Checklist to Change: Readiness to Reality

Advancing Justice for All Families

NADCP 2018 | Houston, TX

Alexis Balkey and Tessa Richter, Children and Family Futures | May 31, 2018
Acknowledgement

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Learning Objectives

1. Understand phasing structure and assessing client progress and family readiness as a collaborative practice issue by raising the need for coordinated case plans and effective communication protocols across child welfare, treatment and court systems.

2. Highlight different FDC program designs and phasing strategies which align with the timing and phasing of reunification, family maintenance supervision, and case termination in the dependency case

3. Learn strategies to shift court staffing from monitoring checkboxes to identifying true behavior change
LEADERS CALL TO ACTION!

Session Name: ____________________________________________

Presenter Name(s): ________________________________________

During this session, I identified the following immediate action steps that I can take in my role as a leader/champion in my state or jurisdiction to advance the FDC movement:

1) _______________________________________________________
2) _______________________________________________________
3) _______________________________________________________
To improve safety, permanency, well-being, and recovery outcomes for children, parents, and families affected by trauma, substance use, and mental health disorders.
What would FAMILY TREATMENT COURT look like if...
“Working in Child Protection is not Rocket Science, but it is harder.”
Child Welfare = Complex Problem:

- Ambiguity
- Inconsistent Goals
- Complexity of Decisions and Systems
- Severe Time Restraints
- Inherent Unpredictability
abstinence  graduation  safety
compliance  lasting permanency
reunification  case closure  recovery
SUCCESS
The Adoption and Safe Families Act

ASFA

(PL 105-89)

Time Clock
How many treatment plans do our families juggle?
Do parents know what they need to do to reunify?
Safe vs. Perfect
Recovery Occurs in the Context of Relationships

- Substance use disorder is a brain disease that affects the family
- Adults (who have children) primarily identify themselves as parents
- The parenting role and parent-child relationship cannot be separated from treatment
- Adult recovery should have a parent-child component including prevention for the child

Services that strengthen families and support parent-child relationships
HELP KEEP CHILDREN SAFE
Rethinking Readiness to Reunification

- When the parents complete all of the steps on the case plan, will you be comfortable allowing the children to go home?
- Is there any step in the case plan that, if not completed, will keep you from allowing the child to go home?
Rethinking Readiness

How will we know?

- Compliance vs. adherence
- Safe vs. perfect
- Attendance vs. behaviors
- Relapse vs. lapse
Leverage the phase structure to create a behavior-based, family-centered program

Allow parents to see how their progress through the phases moves them to THEIR goal

Creates shared goals and coordinated case plans for all partners

Focus on vital services

Lay out steps towards reunification
What is Recovery?

SAMHSA’s Working Definition

Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.

Access to evidence-based substance use disorder treatment and recovery support services are important building blocks to recovery.

Recovery is not treatment!
Four Major Dimensions

**Health**
Overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being

**Home**
Maintaining a stable and safe place to live

**Purpose**
Conducting meaningful daily activities, such as a job, school or volunteerism, and having the independence of income, and resources to participate in society

**Community**
Having relationships and social networks that provide support, friendship, love, and hope
What does FAMILY RECOVERY Mean to You?
Parent Recovery
- Parenting skills and competencies
- Family connections and resources
- Parental mental health
- Medication management
- Parental substance use
- Domestic violence

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

Family Recovery - Is not Treatment Completion
Is not a Negative Drug Test

Family Centered Treatment for Women with Substance Use Disorders: History, Key Elements and Challenges
http://www.samhsa.gov/sites/default/files/family_treatment_paper508v.pdf
The Costs of Focusing Only on Parent Recovery

- Threaten parent’s ability to achieve and sustain recovery; increases risk of relapse
- Threatens parent’s ability to establish a healthy relationship with their children
- Additional exposure to trauma for child/family
- The parent will continue to struggle with unresolved guilt
- Prolonged and recurring impact on child safety and well-being
What does the research say about successful and timely reunification?
Factors for Successful Reunification

- Family-centered approach to services
- Collaborating with agencies across systems to build a family-centered model
- Coordinated case work
- Parenting and sibling time
- Supporting reunification, post-reunification and preventing re-entry

Sources: Supporting Reunification and Preventing Reentry Into Out-of-Home Care (February 2012) and Family Reunification: What the Evidence Shows (June 2011) - Child Welfare Information Gateway, Children’s Bureau/ACYF
WHO needs to know WHAT, WHEN?
Moving From Checklist to Change

Monitoring Checkboxes → Supporting Behavior Change
Assessing Family Needs

PARENTS
- Parenting skills and competencies
- Family connections and resources
- Parental mental health; co-occurring
- Medication management
- Parental substance use
- Domestic violence

FAMILY
- Basic necessities
- Employment
- Housing
- Child care
- Transportation
- Family counseling

CHILD
- Well-being/behavior
- Developmental/health
- School readiness
- Trauma
- Mental health
- Adolescent substance use
- At-risk youth prevention
Assessment Tools

North Carolina Family Assessment Scale (NCFAS)

North Carolina Family Assessment Scale for General Services and Reunification (NCFAS-G+R) – download a sample scale and definitions
www.nfpn.org/assessment-tools/ncfas-gr-training-package


Structured Decision Making Reunification Reassessment

http://www.cebc4cw.org/program/structured-decision-making/
Little Voices—Big Impact

Three Houses Case Examples

Emma’s Three Houses (8-year-old girl)

- That Mum yells at me.
- I don’t like getting beaten by Mum.
- I don’t like seeing my brother and sister getting hurt by my mum.
- Mum slapped Kate really hard on the leg.
- Mum kicked Jacob on the bottom.
- I don’t like my mum hitting Jacob and Kate in front of my friends.
- Then my friends don’t want to come to play with me at my house.
- I’m worried that when Grandad is gone, I keep getting hit by my mum.
- My mum drinks “Wild Turkey” with David.

- I feel safe if the court decides that I can live with my dad because he doesn’t have any drugs and I won’t get hurt at his place.
- I can see my granddad and my uncle and his girlfriend when I go to my Nan’s house.
- I like that I get fit when I’m with my dad and don’t get fed junk food.

- I wish I could live with both mum and dad together.
- I wish I wasn’t yelled at by Mum.
- I wish that I lived in a better house (that my mum’s house was a better house).
- I wish I could swim anywhere.
- I wish that Grandad would always stay with me.
- I wish that Mum would wake up in a better mood.
- I wish I could live with my dad.
- I wish that I could see my mum every second weekend so that I wouldn’t get yelled at so much.

Kaden’s Three Houses (5-year-old boy)
Work of Jo Goodwin, Reunification program, Perth

- I’m worried every time I have to leave my real mum. Like, she told me that means we go to foster care.

- I am happy when I play with my friends at my real mum’s house.
Assuming sobriety = safety & safety = sobriety

Moving through phasing based solely on sobriety days

Tying parenting time expansion and supervision level to drug testing results

Seeing use as failure and supporting this narrative

Always asking- how does this impact parenting ability?

Looking at behavior around use and sobriety

Remembering what early recovery looks like

Considering lapse vs. relapse and examining and discussing behavior before and after use

Celebrating small wins
What Questions Can Drug Testing Answer? ... & What Can it Not?

• Whether an individual has used a tested substance within a detectable time frame
• A drug test alone cannot determine the existence or absence of a substance use disorder
• The severity of an individual’s substance use disorder
• Whether a child is safe
• The parenting capacity and skills of the caregiver
Treatment and Recovery

Monitoring Checkboxes

- Only monitoring and discussing treatment “compliance days” or “attendance days”
- Asking number of support meetings attended
- Seeing treatment as a checkbox to complete vs a predictor of reunification

Supporting Behavior Change

- Discussing engagement and skills
- Supporting practice and use of new skills
- Keeping treatment in context of Family Recovery
- Engage in conversation about recovery support/meetings
- Aftercare planning
What Research and Practice Tells Us:

- Attachment-based treatment practices have produced **positive outcomes for women and children** in both residential and outpatient settings.
- Family-focused treatment has produced **improvements in treatment retention, parenting attitudes, and psychosocial functioning**
- Post-partum women who had their infants living with them in treatment had **highest treatment completion rates and longer stays in treatment**
TREATMENT RETENTION AND COMPLETION

1. Women who participated in programs that included a “high” level of family and children’s services and employment/education services were twice as likely to reunify with their children as those who participated in programs with a “low” level of these services. (Grella, Hser & Yang, 2006)

2. Retention and completion of treatment have been found to be the strongest predictors of reunification with children for substance-abusing parents. (Green, Rockhill, & Furrer, 2007; Marsh, Smith, & Bruni, 2010)

3. Substance abuse treatment services that include children in treatment can lead to improved outcomes for the parent, which can also improve outcomes for the child.
Who needs to know what and when?

Do treatment providers know—

• Reason for referral, including current/history of mental health, trauma, and substance use?
• Child welfare history as parent and as child?
• Current custody and placement status of children?
• Any screening and assessment results already conducted?
• Parenting time schedule and plan?
• Mandated services through treatment plan?
• Court dates, multidisciplinary team staffing dates?
• Permanency goal and return home plan?
Who needs to know what and when?

Does Child Welfare and the Court know—

- Assessment summary including Level of Care recommendations, current diagnosis, and recommended services?
- Treatment plan and Services that will be provided?
- Goals and progress including attendance, participation, attitude, motivation, engagement, interest, behavioral changes, improved functioning?
- Discharge and aftercare plans/needs?
• Attendance/completion of parenting class
• Visitation that expands based on time in program or days of sobriety
• Lack of parenting responsibility until reunification
• Reunification close to or post graduation
• Children kept out of recovery process
• Parents and foster/kinship caregivers separated

Supporting Behavior Change

• EB 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
• Utilize caregivers as source of support and mentorship
• Brainstorming around “logistical barriers”
Little Voices- Big Impact

**Safety Planning with Children**

- Encourage and support conversations between parents and children about substance use disorder, treatment, recovery, and relapse.
- Provide children with developmentally appropriate answers/explanations.
- Empower children to help set rules for their “Safety House” and tell parents who they do and don’t want around.
- Help children identify who is safe to call if they are worried about mom and dad.
- Mom and dad give permission to kids to “tell on them” if they don’t feel safe.
- PRACTICE!!
Cases did better when there was **frequent, quality visitation**

Cases did better when **parents and children were involved in case planning**

Impact of Visitation on Reunification Outcomes

- Children and youth who have regular, frequent contact with their families are more likely to reunify and less likely to reenter foster care after reunification (Mallon, 2011)

- Visits provide an important opportunity to gather information about a parent’s capacity to appropriately address and provide for their child’s needs, as well as the family’s overall readiness for reunification

- Parent-Child Contact (Visitation): Research shows frequent visitation increases the likelihood of reunification, reduces time in out-of-home care (Hess, 2003), and promotes healthy attachment and reduces negative effects of separation (Dougherty, 2004)
Facilitating Quality Visitation

• Rethink language - *Parenting time or Family time*
  ▪ vs. visitation

• Recognize visitations as a right and need
  ▪ vs. privilege, reward, incentive

• Ensure frequency and duration is guided by needs of child and family
  ▪ vs. capacity of CWS, logistics – *best interest of the family or of the system?*

• Provide concrete feedback on parent-child interaction
  ▪ vs. observation, surveillance
Facilitating Quality Visitation

• Affirm permanency as the goal
  ▪ vs. good visits
• Ensure the visitation plan is moving family closer to achieving reunification
  ▪ Are real-life parenting and reasons for removal being addressed?
• Create contingency agreements based on age of child
  ▪ Are reasons to end a session immediate safety concern?
• Can parents join child’s appointments?
• Maintain collaboration and communication with family, treatment providers, service providers, and foster parents
Connecting Families to Evidence-Based Parenting Program

- Knowledge of parenting skills and basic understanding of child development has been identified as a **key protective factor** against abuse and neglect (Geeraert, 2004; Lundahl, 2006; & Macleod and Nelson, 2000)

- The underlying theory of parent training is that
  
  (a) **parenting skills can improve** with training,
  
  (b) child outcomes can be improved, and
  
  (c) the risk of child abuse and neglect can be reduced

  Johnson, Stone, Lou, Ling, Claassen, & Austin, 2008
Milestones

A Meaningful Approach to the FDC Phase Structure
Pima County, Arizona
Tompkins County, New York
Dunklin County, Missouri
Q&A and Discussion
Resources and Next Steps
Session Name: ________________________________

Presenter Name(s):
______________________________________

During this session, I identified the following immediate action steps that I can take in my role as a leader/champion in my state or jurisdiction to advance the FDC movement:

1) __________________________________________

2) __________________________________________

3) __________________________________________

Every attendee after every session!
NCSACW Online Tutorials  Cross-Systems Learning

Understanding Substance Abuse
and Facilitating Recovery:
A Guide for Child Welfare Workers

Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals

Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals

FREE CEUs!

www.ncsacw.samhsa.gov/training
Family Drug Court Orientation Materials

Discipline Specific
Child Welfare | AOD Treatment | Judges | Attorneys

www.cffutures.org/national-fdc-tta-program/
Family Drug Court Peer Learning Court Program

- King County, WA
- Tompkins County, NY
- Wapello County, IA
- Dunklin County, MO
- Tulsa County, OK
- Miami-Dade County, FL

@ http://www.cffutures.org/plc/
Family Drug Court Learning Academy

- Over 40 webinar presentations
- 5 Learning Communities along FDC development
- Team Discussion Guides for selected presentations

www.cffutures.org/fdc-learning-academy/
Family Drug Court Online Tutorial

Download Flyer in Handouts Panel

- Self-paced learning
- Five modules cover basic overview of FDC Model
- Certificate of Completion

Start Learning Today @ www.fdctutorials.org
Family Drug Court National Strategic Plan

Vision:
Every family in the child welfare system affected by parental/caregiver substance use disorders will have timely access to comprehensive and coordinated screening, assessment and service delivery for family’s success.

Expansion of FDC Reach
Ensure Quality Implementation
Build Evidence Base

Transitioning to a Family Centered Approach: Best Practices and Lessons Learned from Three Adult Drug Courts

To download a copy:

www.cffutures.org/publication/transi
tioning-to-a-family-centered-
approach/
Discussion Guide *Understanding Treatment*

- For Child Welfare and Court Professionals
- Build stronger partnerships with treatment
- Ensure best treatment fit for families

@ [www.cffutures.org](http://www.cffutures.org)
Visit our table in the Exhibit Hall

Contact Information

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Advancing Justice for all Children and Families

Children and Families Program

NADCP ANNUAL TRAINING CONFERENCE

May 30 - June 2, 2018 | Houston, Texas
Welcome

Welcome to Houston - the city of champions (see #AstrosWSChamps) and strength and resiliency (see #HoustonStrong). This is a perfect place to convene the largest gathering of drug court professionals.

The Center for Children and Family Futures and the National Association of Drug Court Professionals are excited to partner once again to develop workshops and plenary sessions focused on better meeting the needs of children and families. These sessions will cut across all types of drug courts to bring a family-focus to treatment and recovery. This year we also begin to explore opportunities to take on a "new approach" by taking what works in Family Treatment Courts (FTCs) into serving the larger child welfare population in a continuum of care. The vision is that FTCs be part of larger systems change in their states and communities so that all families can have access to the services and supports they need to successfully achieve recovery and family safety.

The vision is big because the need is huge. We continue to see an increase in the foster care population, particularly infants affected by parental substance use. The opioid epidemic is drawing both public attention and federal resources to address this national tragedy. In the most recent appropriations, the Substance Abuse and Mental Health Services Administration (SAMHSA) will be funding over $70 million dollars in drug courts. Funding will also be provided to support states meet the requirements of the Child Abuse Prevention and Treatment Act (CAPTA), which includes the development of Plans of Safe Care for infants and their family/caregivers. The Families First Prevention Services Act (2018) was recently enacted and makes landmark changes to federal child welfare financing. This important piece of legislation will allow for federal Title IV-E dollars to reimburse states for substance use and mental health prevention and treatment services for families with children at imminent risk of being placed in foster care. These federal investments and legislative action will certainly open opportunities for the drug court field, including FTCs and their partner agencies.

But with added resources comes added responsibility and accountability. For the FTC field, this means adhering to quality implementation and evidence-based practices and examining issues of inclusion and equity in its programs. The FTC model was designed to mitigate the poor outcomes of families previously marginalized as a result of their substance use. Going forward, it is imperative that FTCs move beyond operating as set-aside projects and separate from the larger court, treatment, and child welfare systems. FTCs like all drug courts are problem-solving courts. By focusing on becoming part of the solution rather than contributing to existing problems, FTCs will ensure that they will seize the opportunity and leverage expanded resources to serve all children and families.

We encourage you to read the National Strategic Plan for Family Drug Courts released in March 2017. The Plan offers a roadmap for a coordinated national strategy to enhance and expand the FTC model to reach more children and families. Each of the presentations in the Children and Families track will connect to the Plan's goals. Session attendees will be encouraged to complete a Call to Action Card to help direct their next steps. We hope you find this Children and Families Program helpful as you plan your conference session attendance and take what you learned back to your community.

We have resources and a roadmap to achieve the big vision "for all families." We need champions, leadership, and every one of us to bring hope and promise to every community. After these few days in Houston, we want to hear about the steps you are taking to realize the FTC vision in your communities. Please be in touch with us and thank you for all you do for our nation’s children and families.
Drug courts are about serving families, whether or not they are family treatment courts, because a sizable segment of every drug court includes parents. And when parents are involved with the justice system and treatment systems, their children are often affected in ways that can last a lifetime.

Serving all families in drug court requires the kind of leadership that acts beyond the boundaries of a single project. Families in the child welfare system who are affected by substance use disorders need help from whole systems, not just isolated projects.

That kind of leadership demands specific strategies that respond to entire systems—the court system, the treatment system, the child welfare system, and the other child- and family-serving systems that can work together as a team. The kind of leadership that can move systems toward change has been visible in the most outstanding drug courts in the nation.

Common strategies include:

- Asking about children in the caseload—caring enough to count the whole family
- Setting goals that can be measured as part of a dashboard or score card that the collaborative court team uses as guideposts that measures not what agencies are doing, but whether families are doing better
- Using benchmark outcomes in the “business as usual” system to ask *are we producing better results* in reunification, remaining at home, recovery, re-entry, and re-occurrence—which can be summarized as “the 5Rs”
- Preparing sustainability plans that ask the question *what results do we need to prove to justify continued and expanded funding for our collaborative court*, and emphasizing to all partners in the collaborative court that accountability for better results means fidelity to national standards in staffing, data capacity, and evaluation of the impact on children and families.

This conference will spotlight innovative leadership that brings systems together to help children and parents. The challenge from here forward, as you return home, is to assess how well your collaborative courts are moving in that direction—and how to accelerate that progress.

Good luck on your journey!
What You Need to Know

What is it? On February 9, 2018, the Family First Prevention Services Act (FFPSA), as part of Division E of the Bipartisan Budget Act of 2018 (H.R. 1892) was signed into law. The bill makes historic changes to federal child welfare financing, including allowing, for the first time, federal Title IV-E dollars to reimburse states for substance use and mental health prevention and treatment services for children at imminent risk of being placed in foster care and their families.

There are three areas of FFPSA that relate to families affected by substance use and mental health services:

- **Reimbursement for Family Residential Substance Use Disorder Treatment** - Beginning October 1, 2018, states can receive Title IV-E reimbursement for up to 12 months for a child who has been placed with a parent in a licensed residential family-based treatment facility for substance abuse, provided that the child's case plan recommends this placement, the facility provides parenting skills training and individual and family counseling, and the treatment services be trauma-informed.

- **Reauthorization of Regional Partnership Grants** - FFPSA extends the RPG program in the Title IV-B, Subpart through FY2021 and makes some changes to the program effective October 1, 2018.

- **Use of Title IV-E Funds to Prevent Child Placement in Out-of-Home Care** - Beginning October 1, 2019, states will have the option to use Title IV-E funds for prevention services for children who are considered “candidates” for foster care – meaning, at imminent risk of entering foster care but able to safely remain at home or in a kinship placement if provided services. This includes children whose adoption or guardianship arrangement is at risk of disruption, and it includes young people in foster care who are pregnant and/or parenting. Parents or kin caregivers of these young people are also eligible to receive services.

Title IV-E dollars can only be used to provide services for a maximum of 12 months beginning on the date the child is identified in a prevention plan as a candidate for foster care or a pregnant and parenting foster youth in need of services. Children and families can receive these services more than once if they are later identified again as a candidate for foster care.

Two primary categories of services and programs are eligible: (1) Mental health and substance abuse prevention and treatment services provided by a qualified clinician; (2) In-home parent skill-based programs, which include parenting skills training, parent education, and individual and family counseling.

These services and programs must be trauma-informed, and they must meet certain evidence-based requirements that follow promising, supported, or well-supported practices as defined in the bill.

**How can I learn more?** On April 12, 2018, the Children's Bureau of the Administration for Children and Families released an Information Memorandum (IM) providing information on Family First Act (PL 115-123). Please visit: https://www.acf.hhs.gov/cb/resource/im1802

For more information, please contact your assigned Regional Program Managers of the Children Bureau (see Attachment D of the IM).

What is it? The Child Abuse Prevention and Treatment Act (CAPTA) was created in 1974 to provide Federal funding to States to support prevention, assessment, investigation, prosecution, and treatment activities related to child abuse and neglect. Since its initial passage, there have been three changes to CAPTA pertinent to infants with prenatal substance exposure. Most recently are amendments in the Comprehensive Addiction and Recovery Act (CARA) of 2016.

What does it do? CARA makes several changes to CAPTA, including:

- Requires that the Plan of Safe Care address the needs of both infant and the family or caregiver
- Specified data to be reported by States, to the extent practical, through National Child Abuse and Neglect Data System (NCANDS)
- Specified increased monitoring and oversight to ensure that Plans of Safe Care (POSC) are implemented and that families have access to appropriate services
- Removes the term "illegal" in regard to substance abuse

What is a Plan of Safe Care? POSC help systems and families prepare for a baby’s safe arrival and beyond. In practice, POSC may be defined as a document that inventories and directs services and supports to ensure the safety and well-being of an infant affected by substance abuse, withdrawal symptoms or Fetal Alcohol Spectrum Disorders, including services for the infant and their family/caregiver. POSC are collaborative and involve systems outside of child welfare services. POSC can specify the agencies that provide specific services, outline communication procedures among the family and provider team, and guide the coordination of services across various agencies with the family. POSC are family-focused to assess and meet the needs of each family member as well as overall family functioning and well-being. POSC are completed, when possible, in the prenatal period to facilitate early engagement of the family.

How is a Plan of Safe Care different than a CWS Safety Plan, Substance Use Disorder Treatment Plan, or Hospital Discharge Plan? CPS safety plans may focus on immediate safety of a child, while POSC focus on the safety and well-being of infants by addressing the health and substance use disorder treatment needs of the infant and family or caregiver.

Why is this important? Children under age 1 are the largest number of children placed in protective custody, nearly 50,000 infants in 2016. FDCs can play an important role to respond to this population. Built on a foundation of cross-system collaboration and comprehensive family-focused services, FDCs are well-positioned to partner with larger child welfare, substance use disorder treatment, court, and health care systems to implement POSC and other CAPTA provisions.

How do I learn more?

Attend the Concurrent General Session (CG-28): 'Developing a Plan of Safe Care: What You Need to Know about Serving Pregnant and Parenting Women with Opioid Use Disorders' on Friday, June 1st at 3:15 pm. You will learn from Dr. Nancy Young strategies to expand FTC collaborative approach to effectively serve mothers and their infants and how collaborative teams can develop an approach to implement comprehensive and effective Plans of Safe Care.

Register for our upcoming Family Drug Court Learning Academy Webinar on this same topic. A pre-recorded webinar is currently available and a live panel discussion is scheduled for June 14th. Additional learning materials and resources will be provided. Please visit: www.cffutures.org

This process may include more extensive follow-up plans that support families and focus on the longer-term well-being of the infant and caregiver. Substance use treatment plans may focus on treatment of adults, while POSC may include the treatment and broad services of the whole family including the infant and parent-child dyad. Hospital discharge plans may focus on the health and well-being of the infant, while POSC include the ongoing health and development of the infant as well as the educational and substance use disorder treatment needs of the family/caregiver who will be caring for the infant.
## WEDNESDAY, MAY 30, 2018

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<td>7:15am – 8:30am</td>
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<td>Discipline Specific Breakout: Family Treatment Court Practitioners</td>
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<td>Leading Change – Transforming, Expanding, and Advancing the Family Treatment Court Movement to Better Serve Children and Families</td>
<td>Alexis Balkey, Phil Breitenbucher, Theresa Lemus</td>
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<td>1:15pm – 2:30pm</td>
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<td>Moving Beyond Guidance: A Sneak Preview of the Upcoming National Family Drug Court Standards</td>
<td>Phil Breitenbucher, Jane Pfeifer, Terrence Walton, Meghan Wheeler</td>
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## THURSDAY, MAY 31, 2018

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<td>Alexis Balkey, Tessa Richter</td>
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<td>Part of the Problem or Solution? Ensuring Equity and Inclusion in Family Treatment Courts</td>
<td>Russ Bermejo, Phil Breitenbucher</td>
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<td>11:00am – 12:15pm</td>
<td>B-16</td>
<td>What Does Quality Treatment Look Like? Identifying Effective Substance Use Disorder Treatment for Families</td>
<td>Theresa Lemus</td>
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<td>General Assembly C</td>
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<td>11:00am – 12:15pm</td>
<td>VCC-B-3</td>
<td>Connecting Veteran Treatment Courts and Veteran Justice Outreach Services Through Collaborative Court Staffing: Improving Service Delivery to Veterans, Their Children, and Families Through Family-Centered Approaches</td>
<td>Jeremiah Jones, Larisa Owen, Hon. Mary Kreber Varipapa</td>
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<td>Room 340 A/B</td>
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<tr>
<td>1:45pm – 3:00pm</td>
<td>C-4</td>
<td>Strengthening Families and Supporting Success</td>
<td>Jennifer Foley, Margaret Lloyd, Jill Murphy, Hon. William Owens, Semret Nicodimos, Michelle Thomas</td>
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## THURSDAY, MAY 31, 2018

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<td>3:15pm – 4:30pm Room 370 A/D</td>
<td>D-4</td>
<td>Ready-Set-Go! 5 Key Planning Decisions to Help You Successfully Launch Your Family Treatment Court</td>
<td>Alexis Balkey, Jane Pfeifer</td>
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<td>3:15pm – 4:30pm Room 361 C/F</td>
<td>D-7</td>
<td>Healing the Family: Tribes and Counties Working Together Within the Family Treatment Court and Family Tribal Healing to Wellness Court</td>
<td>Hon. Mary Cardoza, Jennifer Foley, Hon. Charlene Jackson, Lauren van Schilfgaarde,</td>
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<td>4:45pm – 6:00pm Room 370 A/D</td>
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<td>A New Approach – Family Treatment Courts as Part of a Continuum of Care</td>
<td>Theresa Lemus, Judge Gail Meinster, Judge William Owens, Brenidy Rice, Tessa Richter</td>
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## FRIDAY, JUNE 1, 2018

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<td>10:30am – 12:00pm Room 310, Level 3</td>
<td>Closed Meeting</td>
<td>2018 Annual OJJDP Family Drug Court Training and Technical Assistance Grantee Gathering</td>
<td>Alexis Balkey, Phil Breitenbucher, Jennifer Foley</td>
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<td>1:45pm – 3:00pm Grand Ballroom A</td>
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<td>Family Matters – Transitioning to a Family-Centered Approach in All Drug Courts</td>
<td>Phil Breitenbucher, Carolyn Hardin</td>
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<td>Developing a Plan of Safe Care: What You Need to Know about Serving Pregnant and Parenting Women with Opioid Use Disorders</td>
<td>Nancy K. Young</td>
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**Wednesday, May 30, 2018**

**Discipline Specific Breakout - Judges-Juvenile, Family, and Mental Health Court**

Wednesday, May 30, 2018  
7:15am – 8:30am  
Session: DSB-3  
Room: 320 C


**Discipline Specific Breakout- Family Treatment Court Practitioners**

Wednesday, May 30, 2018  
7:15am – 8:30am  
Session: DS-16  
Room: 381 A/B

Facilitators: Russ Bermejo & Tessa Richter

Want to know what sessions you should attend? Have questions about the conference agenda? Need to discuss burning issues impacting your program? This year’s discipline-specific sessions are for you! This year’s conference includes opportunities for disciplines to meet and resolve burning issues and critical questions. Starting on Wednesday morning at 7:15am, expert practitioners who share your role on the team will facilitate the breakout designated for your discipline. The facilitator will review the conference program, identify sessions specifically designed for your role on the team, and lead discussion to address your burning issues.

**Leading Change – Transforming, Expanding, and Advancing the Family Treatment Court Movement to Better Serve Children and Families**

Wednesday, May 30, 2018  
8:45am – 11:45am  
Session: SB-13  
Room: 381 A/B

Presenters: Alexis Balkey, Phil Breitenbucher, & Theresa Lemus

Family Treatment Courts (FTCs) are problem-solving courts that emerged during the 1990s as an adaptation of the adult criminal drug court model to address the unique and complex needs of families affected by substance use disorders who are involved in the child welfare system. Well-functioning FTCs rely on multi-disciplinary and collaborative family-centered approaches, and experience outcomes that include significantly higher rates of participation and longer stays in treatment, higher rates of family reunification, and less time for children in foster care when compared to standard services.

This skills-building workshop provides a brief history of the FTC movement, highlights the state of the movement today, and identifies the issues that threaten to disrupt the future of FTCs. Using the National Strategic Plan for FTCs as a framework for this presentation, practitioners will discover the critical role of FTCs in achieving larger systems change including solution-oriented strategies to advance justice for all families affected by substance use disorders. Practitioners will develop their leadership skills by engaging in breakout discussions to explore innovative approaches that transform operations, expand the reach of services, and promote systems change.

**Learning Objectives:**

1. Explore progression of FTC movement from inception, to program enhancement and expansion, and towards systems change

2. Understand the goals of the National Strategic Plan and how they provide a roadmap for larger systems change

3. Develop leadership capacity to become a champion for the FTC movement and advance policy and practice in your jurisdiction

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**Holding Promise Giving Hope**

Access to effective FDCs is urgent as child welfare agencies struggle with the increasing number of children, particularly infants, entering out-of-home care as a result of the opioid crisis and the resurgence of methamphetamine and other drugs. Most importantly, FDCs hold promise to engage and motivate families in a way that gives hope for future generation.  
- Dr. Nancy K. Young, Executive Director of Children and Family Futures.
Wednesday, May 30, 2018
1:15pm – 2:30pm
Session: TS-13
Room: 340 A/B

Presenters: Phil Breitenbucher, Jane Pfeifer, Terrence Walton, & Meghan Wheeler

In 2017, the National Strategic Plan for Family Drug Courts (FDCs) was released outlining a coordinated national strategy to enhance and expand the use of FDCs to reach more children and families. Development of National FDC Standards is documented as one of the strategies and builds on the work of the Guidance to States: Recommendations for Developing Family Drug Court Guidelines. The Center for Children and Family Futures and the National Association of Drug Court Professionals through the support of the Office of Juvenile Justice and Delinquency Prevention have partnered in the development of the National Family Drug Court Standards. The goal of this effort is to create model standards to guide the daily operations of FDCs.

These Standards will help advance the FDC movement as they 1) provide a mutual understanding of the components necessary for a quality family treatment court and 2) guide the planning, implementation, operation, and assessment of FDCs. The Standards are expected to be published in late 2018. This listening session will provide an update on the development process of the National FDC Standards. This will also be an interactive session designed for FDC professionals to share their feedback and help advance the work of the National FDC Standards.

Learning Objectives:

1. Explore the need and development of National FDC Standards and how they align with the National FDC Strategic Plan

2. Gain understanding of how National FDC Standards are aimed at both practice-level and systems-level change

3. Learn how states and local jurisdictions can use National FDC Standards to improve FDC practice
Families involved in the child welfare system and affected by parental substance use disorders face a difficult and arduous journey towards achieving their recovery and reunification goals within the time limits set forth by the Adoption and Safe Families Act (1997). Family Treatment Courts (FTCs) provide a pathway for achieving positive outcomes through interagency collaboration, coordinated and comprehensive service delivery, and enhanced accountability. The phasing system of the FTC model, in particular, provides participants and the team visible steps for measuring progress and success. Many FTCs have moved beyond the traditional pre-set phasing structure focused on compliance and completing a checklist of requirements to one that accounts for parents’ strengths, readiness, and desired behavioral change. While some FTCs have redesigned their phasing system to align with the stages of reunification, others have integrated behavioral benchmarks into their current phasing structure. This presentation will explore the innovative and meaningful approach FTCs have adopted to better assess and prepare families for successful recovery and reunification. Attendees will be encouraged to define what “success” means for participant families by examining program requirements around perfect vs. safe, compliance vs. behavior change, and treatment vs. recovery.

Learning Objectives:

1. Understand phasing structure and assessing client progress and family readiness as a collaborative practice issue by raising the need for coordinated case plans and effective communication protocols across child welfare, treatment, and court systems.

2. Highlight different FTC program designs and phasing strategies which align with the timing and phasing of reunification, family maintenance supervision, and case termination in the dependency case.

3. Learn strategies to shift court staffing sessions from monitoring check boxes to identifying true behavior change.
Family Treatment Courts (FTCs) have been identified as a promising model in achieving positive outcomes for families affected by substance use disorders and involved in the child welfare system. In 2017, the National Strategic Plan for FTCs was released outlining a coordinated national strategy to expand the reach, ensure quality implementation, and build the evidence base of FTCs. As FTCs work towards these goals, it is important to assess whether the improved recovery, safety, and permanency outcomes achieved for FTC participants are similarly experienced by individuals of diverse racial and ethnic groups. The issue of racial injustice remains a national concern with continued attention on how various systems, including the courts, treatment and child welfare are serving families of color.

This session will share key opportunities for the FTC field and partner agencies to more closely examine their programs to ensure fairness, equal access, and proper matching of services for participant families. This session will share the descriptive findings of a data set from a federal initiative on whether racial disproportionality and disparities existed amongst a cohort of families participating in FTCs. This session will also highlight examples of FTCs that have examined this issue in their programs and taken important steps to ensure fairness and equity for families of color.

Learning Objectives:

1. Explore the topic of equity and inclusion along age, gender, race and ethnicity in court, treatment and child welfare systems
2. Understand how FTCs are in a unique position to be part of the solution to ensure equity and inclusion
3. Learn how other FTCs are monitoring and addressing racial disproportionality and disparities in their programs
4. Identify practical next steps for FTC practitioners and teams to ensure equity and inclusion for all participant families
What Does Quality Treatment Look Like? Identifying Effective Substance Use Disorder Treatment for Families

Thursday, May 31, 2018
11:00 am – 12:15 pm
Session: B-16
Room: General Assembly C
Presenter: Theresa Lemus

Court-involved families affected by substance use disorder often have complex and co-occurring needs which make them a challenging population to serve, especially when dependent children are involved.

A client’s successful involvement in an effective substance use treatment program is essential to promote family well-being and achieve positive court outcomes. When caregivers are referred to treatment as a condition to keeping or reunifying with their children, court systems must ensure that the most effective treatment for overall family recovery is available. It is critical that all systems and community partners have a common and thorough understanding of what effective and quality substance abuse treatment programs look like.

The National Center on Substance Abuse and Child Welfare (NCSACW) has developed a discussion guide designed to help court and other professionals increase their knowledge and understanding of the treatment available in their communities, and how it may (or may not) align with their clients’ needs. These guiding questions can help generate discussion with treatment partners, and assist court and other professionals to gain a better understanding of the types of services that fit the multiple needs of families.

The presenter will provide an overview of quality treatment, along with key concepts to consider that best aligns with the needs of parents, children, and families. The session will also provide attendees with an introduction to other cross-system training and technical assistance resources offered through NCSACW.

Learning Objectives:

1. Identify key elements of quality substance use treatment for families affected by substance use disorder
2. Learn about the treatment and recovery processes and how it impacts family well-being and the court case
3. Identify strategies and opportunities for judicial leaders to partner with substance use treatment providers to better serve families

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*from Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders (2016)*
Connecting Veteran Treatment Courts and Veteran Justice Outreach Services through Collaborative Court Staffing: Improving Service Delivery to Veterans, their Children, and Families through Family-Centered Approaches

Thursday, May 31, 2018
11:00am – 12:15pm
Session: VCC-B-3
Room: 340 A/B

Presenters: Jeremiah Jones, Larisa Owen, & Hon. Mary Kreber Varipapa

All collaborative courts are family courts when their participants include adults who have children. Recent survey results indicate that more than half of the participants served by Veteran Treatment Courts (VTCs) are parents with children. Prioritizing family-centered approaches in VTCs is justified based upon the trauma and substance use disorder service needs of veterans, their children, and families.

This session will explore the need to establish connections between VTCs with Veteran Justice Outreach programs while drawing upon existing family- and child-servicing agencies within the community. Participants will gain a greater understanding about how to improve service delivery by examining the collaborative strategies within the Ten Element VTC Framework. Highlights of this presentation include particular attention to parental stress, family trauma, and the associative factors of disrupted parent-child relationships including deployment, reintegration, and separation from service.

Presenters will make the case for family-centered approaches by drawing upon their collective experience as part of a coalition in Orange County, California which collaboratively operates service provisions to veterans involved in collaborative courts (i.e., Veterans Treatment Court, Domestic Violence Court) and mental health systems.

Learning Objectives:

1. Develop an understanding about the importance of applying family-centered approaches through a continuum of services to address the unique needs of veterans, their children, and families

2. Learn how to apply the key principles of the Ten Element VTC Framework to enhance collaboration, develop community partnerships, and improve service delivery to VTC participants

3. Increase an awareness and advance knowledge about the associative factors affecting parent-child relationships including deployment, reintegration, and separation from service.

90% of those who need SUD treatment do not receive them
Center for Behavioral Health Statistics and Quality, SAMHSA, (2014)
Strengthening Families and Supporting Success

Thursday, May 31, 2018
1:45pm – 3:00pm
Session: C-4
Room: 370 A/D

Presenters: Jennifer Foley, Margaret Lloyd, Jill Murphy, Hon. William Owens, Semret Nicodimos, & Michelle Thomas

The accountable, time-limited mandate for achieving permanency for children set forth in the 1997 Adoption and Safe Families Act (ASFA) drove the demand for a better and coordinated system response to meet the needs of families affected by parental substance use. This presentation will explore the impact of parental substance use on the parent-child relationship and the essential service components needed to address these issues. The King County Family Treatment Court (KCFTC) with the support of SAMHSA funds, enhanced services and achieved stronger outcomes for all clients through the addition of a new peer support position called the Family Recovery Support Specialist (FRSS). KCFTC will share how the FRSS position was created, the role it plays in the KCFTC program, and what was discovered through their process evaluation.

Judge Owens of Wapello County Family Treatment Court and Margaret Lloyd, PhD from the University of Kansas, will present the expansion of their court via the five-year federally-funded Regional Partnership Grant (RPG) project. The goal of this project was to provide a system of service coordination and implementation of Celebrating Families! and Strengthening Families programs. Attendees will examine evaluation outcomes including an increased likelihood of reunification and significant cost savings for those receiving these services.

Learning Objectives:

1. Understand the impact of parental substance use on the parent-child relationship and the essential service components needed to support healing, recovery, and reunification

2. Understand the importance of family recovery support and evidence-based parenting in achieving desired outcomes

3. Highlight the importance of evaluation to demonstrate effectiveness and secure resources for sustainability

Ready-Set-Go! 5 Key Planning Decisions to Help You Successfully Launch Your Family Treatment Court

Thursday, May 31, 2018
3:15pm – 4:30pm
Session: D-4
Room: 370 A/D

Presenters: Alexis Balkey & Jane Pfeifer

As the number of children in foster care continue to rise, communities across the nation are seeking strategies to improve outcomes for children and families involved in the child welfare system affected by parental substance use disorders (SUDs). The Family Treatment Court (FTC) model continues to garner attention nationwide as a promising solution for families affected by SUD and state and local leaders are seeking guidance on how to thoughtfully plan and launch an FTC program.
"Ready-Set-Go" continued

This presentation will explore essential decision points your Planning Team will encounter to ensure that your Family Treatment Court (FTC) is truly a collaborative effort designed to achieve improved outcomes for children and families. Drawing from the experiences of successful FTC leaders and the steps outlined in the newly published Family Drug Court Planning Guide (National Drug Court Institute, 2018), this presentation will share strategies and lessons to help make your planning process a success, Regardless of your role or discipline or where you are in the planning and implementation process, this presentation and highlighted resources will equip your team with the knowledge needed to successfully accomplish your mission and vision for children and families.

Learning Objectives:

1. Identify key decision and planning points for all Family Treatment Courts
2. Explore the important role of governance structure, leadership, and data during the planning process
3. Learn from the experiences of FTC teams that have successfully launched a FTC and hear about a newly published resource, Family Treatment Court Planning Guide

Healing the Family: Tribes and Counties Working Together Within the Family Treatment Court and Family Tribal Healing to Wellness Court

Thursday, May 31, 2018
3:00pm - 4:30 pm
Session: D-7
Room: 361 C/F

Presenters: Honorable Mary Cardoza, Honorable Charlene Jackson, Jennifer Foley, & Lauren van Schilfgaarde

The drug court movement led to numerous adaptations by jurisdictions and communities who wanted to take a problem-solving approach to better serve individuals and families affected by substance use disorders and other co-occurring issues. Child welfare and dependency court advocates developed the Family Treatment Court (FTC) model to improve the poor recovery, safety, and permanency outcomes for families affected by parental substance use. For tribal communities, the development of Family Tribal Healing to Wellness courts integrated drug court principles with tribal values, laws, and resources.

This workshop will discuss both movements, best practices, and strategies to improve collaboration between county and tribal communities. Each of the presenters will draw from available research and their own professional experience and expertise working with a multitude of programs.
The presentation will highlight how tribal child welfare systems differ from State and County systems and how the family-centered approach of both models uniquely promote family recovery and stability. Attendees who want to increase their understanding of tribal communities and learn strategies to better serve tribal families in their jurisdiction are invited to attend this session.

**Learning Objectives:**

1. Highlight the achievements and challenges of the Family Treatment Court and Tribal Healing to Wellness Court movements as adaptations of the drug court model

2. Explore the unique role and importance of tribal justice systems, family and holistic approach to recovery, and cultural values imbedded in Healing to Wellness Courts

3. Increase knowledge about the referral and other partnership considerations between tribes and counties

Families affected by substance use disorders who enter the dependency system are often given two options: standard dependency court or family treatment court. Yet, these families have a wide range of needs and protective and risk factors that require a more tailored approach. This presentation will explore how to build a continuum of care in your jurisdiction by matching service to need for all families in the child welfare system affected by SUDs. Family Treatment Courts (FTCs) are one part of this larger system of care designed to improve safety, permanency, and well-being outcomes for high-risk/high-need families.

Presenters will share lessons from the Statewide System Improvement Program (SSIP) where states institutionalized effective practices used by FTCs and incorporated them into the larger dependency systems to ensure all families have timely access to comprehensive and coordinated screening, assessment, and enhanced service delivery.
Panelists from Colorado and Iowa will discuss how they are applying FTC research to create “a new approach” in dependency court while utilizing the FTC intervention for families who need a more intensive level of care.

Learning Objectives:

1. Discuss opportunities and challenges of building a continuum of care responsive to families’ needs that provides proven practices to all families in your child welfare system affected by substance use disorders

2. Explore the lessons and experiences of Jefferson County, Colorado and Wapello County, Iowa as they integrate their FTC into a continuum of care

3. Identify opportunities to apply key lessons from the Statewide System Improvement Program (SSIP) initiative
Family Matters – Transitioning To a Family-Centered Approach in All Drug Courts

Friday, June 1, 2018
1:45pm - 3:00 pm
Session: CG-17
Room: Grand Ballroom A

Presenters: Phil Breitenbucher & Carolyn Hardin

All collaborative courts are family courts if their clients are part of a family system. Substance use disorders have a profound effect on all relationships in the family unit and recovery support must extend beyond the client to a more family-centered approach. This concurrent general session will offer judicial leaders and drug court professionals working in any drug court key strategies for implementing a family-focused approach. This presentation will make the case for why all drug courts should pay greater attention to children and families and that cross-system collaboration and communication are critical for family safety and recovery.

This concurrent session will draw from the findings of the recently published study by Center for Children and Family Futures and NADCP - Transitioning to a Family Centered Approach: Best Practices and Lessons Learned from Three Adult Drug Courts. Presenters will share lessons from three drug courts that transitioned from a traditional adult drug court to one that expanded services to families and children.

Learning Objectives:
1. Gain a greater understanding of the effect of substance use on the family, and the importance of addressing their needs as a critical part of recovery
2. Learn how cross-systems collaboration, communication, and community partnerships are critical in serving the complex needs of children and families in your drug court
3. Highlight key lessons, take-aways, and challenges from case studies conducted with three adult drug court programs at different points in transition to a family-centered approach

The parenting role of both women and men with substance disorders is a complex matter that cannot be separated from their treatment.
Developing a Plan of Safe Care: What You Need to Know about Serving Pregnant and Parenting Women with Opioid Use Disorders

Friday, June 1, 2018
3:15pm - 4:30pm
Session: CG-28
Room: Grand Ballroom A

Presenters: Nancy K. Young

The nation’s prescription drug and the opioid crisis have led to an increase in opioid use disorders among pregnant and parenting women. Best practices suggest the need for a collaborative response across systems to improve outcomes, reduce risks and adverse consequences for pregnant and parenting women and their infants, and help families remain together safely.

In July 2016, the Comprehensive Addiction and Recovery Act (CARA) was signed into law including amendments to the Child Abuse Prevention and Treatment Act (CAPTA). The CAPTA amendments focused on improving well-being and safety for infants affected by prenatal substance exposure and their families or caregivers by: including both legal and illegal substances in the categories of infants to be identified, specifying requirements for notification to child protective services, stipulating the development of a plan of safe care that includes the treatment needs of the family/caregiver in the plan, and increasing the monitoring requirements.

Family treatment courts are uniquely positioned to implement the changes to CAPTA because of their emphasis on collaborative practice and improving outcomes for families involved in the child welfare system who are affected by substance use disorders. This workshop will highlight strategies and best practices for serving pregnant and parenting women with opioid use disorders, expanding services within the family treatment court to serve the needs of mothers, families and their infants, and developing a family-centered Plan of Safe Care to improve the well-being and safety of infants with prenatal exposure and their families.

Learning Objectives:

1. Understand best practices in serving parenting and pregnant women with opioid use disorders and their infants

2. Identify strategies to expand the family treatment court collaborative approach to effectively work with parenting and pregnant women affected by opioid use disorders and their families

3. Learn how collaborative teams can develop an approach to implement comprehensive and effective CAPTA Plans of Safe Care

88% of states (N=44) had an increased rate of infants placed in out-of-home care from 2012 to 2016 (AFCARS Data, 2012-2016)
Alexis Balkey, MPA, RAS
FDC TTA Program Manager
Center for Children and Family Futures, Inc.,
25371 Commercentre Drive, Suite 250 | Lake Forest, CA 92630
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Alexis Balkey currently serves as the Program Manager for the National FDC Training and Technical Assistance Program at Center for Children and Family Futures (CCFF). She assists with project management and reporting tasks to compile and synthesize information on the lessons, results and policy and practice innovations of the FDC TTA Program. Additionally, she provides training and technical assistance to FDCs across the nation responding to over 900 requests in less than five years. Ms. Balkey is a Change Leader for the Statewide System reform initiative aimed at spreading the reach of Family Treatment Courts to all families within the child welfare system impacted by substance use disorders. Additionally, Ms. Balkey is a Change Leader for the Prevention and Family Recovery (PFR) initiative funded by the Duke Foundation Charitable Trust assisting jurisdictions to advance the capacity of their FDCs to provide more comprehensive family-centered care to children, parents and families affected by substance use disorders through integration and institutionalization of proven parenting services and developmental and therapeutic services for children.

Previous to her employment with CCFF, Ms. Balkey was the Program Manager for Riverside County Family Preservation Court, located in Indio, CA where she successfully managed a Family Treatment Court with multiple funding streams including the SAMHSA Children Affected by Methamphetamine (CAM) Federal grant. Ms. Balkey is an instructor for the William R. Mead Academy located in San Diego, CA with a teaching emphasis on case management, criminal justice, ethics, gender studies, cultural competency and co-occurring disorders.

Ms. Balkey is a certified addictive disorder counselor by the Breining Institute, College for the Advanced Study of Addictive Disorders with robust knowledge of alcohol and other drug treatment programs. Ms. Balkey received a Bachelor of Arts in Psychology and Bachelor of Arts in Criminal Justice from Temple University and a Masters of Public Administration from California State University, San Bernardino.

Russ Bermejo, MSW
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Russ Bermejo currently serves as a Senior Program Associate with the National Center on Substance Abuse and Child Welfare at Center for Children and Family Futures (CCFF). In this capacity, he facilitates technical assistance regarding child welfare and substance use disorder related issues for multiple projects. He has managed the Family Drug Court Learning Academy since 2010 and currently serves as a Change Leader Associate for the State-wide Systems Improvement Program (SSIP) supporting state leaders to develop and successful implement statewide plans to expand the reach of Family Treatment Courts (FTCs) and institutionalize FTC practices across state systems to serve more families. Mr. Bermejo also served as the Performance Management Liaison providing support to six FTCs awarded by the Children Affected by Methamphetamine (CAM) federal grant program (2010-2014).

Mr. Bermejo has 12 years of experience in public child welfare practice, including nearly 10 years as a Senior Social Worker with Orange County Children and Family Services. Prior to joining CCFF, Mr. Bermejo served in the Philippines as an Aftercare Fellow for International Justice Mission, where he worked on numerous aftercare projects focused on rescue and protection, reintegration, and economic self-sufficiency.

Mr. Bermejo earned a BA in Sociology from the University of California, Los Angeles and a Masters in Social Work, from California State University, San Bernardino.
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Phil Breitenbucher is a nationally recognized expert, author and speaker on family treatment courts. He currently is a Director at Center for Children and Family Futures, where he manages multiple programs and initiatives. Mr. Breitenbucher currently directs the National Family Drug Court Training and Technical Assistance Program and the Statewide System Improvement Program supported by the U.S. Office of Juvenile Justice and Delinquency Prevention. He is directing the Family Drug Treatment Court Grantee Performance Measurement and Technical Assistance project of the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and the Prevention and Family Recovery Initiative supported by the Doris Duke Charitable Foundation and Duke Endowment.

He has nearly 20 years of experience in the management of public child welfare and community-based prevention services, including the implementation and management of three Family Drug Court programs and four Family Resource Centers as well as various prevention, diversion and early intervention programs for children and families. He Co-Directed the Children Affected by Methamphetamine program supported by SAMHSA. He managed the design and implementation of an effective national training model, utilizing a wide range of computer-based and communications technologies. He directed the development and co-authored the *Family Drug Court Guidelines* publication and created the nation's first Family Drug Court Mentor sites. He serves as a consultant to states and local jurisdictions for the National Center on Substance Abuse and Child Welfare. He is the Vice-President and co-Founder of the California Collaborative Justice Courts Foundation.

Mr. Breitenbucher received his Master of Social Work from California State University, San Bernardino, Bachelor of Arts in Psychology from California Baptist University and his certificate in Addiction and Recovery from Light University.

Honorable Mary Cardoza
Chief Judge, Lummi Tribal Court
2665 Kwina Road, Bellingham, WA 98226
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Mary Cardoza has been Chief Judge of the Lummi Tribal Court since 2012 and is a Lummi Tribal member. She graduated from Hastings College of the Law in San Francisco and Seattle University as an Undergraduate. After working for a major Insurance Defense firm in San Francisco she honed her trial skills in the Alameda County District Attorney's Office in Oakland California trying over 100 cases. After returning home to the Bellingham Washington area she practiced as a Private Defense Attorney for the Lummi Nation for several years prior to taking the Bench.
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Jennifer Foley currently serves as Senior Program Associate at Center for Children and Family Futures (CCFF). In this role, Ms. Foley provides training and technical assistance to FTCs across the U.S., is a Change Liaison for grantees in the Regional Partnership Grant program and also provides training and consultation to assist with the implementation of the OH START program. Previous to her employment at CCFF, Ms. Foley spent 11 years in Eugene, Oregon at the Relief Nursery’s Accessing Success Recovery Support Program. Initially a Peer Support Specialist, she advanced to Alcohol & Drug Counselor, eventually managing the recovery support program for six years. Ms. Foley’s focus was serving parents with substance use disorders who were involved in the child welfare system. Then, she spent seven years as a child welfare caseworker. In 2013, she accepted the position as the Women’s Treatment Services Coordinator and the Access to Recovery Project Director with the Oregon Health Authority, and Oregon’s (NASADAD) Women’s Service Network Coordinator.

Originally from California, she moved to Oregon for college, receiving a B.S. degree from the University of Oregon in Sociology, with an area of concentration in Substance Abuse and Prevention.

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Carolyn Hardin is the chief of training and research for the National Association of Drug Court Professionals (NADCP), a non-governmental organization based in Washington, DC. Hardin oversees daily operations for NADCP’s three divisions: the National Drug Court Institute, National Center for DWI Courts and Justice For Vets. Hardin oversees the development and implementation of training for the organization. She currently travels nationally and internationally, assisting drug court teams with planning and operating successful drug courts. She received her master’s degree in public administration from the University of Akron in Ohio. She received her bachelor’s degree in public administration from Talladega College in Alabama. Her work experience includes resource development and acquisition, program planning and evaluation, and database management. Hardin has supervised probationers, parolees, and federal inmates. She has supervised special caseloads to include sex offenders, dual-diagnosis offenders and violent offenders.
Charlene Jackson is the Owner/Managing Attorney of the Jackson Law Firm, PLLC in Arizona. Her practice focuses primarily on representing and assisting Tribes with various legal issues as well as policy and organizational development and improvement. In addition to her legal practice, Charlene serves as an Associate Judge for the Town of Paradise Valley, Arizona, Chief Judge of the Fort Mohave Tribal Court of Appeals, Chief Judge of the Cedarville Rancheria Court of Appeals, Associate Justice for the Colorado River Indian Tribe, Judge Pro Tem for the Tonto Apache Tribe and Judge Pro Tem for the Washoe Tribe of California and Nevada. In addition, Charlene is a consultant for the Tribal Law & Policy Institute in West Hollywood, California providing training and technical assistance to tribes throughout Indian Country. She is also a consultant for the National Drug Court Institute, the training division of the National Association of Drug Court Professionals in Alexandria, Virginia.

In 2007, Charlene was invited to serve on the faculty of the National Tribal Justice Center at the National Judicial College and frequently trains tribal court judges from across the on issues including civil and criminal jurisdiction, domestic violence, child custody and protective orders. Prior to returning to private practice, Charlene previously served as the Chief Judge of the Fort McDowell Yavapai Nation, a Judge for the Gila River Indian Community, the Ak-Chin Indian Community and as a Judge Pro Tem for the City of Chandler. She also has served as an Appellate Judge for the Hualapai. Before her appointment to the bench, Charlene served as assistant counsel for two Arizona tribes.

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Jeremiah Jones is a combat veteran who served five years as a 25S (satellite communication systems operator-maintainer) with the U.S. Army. Deployed in 2007, he spent 15 months in the Diyala Province of Iraq in support of Operation Iraqi Freedom (OIF). Following his honorable discharge, Jeremiah returned home to his native California and earned an associate's degree in business administration and an associate's degree in sociology.

He is currently pursuing his bachelor's in sociology at California State University, Los Angeles. When he's not working or studying, Jeremiah can be found interacting with his fellow veterans through his affiliation with several veteran organizations, including Wounded Warrior Project (alumni), Team RWB (member) and The Mission Continues (member).
Theresa Lemus, MBA, RN, LADC
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Theresa Lemus is a Senior Program Associate at Center for Children and Family Futures where she works across multiple programs and initiatives to provide guidance, technical assistance, coaching, and training to states, counties, and jurisdictions across the United States and U.S. territories. She is nationally recognized for the work she does with family treatment courts and for her expertise in developing comprehensive withdrawal management services. In her role as Senior Program Associate, she works with programs and initiatives through the U.S. Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), the Doris Duke Charitable Foundation, and The Duke Endowment. Ms. Lemus serves as a consultant to state and local jurisdictions at the National Center on Substance Abuse and Child Welfare (NCSACW).

Her past experience includes administering and providing direct clinical services in the Health and Human Services field, in both physical and behavioral healthcare. She is the former Executive Director of a large non-profit treatment organization where she managed a multi-million dollar budget and a comprehensive continuum of care which included modified medical detoxification services. Her non-profit organization was a treatment partner in the nation’s first family treatment court in Reno, Nevada. Ms. Lemus served as a consultant to the National Drug Court Institute (NDCI) for almost a decade where she was an expert speaker/trainer and facilitated the development of new and expanding family treatment courts throughout the country.

Ms. Lemus has considerable knowledge and experience in program management, cross-system collaboration, integrated service delivery, program and resource development, sustainability, persuasive and technical writing, needs assessment and planning, research, evaluation, and policy analysis. She has extensive experience working with multidisciplinary teams, problem-solving courts, and collaborative practice programs. She is an effective facilitator and consensus builder. Ms. Lemus communicates effectively and draws upon her knowledge of effective clinical and business practice in substance use and mental health services, health care, child welfare, and the courts to provide the highest quality support to states and localities.

Ms. Lemus is a Registered Nurse, Licensed Alcohol and Drug Counselor, and a Certified Clinical Supervisor. She is a co-author and contributor to several publications, including the *Family Drug Court Training and Technical Assistance Needs Assessment* and the *Family Drug Court Guidelines*.

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Margaret H. Lloyd, Ph.D. is an Assistant Professor at the University of Connecticut School of Social Work. Dr. Lloyd’s research focuses on practice and policy addressing substance use disorders in child welfare, with particular attention to mothers of young children. Dr. Lloyd has over six years of experience evaluating family drug treatment courts in Iowa and Oklahoma and currently serves as Principal Investigator of a five-year SAMHSA-funded expansion of services for parents and children ages 0-5 in the Oklahoma County Family Drug Court. Additionally, Dr. Lloyd is investigating state-level changes to policies requiring child protective services notification of newborns prenatally exposed to substances, and whether these policies increase rates of child welfare referrals and foster care placement. She teaches MSW-level courses on policy and research.
Honorable Gail Meinster
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Ann Gail Meinster, was appointed as a District Court Magistrate in the First Judicial District in Colorado in January 2009 and heard primarily juvenile and domestic matters. In 2011, she was appointed as the Presiding Juvenile Judge for the First Judicial District. Judge Meinster hears dependency, delinquency and adoption matters and presides over the Family Integrated Treatment (FIT) Court which is a dependency drug court. Prior to her appointment to the bench, she was a partner in the firm of Meinster & Meinster, PC, where she practiced as a Guardian Ad Litem (GAL), Child and Family Investigator (CFI), and attorney for respondent parents throughout the state. Judge Meinster is a graduate of Mt. Holyoke College in Massachusetts, received her law degree from the University of San Diego School Of Law in California, and is licensed to practice law in California, Colorado, and Maryland. She formerly served as Assistant Park County Attorney representing the Department of Human Services. She has taught and facilitated trainings across the country relating to dependency and juvenile matters. Prior to her appointment to the bench, Judge Meinster served on various non-profit boards including the board for the Office of the Child’s Representative in Colorado.

In 2004 she was awarded the Linda T. Palmieri Award for Outstanding Service on Behalf of Children. Judge Meinster was named the Family Treatment Drug Court Judge of the Year at the Colorado Best Practice Team Convening in April 2015. In May 2016 Judge Meinster received the Leader of the Year Award from the Colorado Association of Addiction Professionals. Judge Meinster holds a Child Welfare Legal Expert accreditation (CWLE) from the ABA and NACC.

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Jill Murphy is the Program Supervisor of Washington’s King County Family Treatment Court, a therapeutic court designed to assist substance using parents who have lost custody of their children. She is also the Program Supervisor for the Parents for Parents Program in King County. This program pairs parents new to the dependency system with peer mentors to provide the new parents with additional support and education as they encounter the child welfare process. Prior to moving to Seattle, Mrs. Murphy worked for the Cook County Juvenile Court Clinic (CCJCC), where she facilitated requests for clinical information, evaluated parents’ ability to surrender their parental rights, and provided training and consulting on the CCJCC model. She has worked internationally helping legal professionals interview traumatized prisoners and conducting mental health evaluations for incarcerated men and women in Malawi.

She holds a Master of Arts degree in Clinical Social Work from the School of Social Service Administration at the University of Chicago and is licensed in the State of Washington.
**Semret Nicodimos, MPH**  
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Semret Nicodimos is a Research Associate in the Division of Public Behavioral Health and Justice Policy in the Department of Psychiatry and Behavioral Sciences at the University of Washington (UW). She earned her master’s degree in epidemiology in the School of Public Health at UW. She has over 5 years of experience in evaluation research methodologies for social, educational and behavioral interventions. She also has experience in population-based research in a variety of settings including Family Treatment Courts, Public Schools and school-based mental health clinics. She is currently the evaluator for the King County Family Treatment Court Expansion and Enhancement project.

**Larisa Owen, PhD, MBA**  
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Dr. Larisa Owen is a Program Director with the Center for Children and Family Futures (CCFF) since 2004. Dr. Owen serves as a Veterans and Special Projects Program Director who works on several programs including leading the Veterans and Military Families (VMF) projects within the organization in addition to research and evaluation of VMF projects. She is responsible for all veteran projects, including assistance in the planning and implementation of veteran treatment courts evaluation and technical assistance involving families in the VTC. Dr. Owen also coordinates the review of extensive resources and of new project development in several areas, including veterans and military families, health care reform, home visiting, and legal remedies for children and families affected by substance use disorders. She is the Co-Chair of the Center for Children and Families subcommittee working group of the Orange County Veterans and Military Families Collaborative.

Dr. Owen has extensive experience with issues facing active military personnel, veterans, reservists and their families. She managed the tracking and monitoring of all training and technical assistance provided by the National Center on Substance Abuse and Child Welfare (NCSACW), one of CCFF’s primary training and technical assistance programs. Prior to her work at CCFF, she held several senior management roles with experience in corporate and nonprofit organizations, where she was responsible for financial, administrative, human resources, legal, operations process improvements and decision making including the training curricula and logistics for corporate-wide training events focused on legal, human resources, safety, IT and risk management. She negotiated with government agencies on compliance issues, and on external funding development including identifying and preparing proposals for foundation and corporate funding prospects.

Dr. Owen currently serves as a member of the California State Military Reserve (CSMR). CSMR is a state-supported agency with the primary mission of supporting the Soldiers and Airmen of the California National Guard (CNG) in its Homeland Defense, Homeland Security missions and service to California during times of state emergencies. Captain Owen works with the Legal Support Command which provides legal services to deploying and returning military personnel. Dr. Owen is the wife of a Marine Corps veteran and the daughter of an Army veteran.

Dr. Owen received her Bachelor of Science in Criminology and Legal Studies, holds a Master’s degree in Business Administration, and has a Ph.D. in Public Policy and Law.
Judge William Owens was appointed as an Associate Juvenile Judge in November 1998. Judge Owens received his Bachelor of Arts degree from the University of Kansas in May 1981, and his Juris Doctor degree from Drake University Law School in May 1984.

Prior to his appointment to the bench Judge Owens served as Assistant Monroe County Attorney from 1984-1989, and Monroe County Attorney from 1990-1998. At the time of his appointment to the bench Judge Owens was President-Elect of the Iowa County Attorney’s Association. Judge Owens also was engaged in the private practice of law until his appointment to the bench, and at the time of his appointment was a partner in the law firm of Owens & Albers, L.L.P.

Judge Owens currently serves as co-chair of the Iowa Supreme Court's Advisory Committee for Children's Justice; is a member of the State Council of the Iowa Supreme Court Commission for Children's Justice; and is chair of the Juvenile Judge Committee of the Iowa Judge's Association.

Judge Owens was the recipient of the Outstanding Contributor to Recovery Award from Harold Hughes Hall Association in Ottumwa, Iowa in 2007 for his work with drug courts. In 2008 Judge Owens received the Supreme Court of Iowa Court Innovation Award for initiating a Family Treatment Court in Wapello County that serves the five counties where Judge Owens serves as an Associate Juvenile Judge. In 2013 Judge Owens received the Harold E. Hughes, Exceptional Rural Professional - Award of Excellence. This award is given annually by the National Rural Drug Abuse Network and goes to a rural professional who exemplifies outstanding contribution to the rural alcohol and drug abuse field. In 2015 the Wapello County Family Treatment Court was selected as a National Peer Learning Court by Center for Children and Family Futures, Inc., and United States Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Judge Owens is a member of the Iowa State Bar Association, Iowa Judges Association, and National Association of Drug Court Professionals. In 2015, in honor of their 150th Anniversary, Drake Law School named Judge Owens one of 150 alumni, students or faculty members who have best demonstrated the values of the Law School and have helped shape Drake Law into what it is today. In 2018 Judge Owens was appointed to the National Court Appointed Special Advocate (CASA) Judicial Leadership Council.

Judge Owens and his wife Heidi reside in Ottumwa, Iowa, and they have three daughters. Judge Owens is an avid runner and has competed in nine marathons.
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Jane Pfeifer currently serves as Senior Program Associate at Center for Children and Family Futures (CCFF). In this role, Ms. Pfeifer provides training and technical assistance to jurisdictions across the US, is a Program Management Liaison for grantees in the Regional Partnership Grant project and also acts as Change Liaison for Quality Improvement Center—Collaborative Community Court Teams. Past assignments include leading the Family Drug Court Peer Learning Court Project and the Family Drug Court Guidelines Project. Prior to her employment at CCFF she worked in the justice system, focusing on systems improvement and collaborative justice. As a consultant, Ms. Pfeifer has worked with public and private organizations providing training and technical assistance, grant writing and community resource development with an emphasis on case management, cultural proficiency, and effective collaboration.

Ms. Pfeifer has served as faculty to national organizations including the National Judicial College, the National Development and Research Institutes, the National Council of Juvenile and Family Court Judges, the National Drug Court Institute and the Justice Management Institute. Her teaching and training experience includes in-person as well as remote/virtual events and distance learning settings. She was also an adjunct professor at California State University—Chico in the Department of Political Science and Department of Sociology.

Ms. Pfeifer holds Bachelor’s Degrees in Social Work and Psychology, and a Master’s Degree in Public Administration and has been published in peer-reviewed journals.

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Brenidy Rice attended the University of Colorado, Denver where she received a graduate degree in Public Administration with a concentration in local government and policy. She has worked with the judicial department and problem-solving courts for over twelve years. She was the Colorado State Problem Solving Court Coordinator for six years and is now the Criminal Justice Programs manager with the State Court Administrator’s Office overseeing problem-solving courts, diversion and restorative justice programs. Brenidy has extensive experience in strategic planning, group facilitation, program implementation and evaluation. She speaks nationally on problem-solving courts, trauma-informed courtrooms and implicit bias and the impact on the criminal and child welfare system.
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Tessa Richter currently serves as a Program Associate for the National Family Drug Court Training and Technical Assistance Program at the Center for Children and Family Futures (CCFF). In this role, she provides technical assistance and support to FDCs across the nation. Additionally, Ms. Richter serves as the Program Manager for the Statewide System Improvement Program (SSIP), where she supports and oversees efforts to improve outcomes for families impacted by substance use disorders within the child welfare system through the institutionalization of effective FDC practices into larger statewide systems. Prior to her position with CCFF, Ms. Richter was the Problem Solving Court Coordinator and Juvenile Programs Coordinator for the 1st Judicial District in Colorado, where she coordinated the family treatment court program in Jefferson County, Colorado. She also has experience as a child welfare caseworker. She completed the Women’s Addiction Services Leadership Institute (WASLI) through the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2015.

Ms. Richter received her MSW from the University of Denver with an emphasis in Child Welfare and holds a Bachelor of Science in Human Development and Family Studies from the University of Missouri. She is a Licensed Clinical Social Worker.

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Michelle Thomas is a Family Recovery Support Specialist employed by King County Family Treatment Court (KCFTC). She previously worked as a supervisor for Seattle Goodwill working as a liaison for the Job Training Program. In this position, she was able to help families find and reach employment while navigating barriers, such as criminal background, single parenting, and citizenship concerns. She is also a graduate from King County Drug Diversion Court (KCDDC) and continues to be a peer support for KCDDC participants, sharing her story and giving hope to those in need. As a Drug Court Alumni, she is active in helping find ways to improve the program, and making suggestions and supporting clients in their recovery. She helps run a recovery retreat for women twice a year. As a parent in recovery who has previous experience with both tribal and state child welfare systems, Ms. Thomas also brings a wealth of personal experience to this position.
Lauren van Schilfgaarde
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Lauren van Schilfgaarde serves as the Tribal Law and Policy Institute's Tribal Law Specialist, which includes facilitating technical assistance to tribal courts, including Healing to Wellness Courts, and researching legal and policy issues as they face tribal governance and sovereignty. Prior to TLPI, Lauren served as law clerk for the Native American Rights Fund and the Legal Aid Foundation of Los Angeles. Lauren is licensed in the State of California, and currently serves on the board of the National Native American Bar Association, the American Bar Association's Center for Racial and Ethnic Justice, and the American Bar Association's Tribal Courts Council. She recently finished serving a 3-year term on the board of the California Indian Law Association. Lauren graduated from the UCLA School of Law, where she focused her studies on tribal and federal Indian law. While in law school, she served as president of the Native American Law Students Association and on the board of the National Native American Law Students Association. Lauren participated in two tribal clinics, including the Tribal Legal Development Clinic and the Tribal Appellate Court Clinic.

Honorable Mary Kreber Varipapa
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Judge Mary Kreber Varipapa, has served as an attorney in the Orange County Public Defender’s Office since 1998. She was an adjunct professor at the University of Phoenix Criminology Department from 2004 to 2007 and an attorney at Orange County Juvenile Defenders from 1996 to 1998 and at Santa Clara Juvenile Defenders from 1996 to 1997. Hon. Kreber Varipapa earned a Juris Doctor degree from the Western State University College of Law and a Bachelor of Arts degree from California State University, Long Beach. She fills the vacancy created by the retirement of Judge Ronald P. Kreber. Kreber Varipapa is registered without party reference. Hon. Mary Kreber presides over the programs at the Community Court. The sessions of the Drug Court and DUI court held there to serve residents of the Central Justice Center jurisdiction, while the several mental health courts, the Veterans Treatment Court, and the Homeless Outreach Court programs which are held there serve residents of the entire county. Veterans Treatment Court, which is convened at the Community Court, has attracted national attention as an innovative and effective way to help veterans overcome the issues that impede their full re-integration into society, while protecting public safety and reducing the costs associated with recidivism. The program, guided initially in 2016 by Hon. Joe Perez and thereafter by Hon. Mary Kreber, served during the year as a Mentor Court, as designated by Justice for Vets and the National Drug Court Institute.
Terrence D. Walton, MSW
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Terrence D. Walton, chief operating officer for the National Association of Drug Court Professionals (NADCP), is among the nation's leading experts in providing training and technical assistance to drug courts and other problem solving courts. Prior to being named COO in October 2015, Mr. Walton was the NADCP's chief of standards. In addition to being responsible for the daily operation of NADCP and planning the national conference, he retains his responsibility for establishing and implementing best practice standards nationwide. Mr. Walton was director of treatment for the Pretrial Services Agency for the District of Columbia (PSA). During his nearly 15 years at PSA, he was responsible for directing operations providing substance use disorder and mental health assessment, treatment, and social services for all adults released under PSA supervision in the District of Columbia. His responsibilities included, overseeing the city's adult drug court, the DWI initiative, the mental health units and various other programs for assessing, treating and supervising justice system involved men and women. Previously, he excelled as the director of what was then the District of Columbia’s leading adolescent outpatient substance abuse treatment center.

Mr. Walton has directed programs in Dayton, Ohio and Milwaukee, Wisconsin. He has helped evaluate a multi-million dollar White House anti-drug media campaign and served on the substance abuse task force as a part of the White House Best Practices Collaborative. In addition to his extensive work domestically, he has assisted addiction treatment programs in Bangladesh, Barbados, Guam, Mexico and Bermuda.

Mr. Walton is an internationally certified alcohol and other drug abuse counselor with over twenty-five years of experience helping individuals and organizations champion positive change. He holds a Bachelor of Arts in Psychology and a Master of Social Work degree with specializations in program administration and substance abuse. Noted for his practical strength-based approaches to complex issues, Mr. Walton is actively sought out for insight on treating and supervising justice system involved individuals who are living with substance use and mental health disorders. Mr. Walton is a member of the Motivational Interviewing Network of Trainers (MINT). A gifted and entertaining speaker, Mr. Walton travels extensively informing and inspiring audiences across the globe.

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Dr. Nancy K. Young is the Executive Director of Center for Children and Family Futures (CCFF), a California-based research and policy institute whose mission is to improve safety, permanency, well-being and recovery outcomes for children, parents and families affected by trauma, substance use and mental disorders. CCFF operates a number of evaluation and technical assistance programs. Since 2002, she has served as the Director of the federally-funded National Center on Substance Abuse and Child Welfare and the Director of the Administration on Children and Families technical assistance program for the Regional Partnership Grants since 2007. In 2010, Dr. Young began serving as the Director of the Office of Juvenile Justice and Delinquency Prevention’s technical assistance program for Family Drug Courts and the Statewide System Improvement Program in 2014. She led the effort to create the foundation-funded Prevention and Family Recovery Program to implement evidence-based parenting and children’s intervention in family drug courts in 2013.

In addition, Dr. Young has been involved in numerous projects related to public policy analysis, strategic planning and program evaluation through her work with these programs and serving as a consultant to various states, counties, tribes, communities and foundations on behalf of the children, parents and families affected by substance use and mental disorders involved in the child welfare and judicial systems.

Dr. Young is a graduate of California State University Fullerton and received her M.S.W. and her Ph.D. from the University of Southern California, School of Social Work.
Training and Technical Assistance

RESOURCES

Our Materials
The following training and technical assistance (TTA) resources are available at no cost and can be accessed on our website. Please contact us if you have any questions regarding any of our resources or if we can be of any further assistance.

Visit | www.cffutures.org
Email | fdc@cffutures.org
National Family Drug Court Strategic Plan

3 GOALS | Ensure Quality Implementation | Expand FDC Reach | Expand Research Base

A coordinated national strategy to enhance and expand the use of FDCs to reach more children and families.

The Vision

Every family in the child welfare system affected by parental/caregiver substance use disorders will have timely access to comprehensive and coordinated screening, assessment and service delivery for family’s success.

Visit www.cffutures.org
This publication provides information on best practices and collaborative principles to develop and sustain Family Drug Courts, and incorporates up-to-date research supporting key strategies. The Guidelines will assist policy makers and practitioners to enhance and expand these programs.
The Family Treatment Court (FTC) Planning Guide published by the National Drug Court Institute and the Center for Children and Family Futures (2018) is designed to provide step-by-step instructions for a team planning to start and implement an FTC in their community.
Family Drug Court Learning Academy

Launched in 2010, the Family Drug Court Learning Academy offers a series of web-based training events to help FDCs assess their needs, initiate strategic planning, improve programs, evaluate performance and sustain their programs. The Learning Academy meets the wide range of learning needs of the FDC field by offering different levels of learning communities that focus on the needs of FDCs at different developmental stages (i.e., planning, early implementation, enhanced and advanced practices, systems change).

20 Café Conversations
Learn | Share | Do

APRIL 2018
Ready-Set-Go! Key Planning Decisions to Help You Successfully Launch Your Family Drug Court

JUNE 2018
Planning for Safe Care - What Your FDC Needs to Know About Women and Infants Affected by Opioid Use Disorders

AUGUST 2018
Part of the Problem or Solution? Addressing Racial Disproportionality and Disparities in FDC

SEPTEMBER 2018
Change vs. Checklist - Rethinking Phases, Recovery, and Readiness in Your FDC

Join Us!
Visit
www.cffutures.org
for registration information!

Watch Video Presentation
Team Discussion Guide
Attend Live Café Conversation

Take an Action Step

Family Drug Court Peer Learning Court Program

New sites recently awarded!

The eight mentor courts, selected through a rigorous application process, have each demonstrated commitment to evidence-supported practices, innovative strategies to improve outcomes for children and families, and a strong foundation of collaboration among the court, child welfare, and substance use treatment agencies. The 2018 Peer Learning Courts will help to advance the family drug court movement by furthering the exchange of learning through peer-to-peer technical assistance. Family drug court professionals and those interested in learning more about the model are encouraged to visit these mentor courts and witness their teams in action.

- Dunklin County Family Treatment Court, Missouri
- Jefferson County Family Integrated Treatment Court, Colorado
- King County Family Treatment Court, Washington
- Miami-Dade County Dependency Drug Court, Florida
- Sacramento County Early Identification Family Drug Court, California
- Tompkins County Family Treatment Court, New York
- Tulsa County Family Drug Court, Oklahoma
- Wapello County Family Treatment Court, Iowa

“Now more than ever..”

..with 450 family drug courts across the nation, more jurisdictions moving to a continuum of care for all families affected by substance use disorders, and the upcoming release of the National Family Drug Court Standards means we look to our Peer Learning Courts to share their invaluable experiences overcoming barriers and implementing collaborative solutions. We recognize the importance of peer-to-peer learning and look forward to partnering with these mentor courts to deliver timely and responsive training and technical assistance to the field.”

Dr. Nancy Young, Executive Director of the Center for Children and Family Futures.
Family Drug Court
Online Tutorials

In July 2017, the Center for Children and Family Futures launched the *Family Drug Court Tutorial* which provides self-paced learning opportunities for anyone wanting to gain a basic and introductory knowledge of the FDC model and operations. Designed using a web-based platform and using the *FDC Guidelines* as a framework for instruction, the tutorial is divided into five learning modules consisting of updated content, video clips, links to additional training and technical assistance resources, and quiz questions to enhance the learning experience.

The Tutorials take approximately 4-5 hours to complete, and offer a Certificate of Completion upon successful completion of all five modules and passing a Final Quiz.

**Learning Modules**

1. **Overview of the FDC Movement and Model**
2. **Foundation of Shared Mission and Values**
3. **Services to Children and Parents**
4. **Agency Collaboration and Information Sharing**
5. **Achieve Shared Outcomes**

Visit [www.fdctutorials.org](http://www.fdctutorials.org)
Online Tutorials

- CHILD WELFARE
- SUBSTANCE ABUSE TREATMENT
- LEGAL

Professionals

The free tutorials focus on the subjects of substance abuse and child welfare; they support and facilitate collaboration between the child welfare system, the substance abuse treatment system and the courts. Continuing Education Units (CEUs) are available upon successful completion of a tutorial.


Tutorial 3: Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Legal Professionals

National Center on Substance Abuse and Child Welfare

NCSACW is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Administration on Children, Youth and Families (ACYF), Children’s Bureau.

www.ncsacw.samhsa.gov
A collaborative approach to the Treatment of Pregnant Women With Opioid Use Disorders

This publication provides an overview of the extent of the opioid use by pregnant women and the effects on the infant and highlights recommendations for treatment approaches from leading professional organizations based on evidence-based practices. An in-depth case study is also included so collaborative teams can adopt and adapt key components and lessons in their jurisdiction. The publication also includes a Guide for Collaborative Planning to support teams in their planning and implementation efforts.

Please contact ncsacw@ccfutures.org or visit www.ncsacw.samhsa.gov if you have any questions regarding this publication or need additional resources to help you address the opioid crisis in your community.
Prevention & Family Recovery

The Prevention and Family Recovery (PFR) initiative seeks to advance the capacity of Family Drug Courts (FDCs) and their partner agencies to provide and sustain a comprehensive family-centered approach to improve child, parent and family outcomes.

The Prevention and Family Recovery initiative is generously supported by the Doris Duke Charitable Foundation and the Duke Endowment.

PFR Grantee Case Studies

- Provides context rich stories and lessons on how each Grantee implemented a family-centered approach in their FDC program
- PFR Grantees Round 1 included: Pima County, AZ; San Francisco, CA; Robeson County, NC; and Tompkins County, NY

PFR Briefs

- Highlights cross-cutting lessons and experiences of PFR Grantees (Round 1)
- Best practices to help DCs move from an independent program within the court to an integrated cross-systems collaborative centered on the whole family unit
- Brief 1: Overview of the PFR Initiative
- Brief 2: Key Lessons for Implementing a Family-Centered Approach
- Brief 3: Cross-Systems Collaboration, Governance and Leadership
- Brief 4: Evidence-Based Program Implementation within the FDC Context: Finding the Right Fit
- Brief 5: Building the Performance Monitoring and Evaluation Capacity of Family Drug Court

Visit www.cffutures.org
Transitioning to a Family-Centered Approach

Best Practices and Lessons Learned from Three Adult Drug Courts

This publication released by Children and Family Futures and the National Drug Court Institute, offers professionals working in adult drug courts key strategies for implementing a family-focused approach, with particular focus on enhanced collaboration, communication, shared knowledge, addressing the needs of families and children, funding, sustainability, and outcomes. This publication highlights three adult drug courts from Florida, Michigan, and Montana and their process of transitioning from a traditional adult drug court to one that has expanded services to families and children.

Attend the Session!
Check-out the Concurrent General Session (CG-17) on Friday June 1st 1:45 - 3 pm at Grand Ballroom A

www.cffutures.org
The National Quality Improvement Center for Collaborative Community Court Teams is funded by the Children’s Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services. The goal of this grant initiative is to improve outcomes for infants and families affected by substance use disorders and prenatal substance exposure.

A total of 15 demonstration sites were selected through a competitive and rigorous application process. With the assistance of dedicated Training and Technical Assistance Change Teams, each of the demonstration sites will design, implement and test new and innovative approaches that meet the requirements of the Comprehensive Addiction and Recovery Act (CARA) amendments to the Child Abuse Prevention and Treatment Act (CAPTA) and that better meet the needs of infants and families. Evaluation findings and lessons from demonstration sites will provide the field and local courts across the country with valuable information on the most effective multi-system strategies and approaches to improve the way in which parents and caregivers and their children are served.

The QIC-CCCT demonstration sites are:

- Oklahoma Department of Mental Health and Substance Abuse Services - Oklahoma County Family Drug Court; Okmulgee County Family Drug Court; Tulsa County Family Drug Court
- Yurok Tribe for Northern California Tribal Court Coalition - Humboldt County – Yurok, Hoopa Valley and Karuk Tribe; Del Norte County – Yurok Tribe
- Alabama Administrative Office of Courts - Jefferson County; Jackson County
- Supreme Court of Ohio - Coshocton County Probate and Juvenile Court; Fairfield County Juvenile and Probate Court; Trumbull County Family Court
- Supreme Court of Georgia, Committee on Justice for Children - Douglas County Juvenile Court
- Family Support Services of North Florida, Inc.
- Arizona Superior Court in Maricopa County, Juvenile Department
- Alaska Court System - Palmer Therapeutic Courts
- Harris County, Texas

Visit www.cffutures.org/qic-ccct
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

For more information, visit: www.cffutures.org