Building the Foundation for Systems Change

The FTC Trifecta

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Why?

Improve outcomes for more children and families

If it works, why isn’t it working for more kids and families?
What?

**Systems Change:** A permanent shift in doing business that relies on **relationships** across systems and within the community to secure needed **resources** to achieve better **results** and outcomes for all children and families.
How?

Leadership

Governance

Structure

Collaborative

Capacity
How?

Leadership

Governance Structure

Collaborative Capacity
Involved in Systems That Struggle to Serve Them

The lack of coordination and collaboration across child welfare, substance use disorder treatment, health care, and family or dependency court systems has hindered their ability to fully support these families.
3 Systems with multiple:

- Mandates
- Training
- Values

- Timing
- Methods

Common Vision
Extraordinary Effort
Court
Drug Treatment
Child Welfare
What is Collaboration?

**Is:**
- Based on Understanding different Values and Beliefs
- Shared Outcomes
- Joint Accountability
- Prioritizing needs of families over interests of individual agencies, organizations or systems

**Not**
- Meetings
- Signing an MOU
- Working together to achieve only the goals of the Project
Warning Signs of Weak Partnerships

- Low-buy in from potential referral sources – CWS, parent attorneys
- Conflict or lack of understanding of each other’s time frames and mandates
- No systemic tracking of what happens to families after parental substance use is identified
- Lack of case coordination – multiple screenings, assessments, case plans
Critical Components for Effective Collaboration

- Trust
- Shared mission, vision and goals and a common definition of participant success
- Understanding of each partner’s operations, needs, values and competing demands
- Clear roles and responsibilities for all partners—individual team members as well as the agencies they represent
- Shared decision making
- Cross-systems training on best practices and proven interventions to improve parent, child and family outcomes
Opportunities for Assessing Collaborative Capacity

- Examine mission & values – where is there agreement and divergence?
- Conduct systems walk-throughs – how are clients moving through systems?
- Conduct drop-off analysis – what happens to clients?
- Data profile to establish data baselines – compared to what?
- Feedback from front-line staff and providers – what is really happening?
- Feedback from clients – what is their experience?
- Assess cross-training needs – where are the knowledge gaps?
How?

Collaborative Capacity

Governance Structure

Leadership
Why is Governance Structure Important?

Why your FDC needs a governance structure:

• Cross-systems to ensure broad buy-in, representation, and investment
• Leadership at all levels to ensure decision making powers and adequate information flow
• Cover critical functions – ensure quality and effective service delivery, barrier-busting, garner resources
• Increases likelihood of sustaining lasting change
What are Critical Components for Effective Governance Leadership?

- Three-tiered structure that includes oversight committee, steering committee and core treatment team
- Cross-systems agency representation with members who have the authority to make needed practice and policy changes
- Collaborative decision making that involves all partners and is not driven primarily by FDC staff
- Defined mission statements
- Regular, ongoing meetings to identify and address emerging issues
- Formal information and data sharing protocols
The Collaborative Structure for Leading Change

**Oversight/Executive Committee**
- **Membership**: Director Level
- **Meets**: Quarterly
- **Primary Functions**: Ensure long-term sustainability and final approval of practice and policy changes

**Steering Committee**
- **Membership**: Management Level
- **Meets**: Monthly or Bi-Weekly
- **Primary Functions**: Remove barriers to ensure program success and achieve project’s goals

**FDC Team**
- **Membership**: Front-line staff
- **Meets**: Weekly or Bi-Weekly
- **Primary Functions**: Staff cases; ensuring client success
FDC Team

Membership

Front-line staff

Meets

Weekly or Bi-Weekly

Primary Functions

Staff cases; ensuring client success
Steering Committee

Membership: Management Level

Meets: Monthly or Bi-Monthly

Primary Functions: Remove barriers to ensure program success and achieve project’s goals
5 Standing Agenda Items for Steering Committee Meetings

1. Data dashboard
2. Systems barriers
3. Funding and sustainability
4. Staff training and knowledge development
5. Outreach efforts
Oversight/Executive Committee

Membership

- Director Level

Meets

- Quarterly or Semi-Annually

Primary Functions

- Ensure long-term sustainability; review and use data reports; give final approval of practice and policy changes
Building Trust – Cross-System Collaboration

Partners across systems have:

- Agree upon shared mission
- Identified shared goals
- Obtained knowledge about their own and each other’s data system capacities
- Develop case-level information sharing protocol
- Established cooperative working relationships to track families involvement across systems
- Secured support and buy-in for performance monitoring at all levels
Warning Signs of Weak Governance

- Lack of clarity of roles and responsibilities
- Lack of understanding of function of different committees and how they interact
- Loss of momentum and commitment by members over time
- Missing partners or wrong levels of authority at the table
- Ineffective or inadequate information flow
Opportunities to Build a Strong Infrastructure

- Identify the right people for the right committees and workgroups
- Be crystal clear about functions, membership, roles and responsibilities
- Need strong leadership to pull and keep momentum in between meetings
- Ensure information flow between different committees and FDC Team
- Develop multi-year staff development plan that includes training on working together
Governance is the structure of leadership body that can make policy decisions about an initiative or a collaborative

Leadership is about providing the vision and the drive to use resources to get results – and vice-versa – while building trusted relationships within staff and amongst partners
What Priorities Drive the Pieces of the Pie

- Federal - Child Programs: $470 billion
- Public Child Welfare: $30 billion
- FDCs: $25 million
Redirection of Resources Already Here

Pilots, Demos, and Grant-funded Projects

The “Real” Resources Already in the Community

Do any of these entities share and serve the same families?

Drug Courts

- TANF
- Domestic Violence
- Hospitals
- Medicaid
- Courts
- Families
- Schools
- Police
- Housing
- Mental Health
- Substance Use Disorder Treatment

Drug Courts
What is Leadership?

• More than managing a project or program
• More than calling a meeting with an agenda

Ensures adequate information flow
• Demands and uses data and info for critical decision making and to set priorities
• Championing the mission – improved outcomes for children and families
• Persuasion – making the case
Effective leaders approach barrier-busting as a norm; they don’t take barriers for granted.

They know the difference between barriers and excuses:

• Confidentiality won’t let us share information
• Other agencies don’t understand our clients
• Our funders won’t let us do it
• We don’t have the funding to take our efforts to scale

Barrier Busters

What Type of Leadership is Needed?
Adaptive Leadership:

• “is the practice of mobilizing people to tackle tough challenges and thrive” (Ron Heifetz, 2009)

• Is different than management which is about coping with technical challenges which can be resolved with access to appropriate people

• Approaches new partners with empathy by framing question of how can the Project meet their needs and agendas
What Type of Leadership is Needed?

Client-centered leaders:
• Focus on what happens to clients and focus on how services affect children and families
• Understand results-based accountability by tracking key measures and indicators
• Hold meetings that move beyond simply reporting “What our agency did last month” to asking “Are the children and families we serve doing better?”
Opportunities to Build Strong Leadership

**Barrier-Busting Leadership** – What are the most significant barriers or challenges in your collaborative right now? How are these reported up to the Steering Committee?

**Adaptive Leadership** – Are there any partners right now that are missing from your governance structure? What are some strategies you have tried to engage community partners in your FDC?

**Client-Centered Leadership** – Has your FDC utilized or conducted Drop-off Analysis? Systems Walk-Through? Data Dashboards? If so, what was the result and/or impact? If not, which tool are you the most interested in?
Importance of Cross-Agency Leadership

- Leadership does not “just happen”
- Needed at every level
- Capable of systems thinking and has effective relations in larger system
- Data-driven and problem-focused
- Sees barriers as goals and targets for change
- Opportunity to shape a policy environment to move toward expansion and institutionalization
Q&A and Discussion
Roles and Responsibilities:
Collaborative Case Planning and Information Sharing

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Children and Family Futures
WHOSE job is it?

...and how do we stay in our lane?
Collaborative Case Staffing

Everyone has a voice and role

But stay in your lane
The FDC Team works together:

To monitor:
- Child safety and needs
- SUD treatment
- ASFA time limitations
- Service plan adequacy and compliance
The FDC Team works together:

To coordinate:
- Case multiple case plans to ensure consistency and avoid duplication
- Unique and over-lapping roles of other team members and reinforce each other’s activities
- To maintain consistent approach with families
The FDC Team works together:

To communicate
- Critical information in a timely manner
- Any needed adjustments to ensure safety, appropriate clinical intervention, and timely reunification
- FDC progress to inform CWS case reviews and permanency hearings
Understanding Current Operations

Partners need an in-depth understanding of each other’s systems and how they impact each other

- How does that affect the families you serve?

In developing this understanding, partners:

- Raise awareness about unknown processes
- Clarify misunderstood processes
- Develop a shared, common language
- Identify opportunities for improvements
Key Steps to Building an Effective Collaboration

• Establish individual and cross-system roles and responsibilities
• Establish joint policies for information sharing
• Develop integrated case plans
• Develop shared indicators of progress
• Monitor progress and evaluate outcomes
FDC Coordinator Roles & Functions

- Contract management
- Compile data and reporting
- Prepare and manage FDC docket
- Maintain individual client files
- Oversee budget and resources
- Garnering community support
- Provide case management
Key FDC Case Management Functions

- Assessment
- Planning
- Linkage
- Monitoring
- Advocacy
Therapeutic Jurisprudence

• Engage directly with parents vs. through attorneys
• Create collaborative and respectful environments
• Convene team members and parents together vs. reinforcing adversarial nature of relationship
• Rely on empathy and support (vs. sanctions and threats) to motivate

_Lens, V. Against the Grain: Therapeutic Judging in a Traditional Court. Law & Social Inquiry. American Bar Association. 2015_
The Judge Effect

• The judge was the single biggest influence on the outcome, with judicial praise, support and other positive attributes translating into fewer crimes and less use of drugs by participants (Rossman et al, 2011)

• Positive supportive comments by judge were correlated with few failed drug tests, while negative comments led to the opposite (Senjo and Leip, 2001)

• The ritual of appearing before a judge and receiving support and accolades, and “tough love” when warranted and reasonable, helped them stick with court-ordered treatment (Farole and Cissner, 2005, see also Satel 1998)
Duties of the Parents’ Counsel

- The duty to provide competent representation entails knowledge of the area of dependency law (Welfare & Institutions Code (WIC) § 317.5(a); Cal. Rules of Prof. Conduct, Rule 3-110(B), (C))
- This includes Substance Abuse (California Rules of Ct., Rule 5.660(d)(3); WIC § 218.5)
- The parents’ attorney shall: Engage in case planning and advocate for appropriate social services using a multidisciplinary approach to representation when available (The American Bar Association (ABA) approved Standards of Practice for Attorneys Representing parents’ in Abuse and Neglect Cases)
- While parents’ counsel have the duty to provide zealous advocacy, dependency cases are required to be conducted in as informal and non-adversarial atmosphere as possible (Welfare & Institutions Code § 350(a)(1); Cal. Rules of Ct., Rule 5.660(d)(4).)

Duties of the Children’s Counsel/GAL

- Meets with and establishes rapport with the child
- Disclose information from the child as is appropriate to assure child’s best interest
- Present an assessment of child’s best interest to the court via reports and recommendations
- Child’s capacity does not alter the responsibility to assess child’s best interest and advocate for the same
- Contacts those persons significantly affecting or having relevant knowledge of the child’s life, examines records and investigates the child’s situation
- Review and file pleadings, actively participate in court proceedings
- Recommend additional evaluations of the child, as necessary
- Monitor compliance with court orders
- Requests the court to appoint an attorney to represent the child if the child’s wishes differ from the recommendations
Parents' Counsel advise clients as to risk and benefits of program and ultimately sell program to clients.

Success of program requires agreements by all players.

Keep parent focused on the ultimate goal of reunification. Avoid derailing progress litigating smaller issues such as missed tests.

Parents' Counsel perspective is critical to overcome problems.

Assist in ensuring client’s service needs are addressed.
Critical Duties of Parents’ Counsel

Maintain confidential information of the client (attorney-client privileged communication)

• Duty of loyalty
• Avoid conflicts of interest
• Provide zealous advocacy
• Provide competent representation
• Maintain communication with client
• Protection of parents’ procedural rights
• Conduct an independent investigation
Gives the children a voice

- They are children who arrive at kindergarten not ready for school
- They are in special education caseloads
- They are disproportionately in foster care and are less likely to return home
- They are in juvenile justice caseloads
- They are in residential treatment programs
Other Service Enhancements

- Therapeutic-based parent-child interventions
- Trauma-focused interventions
- Developmental and behavioral interventions
- Quality visitation and family time
- Family functioning assessment tools – N. Carolina Family Assessment Scale (NCFAS)
LIAISON at STAFFING and COURT
• Attends staffing and court sessions
• Communicates with FDC team and shares appropriate client-level information

TREATMENT PLANNING and PROVISION
• Develops treatment plan for parents
• Determines level of care appropriate for parent
• Provides treatment

ADVISOR
• Assists team in understanding how to support therapeutic efforts
Functions of Recovery Support

LIAISON
• Links participants to ancillary supports; identifies service gaps

TREATMENT BROKER
• Facilitates access to treatment by addressing barriers and identify local resources
• Monitors participant progress and compliance
• Enters case data

ADVISOR
• Educates community; garners local support
• Communicates with FDC team, staff and service providers
Monitoring Cases

- Case Staffings
- Family Team Meetings
- Judicial Oversight
- More frequent review hearings
- Responses to behavior
How should clients be monitored and supported

The importance of Supporting Families Towards Recovery and Reunification
Family Recovery

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
Collaborative Case Planning

1. Incorporate objectives in the child welfare case plan related to a parent’s treatment and recovery.
2. Ensure that child welfare case plans and treatment plans do not conflict.
3. Joint reviews of case plans with treatment staff and family.
4. Share case plans with treatment providers.
5. Regularly review a parent’s progress to meet goals in the case plan, especially after critical events.
6. Identify indicators of a parent’s capacity to meet the needs of their children and outcomes of the case plans.
7. Regularly monitor progress and share it with treatment staff.
Two Levels of Information Sharing

Front-Line Level (micro)
- Case management
- Reporting
- Tracking

Administrative Level (macro)
- Baselines and Dashboards
- Outcomes
- Sustainability
Is This How we Communicate?
WHO needs to know WHAT, WHEN?
COMMUNICATION BRIDGES—WHO NEEDS TO KNOW WHAT AND WHEN?

Families affected by substance use disorders are often simultaneously involved with multiple systems. As a result, systems need:

- A coordinated response
- Understanding of similar or parallel procedures
- Formal and clear patterns of communication during three distinct stages:

**Stage I: Determining Presence and Immediacy:** Is there a substance use or child abuse and neglect issue in the family, and if so, what is the immediacy of the issue?

**Stage II: Determining Nature and Extent of the Issue, and Treatment and Case Plans:** What are the nature and extent of the substance use or child abuse and neglect issue? What is the response to the substance use or child abuse and neglect issue?

**Stage III: Monitoring Change, Transitions, and Outcomes:** Are there demonstrable changes? Is the family ready for transition, and what happens after discharge? Did the interventions work?
In your team, discuss the following questions:

1. Who provides case management? (Consider the five functions: Assessment, Case Planning, Linkage, Monitoring, Advocacy)

2. Is there overlap, duplication or gaps in services being provided? If so, what can be done about it?
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.

Ensure Quality Implementation

Expansion of FDC Reach

Build Evidence Base

www.cffutures.org/fdc
2015 Special Issue

Includes four Family Drug Court specific articles presenting findings on:

• Findings from the Children Affected by Methamphetamine (CAM) FDC grant program
• FDC program compliance and child welfare outcomes
• Changes in adult, child and family functioning amongst FDC participants
• Issues pertaining to rural FDCs

www.cwla.org
Family Drug Court Learning Academy

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

www.cffutures.org
Governance Structure & Leadership

Is Your FDC Built to Last or Left to Fade

View the Recorded Webinar!

Includes Team Discussion Guide!
Family Drug Court Blog

- Webinar Recordings
- FDC Resources
- FDC News

www.familydrugcourts.blogspot.com
Discussion Guide Understanding Treatment

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

www.cffutures.org
Family Drug Court Online Tutorial

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

New Resource!

www.cffutures.org
Family Drug Court Guidelines

Guidance to States: Recommendations for Developing Family Drug Court Guidelines

2nd Edition – Research Update

www.cffutures.org/fdc/
Family Drug Court Peer Learning Court Program

King County, WA

Baltimore City, MD

Jackson County, MO

Chatham County, GA

Pima County, AZ

Wapello County, IA

Dunklin County, MO

Jefferson County, AL

Chatham County, GA

Miami-Dade, FL

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Family Drug Court Orientation Materials

Discipline Specific

Child Welfare | AOD Treatment | Judges | Attorneys

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