

Family-Centered Practices for Family Healing to Wellness Courts

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Acknowledgment



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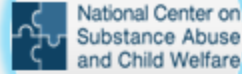
OJJDP's Three Priorities

- ✓ Treat Children As Children
- ✓ Serve Children at Home, With Their Families, in Their Communities
- ✓ Open Up Opportunities for System-Involved Youth

OJJDP's Mission

OJJDP provides national leadership, coordination, and resources to prevent and respond to youth delinquency and victimization. The Office helps states, localities, and Tribes develop effective and equitable juvenile justice systems that create safer communities and empower youth to lead productive lives.

To find out more about OJJDP, visit: www.ojp.ojjdp.gov



NATIONAL CENTER ON SUBSTANCE ABUSE AND CHILD WELFARE

- In-Depth Technical Assistance
- Regional Partnership Grants

Funded by the Children's Bureau (CB), Administration for Children and Families (ACF) and the Substance Abuse and Mental Health Services Administration (SAMHSA)



Children and Family Futures strives to prevent child abuse and neglect while improving safety, permanency, well-being and recovery outcomes with equity for all children, parents and families affected by trauma, substance use and mental health disorders.



NATIONAL FAMILY TREATMENT COURT TRAINING & TECHNICAL ASSISTANCE PROGRAM (FTC TTA)

Funded by Office of Juvenile Justice and Delinquency Prevention



NATIONAL SOBRIETY TREATMENT & RECOVERY TEAMS TRAINING AND TECHNICAL ASSISTANCE PROGRAM

Funded by Individual States and/or Local Jurisdictions



CHILDREN & FAMILY FUTURES TECHNICAL ASSISTANCE & EVALUATION PROJECTS

- Casey Family Programs
- Sacramento County Early Intervention Family Treatment Court
- Sacramento County Dependency Family Treatment Court
- Recovery Opportunities Open for Men (ROOM) for Dads
- Strong Families, Strong Children
- Children and Families Commission of Orange County



CENTER FOR CHILDREN AND FAMILY FUTURES
Strengthening Partnerships, Improving Family Outcomes

Joint Family Wellness Court

About Us

In response to the opioid epidemic in Del Norte County, the Del Norte Superior Court and the Yurok Tribal Court, through a joint powers agreement, have created the Joint Family Wellness Court (JFWC) as alternative to the juvenile dependency system. The JFWC is presided over by two judges—a tribal court judge and a state court judge—and operates under California state law, Federal law, and Yurok tribal law. The JFWC embraces components of tribal healing to wellness and collaborative court approaches, and is informed by Yurok traditions, culture, and Puhlik-la Justice. What we believe is that through introspection, reflection, and connection, we heal ourselves and each other. Wellness is achieved through a holistic approach, to do what is right with the knowledge that together we will become stronger and more resilient to support the next generation **today**.

Sobering Facts: Substance Abuse Affects All of Us

The substance abuse crisis is hitting our communities hard. While the overall opioid overdose rate in Del Norte County is on the decline, there are high rates of other drug and alcohol abuse in our county. Families are struggling, children are being removed, and increasingly families are torn apart by the cycle of substance abuse. **We understand feelings of Restlessness, Irritability and Discontent.**

We understand that families heal within communities, so our program aims to heal the whole family by actively engaging communities, drawing upon an extended family support team, preserving dignity and promoting respect, employing a therapeutic model, and focusing on returning to harmony.

Contact Us

JFWC Court Coordinator

(707)482-1350 x. 1329

(707)458-5049 Cell

Tribal Child Welfare/
Behavioral Health

707.445.2422 Ext 1429

DN Health Human Services

(707)464-3191



Joint Family Wellness Court **A Collaboration between the Del Norte Superior Court and Yurok Tribal Court**

**WE'RE CHANGING A
SYSTEM IN ORDER TO:**

**ADDRESS ROOT CAUSES OF
ADDICTION & CHILD
NEGLECT AND ABUSE**

**WORK AND LEARN
TOGETHER**

**LEVERAGE ALL POSSIBLE
RESOURCES**

**BE ACCOUNTABLE FOR
BETTER RESULTS FOR OUR
FAMILIES**



Court's Vision

One strong, healthy community where children are safe and families thrive because parents are provided a path to recover, heal, and grow.

Court's Mission

To operate a joint jurisdictional family dependency drug court that empowers families to make healthy decisions and breaks the cycle of addiction and child abuse & neglect through:

- A coordinated team approach;
- Comprehensive, culturally competent services;
- Frequent monitoring; and
- Building a support system for family recovery and child well-being.

Court's Inherent Powers

The Court uses its inherent powers derived from authority delegated by the Yurok Tribal Council and Article IV of the California Constitution to provide an independent, culturally sensitive judicial forum, with fair processes for all people who appear before the Court.

Who's Eligible?

Yurok families that have Family Dependency cases in the Del Norte Superior Court.

Court's Four Phases

1. *Trust*: Orientation, Assessments, Stabilization
2. *Belonging*: Healthy Connections, Education, Service Planning
3. *Settling Up*: Taking Responsibility, Giving Back, and Feedback
4. *Generativity*: Maintenance and Transition to Lifelong Healing

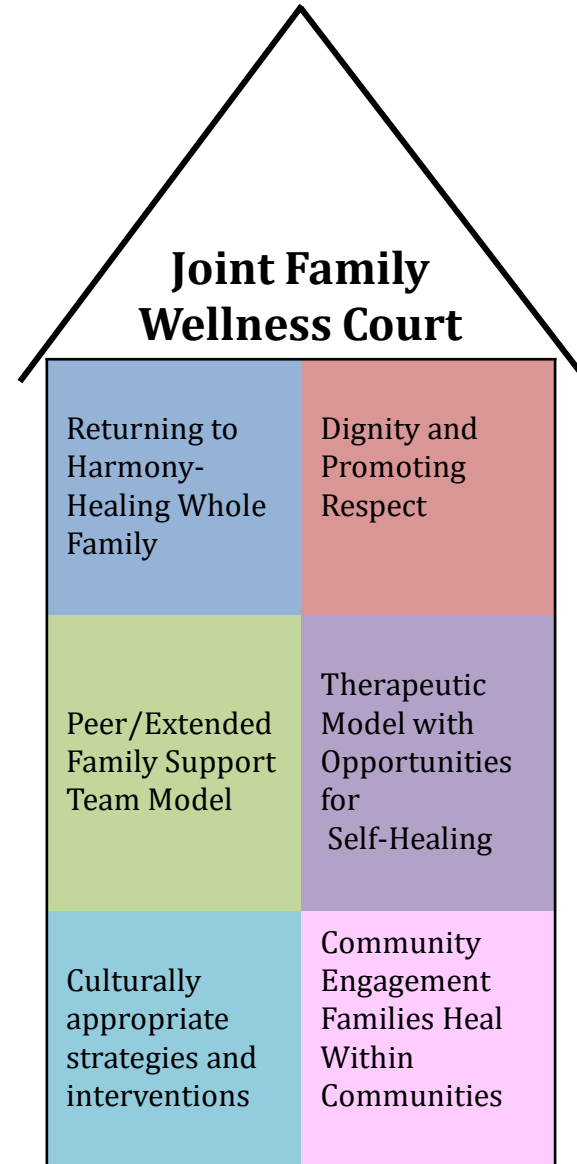
Court Incorporates Components of:

- ❖ Tribal Healing to Wellness Courts
<http://www.wellnesscourts.org/tribal-key-components/index.cfm>
- ❖ California Collaborative Courts
<https://www.ca2c.org/defining-drug-courts-ten-key-components/>
- ❖ National Drug Court Professionals
<https://www.ndci.org/publications/more-publications/ten-key-components/>

Expectations for Families

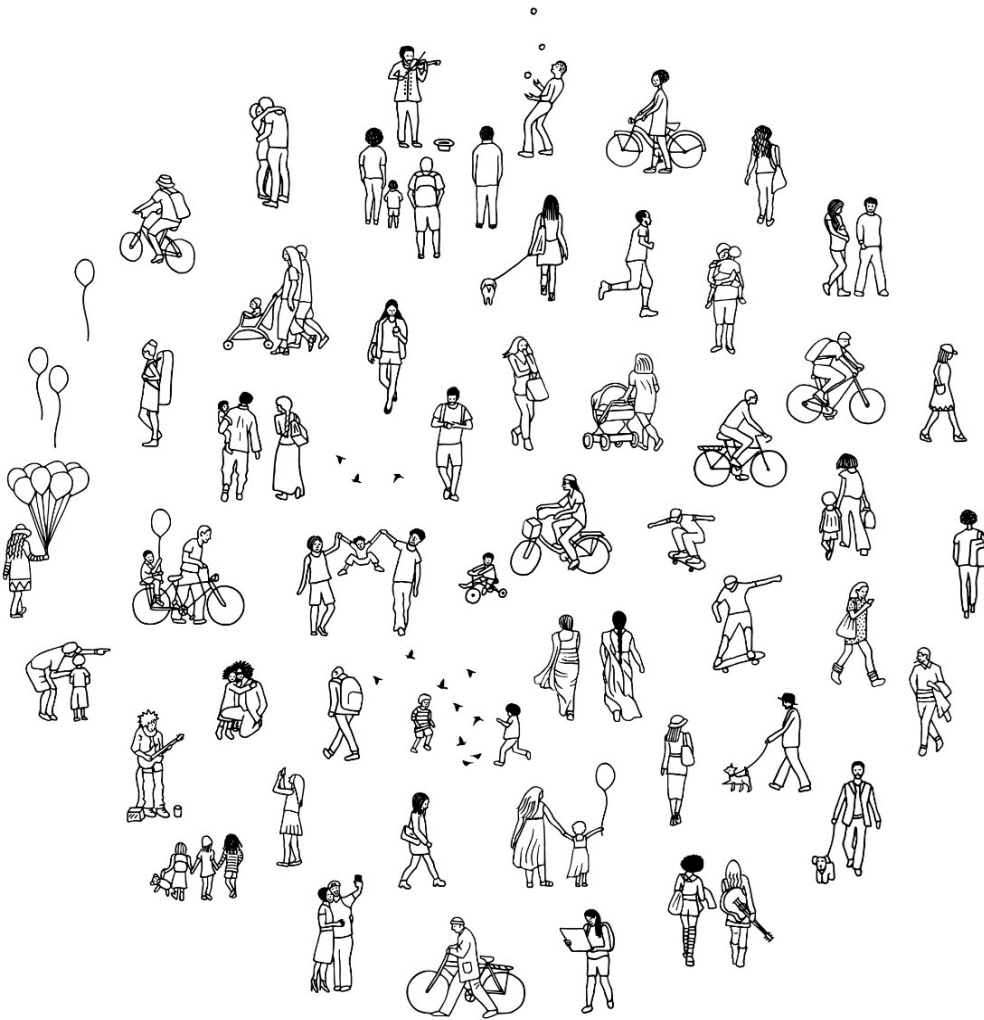
- Make a family wellness plan
- Follow through with your wellness plan
- Attend meetings with your family wellness team
- Attend court hearings
- Complete frequent drug screenings
- Participate in substance use treatment
- Make a Life Change Plan
- Give back to the community
- Commencement (Graduation)

Our Justice Approach Built on Six Principles



Learning Objectives

1. Highlight how FHWC pre-court staffing and court hearings shape reunification and successful case closure.
2. Discuss practices that improve cross-systems communication, reduce stigma, promote parent engagement, and ensure the needs of children are met.
3. Examine how to implement effective engagement strategies for families affected by Substance Use Disorders (SUDs) by shifting from “problem reporting” to “problem solving” in pre-court staffing.



Who Do We Mean When We Say “Family”?

- Multiple generations and households
- Immediate or nuclear family members (e.g., children and other parent)
- Extended family members (e.g., aunts, uncles, cousins, stepparents, grandparents)
- Individuals who play a significant role but are not related by blood or marriage
- Resource families and other supports

Every Person Defines “**Family**” Differently

Paradigm Shifts



Adult Recovery



Family Recovery

Defining parent progress and success:

From compliance and attendance to ...



desired behavioral changes

Changing the language use:

From visitation to ...
From relapse to ...
From clean time to ...



parenting time
lapse
sustained recovery

Responding to relapse or lapse:

From automatic change in permanency plan or return to FHWC phase one to ...



comprehensive assessment of situation and therapeutic adjustments

Broadening scope of goals:

From a primary focus on rapid or early reunification to ...



successful reunification with lasting permanency

Reframing decision making:

From a primary focus on risk factors (what could happen) to ...



established safety supports and protective factors

Engaging participants:

From service referrals as a sanction to ...



service referrals as an incentive and acknowledgment of a parent's progress

Redefining the client:

From individual parent participant to ...



the whole family

Principles of Person-Centered Treatment

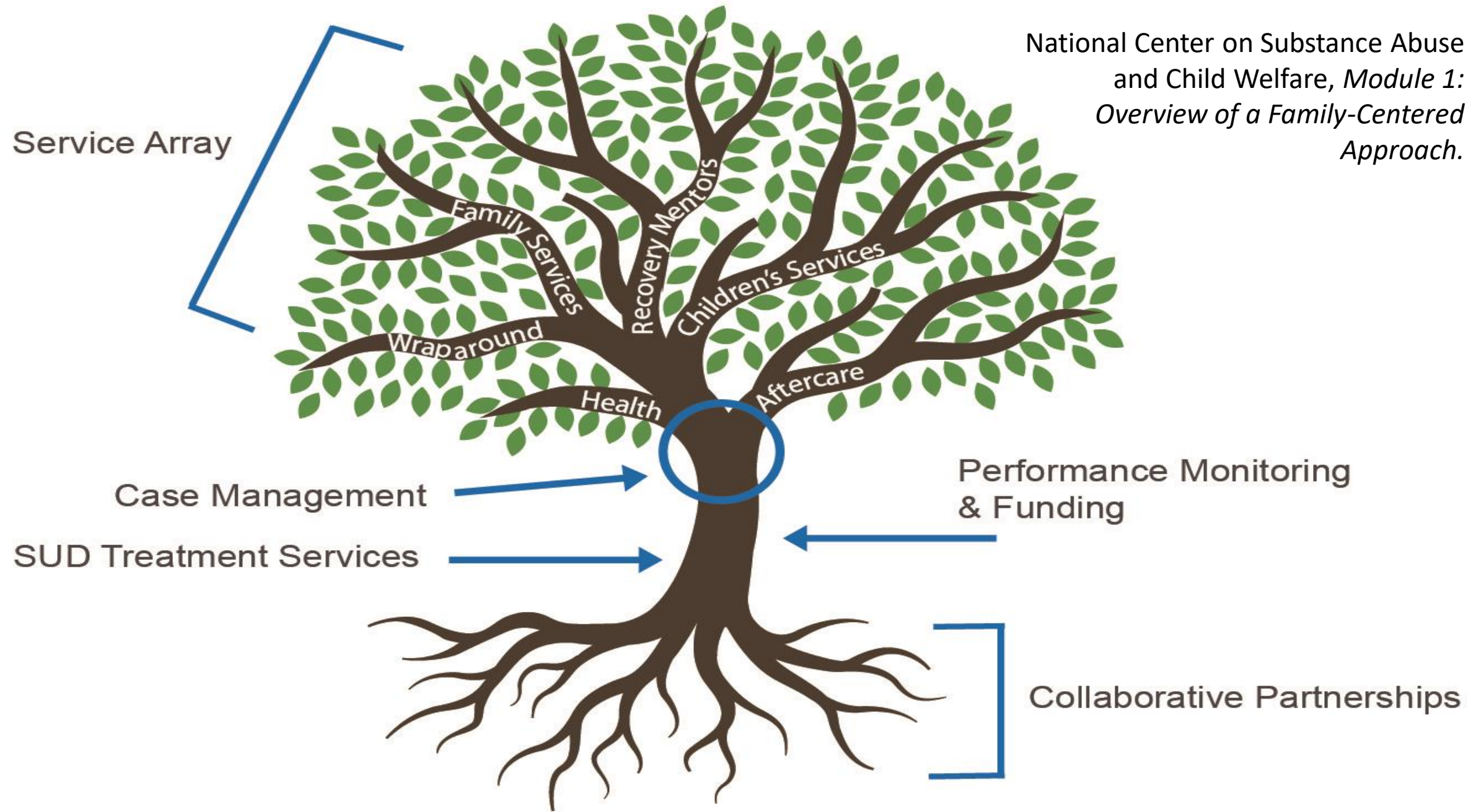
- **Respectful**
- **Responsive to individual needs, preferences, and values**
- **Services are gender- and culturally responsive**
- **Treatment requires an array of professionals and an environment of mutual respect**
- **Treatment supports creation of healthy individuals and family systems**

Principles of Family-Centered Treatment

- The **participant defines “family”** and treatment identifies and responds to the effect of substance use disorders on every family member
- **Families are dynamic**, and thus treatment must be dynamic
- **Conflict within families is resolvable**, and treatment builds on family strengths to improve management, well-being, and functioning
- Treatment is **comprehensive** and inclusive of substance use disorder, clinical support services, and community supports for participants and their families
- **Cross-system coordination** is necessary to meet complex needs

Essential Ingredients of a Family-Centered Approach

National Center on Substance Abuse and Child Welfare, *Module 1: Overview of a Family-Centered Approach.*



Continuum of Family-Based Treatment Services

Parent's Treatment with Family Involvement

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

Goal: improved outcomes for parent(s)

Parent's Treatment with Children Present

Children accompany parent(s) to treatment. Children participate in childcare but receive no therapeutic services. Only parent(s) have treatment plans.

Goal: improved outcomes for parent(s)

Parent's and Children's Services

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

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

Family Services

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

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

Family-Centered Treatment

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

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

Therapeutic Responses to Behaviors and Family Centered Phases

Therapeutic Responses to Behavior

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

Key Strategies to Respond to Participant Behavior

Comprehensive
Case Plan

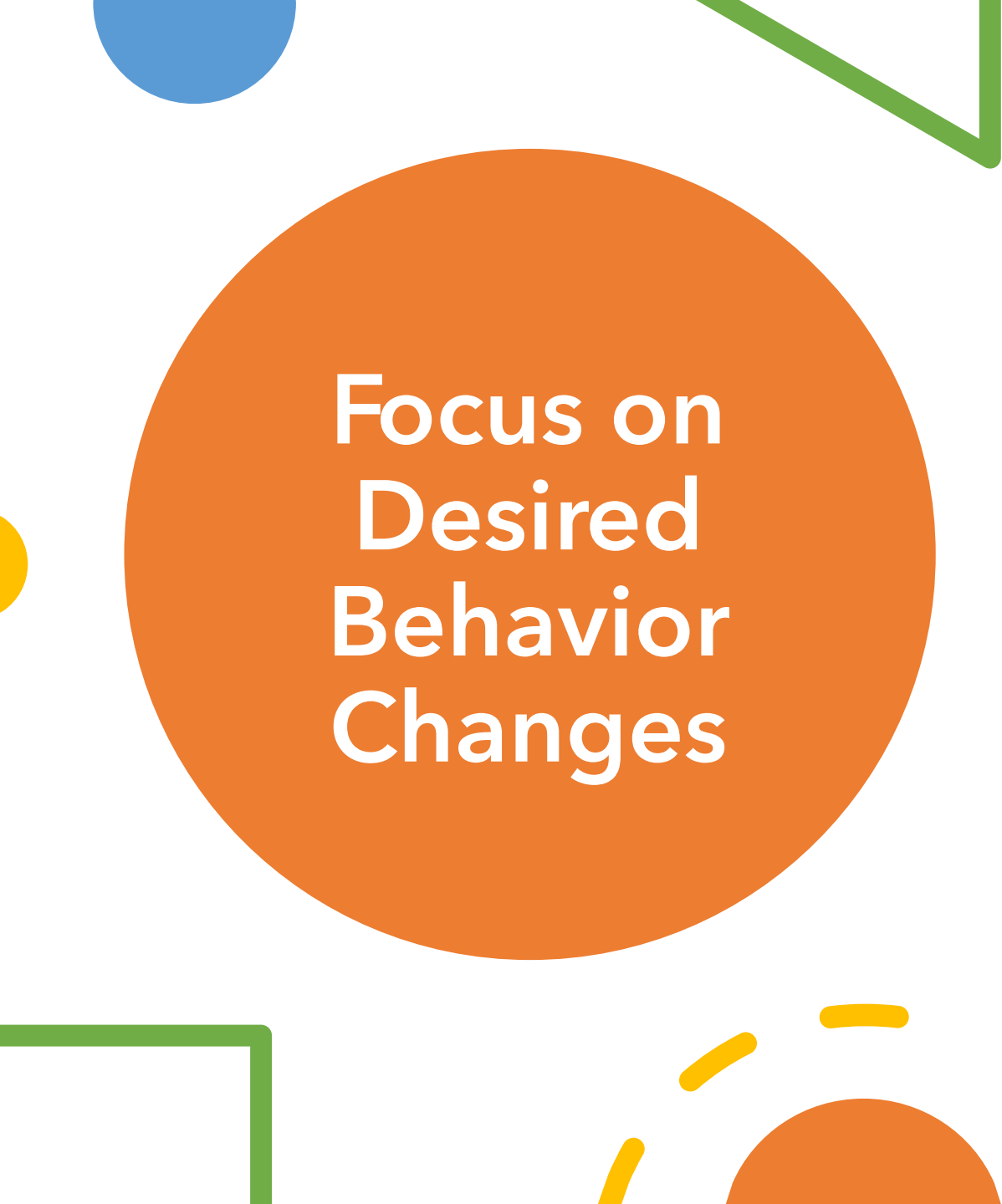
FHWC Phases

Treatment
Adjustments

Complementary
Service
Modifications

Incentives and
Sanctions

Child and
Family Focus



Focus on Desired Behavior Changes

- Root discussions/decisions in the reality of what early recovery looks like
- Rely heavily on the parent's treatment provider for perspective and recommendations
- Identify and respond to the "why" behind the behavior that requires a response through treatment adjustments or complementary service modifications
- Use responses to increase engagement for the parent and account for the needs of the children and family
- Discuss parent progress, behavioral changes, and skills development that demonstrate improvements in parenting capacity and family functioning



FTC Phases: Behavior-Based, Family-Centered, Recovery-Focused

abstinence

graduation

compliance

safety

SUCCESS

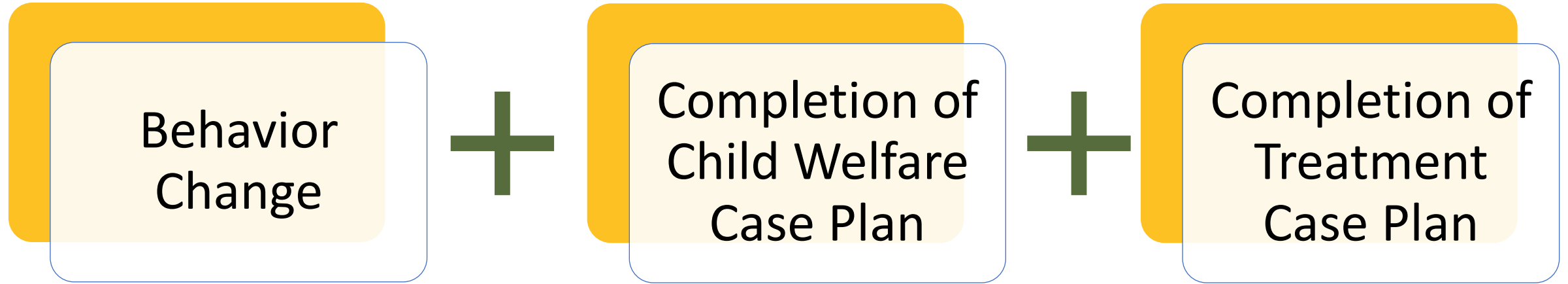
case closure

lasting permanency

reunification

recovery

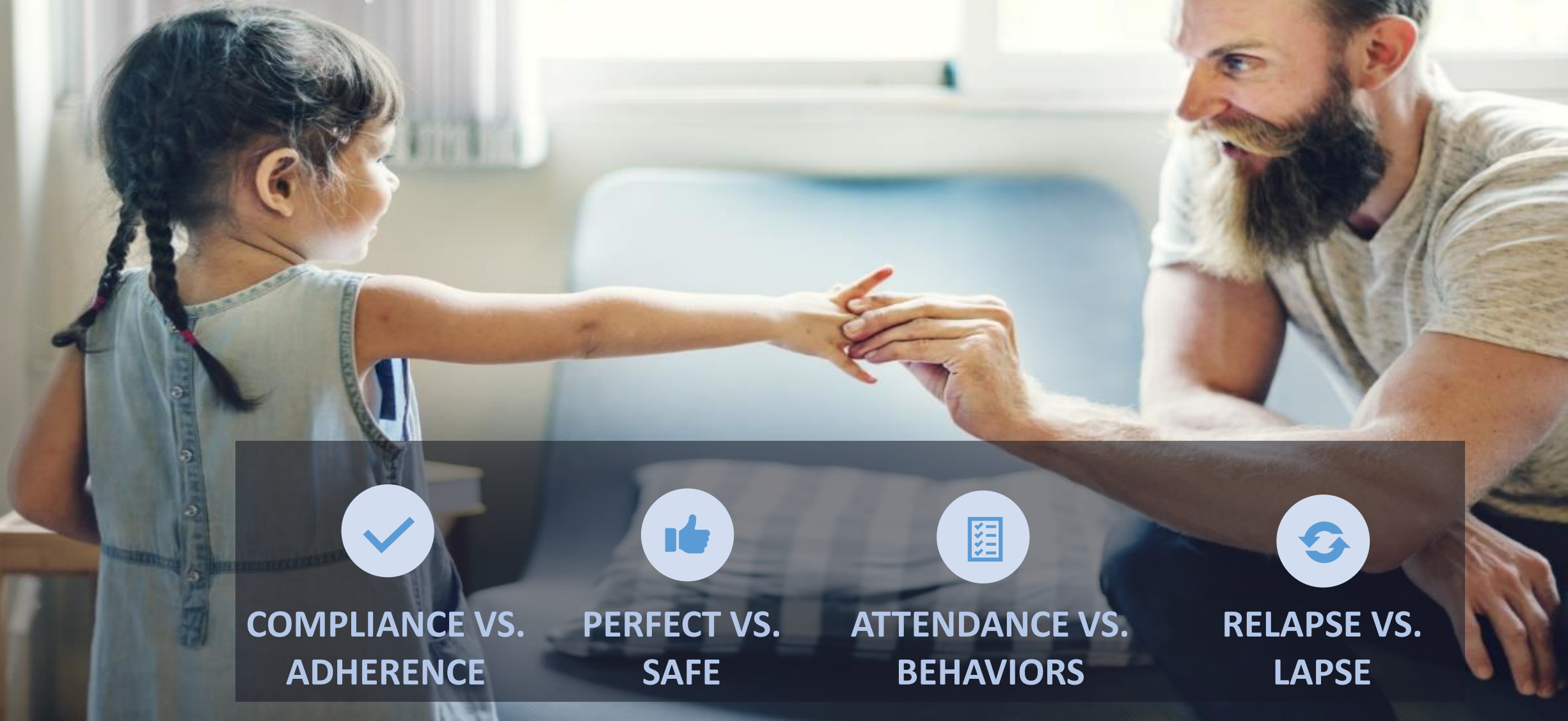
The FTC Phases Support...



- Advancement is based on achievement of realistic, clearly defined behavioral objectives or milestones associated with sustained recovery, stable reunification, and safety, well-being, and permanency for children.
- The policy and procedure manual and the participant handbook (*See Standard 1*) clearly indicate the criteria for advancement through the phases that each participant must complete for successful discharge from the FTC. The FTC does not demote participants to earlier phases.

Rethinking Readiness

How Will We Know?



COMPLIANCE VS.
ADHERENCE



PERFECT VS.
SAFE



ATTENDANCE VS.
BEHAVIORS



RELAPSE VS.
LAPSE

Why?

When behavior does not support long-term recovery and successful closure of the child welfare case... Ask WHY.

Is there inequitable access to services and supports? Do other barriers exist?

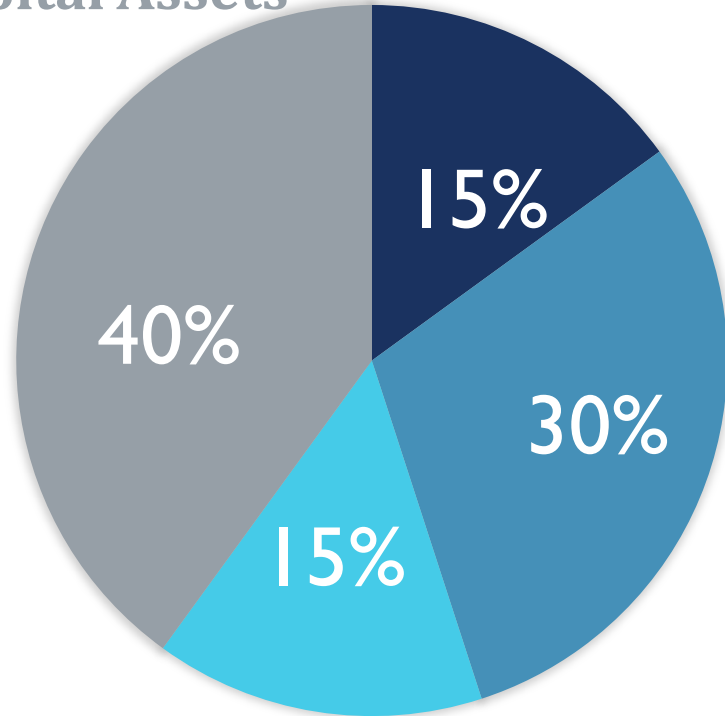
Treatment adjustments and complementary service adjustments are often the two most effective ways the team can respond.

Expectations/Pygmalion Effect

Belief that the intervention will or will not work – placebo or Pygmalion effect

Recovery Capital Assets

Health
Home
Purpose
Community



Staff/Client Relationship

Empathy, therapeutic alliance, expectations of staff/therapist (Pygmalion)


Evidence-based Interventions

Evidence-based and evidence-informed interventions delivered with fidelity

Behavior Change




Treatment Adjustments

- Adjustments are based on the clinical needs of the participant's substance use, mental, physical, social, or emotional health
 - **Made when a participant does not meet treatment expectations or child welfare case plan goals**
 - **Made by the clinical treatment professionals, in consultation with other team members**
 - Adjustments to treatment are not used as a punishment
- 



Complementary Service Modifications



- Seeks to overcome structural barriers (e.g., transportation, housing, and income) and individual barriers (e.g., learning or health disabilities) when deciding how to most effectively respond to participant behaviors
 - Is the family experiences disparate or inequitable access to services and supports?
 - **What changes to a participant's case plan related to these barriers are needed to support engagement and success?**
- 

Joint Family Wellness Court Phases

1	<i>Trust</i>	Orientation, Assessments, Stabilization
2	<i>Belonging</i>	Healthy Connections, Education, Service planning
3	<i>Settling Up</i>	Taking Responsibility, Giving Back, and Feedback
4	<i>Generativity</i>	Maintenance and Transition to Lifelong Healing

Family Centered Staffing and Court Hearings

Enhanced Staffing



Start each case review by discussing what is happening with the children



Focus discussions on desired behavior changes of participants versus only program or treatment attendance



Address the needs and progress of children, parents, and the whole family



Use court reports or staffing templates that incorporate parent and child information. Don't spend time covering information that everyone already knows



Discuss progress of all cases, not just those in non-compliance, and celebrate successes



Be inclusive of more partners and service providers and provide a venue for meaningful partner input where all voices are heard



Come prepared and make a plan to use time efficiently

Staffing time should be spent problem-solving, not problem-reporting

Joint Family Wellness Court Team Members Include:

- Participant/Family
- Two Judges
- Court Coordinator
- County File Clerk
- Tribal Wellness Workers
- Social Workers
- Public Health Nurse
- Treatment providers
- Family mentors
- Attorneys
- JFWC alumni
- Tribal elder mentors
- Court Appointed Special Advocate



Start with the Children

Placement Status

Number of Days In Out-of-home Care

Parenting Time

Services Needed/receiving

Behaviors

Activities

Safety Concerns



Identify and Meet the Needs of Parents, Children, Family Members, and Family as a Whole


- Encourage parents to attend children's doctor, school and therapy appointments
- Discuss parenting time directly
- Identify ways to strengthen a family's protective factors
- Identify services and supports to meet the family's basic needs





Multidisciplinary Staffing Report

Progress report:

- Disseminate to all team members prior to the meeting
 - Include objective information critical to recovery and reunification, behaviors warranting a response, and recommended responses to behavior
 - Provide information regarding the participant's adherence to treatment, court expectations, and progress toward meeting goals
 - Provide information regarding the children, current placement, status of assessments and services
- 

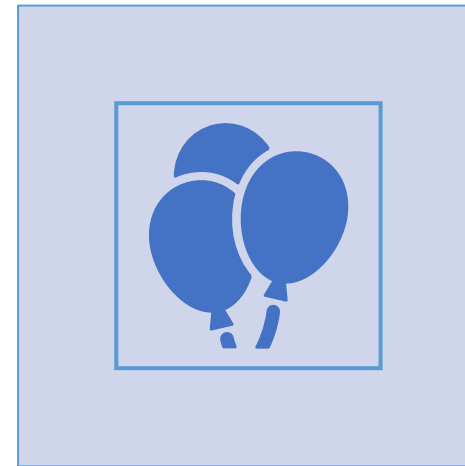
Family Treatment Court Staffing Report (Sample)		Today's FTC Hearing Date:
Family Information:		
Participant Name:	Participant Age and DOB:	Participant Gender:
ACEs Score:	NCFAS Score:	Child(ren) photo(s):
Child(ren) Name(s): 1. 2.	Child(ren) Age and DOB: 1. 2.	Child(ren) Placement Status and Days in Care: 1. 2.
FTC Information:		
Child Welfare Worker:	Parent's Attorney:	Children's Attorney:
SUD Treatment Provider:	CASA:	Probation Officer:
FTC Entry Date:	Case Number(s): 1. 2. 3.	Primary Substance(s) of Use: <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana <input checked="" type="checkbox"/> Methamphetamine <input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin <input type="checkbox"/> Barbiturates/Sedatives <input type="checkbox"/> Benzos/Tranquilizers <input type="checkbox"/> Other:
FTC Phase:		
Phase Entry Date:		
Progress towards Long-Term Family Recovery:		
Health:		
Home:		
Purpose:		
Community:		
Requirements to advance to next phase: <input type="checkbox"/> Complete Parenting Assessment <input type="checkbox"/> Regular attendance in treatment <input type="checkbox"/> Current on self-help meeting attendance <input type="checkbox"/> Begin insurance process		
Additional Comments:		
Child Welfare Updates:		
Case Plan Updates:		
Family/Parenting Time Updates:		
Children's Services Updates:		
Provider Name:		
Children's Mental Health Diagnosis:		
Treatment Report:		
Parenting Program Updates:		
Substance Use Treatment Updates:		
Treatment Program Name:		Entry Date:

ASAM Placement Recommendation:			
Modalities:	<input type="checkbox"/> Detox <input type="checkbox"/> Outpatient <input type="checkbox"/> Intensive Outpatient <input type="checkbox"/> Sober Living <input checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> Women Only <input type="checkbox"/> Dual-Diagnosed <input type="checkbox"/> Medication-Assisted Treatment		
Outpatient Treatment Schedule:	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	Hours Per Week:	
Treatment Report:			
Treatment Support Plan:			
Mutual Aid Group: (AA, NA, Celebrating Recovery, etc.)	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> per week <input type="checkbox"/> per month <input checked="" type="checkbox"/> Full attendance <input type="checkbox"/> Partial attendance <input type="checkbox"/> No attendance		
Contacts with Recovery Support Specialist:	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> per week <input type="checkbox"/> per month <input checked="" type="checkbox"/> All contact <input type="checkbox"/> Some contact <input type="checkbox"/> No contact		
Other Requirements:			
Recovery Support Specialist Report:			
Mental Health Treatment Updates:			
Mental Health Diagnosis:			
Treatment Report:			
Medication – Assisted Treatment Report:			
Clinic Name:		Entry Date:	
<input type="checkbox"/> Detox <input type="checkbox"/> Maintenance	Estimated completion date:	Milligrams per day:	
MAT Treatment Notes:			
Therapeutic Responses to Behavior Summary			
Date:	Response:	Days/Hours:	Comments:
FTC Attendance:			
Legend:	GREEN=Attended RED(NS)=No Show BLUE(X)=Excused		
Part Court Dates:	10/18, 11/1, 11/15, 12/13		
UA Updates:			
Testing Site:	Schedule: <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 per week		
Notes:			
Legend:	GREEN=Negative RED (Drug) =Positive BLUE(X) =Excused BLACK (?)=PENDING NS= No Show, OPI=Opiates, COC=Cocaine, BZO=Benzodiazepine, AMP= Methamphetamine, ALC=Alcohol, THC+ = Marijuana (New Usage), THC - =Marijuana (No New Usage)		
UA Tests:	10/16(THC), 10/28(COC,THC-), 11/5(THC-), 11/7, 11/11(X), 11/14(NS), 11/18(NS), 11/21(NS), 11/25(NS), 11/27(THC), 12/5(THC-), 12/17, 12/24, 12/31, 1/1, 1/4, 1/7, 1/9, 1/14, 1/16, 1/21, 1/23, 1/28, 1/30, 2/4, 2/6, 2/11, 2/13, 2/18, 2/20, 2/25, 2/27, 3/4, 3/6, 3/11, 3/13, 3/18, 3/20		

Discuss All Cases



FOCUS ON ALL CASES,
NOT JUST THOSE IN NON-COMPLIANCE



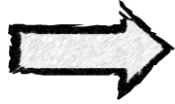
CELEBRATE SUCCESSES!



Supporting Meaningful Change

Compliance

- Only monitoring and discussing treatment “compliance days” or “attendance days”
- Asking for number of support meetings attended
- Seeing treatment as a checkbox to complete vs. a predictor of reunification
- Seeing use as failure and supporting this narrative
- Tying parenting time expansion and supervision level to drug testing results



Engagement

- Discussing engagement and skills
- Keeping treatment in context of Family Recovery and Four Major Dimensions of Recovery
- Engage in conversation about recovery support/meetings
- Remembering what early recovery looks like
- Discuss shift towards healthy relationships
- Considering lapse vs. relapse; Examining and discussing behavior before and after use
- Celebrating small wins
- Aftercare planning

Supporting Meaningful Change

Compliance

- Attendance/completion of parenting class
- Visitation that expands based on time or days of sobriety
- Lack of parenting responsibility until reunification
- Reunification close to or post case closure
- Children kept out of recovery process
- Parents and foster/kinship caregivers separated



Engagement

- Evidence-based parenting curriculum for population
- Encouraging parents to attend doctor, school, and therapy appointments; demonstrating understanding of children's needs
- Ample parenting time to practice new skills; expanded based on safety
- Discussion and insight of how SUD has affected children; Repairing relationship
- Support and practice use of safety plans
- Use caregivers as source of support and mentorship
- Brainstorming about "logistical barriers"

Be Inclusive of Partner Voice

- Provide opportunities during staffing for meaningful partner input
- Establish procedures so partners know how, what and when to share information





*Who Needs to
Know What and
When?*

The Indian Country Collaborative Values Inventory (CVI)

The Team:

- TLPI consultants Priscilla Day, Lemyra DeBruyn and (then consultant, now Senior Technical Assistance Specialist) Ethleen Ironcloud-Twodogs
- TLPI Tribal Research Specialist Jeremy Braithwaite
- TLPI Tribal Legal and Child Welfare Specialist Suzanne Garcia

The purpose of the CVI

Assess and understand differences in values



Mitigate differences through dialogue and cross training



Develop common principles and goals

The background of the image is a dense, close-up photograph of green palm fronds. The leaves are long, narrow, and pointed, creating a complex, overlapping pattern of green and dark green. The lighting is soft, highlighting the texture of the leaves. A semi-transparent dark green horizontal band is overlaid across the center of the image, serving as a background for the text.

Q&A | Discussion



Resources



JOIN US!

Family Healing to Wellness Court Community of Practice

What: [The National Family Treatment Court Training and Technical Assistance Program](#) in partnership with the [Tribal Law and Policy Institute](#) invites you and your team to participate in a Family Healing to Wellness Court Community of Practice. This will be an opportunity for Family Healing to Wellness Court teams to network, share lessons and innovative strategies with peers, and create new knowledge for the field. Each meeting will feature a topic area that the group decides on during the previous meeting.

When: Every third Friday of each month from 10-11 AM PST; 1-2 PM EST

Where: [Register Here](#)

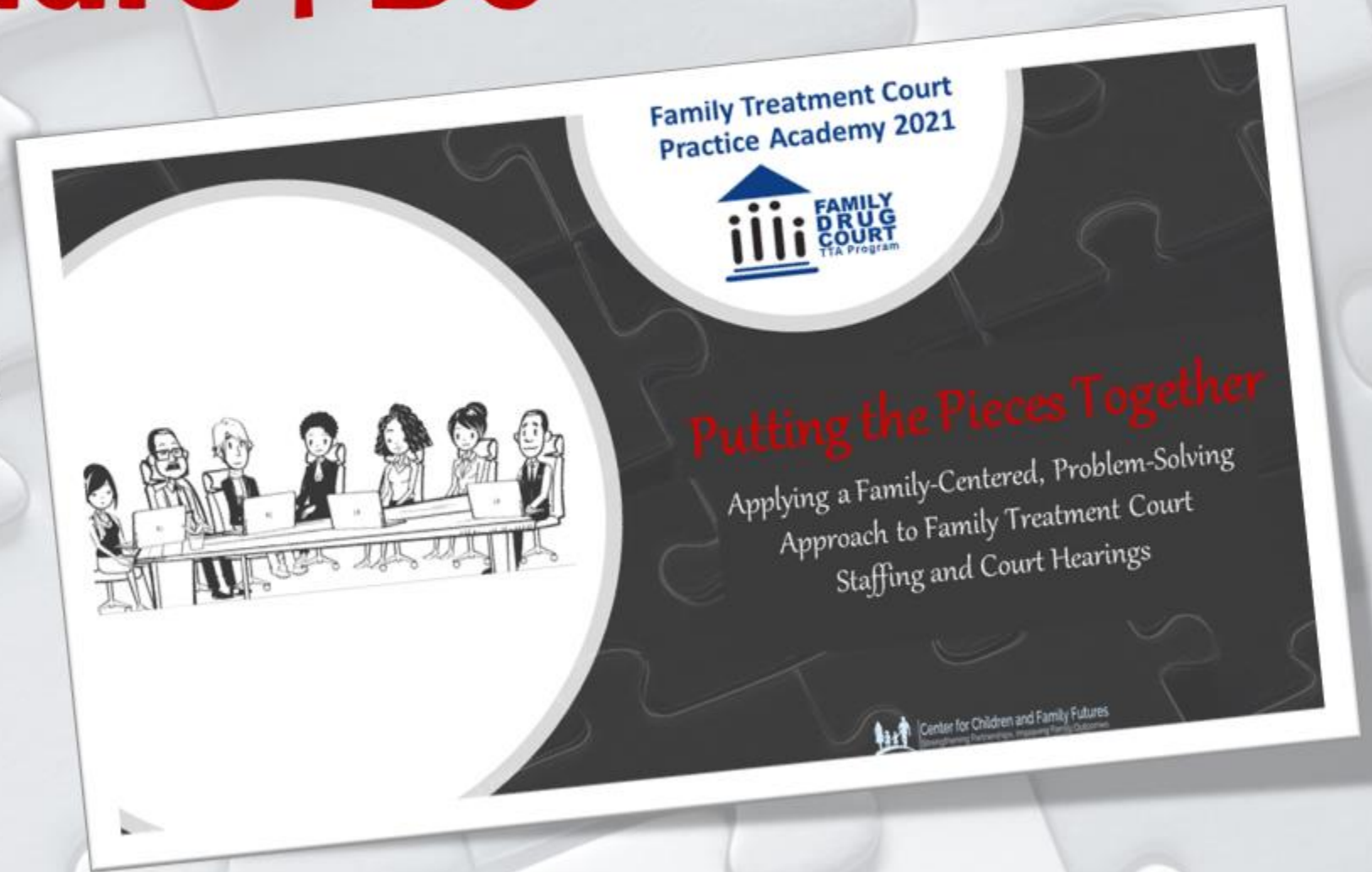


Questions? Contact Will Blakeley at wblakeley@cffutures.org or Ashay Shah at Ashah@cffutures.org

Visit our [website](#) for more information about the FTC TTA Program

Learn | Share | Do

- **Animated Videos**
- ***Team Discussion Tool***
- ***Take Action Tool***
- **Resources**



www.cffutures.org/ftc-practice-academy/

2023 Family Treatment Court Practice Academy

BLUEPRINTS TO THE FUTURE

Building Strong Futures:

Scale, Capacity, and Meeting the Need with FTCs

Live Conversation: July 25, 2023

Idea Exchange: August 22, 2023

Building Secure Futures:

Bonding and Attachment Support for Parents and Their Infants Affected by Substance Use

Live Conversation: October 26, 2023


Idea Exchange: November 16, 2023



Course Map:



Watch short video

Join *Live Conversation* and *Idea Exchange* 



Access *Exploration Tool*

Register Here:



Tribal Family Wellness Plan Learning Modules

The [Quality Improvement Center for Collaborative Community Court Team's](#) Tribal Family Wellness Plan Learning Modules, prepared in collaboration with the [Tribal Law and Policy Institute \(TLPI\)](#), are designed to guide tribally driven collaboratives seeking to:

- Reduce the impact of substance abuse on pregnant and parenting families
- Improve systems and services to reduce prenatal substance exposure
- Prevent the separation of families
- Support infant and family wellness

Available @

<https://www.cffutures.org/home-page/qic-ccct-tribal-posc-modules/>



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- TLPI Tribal Research Specialist Jeremy Braithwaite
- Suzanne Garcia

The purpose of the CVI

Assess and understand differences in values



Mitigate differences through dialogue and cross training



Develop common principles and goals



*Family Treatment Court
Best Practice Standards*



Family Treatment Court Best Practice Standards

8 *Standards* and Key Provisions

To obtain a copy or for more information:



FTC Briefs



What are family treatment courts and how do they **improve outcomes for children and families?**

This brief is part of a series on family treatment courts developed in partnership with [Children and Family Futures](#). Forthcoming briefs on this topic discuss practice-level strategies to improve outcomes for families affected by a parent's substance use disorder and the role of FTCs as a catalyst for systems change. For more information about Family Treatment Courts, please consult the [Family Treatment Court Best Practice Standards](#) or contact Children and Family Futures at EDC@cfutures.org.

Child welfare agencies and their community partners often struggle to meet the needs of families affected by substance use disorder, due to the limited availability of family-friendly treatment options, caseworker and court personnel's misconceptions about substance use and treatment, and the competing timelines of the parent's recovery and child's permanency (as mandated by state and federal law). For a growing number of communities, family treatment courts offer an effective solution.

A family treatment court (FTC), considered a problem-solving court by leading judicial and legal organizations,¹ is a family court docket for cases of child



Updated April 2021

casey.org | 1



What can we learn from **family treatment courts to support systems change?**

This brief is part of a series on family treatment courts (FTCs) developed in partnership with [Children and Family Futures](#). Additional briefs on this topic provide an [overview of family treatment courts](#) and [practice-level strategies](#) that FTCs employ to improve outcomes. For more information about family treatment courts, please consult the [Family Treatment Court Best Practice Standards](#) or contact Children and Family Futures at EDC@cfutures.org.

[System transformation](#) requires successfully developing strategies that realign child welfare agencies and the justice system to work in increasingly effective and collaborative ways with other public-serving organizations and community networks to support and nurture family development, promote overall child and parent well-being, and to help families thrive. The process of developing and operating family treatment courts (FTCs) naturally enhances collaboration and communication among family-serving systems and community agencies, including substance use disorder treatment and health. The relationships and



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What can we learn from family treatment courts about **improving practice for families affected by substance use disorder?**

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Family treatment courts (FTCs) have proven to support positive outcomes for families affected by parental substance use disorder, including improved recovery for adults, safety for children, and timely permanency for families.¹ However, not all jurisdictions have secured the funding for implementation of this model, including the hiring of an FTC coordinator, one of the primary program expenses.



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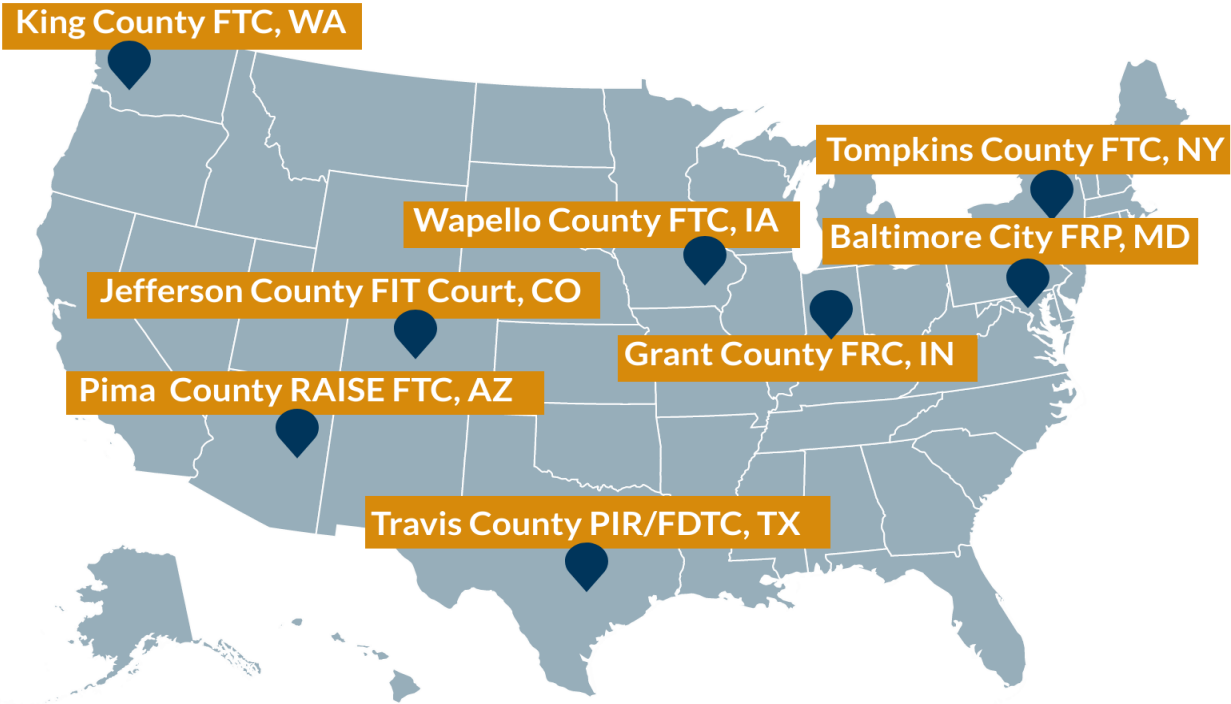
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<https://www.casey.org/family-treatment-courts/>

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Evaluation

Please take a moment to complete the **B2: Family-Centered Practices for Family Healing to Wellness Courts** session evaluation. Your feedback is greatly appreciated.

If you need a paper copy, please ask for one from a Tribal Law and Policy Institute staff member.

