Introduction to the National Family Treatment Court Best Practice Standards

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Children and Family Futures

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Our Mission

To improve safety, permanency, well-being and recovery outcomes for children, parents and families affected by trauma, substance use and mental health disorders.
Acknowledgement

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How did we get here?
Family Treatment Court Movement

- 2007: Practice Improvements
- 2013: Systems Change Initiatives
- 2014: National Strategic Plan
- 2015: Expansion Infusion Evidence Base
- 2018: FDC Standards
- 2019: Coming Soon

1994: First FDCs established in Florida & Nevada
6 Common Ingredients
6th Added in 2015
Grant Funding OJJDP, SAMHSA, CB
10 Key Components (1997)

Regional Partnership Grants, Children Affected by Meth, FDC Enhance & Expansion
Children’s Services, Trauma, Evidence-Based Programming

The diagram illustrates the evolution of Family Treatment Court Movement, highlighting key components and initiatives from 1994 to 2019, including the addition of 6 Common Ingredients and the expansion of FDC Standards.
Family Treatment Court model transforms how we Operate
Family Treatment Court Standards are a blueprint for building Family Treatment Courts to best serve families.
Models Work Together

Healing to Wellness Court
Key Components

Family Healing & Recovery

Family Treatment Court Best Practice Standards
<table>
<thead>
<tr>
<th>Paradigm Shifts</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defining parent progress and success:</td>
<td>From compliance and attendance to …</td>
<td>desired behavioral changes</td>
</tr>
<tr>
<td>Changing the language used:</td>
<td>From visitation to … From relapse to … From clean time to …</td>
<td>parenting time lapse sustained recovery</td>
</tr>
<tr>
<td>Responding to relapse or lapse:</td>
<td>From automatic change in permanency plan or return to FDC phase one to …</td>
<td>comprehensive assessment of situation and therapeutic adjustments</td>
</tr>
<tr>
<td>Broadening scope of goals:</td>
<td>From a primary focus on rapid or early reunification to …</td>
<td>successful reunification with lasting permanency</td>
</tr>
<tr>
<td>Reframing decision making:</td>
<td>From a primary focus on risk factors (what could happen) to …</td>
<td>established safety supports and protective factors</td>
</tr>
<tr>
<td>Engaging participants:</td>
<td>From service referrals as a sanction to …</td>
<td>service referrals as an incentive and acknowledgment of a parent’s progress</td>
</tr>
<tr>
<td>Redefining the client:</td>
<td>From individual parent participant to …</td>
<td>the whole family</td>
</tr>
</tbody>
</table>
National FTC Standards
Family Treatment Court

Best Practice Standards

1. Organization and Structure
2. Role of the Judge
3. Equity and Inclusion
4. Early Screening and Assessment
5. Timely, Quality Treatment
6. Case Management
7. Therapeutic Behavior Response
8. Monitoring and Evaluation
Structure of FTC Best Practice Standards

**Description** – Each Standard begins with a descriptive summary paragraph

**Provisions** – these expand on the description and are mandates stating what FTCs should do; they are designed to be as directive and measurable as possible

**Rationale** – describes the reasoning and applicable research base for each provision, drawing upon both practice-based evidence and empirical studies from a wide range of related fields of study

**Key Considerations** – provide additional explanation of the provision and practical implementation advice

**References** – are included at the end of each section
Organization and Structure

Use a multidisciplinary, systemic collaborative approach
Elements of Family Wellness Court Organization and Structure

• Partnerships
• Governance
• Mission & vision
• Communication
• Cross-training
• Family-centered, culturally relevant, trauma-informed
• Policy manual
• Pre-court staffing and Review Hearing
Family Treatment Court

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Convener and team leader
Family Treatment Court

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Equitable access, retention, completion, and behavior response
Where to Monitor Equity and Inclusion

- Admission
- Retention
- Treatment
- Responses
Prompt, systematic, universal screening and referral to FTC
Early Identification

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

- Target population unclear
- Restrictive and/or subjective eligibility criteria
- Screening and identification conducted late
- Lack of utilization of standardized screening protocols
- Referral process with weak hand-offs, lack of tracking
Engagement begins during the first interaction and continues throughout the entire case.
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Individualized, family-centered treatment
Note:
Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.
### Overview of the Treatment Processes

<table>
<thead>
<tr>
<th>Process</th>
<th>Description</th>
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<tbody>
<tr>
<td>Early Identification, Screening, and Brief Intervention</td>
<td>Done at earliest point possible</td>
</tr>
<tr>
<td>Comprehensive Assessment</td>
<td>Determine extent and severity of disease</td>
</tr>
<tr>
<td>Stabilization</td>
<td>Via medically supervised detoxification, when necessary</td>
</tr>
<tr>
<td>Timely and Appropriate Substance Use Disorder Treatment</td>
<td>Address substance use disorder and co-occurring issues</td>
</tr>
<tr>
<td>Continuing Care and Recovery Support</td>
<td>Help parents sustain recovery, maintain family safety and stability</td>
</tr>
</tbody>
</table>
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Comprehensive, family-centered clinical and community support services
Intensive case management
Family case planning
Recovery supports
High-quality Parenting Time
Family Strengthening Programs
Reunification Supports
Trauma Services
Children’s Services

Complementary Services
(housing, transportation, etc.)
Early intervention services for children
Substance use prevention programs for youth and children
A Family Focus on Treatment and Recovery

Parent Recovery
- Parenting skills and competencies
- Family connections and resources
- Parental mental health
- Medication management
- Parental substance use
- Domestic violence

Family Recovery and Well-being
- Basic necessities
- Employment
- Housing
- Child care
- Transportation
- Family counseling
- Parenting Education that includes children so parents can practice new skills including family play and family structure
- Family Time

Child Well-being
- Well-being/behavior
- Developmental/health
- School readiness
- Trauma
- Mental health
- Adolescent substance abuse
- At-risk youth prevention

Family Time

Basic necessities

Employment

Housing

Child care

Transportation

Family counseling

Parenting Education that includes children so parents can practice new skills including family play and family structure

Family Time
Engage families using treatment adjustments, complementary service enhancements, and incentives and sanctions.
Essential Elements of Responding to Behavior

- Treatment adjustments
- Complementary service modifications
- Incentives and sanctions
Increased or decreased parenting time is never used as an incentive or sanction.

Parenting-time is a right, not a tool to reward or sanction the parent.
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Collect and review data to evaluate outcomes and improve practice.
What Outcomes Are We Trying to Achieve?

Healthier children
Healthier parents
Remain together
Stronger families
Stronger communities
When Systems Work Together, Families Do Better

5Rs

Recovery
Remain at home
Reunification
Repeat maltreatment
Re-entry
Q & A
Discussion
Resources
• Designed to provide step-by-step instructions
• Use Guide to gather needed information to present FTC concept
• Worksheet Activities
Thank you!

Contact Information

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