



PERMANENCY

FAMILY TREATMENT COURTS



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WHY IT MATTERS

Up to 80 percent of child welfare cases involve allegations of substance abuse by a parent or guardian. In a majority of these cases, parents are only offered short-term services that may not be well coordinated or monitored by courts. Not surprisingly, parents often fail to access or complete treatment, and as a consequence, reunification of parents and children is stalled or not possible at all. Family Drug Treatment Courts (FDTC) offer an alternative approach to handling these complex child welfare cases by helping parents better engage with services, navigate the court process, and access and complete treatment. Research demonstrates that participation in these courts result in reduced lengths of stay in foster care and significant cost savings for some jurisdictions.

In FDT courts, parents enter and complete treatment with the ultimate goal of successful reunification

with their children or at least more timely decisions about alternative permanency plans if reunification is not possible. In existence since 1994, there are now over 300 FDTC courts in operation today. Although practices vary across FDTCs, courts typically hold frequent (sometimes weekly) hearings for each family

involved to closely monitor progress and address parents' unique issues and needs. Participation is generally voluntary, and many parents report that they participate in FDTC because they are motivated by the hope of retaining or regaining

custody of their children, as well as the enthusiastic support of the judges and other court staff.

A number of studies have reported positive outcomes for parents and their children participating in FTDCs including: parents more likely to enter substance abuse treatment earlier and remain in treatment longer; more

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likely to complete treatment; significantly increased likelihood of reunification; and children spending less time in foster care compared to non-FDTC served families. Anecdotally, parents express they feel much more supported in their journey to sobriety. They feel better able to express themselves authentically when they struggle and do so without fear of punishment. They report that having the caseworker, parent attorney, volunteer advocate and court staff all on the same page makes it easier for them to navigate the court process.

ADVOCATES IN ACTION

ACTIONS

- **Learn whether the jurisdiction you volunteer in has a FDTC.** If yes, learn more about the program. The best way to do so is attend hearings that are before the FDTC. This will give you a sense of how cases are handled. Talk to other advocates and supervisors who have cases before FDTC to find out about their experiences. One important question to ask is how often FDTC holds hearings, especially for new participants. Also learn whether the courts are “open” during the hearings –meaning that all participants sit together in the courtroom during their hearings and it may be awhile before your case is called (and it may be unpredictable at which point it may be called).
- **Prepare to be an effective advocate in FDTC by learning about the dynamics of addiction and recovery.** Advocates need to understand addiction and treatment in the context of a child’s healthy development. Sometimes difficult decisions about

ESSENTIAL ELEMENTS OF FAMILY DRUG TREATMENT COURTS⁴

Family Drug Treatment Courts have a number of core components, including:

- Integration of drug and alcohol treatment services within case planning and access to a continuum of related treatment and rehabilitation services.
- A non-adversarial approach by judges, the prosecution and defense counsel promotes and protects participants’ due process rights.
- Voluntary participation, with placement in the program occurring as early as possible in the case.
- Frequent alcohol and drug testing to check for abstinence.
- Judges who interact often with each participant and provide personalized encouragement and redirection when needed.
- Regular monitoring and evaluation of program goals and effectiveness
- In-service training to program staff promoting effective drug planning, operations and implementation as well as new research on addiction and treatment.
- Partnerships with public agencies, community-based organizations and others to generate local support and enhance effectiveness for participants.

ADDIE'S STORY

Addie's twin sons entered the foster care system at age two when Addie was investigated for allegations of neglect, largely due to her use of heroin. Addie volunteered to participate in Family Drug Treatment Court. Initially, she attended weekly court hearings, participated in wrap-around service case planning sessions, and within one month, entered a residential treatment program with her children.

Although there were times of struggle for Addie, these challenges were addressed by the court and judge with empathy and encouragement. Addie's successes were celebrated regularly and as she became drug free, her appearances in court were needed less often. Addie was successfully reunified with her children 18 months after their removal. Her sons, family members and Addie's attorney, caseworker, CASA and FTDC judge all attended her graduation from the program. Addie now works at the FTDC as a parent navigator, helping explain the process to new parents entering FTDC and providing them with support and encouragement.

helping parents with their recovery may seem at odds with what the child needs. For example, it may be recommended that the parent enters residential treatment and brings their children with them. Understanding that parents do better in recovery in these types of placements with their children needs to be balanced with the impact it may have on the child being removed from a current, stable placement with an attached caregiver.

- **Collaborate with the entire team around what is best for the family.** Work with the parent attorney and other court personnel on how to help families prevent and deal with relapse. Everyone being on the same page regarding what is best for the family is critical to the success of the parent. If there are disagreements about what is best, discuss these away from the parents and children and involve your supervisor.
- **Understand what treatment programs and resources are available in your community** in terms of the specific needs of the parents. Because women and men respond differently to substance abuse interventions, you may want to advocate that parents be placed in gender specific programs. Some programs also focus on treatment specific to the parent's addiction (alcohol, opioids, etc.).
- **Ensure that whatever treatment is provided, it includes a trauma component.** Many times substance abuse is correlated with a response to trauma experienced by parents. Assessing and treating both substance abuse and trauma ensures that the two problems are treated together in an integrated manner.
- **Educate children about addiction, treatment and recovery.** Help them understand what their parent is going through and some of the challenges that may continue to arise even after initial recovery. As children of parents involved in child welfare are more vulnerable to addiction themselves, it is important to be honest about their own risks and how they can protect themselves from substance abuse issues.¹

- **Inquire about starting a FDTC in your community if there isn't one there currently.** Refer to the selected resources below to help broach a

conversation with your local CASA program, the courts, and child welfare about the opportunities to create a FDTC in your community.

BRIGHT SPOT

TRAVIS COUNTY FAMILY DRUG TREATMENT COURT (TCFDTC) AUSTIN, TEXAS

As with other treatment courts, the goal of TCFDTC is to help parents begin and complete a journey of recovery from addiction and develop skills to safely parent their children. The difference between TCFDTC and other similar courts is that the majority of children stay in the care of their parents during this process. Participants are Travis County residents who have been identified by the Texas Department of Family & Protective Services, Child Protective Services (CPS) as exhibiting symptoms of substance use disorders that impact the care and well-being of their young children. Participants' average length of participation in TCFDTC is 12–18 months, during which time they engage in programs, services, and activities that challenge, encourage, and help guide them to recovery from substance dependence, maintain or regain custody of their children, and improve quality of life for themselves, their children, and their families. The goal is family preservation.

CASA volunteers, when assigned to a TCFDTC case, are active and important partnering professional team members. Initially, TCFDTC participants are required to come to court every week, then every other week, every

third week and finally once a month if they are staying on course in their treatment and their court ordered services. In addition to frequent court hearings, the team, including the CASA volunteer, Child Advocacy Specialist, judge, parent attorneys, children's attorney, caseworkers, therapists, and other support personnel, staff the case prior to the court hearing, earlier in the morning. All of the families come to their court hearing at the same time, so it is common for a volunteer to spend several hours in court each week, depending on what stage in the process the case is. Additionally, there are regular CPS review hearings every three to four months for each case that the volunteer is also expected to attend and prepare a court report for.

There are also monthly case management meetings for the team to discuss cases and ensure that all the supports and services are in place and working well for the family. When participants are ready to "graduate" from the program, they present a project that they have created to the judge and the rest of the team. Projects range from participants sharing very personal accounts of their journey to sobriety to participants sharing resources that they found particularly helpful in the community that they would like to share with others. Before the case is closed, the judge and team ask the parent to reflect on how the process went and what could have gone better. Participants also have

the opportunity to participate in an alumni group of graduates. Some alumni of the program become sponsors and peer recovery coaches for other parents.

CASA volunteers who are interested in supporting a family in TCFDTC are made aware of the additional time that they will be spending, especially in the beginning of a case. The supervisor also has them observe hearings in TCFDTC prior to taking on a TCFDTC case so they have a better sense of the process and their level of engagement. The team looks to CASA volunteers to support the parents and their children in many ways. Given that the children often remain in home with their parent, the CASA volunteer can provide transparency as to how the parent and child interact

and any concerns that are raised. CASA of Travis County is automatically appointed to all children ages four and older, and serves younger children by special appointment from the judge in high needs cases. It is CASA of Travis County's vision to serve all children in need. Participating in TCFDTC, while challenging, is also very rewarding for the entire team as they work together to support a family's healthy recovery.

For more information, contact training@casaforchildren.org

To learn more:

<https://www.traviscountytexas.gov/health-human-services/children-and-youth/welfare/family-drug-court>

SELECTED RESOURCES

Name	Description
The Judges Page Newsletter, Family Drug Treatment Courts²	This comprehensive newsletter produced collaboratively by National CASA and the National Council of Family and Juvenile Court Judges, provides answers to: What is a family drug treatment court (FDTC) and how is it different from the traditional dependency court process? Is FDTC an effective use of the limited resources available to courts, attorneys, CASA programs and public and private agencies charged with the responsibility of ensuring reasonable efforts, child safety, permanency and well-being in abuse and neglect cases?
Office of Juvenile Justice and Delinquency Prevention, Guidance to States: Recommendations for Developing Family Drug Court Guidelines³	This updated document includes recommendations for developing Family Drug Courts. The recommendations are a collaboration of a number of professional groups and based on evidenced-based outcomes for FDTC participants.

ENDNOTES

- 1 See Issue Brief on “Substance Abuse and Youth in Foster Care”
- 2 http://www.casaforchildren.org/site/c.mtJSJ7MPIsE/b.9166853/k.339E/Summer_2014.htm
- 3 <http://www.cffutures.org/files/publications/FDC-Guidelines.pdf>
- 4 These elements were adapted from “Family Drug Courts: The Solution” by Judge Katherine Lucero available at http://www.courts.ca.gov/documents/Family_Drug_Courts_10_Components_Revisioned.pdf