outcomes, the collaborative will not succeed in creating "best practice" policies and practices. A critical aspect of successful collaboration is that each system feels the same level of accountability to improving family outcomes.

It is recommended that a professional evaluator be hired early in the process of designing the collaborative initiative. The insight a professional evaluator can provide regarding methodology, variables, potential analyses, and other aspects of the process can save program staff time and help ensure meaningful conclusions from data compiled.

### ***Task 1: Develop Collaborative Outcome Measures***

The Oversight Committee or Steering Committee may choose to develop collaborative outcome measures by selecting from measures already in use by each system, it may develop new outcome measures specifically for this project, or it may use both existing and new measures. The Federal Government has changed the way it views outcome measures and the paper *Child Welfare and Alcohol and Drug Treatment and Prevention Outcomes* included at the end of this section describes the outcome measures used by the Children's Bureau and the Center for Substance Abuse Treatment. In whatever way outcome measures are selected, the team should be able to use them in conjunction with State data systems to provide qualitative and quantitative information to illustrate the successes and shortcomings of their collaborative work.

The figure below is a logic model format to help Committees determine outcome measures. Completing the logic model as a group may facilitate an understanding of how the group's activities lead to desired outcomes and help to determine what should be evaluated. For more information on logic models and outcomes, see *Nonprofit Leadership Institute 2002 The Power of Evaluation: Achieving Service Excellence Outcomes What are They?* at [www2.uta.edu/ssw/indel/Presentations/Handout%20NPLI.pdf](http://www2.uta.edu/ssw/indel/Presentations/Handout%20NPLI.pdf).



- **Situation:** the conditions that give rise to the program
- **Inputs:** the resources and contributions made to the effort
- **Outputs:** activities and products that reach the people who participate
- **Outcomes:** changes or benefits for individuals, families, groups, communities, organizations, and systems.
- **Assumptions:** beliefs we have about the program, the people, the environment, and the way we think the program will work
- **External Factors:** context and external conditions in which the program exists and which influence the success of the program

## Supplemental Worksheets and Tools for Facilitators

The following pages provide samples of tools and other resources that may be useful to facilitators, Steering Committee members, and Subcommittee members. These include—

- The *Collaborative Values Inventory*;
- The *Collaborative Capacity Instrument*;
- The *Collaborative Values Inventory/Collaborative Capacity Instrument Analysis*;
- Principle statements developed by Sacramento County, California, Cuyahoga County, Ohio; and the NCSACW Consortium: American Public Human Services Association (APHSA), Child Welfare League of America (CWLA), National Association of State Alcohol and Drug Abuse Directors (NASADAD), National Council of Juvenile and Family Court Judges (NCJFCJ), and National Indian Child Welfare Association (NICWA).
- Child Welfare and Alcohol and Drug Treatment and Prevention Outcomes.



## APPENDIX C – RESEARCH

This appendix organizes the effective strategies for each of the 10 recommendations into three categories based on whether these effective strategies are supported by research findings and, if so, whether this research was conducted in a family drug court (FDC) setting.



### RESEARCH CATEGORY

### DEFINITION

**PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN AN FDC SETTING**

These programs and activities have been implemented in FDCs with promising results.

**PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN NON-FDC SETTINGS**

The research supporting these effective strategies was conducted in a setting related to FDCs, such as a child welfare, substance abuse treatment, or adult criminal drug court program. Because the findings come from research in adults with substance abuse disorders or with families receiving child welfare services in a setting that is related to FDCs, the findings might be applicable to FDCs.

**PROGRAMS AND ACTIVITIES THAT ARE COMMON IN FDCs BUT ARE SUPPORTED BY LITTLE OR NO EVIDENCE**

These practices are frequently part of FDC models, but research and evaluation is necessary to determine their effectiveness.

RESEARCH CATEGORIES	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN AN FDC SETTING	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN NON-FDC SETTINGS	PROGRAMS AND ACTIVITIES THAT ARE COMMON IN FDCs BUT ARE SUPPORTED BY LITTLE OR NO EVIDENCE
RECOMMENDATIONS AND EFFECTIVE STRATEGIES			
<p><b>Recommendation 1: Create Shared Mission and Vision</b></p>			
<ul style="list-style-type: none"> <li>Judicial officers lead the planning, implementation and operations of the FDC.</li> <li>Judicial officers, attorneys, child welfare, substance abuse treatment providers as well as other service providers, have served as partners in understanding core values and the development of the shared mission and vision.<sup>73</sup></li> <li>Judicial leadership helps to promote team work and to facilitate better working relationships between agencies.</li> <li>The FDC has used a formal values assessment process such as the Collaborative Values Inventory<sup>74</sup> or the Partnership Self-Assessment Tool<sup>75</sup> to determine how much consensus or disagreement exists about issues related to substance abuse, parenting and child safety.</li> <li>The FDC has specific objectives that reflect a consensus on issues (e.g., target population, eligibility criteria or parallel/integrated FDC model) related to families with substance abuse-related problems involved in the child welfare and dependency court systems.</li> <li>The FDC team has consulted criminal and delinquency drug court personnel to address potential overlaps of parents and children and to ensure the use of consistent approaches when appropriate for different types of cases.</li> </ul>		X	X

<sup>73</sup>Green, B.L., Rockhill, A., & Burrus, S. (2002). *What Helps and What Doesn't: Providers Talk about Meeting the Needs of Families with Substance Abuse Problems Under ASFA: Summary of Findings*. Portland, OR: NPC Research, Inc.

<sup>74</sup>Collaborative Values Inventory was developed by Children and Family Futures, Inc. The *Collaborative Values Inventory (CVI)*, a self-administered questionnaire that provides jurisdictions with an anonymous way of assessing the extent to which group members share ideas about the values that underlie their collaborative efforts. The CVI is simple and short, but it identifies areas of commonality and difference that are easily overlooked either because people feel uncomfortable discussing values or because they move directly to program and operational issues.

<sup>75</sup>The Partnership Self-Assessment Tool measures a key indicator of a successful collaborative process - the partnership's level of synergy. The Tool also provides information that helps partnerships take action to improve the collaborative process.

RESEARCH CATEGORIES	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN NON-FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES THAT ARE COMMON PRACTICE IN FAMILY DRUG COURTS WITH LITTLE OR NO EVIDENCE
RECOMMENDATIONS AND EFFECTIVE STRATEGIES			
<b>Recommendation 1: Create Shared Mission and Vision</b>			
<ul style="list-style-type: none"> <li>The FDC team has discussed and developed responses to the conflicting timeframes associated with child welfare, ASFA, Temporary Assistance to Needy Families (TANF), substance abuse treatment and child development. (TANF refers to part of the Personal Responsibility and Work Opportunity Reconciliation Act (Public Law 104-193), a block grant program that provides Federal funding to States, territories and Tribes to cover benefits, administrative expenses and services for families determined to be in need.) All members of the FDC team understand the mandates and demands placed on child welfare to close the dependency case and balance this with the parent’s recovery needs. Team members understand the relationship between the FDC and the underlying legal dependency case and they have agreed-on policies and procedures that protect due process and identify their ethical obligations.</li> <li>The FDC revisits mission and vision statements and its policies and procedures annually.</li> <li>The FDC has established meaningful orientation and assimilation processes for new team members.<sup>76</sup></li> <li>The FDC has selected a parallel or integrated model after considering the benefits and challenges of each model. The FDC understands the importance of integrated information sharing, regardless of the model selected.</li> </ul>			<p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p>

<sup>76</sup>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*, 7, 6-42.

RESEARCH CATEGORIES	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN NON-FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES THAT ARE COMMON PRACTICE IN FAMILY DRUG COURTS WITH LITTLE OR NO EVIDENCE
RECOMMENDATIONS AND EFFECTIVE STRATEGIES			
<p><b>Recommendation 1: Create Shared Mission and Vision</b></p>			
<ul style="list-style-type: none"> <li>The FDC team has developed detailed policies and procedures, agreed upon by all team members, which cover operations and policy issues, such as whether the program will be voluntary or involuntary for families. These policies and procedures reflect the team members' values and shared mission and vision.</li> <li>The FDC has decided whether the program will use jail as a sanction and all team members understand impact of and the rationale behind the decision. If the FDC uses jail time as a sanction, FDC team members have agreed on protocols for ensuring parents' due process. (Whenever liberty or property interests are at risk, persons are entitled to certain procedural rights under Federal and State law.) FDC team members understand that the judicial officer has sole authority to determine whether to use jail time as a sanction for a given parent.</li> </ul>			<p style="text-align: center;">X</p> <p style="text-align: center;">X</p>

RESEARCH CATEGORIES	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN NON-FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES THAT ARE COMMON PRACTICE IN FAMILY DRUG COURTS WITH LITTLE OR NO EVIDENCE
RECOMMENDATIONS AND EFFECTIVE STRATEGIES			
<p><b>Recommendation 2: Develop Interagency Partnerships</b></p>			
<ul style="list-style-type: none"> <li>• The FDC coordinates clinical services for mental health and trauma issues and addresses these services in its comprehensive assessments and case plans for all of the families that the FDC serves.<sup>77, 78,79, 80</sup></li> <li>• Comprehensive assessment and case plans for all families participating in the FDC include domestic violence advocacy and services. Where possible, the FDC team includes a representative from a domestic violence service agency.<sup>81, 82</sup></li> <li>• The FDC ensures that primary health care, dental care, child care and transportation are available to the families that it serves.</li> <li>• Specialized health care services are available to all parents that the FDC serves who have HIV/AIDS, Hepatitis C or another infectious disease that is frequently transmitted by intravenous drug users.<sup>83</sup></li> </ul>	<p><b>X</b></p>	<p><b>X</b></p> <p><b>X</b></p>	<p><b>X</b></p>

<sup>77</sup>Cannavo, J.M., &Nochajski, T.H. (2011). Factors contributing to enrollment in a family treatment court. *American Journal of Drug and Alcohol Abuse*, 37(1), 54-61.

<sup>78</sup>Tsai, J., Salyers, M. P., Rollins, A. L., McKasson, M., & Litmer, M. L. (2009). Integrated dual disorders treatment. *Journal of Community Psychology*, 37(6), 781-788.

<sup>79</sup>Marsh, J.C., Ryan, J.P., Choi, S., & Testa, M.F. (2006). Integrated services for families with multiple problems: Obstacles to family reunification. *Children and Youth Services Review*,28(9), 1074-1087.

<sup>80</sup>Osterling, K. L., & Austin, M. J. (2008). Substance abuse interventions for parents involved in the child welfare system: Evidence and implications. *Journal of Evidence-Based Social Work*, 5(1), 157-189.

<sup>81</sup>Marsh, J.C., Ryan, J.P., Choi, S., & Testa, M.F. (2006). Integrated services for families with multiple problems: Obstacles to family reunification. *Children and Youth Services Review*,28(9), 1074-1087.

<sup>82</sup>Smith, B.D., & Marsh, J.C. (2002).Client-service matching in substance abuse treatment for women with children. *Journal of Substance Abuse Treatment*, 22(3), 161-168.

<sup>83</sup>Osterling, K. L., & Austin, M. J. (2008). Substance abuse interventions for parents involved in the child welfare system: Evidence and implications. *Journal of Evidence-Based Social Work*, 5(1), 157-189.

RESEARCH CATEGORIES	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN NON-FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES THAT ARE COMMON PRACTICE IN FAMILY DRUG COURTS WITH LITTLE OR NO EVIDENCE
RECOMMENDATIONS AND EFFECTIVE STRATEGIES			
<b>Recommendation 2: Develop Interagency Partnerships</b>			
<ul style="list-style-type: none"> <li>The FDC team is aware of the number of referrals that team members make to other programs and services and monitors and addresses barriers to obtaining these services. The referral process includes a “warm handoff,” the communication between the person making the referral and the service provider.<sup>84</sup></li> <li>The FDC has a process for developing and maintaining interagency partnerships, including linkage agreements or memoranda of understanding and representatives of partner agencies are members of an FDC advisory group.</li> <li>The FDC has substance abuse support or recovery groups that focus on child welfare and child safety issues.</li> <li>The FDC refers its parents to child development and parenting education programs that have demonstrated positive results and that use evidence-informed practices.<sup>85</sup></li> <li>The FDC has policies for sharing information with other providers and coordinates its services with criminal and juvenile justice system, law enforcement and community supervision professionals to meet the needs of families involved with the criminal or juvenile justice system (e.g., visitation for children with incarcerated parents or substance use disorder treatment while parents are incarcerated).</li> </ul>	X	X	X  X   X

<sup>84</sup>Coll, K. M., Stewart, R. A., Morse, R., & Moe, A. (2010). The value of coordinated services with court-referred clients and their families: An outcome study. *Child Welfare, 89*(1), 61-79.

<sup>85</sup>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, 7*, 6-42.

RESEARCH CATEGORIES	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN NON-FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES THAT ARE COMMON PRACTICE IN FAMILY DRUG COURTS WITH LITTLE OR NO EVIDENCE
RECOMMENDATIONS AND EFFECTIVE STRATEGIES			
<p><b>Recommendation 3: Create Effective Communication Protocols for Sharing Information</b></p>			
<ul style="list-style-type: none"> <li>• Data Management <ul style="list-style-type: none"> <li>– The FDC has a plan in place to track, monitor and use information on parents, children and families, as well as system-level data.</li> <li>– The FDC has assessed its data systems to identify gaps in monitoring child welfare and substance abuse treatment systems and uses the results of this assessment to make changes.</li> <li>– The FDC compares project data with systemwide data on outcomes in child welfare and substance abuse treatment systems on a regular basis.</li> <li>– The FDC’s child welfare agencies have accurate baseline measures of parental substance use.</li> <li>– The FDC’s substance abuse treatment agencies collect reliable baseline data on families involved in the child welfare system and use this information to design program policies and develop client services.</li> </ul> </li> <li>• Protocols for Sharing Information <ul style="list-style-type: none"> <li>– The FDC has identified the confidentiality regulations that govern its ability to share information with child welfare agencies, substance abuse treatment providers and dependency courts and has devised a way to share information about parents, children and families with the FDC team that complies with these regulations.</li> </ul> </li> </ul>			<p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p>





RESEARCH CATEGORIES	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN NON-FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES THAT ARE COMMON PRACTICE IN FAMILY DRUG COURTS WITH LITTLE OR NO EVIDENCE
RECOMMENDATIONS AND EFFECTIVE STRATEGIES			
<p><b>Recommendation 3: Create Effective Communication Protocols for Sharing Information</b></p>			
<ul style="list-style-type: none"> <li>– The FDC has an established practice of staffing cases prior to court hearings to exchange and discuss up-to-date information on the parent’s progress and issues regarding the child. Team members participating in the case staffing typically include judges, coordinators, defense and prosecuting attorneys, guardians ad litem, treatment staff members, child welfare case workers or managers and other individuals who have access to information that is critical to the family’s well-being.<sup>88</sup></li> <li>– An average of three minutes or more are spent by each client before the judge during the progress review hearing.<sup>89</sup></li> <li>– Team members in addition to judges and attorneys attend progress review hearings (coordinator, treatment provider).<sup>90</sup></li> <li>– The FDC team uses email to exchange treatment information in between scheduled staffing meetings.<sup>91</sup></li> <li>– The FDC’s intake process can identify prior substance abuse treatment episodes and prior reports of child abuse or neglect as a result of its information-sharing protocols.</li> </ul>	<p><b>X</b></p>	<p><b>X</b></p> <p><b>X</b></p> <p><b>X</b></p>	<p><b>X</b></p>

<sup>88</sup>Green, B.L., Furrer, C., Worcel, S., Burrus, S., & Finigan, M.W. (2007). How effective are family treatment drug courts? Outcomes from a four-site national study. *Child Maltreatment*, 12(1), 43-59.

<sup>89</sup>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*, 7, 6-42.

<sup>90</sup>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*, 7, 6-42.

<sup>91</sup>Carey, S.M., & Waller, M. S. (2011). *Oregon Drug Court Cost Study: Statewide Cost Savings and Promising Practices*. Portland, OR: NPC Research, Inc.

RESEARCH CATEGORIES	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN NON-FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES THAT ARE COMMON PRACTICE IN FAMILY DRUG COURTS WITH LITTLE OR NO EVIDENCE
RECOMMENDATIONS AND EFFECTIVE STRATEGIES			
<p><b>Recommendation 4: Ensure Cross-System Knowledge</b></p>			
<ul style="list-style-type: none"> <li>• All FDC team members receive training and education on: <ul style="list-style-type: none"> <li>– Working with substance abuse-affected families in the child welfare system, including training in gender-specific and trauma services and the dynamics of addiction and recovery.</li> <li>– The effects of substance exposure on children.</li> <li>– The responsibilities and mandates of child welfare workers, including ASFA timelines</li> <li>– The responsibilities and mandates of judges and attorneys as well as criminal and juvenile justice system practices.</li> <li>– Cultural issues to improve the team’s cultural competency in working with diverse substance abuse treatment and child welfare client groups.</li> </ul> </li> <li>• The FDC has developed ongoing, joint training programs for substance abuse treatment, child welfare and court staff and other service providers that address each partner’s mandates, constraints and goals, as well as effective methods for working together.</li> <li>• The FDC has a staff development plan that includes a mechanism to collect periodic updates on the cross-training and orientation received by all FDC team members.</li> <li>• FDC team members receive joint training in methods for increasing parent motivation, such as Stages of Change and Motivational Interviewing.</li> </ul>			<p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p>

RESEARCH CATEGORIES	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN NON-FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES THAT ARE COMMON PRACTICE IN FAMILY DRUG COURTS WITH LITTLE OR NO EVIDENCE
RECOMMENDATIONS AND EFFECTIVE STRATEGIES			
<p><b>Recommendation 4: Ensure Cross-System Knowledge</b></p>			
<ul style="list-style-type: none"> <li>FDC team members receive joint training on therapeutic relationships and understand the impact of their own responses to parents on enabling addictive behavior and supporting recovery.</li> <li>FDC team members receive joint training on self-care and avoiding burnout.</li> </ul>			<p>X</p> <p>X</p>
<p><b>Recommendation 5: Develop a Process for Early Identification and Assessment</b></p>			
<ul style="list-style-type: none"> <li>The FDC has developed a joint policy with the substance abuse treatment, child welfare and dependency court systems governing standardized screening and assessment of substance use disorders among families in the child welfare system.</li> <li>Substance abuse treatment providers work with child welfare workers or are out-stationed at child welfare offices and/or dependency courts to facilitate screening and assessment of FDC clients.</li> <li>The FDC uses assessment results to create coordinated substance abuse treatment and child welfare case plans that court orders reinforce.<sup>92</sup></li> <li>The FDC supplements its child abuse and neglect risk assessments with in-depth assessments of substance abuse issues and their impact on each family member, including children.</li> <li>The FDC’s substance abuse treatment providers have sufficient information about their child welfare cases to conduct high-quality assessments of families referred by child welfare staff to substance abuse treatment.</li> </ul>	<p>X</p>		<p>X</p> <p>X</p> <p>X</p> <p>X</p>

<sup>92</sup>Boles, S., & Young, N. K. (2010, July). *Sacramento County Dependency Drug Court: Year Seven Outcome and Process Evaluation Findings*. Irvine, CA: Children and Family Futures.

RESEARCH CATEGORIES	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN NON-FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES THAT ARE COMMON PRACTICE IN FAMILY DRUG COURTS WITH LITTLE OR NO EVIDENCE
RECOMMENDATIONS AND EFFECTIVE STRATEGIES			
<p><b>Recommendation 5: Develop a Process for Early Identification and Assessment</b></p>			
<ul style="list-style-type: none"> <li>• The FDC’s substance abuse treatment providers routinely ask about the status of children in the families they serve, including their living arrangements and safety, and they have standard protocols for responding to child safety risks.</li> <li>• The FDC team uses screening and assessment information to ensure that parents have timely access to appropriate treatment and other services.<sup>93</sup></li> <li>• The FDC team has developed legal and clinical eligibility criteria for FDC enrollment and the team implements these criteria in a standardized fashion. The team re-examines the criteria each year to ensure that their implementation successfully identifies all high-risk, high-need parents.</li> <li>• The FDC routinely monitors the implementation and quality of its identification, screening and assessment protocols to ensure that these protocols continue to address relevant issues, including trends in substances used, shifts in demographic characteristics and changes in cultural practices.</li> <li>• The FDC recognizes the incidence of co-occurring disorders and assesses all participating family members for trauma, mental health issues (diagnosed or undiagnosed) and family history of substance abuse and mental health disorders, including the alcohol and drug use history of parents, siblings and grandparents.<sup>94</sup></li> </ul>	<p>X</p>	<p>X</p>	<p>X</p> <p>X</p> <p>X</p>

<sup>93</sup>Bruns, E.J., Pullmann, M., Wiggins, E., & Watterson, K. (2011). *King County Family Treatment Court Outcome Evaluation: Final Report*. Seattle, WA: Division of Public Behavioral Health and Justice Policy.

<sup>94</sup>Marsh, J.C., Ryan, J.P., Choi, S., & Testa, M.F. (2006). Integrated services for families with multiple problems: Obstacles to family reunification. *Children and Youth Services Review*, 28(9), 1074-1087.

RESEARCH CATEGORIES	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN NON-FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES THAT ARE COMMON PRACTICE IN FAMILY DRUG COURTS WITH LITTLE OR NO EVIDENCE
RECOMMENDATIONS AND EFFECTIVE STRATEGIES			
<p><b>Recommendation 6: Address the Needs of Parents</b></p>			
<ul style="list-style-type: none"> <li>• The FDC uses a system of phases, or stages with benchmarks for accomplishments that define the parent’s progress and a set of defined, targeted behaviors that the FDC team has shared with parents, such as through a client handbook.</li> <li>• FDC tracks behavior and the accomplishment of phase benchmarks.</li> <li>• The FDC has implemented case plans that integrate substance abuse recovery plans or are coordinated with child welfare case plans.</li> <li>• The FDC has realistic expectations for its clients and the FDC team members also understand both the neurological limitations of people with substance abuse disorders, the difficulties of early recovery and the challenges that parents face.</li> <li>• The FDC uses motivational strategies<sup>95</sup> and program practice elements to engage parents and promote access to and accountability of its services.</li> <li>• The FDC uses engagement strategies to encourage early entry into the FDC.<sup>96</sup></li> <li>• The FDC responds promptly to client behaviors through a system that ensures that the response is as prompt as possible and is based on such factors as the length of time that parents have spent in the FDC.</li> <li>• The FDC team, particularly judges, recognizes the effectiveness of positive reinforcement, uses positive reinforcement frequently and models positive reinforcement for parents.</li> </ul>	<p>X</p> <p>X</p>		<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>

<sup>95</sup>Cannavo, J.M., & Nochajski, T.H. (2011). Factors contributing to enrollment in a family treatment court. *American Journal of Drug and Alcohol Abuse*, 37(1), 54-61.

<sup>96</sup>Cannavo, J.M., & Nochajski, T.H. (2011). Factors contributing to enrollment in a family treatment court. *American Journal of Drug and Alcohol Abuse*, 37(1), 54-61.

RESEARCH CATEGORIES	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN NON-FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES THAT ARE COMMON PRACTICE IN FAMILY DRUG COURTS WITH LITTLE OR NO EVIDENCE
RECOMMENDATIONS AND EFFECTIVE STRATEGIES			
<b>Recommendation 6: Address the Needs of Parents</b>			
<ul style="list-style-type: none"> <li>Judicial officers determine how to respond to parent behaviors after the FDC team has discussed potential responses.</li> <li>Judges clearly explain to parents the reasons for all responses to behaviors to demonstrate that the FDC’s actions are fair.</li> <li>The FDC understands what motivates behavior change and applies the principles when working with and responding to participant behavior.<sup>97</sup></li> <li>The FDC team members understand what motivates behavior change and applies these motivational principles when working with and responding to client behaviors.</li> <li>The FDC provides outreach to parents who miss their initial substance abuse treatment appointment or who drop out of treatment.</li> <li>The FDC uses a coordinated legal and clinical plan to respond when a parent misses a court date.</li> <li>The FDC has staff members with training in approaches to improve rates of engagement and retention and these staff members use these strategies.</li> <li>The FDC has adequate and timely access to information to measure parents’ progress in substance abuse treatment and uses this information in staffing decisions, progress hearings, and case management meetings to encourage full participation of parents in FDC services.</li> </ul>	X		<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>

<sup>97</sup>Cannavo, J.M., &Nochajski, T.H. (2011). Factors contributing to enrollment in a family treatment court. *American Journal of Drug and Alcohol Abuse*, 37(1), 54-61.

RESEARCH CATEGORIES	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN NON-FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES THAT ARE COMMON PRACTICE IN FAMILY DRUG COURTS WITH LITTLE OR NO EVIDENCE
RECOMMENDATIONS AND EFFECTIVE STRATEGIES			
<p><b>Recommendation 6: Address the Needs of Parents</b></p>			
<ul style="list-style-type: none"> <li>• The FDC responds to relapses and other risk indicators by reassessing clinical needs and child safety and by re-engaging these parents in treatment.</li> <li>• The FDC uses drug testing effectively and in conjunction with a treatment program to monitor parents' compliance with treatment plans.<sup>98</sup></li> <li>• Drug test results are received within two days or less.<sup>99</sup></li> <li>• The FDC has determined whether jail time can be used as a sanction. All team members understand the impact of this decision, especially its impact on children and family reunification efforts, and the rationale for this decision. All team members understand the circumstances in which jail time might be imposed, the duration of this period and which parents might need to spend time in jail to motivate change.</li> <li>• The FDC has developed, identified and assessed common points at which FDC clients leave the program before completing treatment. Team members use this information to modify program processes, requirements and services and to inform the development of program benchmarks.</li> <li>• FDC staff members track the status of their parents' progress in the child welfare system and integrate this information into case plans and services.</li> </ul>	<p style="text-align: center;">X</p>	<p style="text-align: center;">X</p>	<p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p>

<sup>98</sup>Cannavo, J.M., & Nochajski, T.H. (2011). Factors contributing to enrollment in a family treatment court. *American Journal of Drug and Alcohol Abuse*, 37(1), 54-61.

<sup>99</sup>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*, 7, 6-42.





RESEARCH CATEGORIES	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN NON-FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES THAT ARE COMMON PRACTICE IN FAMILY DRUG COURTS WITH LITTLE OR NO EVIDENCE
RECOMMENDATIONS AND EFFECTIVE STRATEGIES			
<b>Recommendation 6: Address the Needs of Parents</b>			
<ul style="list-style-type: none"> <li>The FDC uses recovery coaches to support the recovery efforts of parents.<sup>104, 105, 106</sup></li> <li>The FDC offers medication management for substance abuse and mental health disorders.</li> </ul>	<b>X</b>		<b>X</b>
<b>Recommendation 7: Address the Needs of Children</b>			
<ul style="list-style-type: none"> <li>The FDC uses an established protocol with healthcare professionals and treatment agencies to serve pregnant and parenting women with substance use disorders.<sup>107, 108</sup></li> <li>The FDC has implemented substance abuse prevention and early intervention services for the children of FDC clients based on national models and evidence-informed practices.<sup>109</sup></li> <li>Children of FDC clients have access to services that include interventions that are appropriate for different developmental stages. These services include, for example, school readiness programs, adolescent substance abuse and other treatment services and at-risk youth prevention and intervention programs.</li> </ul>	<b>X</b>	<b>X</b>	<b>X</b>

<sup>104</sup>Dakof, G. A., Cohen, J. B., Henderson, C. E., Duarte, E., Boustani, M., Blackburn, A., Venzer, E., & Hawes, S. (2010). A randomized pilot study of the Engaging Moms Program for Family Drug Court. *Journal of Substance Abuse Treatment, 38*, 263-274.

<sup>105</sup>Ryan, J. P., Choi, S., Hong, J. S., Hernandez, P., & Larrison, C. R. (2008). Recovery coaches and substance exposed births: An experiment in child welfare. *Child Abuse & Neglect, 32*(11), 1072-1079.

<sup>106</sup>Ryan, J.P., Marsh, J.C., Testa, M.F., & Louderman, R. (2006). Integrating substance abuse treatment and child welfare services: Findings from the Illinois alcohol and other drug abuse waiver demonstration. *Social Work Research, 30*, 95-107.

<sup>107</sup>Dakof, G.A., Cohen, J.B., Henderson, C.E., Duarte, E., Boustani, M., Blackburn, A., Venzer, E., & Hawes, S. (2010). A randomized pilot study of the Engaging Moms Program for family drug court. *Journal of Substance Abuse Treatment, 38*, 263-274.

<sup>108</sup>Metsch, L.R., Wolfe, H.P., Fewell, R., McCoy, C.B., Elwood, W.N., Wohler-Torres, B., et al. (2001). Treating substance abusing-women and their children in public housing: Preliminary findings. *Child Welfare, 80*, 199-220.

<sup>109</sup>Clark, H.W. (2001). Residential substance abuse treatment for pregnant and postpartum women and their children: Treatment and policy implications. *Child Welfare, 80* 179-198.

RESEARCH CATEGORIES	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN NON-FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES THAT ARE COMMON PRACTICE IN FAMILY DRUG COURTS WITH LITTLE OR NO EVIDENCE
RECOMMENDATIONS AND EFFECTIVE STRATEGIES			
<p align="center"><b>Recommendation 7: Address the Needs of Children</b></p>			
<ul style="list-style-type: none"> <li>The FDC ensures that children of FDC clients undergo a comprehensive health assessment that includes screening for developmental delays and neurological effects of prenatal exposure to alcohol and other drugs, as required by the Child Abuse Prevention and Treatment Act (CAPTA). This assessment also addresses the physical, social-emotional, behavioral and psychological effects of removal from the home, parental substance use and exposure to trauma.<sup>110, 111</sup></li> <li>The FDC ensures that all children in out-of-home care are protected from further exposure to trauma from placement changes and children meet with each other often enough to establish and maintain secure attachments and relationships with parents.<sup>112, 113</sup></li> <li>The FDC has developed linkages to a range of programs, including high-quality early childhood development programs, for the children of FDC clients. These programs are designed to meet the developmental needs of these children, including school readiness and educational support.<sup>114</sup></li> </ul>	<p align="center"><b>X</b></p>	<p align="center"><b>X</b></p> <p align="center"><b>X</b></p>	

<sup>110</sup>Belcher, H.M.E, Butz, A.M., Wallace, P., Hoon, A.H., Reinhardt, E., Reeves, S.A., & Pulsifer, M.B. (2005). Spectrum of early intervention services for children with intrauterine drug exposure. *Infants and Young Children*, 18(1), 2-15.

<sup>111</sup>Conradi, L., Wheerry, J., &Kisiel, C. (2011). Linking child welfare and mental health using trauma-informed screening and assessment practices. *Child Welfare*, 90, 129-148.

<sup>112</sup>Suchman, N.E., DeCoste, C., Castiglioni, N., McMahon, T.J., Rounsaville, B, & Mayes, L. (2010). The Mothers and Toddlers Program, an attachment-based parenting intervention for substance using women: Post-treatment results from a randomized clinical pilot. *Attachment and Human Development*, 12, 483-504.

<sup>113</sup>Wong, J. (2009). Understanding and utilizing parallel processes of social interaction for attachment-based parenting interventions. *Clinical Social Work Journal*, 37(2), 163-174.

<sup>114</sup>Belcher, H.M.E, Butz, A.M., Wallace, P., Hoon, A.H., Reinhardt, E., Reeves, S.A., & Pulsifer, M.B. (2005). Spectrum of early intervention services for children with intrauterine drug exposure. *Infants and Young Children*, 18(1), 2-15.



RESEARCH CATEGORIES	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN NON-FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES THAT ARE COMMON PRACTICE IN FAMILY DRUG COURTS WITH LITTLE OR NO EVIDENCE
RECOMMENDATIONS AND EFFECTIVE STRATEGIES			
<b>Recommendation 8: Garner Community Support</b>			
<ul style="list-style-type: none"> <li>The FDC involves community members in a variety of roles, including advising on program planning, development and implementation. Community leaders might be members of the FDC’s steering committee.</li> <li>The FDC has developed and implemented a formal mechanism to solicit support and input from community members and consumers.</li> <li>The FDC has conducted a needs assessment of program participants and has used community mapping to identify existing services and service gaps in the community. This process builds on any needs assessment that team member agencies have conducted.</li> <li>The FDC team identifies the support services that parents frequently need (e.g., transportation, child care, employment and housing services) and refers families to these services. The FDC has formal agreements with providers of these services.<sup>120</sup></li> <li>The FDC provides sober living housing opportunities to parents in recovery.</li> <li>The FDC has linkages with faith-based recovery and other support services.</li> <li>The FDC works collaboratively with other collaborative justice programs when appropriate.</li> </ul>		X	X
		X	X
			X
			X
			X

<sup>120</sup>Grella, C. E., Needell, B., Shi, Y., & Hser, Y. (2009). Do drug treatment services predict reunification outcomes of mothers and their children in child welfare? *Journal of Substance Abuse Treatment, 36*(3), 278-293.

RESEARCH CATEGORIES	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN NON-FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES THAT ARE COMMON PRACTICE IN FAMILY DRUG COURTS WITH LITTLE OR NO EVIDENCE
RECOMMENDATIONS AND EFFECTIVE STRATEGIES			
<b>Recommendation 8: Garner Community Support</b>			
<ul style="list-style-type: none"> <li>• The FDC has policies and practices to link parents to continuing care services that include the full array of family income support programs (e.g., earned income tax credit, child support, State Children’s Health Insurance Program, food stamps and housing subsidies).<sup>121</sup></li> <li>• The FDC has implemented a plan to conduct community outreach and education (with parents serving as presenters when appropriate) throughout the year to inform community groups and other stakeholders about its services, engage these stakeholders in delivering services to FDC clients and obtain their support to sustain the FDC. All team members help develop and implement the plan.</li> </ul>	X		X
<b>Recommendation 9: Implement Funding and Sustainability Strategies</b>			
<ul style="list-style-type: none"> <li>• The FDC team has a long-range plan to sustain its activities after any one-time grants expire and this plan identifies: <ul style="list-style-type: none"> <li>– Funds already dedicated to FDC clients and their families, but that are not necessarily part of the FDC budget</li> <li>– The full scope of services already available in the community to FDC clients</li> <li>– Service gaps</li> <li>– Existing civil service positions that can be used or amended to focus on serving FDC clients</li> <li>– Federal, State and local funding sources available to assist FDC clients</li> </ul> </li> </ul>			X  X  X  X  X

<sup>121</sup>Children and Family Futures. (2011). *The Collaborative Practice Model for Family Recovery, Safety and Stability*. Irvine, CA: Children and Family Futures.

RESEARCH CATEGORIES	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN NON-FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES THAT ARE COMMON PRACTICE IN FAMILY DRUG COURTS WITH LITTLE OR NO EVIDENCE
RECOMMENDATIONS AND EFFECTIVE STRATEGIES			
<p><b>Recommendation 9: Implement Funding and Sustainability Strategies</b></p>			
<ul style="list-style-type: none"> <li>– Funding sources for comprehensive family treatment and the services that such funding covers.</li> <li>• The FDC has a plan to fund substance abuse treatment services by leveraging funds from such sources as Medicaid, Substance Abuse Prevention and Treatment block grants from the Substance Abuse and Mental Health Services Administration, child welfare funding streams and other community resources.</li> <li>• The FDC collaborates with TANF to fund substance abuse treatment and supportive employment-related services.</li> <li>• The FDC has a plan in place to cover its infrastructure (e.g., coordinator, dedicated case managers) through child welfare funding, the court’s budget and existing community agencies.</li> <li>• The FDC budget includes funds for: <ul style="list-style-type: none"> <li>– FDC infrastructure</li> <li>– Substance abuse treatment services that are targeted to parents</li> <li>– Services for children, including resources to ensure that each child undergoes developmentally appropriate screening for the effects of parental substance abuse, in compliance with CAPTA requirements</li> <li>– Services for families, including services to improve the parenting skills of the adults that the FDC serves</li> <li>– Training for the FDC team</li> <li>– Evaluation</li> </ul> </li> </ul>			<p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p>

RESEARCH CATEGORIES	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN NON-FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES THAT ARE COMMON PRACTICE IN FAMILY DRUG COURTS WITH LITTLE OR NO EVIDENCE
RECOMMENDATIONS AND EFFECTIVE STRATEGIES			
<p><b>Recommendation 9: Implement Funding and Sustainability Strategies</b></p>			
<ul style="list-style-type: none"> <li>• FDC partners are aware of, share information about and utilize the State and local budget process to support the FDC. The FDC’s partners share information about their budgets and staffing.</li> <li>• The FDC partners have joint funding strategies that maximize opportunities to support the FDC.</li> <li>• The FDC has created a nonprofit 501(c)(3) organization or established a fund to sustain the FDC in collaboration with a local community foundation to allow the FDC to accept private donations.</li> <li>• The FDC partners jointly seek external funding.</li> <li>• The FDC partners jointly decide how to use the FDC’s funding.</li> <li>• The FDC seeks funding to take its operations to scale to meet the demand for these services over the long term.</li> <li>• Funds to support the FDC are available in agency, court and treatment provider budgets so that the FDC does not rely on one-time project grants to fund its services.</li> <li>• The FDC seeks commitment to its program objectives from a wide range of community-based organizations and entities.</li> <li>• The FDC has a community outreach and education plan to support its sustainability.</li> </ul>			<p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p>



RESEARCH CATEGORIES	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES SUPPORTED BY EVIDENCE FROM RESEARCH CONDUCTED IN NON-FAMILY DRUG COURT SETTING	PROGRAMS AND ACTIVITIES THAT ARE COMMON PRACTICE IN FAMILY DRUG COURTS WITH LITTLE OR NO EVIDENCE
RECOMMENDATIONS AND EFFECTIVE STRATEGIES			
<p><b>Recommendation 10: Evaluate for Shared Outcomes and Accountability</b></p>			
<ul style="list-style-type: none"> <li>• The FDC has identified shared outcomes for the families that it serves and uses the outcome evaluation results to ensure accountability and success.</li> <li>• The FDC has identified shared system outcomes in collaboration with its partners.</li> <li>• The FDC uses its outcomes data and evaluation results to modify its policies, procedures and operations.<sup>122</sup></li> <li>• The FDC partners have agreed on how to share the FDC’s evaluation results with policymakers and community leaders and to use these results to leverage resources for the FDC’s sustainability.</li> <li>• All FDC team members are accountable for successful substance abuse treatment outcomes, child safety and permanency outcomes and ASFA compliance for their mutual clients.</li> <li>• The FDC identifies outcome criteria in its contracts with community-based providers who serve FDC clients to measure their effectiveness in achieving shared outcomes such as retention rates.</li> <li>• The FDC uses outcomes data to measure provider effectiveness and uses the data to select those that are most effective to deliver services to families.</li> <li>• The FDC has identified comparison groups to make its evaluation results credible.</li> </ul>		<p style="text-align: center;">X</p>	<p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p>

<sup>122</sup>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*, 7, 6-42.

## APPENDIX D – LITERATURE REVIEW

This appendix provides a list of the publications that Children and Family Futures reviewed to inform the development of the 10 recommendations in this document and to identify the effective strategies for each recommendation.

Ashford, J. B. (2004). Treating substance-abusing parents: A study of the Pima County family drug court approach. *Juvenile and Family Court Journal*, 4, 27-37. doi: 10.1111/j.1755-6988.2004.tb00171.x

Boles, S., & Young, N. K. (2010). *Sacramento County Dependency Drug Court Year Seven Outcome and Process Evaluation Findings*. Irvine, CA: Children and Family Futures.  
<http://www.cffutures.org/files/publications/Year%207%20Summary%20Report%20Final.pdf>

Boles, S. M., Young, N. K., Moore, T., & DiPirro-Beard, S. (2007). The Sacramento Dependency Drug Court: Development and Outcomes. *Child Maltreatment*, 12, 161-171.  
<http://www.cffutures.org/files/publications/SAC%20DDC%20article%20Child%20Maltreatment%20Final.pdf>

Bruns, E. J., Pullmann, M., Wiggins, E., & Watterson, K. (2011). *King County Family Treatment Court Outcome Evaluation: Final Report*. Seattle, WA: Division of Public Behavioral Health and Justice Policy.  
[http://depts.washington.edu/pbhjp/downloads/projectsD/eval\\_king\\_countyD/Outcome\\_evaluation\\_final\\_report\\_2-22-2011.pdf](http://depts.washington.edu/pbhjp/downloads/projectsD/eval_king_countyD/Outcome_evaluation_final_report_2-22-2011.pdf)

Bryan, V., & Havens, J. (2008). Key linkages between child welfare and substance abuse treatment: Social functioning improvements and client satisfaction in a family drug treatment court. *Family Court Review*, 46, 151-162. <http://onlinelibrary.wiley.com/doi/10.1111/j.1744-1617.2007.00189.x/pdf>

Burrus, S. W., Mackin, J. R., & Finigan, M. W. (2011). Show me the money: Child welfare cost savings of a family drug court. *Juvenile and Family Court Journal*, 62(3), 1-14.  
[http://www.npcresearch.com/Files/Show%20Me%20the%20Money\\_Summer%202011.pdf](http://www.npcresearch.com/Files/Show%20Me%20the%20Money_Summer%202011.pdf)

Burrus, S. W. M., Mackin, J. R., & Aborn, J. A. (2008). *Baltimore City Family Recovery Program (FRP) Independent Evaluation: Outcome and Cost Report*. Portland, OR: NPC Research.  
[http://www.npcresearch.com/Files/Baltimore\\_City\\_FRC\\_Outcome\\_and\\_Cost\\_0808.pdf](http://www.npcresearch.com/Files/Baltimore_City_FRC_Outcome_and_Cost_0808.pdf)

Burrus, S. W. M., Worcel, S. D., & Aborn, J. A. (2008). *Harford County Family Recovery Court (FRC) Evaluation Process, Outcome and Cost Report*. Portland, OR: NPC Research.  
[http://www.npcresearch.com/Files/Harford\\_County\\_FRC\\_Final\\_Report\\_0308.pdf](http://www.npcresearch.com/Files/Harford_County_FRC_Final_Report_0308.pdf)

Cannavo, J. M., & Nochajski, T. H. (2011). Factors contributing to enrollment in a family treatment court. *American Journal of Drug and Alcohol Abuse*, 37(1), 54-61. DOI:10.3109/00952990.2010.535579

Carey, S. M., Sanders, M. B., Waller, M. S., Burrus, S. W. M, & Aborn, J. A. (2010). *Marion County Fostering Attachment Treatment Court Process Outcomes and Cost Evaluation: Final Report*. Portland, OR: NPC Research.  
[http://www.npcresearch.com/Files/Marion\\_Byrne\\_Final\\_0610.pdf](http://www.npcresearch.com/Files/Marion_Byrne_Final_0610.pdf)

Carey, S. M., Sanders, M. B., Waller, M. S., Burrus, S. W. M, & Aborn, J. A. (2010). *Jackson County Fostering Attachment Treatment Court Process Outcomes and Cost Evaluation: Final Report*. Portland, OR: NPC Research.  
[http://www.npcresearch.com/Files/Jackson\\_Byrne\\_0610.pdf](http://www.npcresearch.com/Files/Jackson_Byrne_0610.pdf)

Dakof, G. A., Cohen, J. B., & Duarte, E. (2009). Increasing family reunification for substance-abusing mothers and their children: Comparing two drug court interventions in Miami. *Juvenile and Family Court Journal*, 60, 11-23.  
[http://www.med.miami.edu/CTRADA/documents/Dakof\\_et\\_al\\_2009\\_increasing\\_family\\_reunification\\_for\\_substance\\_abusing\\_mothers\\_and\\_their\\_children\\_comparing\\_two\\_drug\\_court\\_interventions\\_in\\_miami.pdf](http://www.med.miami.edu/CTRADA/documents/Dakof_et_al_2009_increasing_family_reunification_for_substance_abusing_mothers_and_their_children_comparing_two_drug_court_interventions_in_miami.pdf)

Dakof, G. A., Cohen, J. B., Henderson, C. E., Duarte, E., Boustani, M., Blackburn, A., Venzer, E., & Hawes, S. (2010). A randomized pilot study of the Engaging Moms Program for Family Drug Court. *Journal of Substance Abuse Treatment*, 38, 263-274.  
[http://www.academia.edu/959896/A\\_randomized\\_pilot\\_study\\_of\\_the\\_Engaging\\_Moms\\_Program\\_for\\_family\\_drug\\_court](http://www.academia.edu/959896/A_randomized_pilot_study_of_the_Engaging_Moms_Program_for_family_drug_court)



- Dice, J. L., Claussen, A. H., Katz, L. F., & Cohen, J. B. (2004). Parenting in dependency drug court. *Juvenile and Family Court Journal*, 55(3), 1-10. doi: 10.1111/j.1755-6988.2004.tb00164.x
- Green, B. L., Furrer, C., Worcel, S., Burrus, S., & Finigan, M. W. (2007). How effective are family treatment drug courts? Outcomes from a four-site national study. *Child Maltreatment*, 12(1), 43-59.  
<http://www1.spa.american.edu/justice/documents/2948.pdf>
- Green, B. L., Furrer, C. J., Worcel, S. D., Burrus, S. W., & Finigan, M. W. (2009). Building the evidence base for family drug treatment courts: Results from recent outcomes studies. *Drug Court Review*, 6(2), 53-82.  
[http://d20j7ie7dvmqo0.cloudfront.net/sites/default/files/ndci/DCRVOLUME6\\_Issue2.pdf](http://d20j7ie7dvmqo0.cloudfront.net/sites/default/files/ndci/DCRVOLUME6_Issue2.pdf)
- Green, B. L., Rockhill, A., & Furrer, C. (2007). Does substance abuse treatment make a difference for child welfare case outcomes? A statewide longitudinal analysis. *Children and Youth Services Review*, 29, 460-473.
- Harwin, J., Ryan, M., Tunnard, J., Alrough, B., Matias, C., Momenian-Schneider, S., & Pokhrel, S. (2011). *The Family Drug & Alcohol Court (FDAC) Evaluation Project*. London: Brunel University.  
[http://www.brunel.ac.uk/\\_data/assets/pdf\\_file/0017/91340/fdac\\_final\\_report.pdf](http://www.brunel.ac.uk/_data/assets/pdf_file/0017/91340/fdac_final_report.pdf)
- Huddleston, W., & Marlowe, D. B. (2011). *Painting the Current Picture: A National Report on Drug Courts and Other Problem Solving Court Programs in the United States*. Alexandria, VA: National Drug Court Institute. Retrieved from  
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- Legal Action Center. *Confidentiality and Communication: A Guide to the Federal Drug & Alcohol Confidentiality Law and HIPAA*. 7th ed. New York: Legal Action Center of the City of New York, Inc.
- Lesperance, T., Moore, K. A., Barrett, B., Young, S., Clark, C., & Ochshorn, E. (2011). Relationship between trauma and risky behavior in substance-abusing parents involved in a family dependency treatment court. *Journal of Aggression, Maltreatment & Trauma*, 20(2), 163-174.
- Marlowe, D. B. (2011). The verdict on drug courts and other problem-solving courts. *Chapman Journal of Criminal Justice*, 2, 53-92.  
<http://w2.georgiacourts.org/gac/files/Verdict%20on%20Drug%20Courts%20and%20Other%20Problem-Solving%20Courts.pdf>
- Marlowe, D. B. (2010). *Research Update on Adult Drug Courts*. Alexandria, VA: National Association of Drug Court Professionals.  
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