



* **A Journey to
Family Recovery:**

Pima County Family Drug Court

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- * Hon. Susan Kettlewell
 - * Family Drug Court Judge
- * Laura Gomez, MEd, MSW
 - * Program Manager, Department of Child Safety
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- * Kali Van Campen, PhD, MS
 - * Research and Evaluation Specialist

* Presenters

*We only needed to change one thing.

***Everything**

- * Change from adult focus to family focus
- * Change from Levels to Milestones
- * Change from relying on a cookie-cutter approach to providing services to an evidence-based approach
- * Change from using anecdotal to aggregate information to inform decision-making and program changes

*** It took FOUR culture changes to get here**

* Culture
Change #1



* Adult Focus



Family Focus

- * First client: June 20, 2001
- * FDC case managers were seen as “advocates for the parents”
- * Reunification was “icing on the cake”
- * Children were rarely in court (and neither were the DCS case managers)

* Parent-centered

Treating substance-abusing parents: A study of the pima county family drug court approach: [Juvenile and Family Court Journal](#) 55(4):27-37 · August 2004

* Relationship with DCS:

- * DCS believed FDC didn't understand the children's needs
- * FDC believed DCS didn't understand the parents' needs



* Conflicting perspectives

- * We sent parents to jail for 48 hours as a sanction
- * No children's services providers on the steering committee or at treatment staffings
- * We bought our own treatment



* Hindsight is 20-20

- * Paid for residential treatment beds in a facility that allowed the children to stay with their parents
- * Family Fun Days
- * Contracted for visits with visit coaching
- * Trauma-focused therapy (but only for the parents)

* Glimmers of hope

* Children Affected by Methamphetamine grant

- * 2010-2014
- * Child Case Specialist
- * Child and Family Team Meetings
- * NCFAS
- * Children & Family Futures



* Tipping point

CAM Grant Brief:

https://www.ncsacw.samhsa.gov/files/CAM_Brief_2014-Final.pdf

* Co-Location of Department of Child Safety Unit

- * Dedicated to FDC families
- * DCS Unit Supervisor had been a Family Drug Court case manager
- * Each family had a DCS case manager and a Recovery Support Specialist
 - * Challenge: clarify the role each plays with the family



* Tipping point

* Culture
Change #2



* Levels → Milestones

That was then:

- * Old approach of phasing was based on compliances, not completed tasks
- * FDC parents worked through three levels of phasing and then graduated from FDC
- * Level I - 8 compliances/weeks
- * Level II - 8 compliances/weeks
- * Level III - 16 compliances/weeks
- * Total = 32 weeks or 8 months to graduation

*** FDC Levels/Phases**

* Gaps in case planning:

1. Dependency case could still be open even if the parent graduated from Drug Court
2. Safety threats could still be present

There had to be a better way...

* **FDC Phases**

- * DCS and FDC Team created a shared vision to work toward early reunification for families when safe and appropriate
- * Extensive restructuring of the current FDC phases approach to a milestones phasing approach
- * Milestones phasing approach is based on the family's progression through their dependency case
- * Shift in approach from a set number of compliant weeks to the family's behavioral changes specific to safety of the children

*** A new team, a new approach**

- * Alignment of FDC milestones to coincide with progress toward reunification
- * Worked to establish common goals and their purpose along with defining staff roles and responsibilities - close working relationship between DCS case specialists and FDC RSSs
- * FDC team began meeting in early 2014 to discuss goal of early reunification - including a team retreat
- * Team held regular meetings to discuss the new phasing process
- * Milestones included a multitude of tasks the parents were asked to complete to progress to the next Milestone as they were simultaneously making progress toward reunification

* Creating the Milestones

Goals and Timeframes

SAFETY being the first priority

- * Milestone One - Sobriety coin
- * Milestone Two - Recommendation for unsupervised visit
(within 4 months of joining FDC)
- * Milestone Three - Recommendation for overnight visits
(5 months)
- * Milestone Four - Recommendation for placement
(6 months)
- * Milestone Five - Recommendation for graduation and
dependency case dismissal
(12 months)

* **Milestones**

- * Delays with the launch
- * Communication with:
 - * Judges
 - * Attorneys
 - * The rest of DCS
- * Families already enrolled in services prior to transferring to the DCS FDC Unit

* Launching the Milestones



*The Anderson Family

*Not real names

* Culture
Change #3



* **Cookie Cutter Services** →
Evidence-Based Approach

- * The Prevention & Family Recovery (PFR) initiative has propelled numerous changes in the day-to-day operations of DCS case management
- * DCS is working in tandem with FDC to enhance and expand current services
- * Enhancement and expansion of direct services to families served by FDC - coordination between the parents' treatment services and the children's service providers
- * Children are important participants in the process of the family-centered approach which helps facilitate the family's engagement
- * Children and families receive services as requested based on recommendations and services are tailored to the needs of the family

*** Setting the scene**

- * DCS will advocate for appropriate evidence-based services through the CFT process
- * DCS to educate parents regarding the importance of evidence-based programs
- * Services must be delivered by quality individuals who provide trauma-informed care to families with substance abuse
- * Increase communication around any identified barriers to progress
- * When services are tailored to the specific and unique needs of families, our organization is more likely to experience positive outcomes for families including increased rates of reunification

* Approaches to Optimizing

- * Services provided to the parents or the children were guided by the behavioral health system
 - * What services were offered by the particular agency they were enrolled with?
- * The legal guardian of the children (DCS) knew the agencies they liked and would go with the services provided by that agency.
- * Even when DCS requested specific services - these requests were not consistently granted.

* Before Prevention and Family Recovery (PFR)

- * Already providing services for many of the children 0-5 in FDC
- * ESBF considered an expert in providing services for 0-5 and the families
- * Already providing evidence based parenting groups
- * Wanted Child-Parent Psychotherapy

*** PCJCC asked ESBF to partner with them for PFR**

*Then:

- * Few knew what this meant
- * Fewer still actually used any actual EBPs
- * Some used the term EBP to describe some of the work they were doing, but were not using those practices with fidelity.
- * Agencies using authentic EBPs were paid the same as agencies that were not using EBPs.

* Evidence Based Practices (EBP) - then and now

- * EBP- is what it says - an intervention that has been shown to be effective!
- * EBPs - specific instructional procedures and practices that are supported as effective by credible research.
- * EBPs - put to the test for specific populations, diagnosis, populations and/or issues.
- * Funding - increasingly funders are looking for organizations using EBPs

* Evidence Based Practices (EBPs)

* Now:

- * People - not only providers - talk about EBPs with knowledge and understanding
- * Some DCS staff, judges and attorneys now ask for and expect to receive specific programs identified as EBP
- * More agencies are using actual EBPs
- * Some agencies are using EBPs with fidelity
- * Funding - Cenpatico introducing "value-based purchasing:" pay differential for demonstrating the use of EBPs with fidelity

* **EBPs - then and now**

* Then:

- * ESBF provided Incredible Years
 - * Over 30 years of clinically proven worldwide research with various ethnic groups.
 - * Dinosaur School - an evidence based social skills group for 4 - 8 year olds also from Incredible Years
- * Many agencies surprised they were not providing parenting that was an EBP
 - * Love and Logic is not an EBP



* **Evidence based parenting,
etc. then and now**

* Now:

* ESBF:

* Incredible Years

* Dinosaur School

* New curriculum for
parents of children with

Autism and Communication Disorders

* Additional agencies in Tucson providing EBPs
Nurturing Families, PPP Parenting, S.T.E.P. and
Strengthening Families

* Strengthening Families - EBP specifically related
to the FDC population

* Completing evidence based parenting is required
for FDC milestones.



* EBP Parenting - then and now

California Evidence-Based Clearinghouse for Child Welfare:
<http://www.cebc4cw.org/>

*Why is assessment important?

*Comprehensive assessment guides and directs treatment

*Assessment should look at strengths and needs, protective and risk factors.

*Then: Treatment often proceeded with a minimal or incomplete assessment

*ESBF routinely provided a PCRA of the child/children and their birth parents

*Parent Child Relationship Assessment (PCRA)

- * As the Court and community became aware of the value of PCRAs especially in dependency cases and those in FDC:
 - * Judges started requesting PCRAs
 - * *Others involved in cases requested PCRAs - DCS, attorneys and sometimes even parents.*
- * Now:
 - * A PCRA is a normal request for most cases involving children birth - 5.
 - * Children's agencies provide their own versions of a PCRA
 - * Completing a PCRA is a milestone requirement.

* **PCRA - then and now**

* In today's context - Parent Child Relationship Therapy (PCRT) is a blanket term that covers a variety of interventions that can be utilized within the context of working with young children and their primary caregiver in maintaining, repairing, enhancing and/or building the relationship between the parent(s) and child(ren).

* **PCRT and CPP**

* Then:

- * ESBF 1 of 2 agencies specializing in the relationship between young children and their parents
- * Most agencies provided family therapy and believed that adequately addressed anything impacting the parent/child relationship

* Now: With PFR funding, first cohort of Masters level therapists trained in Child Parent Psychotherapy (CPP) in March 2014

- * This cohort will complete the 18-month training program in September 2016.

* **PCRT and CPP - then and now**

- * CPP: frequently identified in the literature as an evidence based practice model for therapy for our population
- * CPP is a relationship based intervention for children birth through 5 who have been exposed to trauma
- * The central goal of CPP is to strengthen the caregiver-child relationship as a vehicle for restoring and protecting the child's mental health

*** PCRT and CPP -then and now**

- * ESBF started its 2nd cohort of clinicians in collaboration with 9 therapists from another agency being trained in CPP.
- * Another agency in Tucson is also being trained in CPP
- * Child Parent Psychotherapy (CPP) has worked its way into the vocabulary as the preferred method of intervention with this population



* Child Parent Psychotherapy

* Culture
Change #4



* Anecdotal Data → Aggregate Data

1. The benefit of having an internal evaluator on the team
2. Helping staff understand the importance of and support data collection
3. Integrating the use of data to inform decision making at every leadership meeting

* 3 Ways that Evaluation Added Value

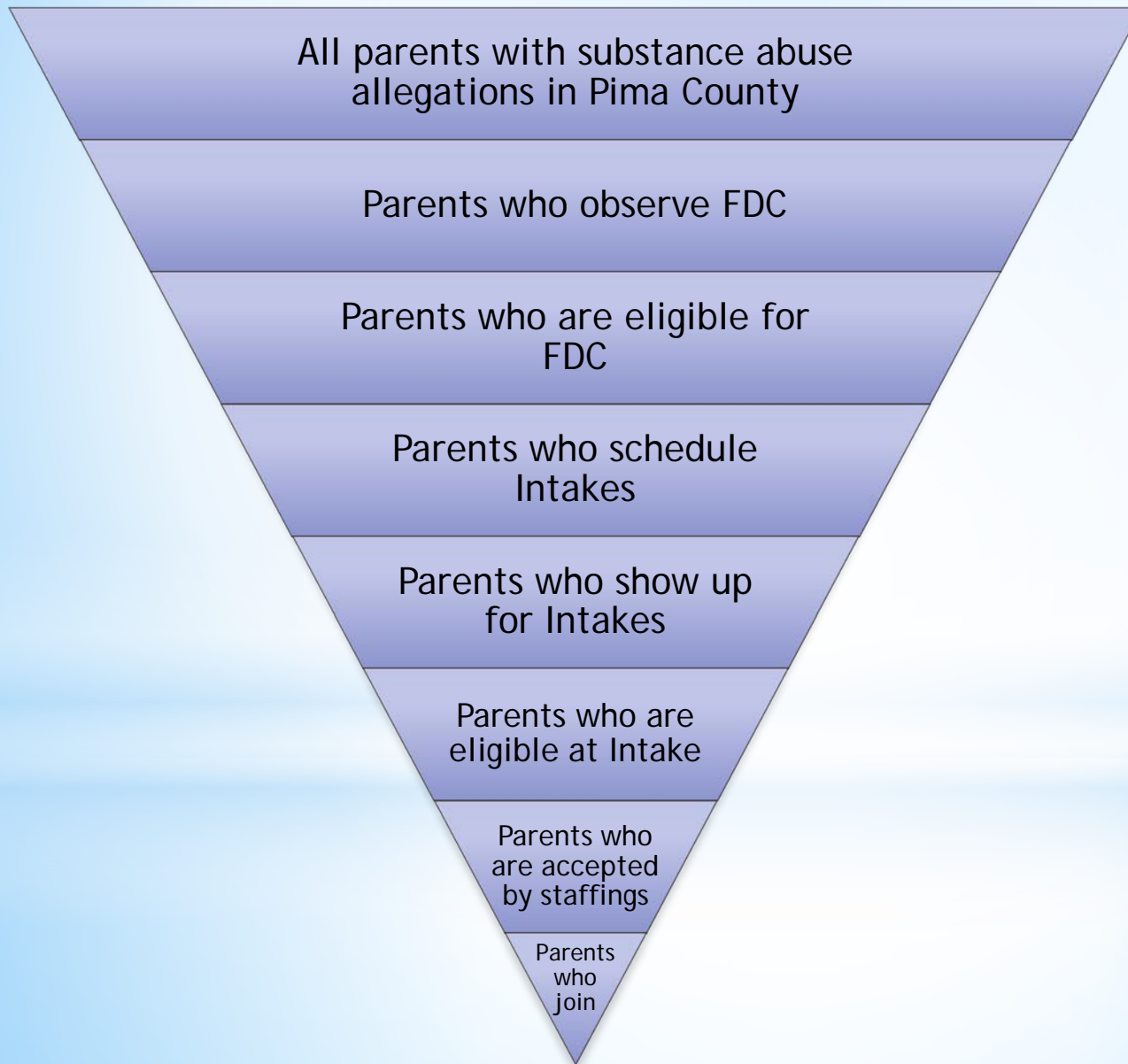


* The Performance Measurement Cycle

- * Data became particularly relevant when we received grants, to report performance measures
 - * But in our day-to-day practice, we typically made program changes based on anecdotal information
- * The Prevention & Family Recovery (PFR) initiative was the first to focus entirely on *systems change*
 - * We started to use data regularly to talk about how we did things and what we needed to improve

*** How to use data to
create systems change**

FDC Recruitment Focus



Only about 1/3 of parents whose petitions contain allegations of substance abuse were observing FDC.

- * Formed a Recruitment Committee
- * Implemented a new courtwide protocol: “Protocol to Order Families with Substance Exposed Newborns To Complete a Family Drug Court Intake”

*** Courtwide Change**

- * Asking tough questions...repeatedly
- * Figuring out who is going to collect what and when, and where the information was going to be entered
- * Helping the team clarify and document practices and protocols
- * Representing the FDC team through participation in court-wide initiatives

* Role of the Evaluator

* Of 139 children who have been discharged from FDC since 7/1/14:

* 109 have been reunified (78%)

* 10 have been adopted

* 4 are in a permanent guardianship

* None have aged out

* 4 have been reactivated (3%)

* **Outcomes**

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