Implementing a Family-Centered, Behavior-Based, Problem-Solving Approach in Family Treatment Courts

September 8, 2021
1:00 pm – 2:30 pm

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Center for Children and Family Futures

Our Mission

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

Center for Children and Family Futures
Strengthening Partnerships, Improving Family Outcomes

NATIONAL FAMILY DRUG COURT
TTA Program

Acknowledgment

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NATIONAL FAMILY DRUG COURT TTA Program

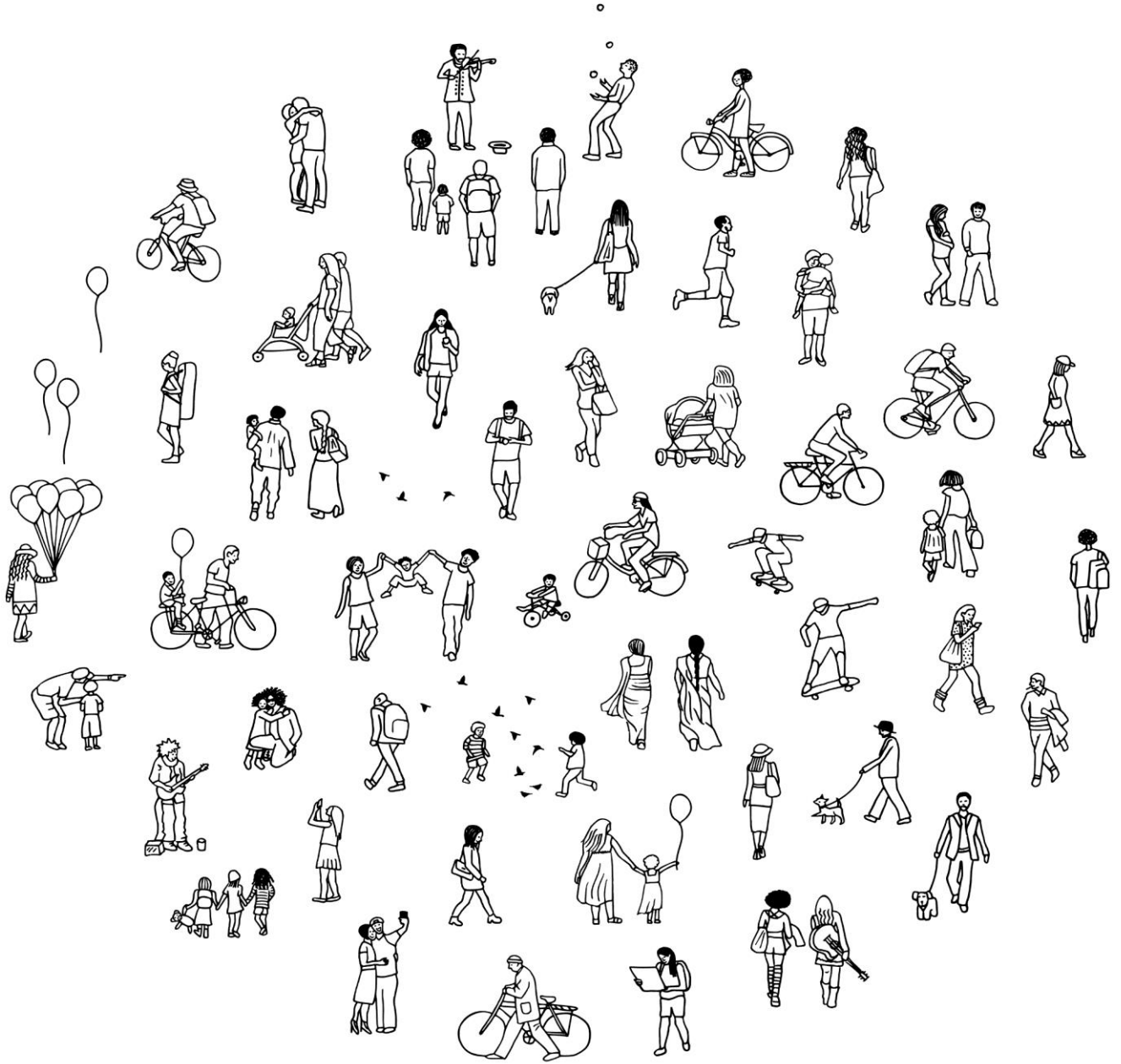
This project is supported by Grant # 2019-DC-BX-K013 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect those of the Department of Justice.

Guiding Principles

- There is no time to lose
- Time in treatment is critical
- No single agency
- Stay in your lane
- Support family recovery and heal the parent-child relationship

What Do the Families You Work with Need?

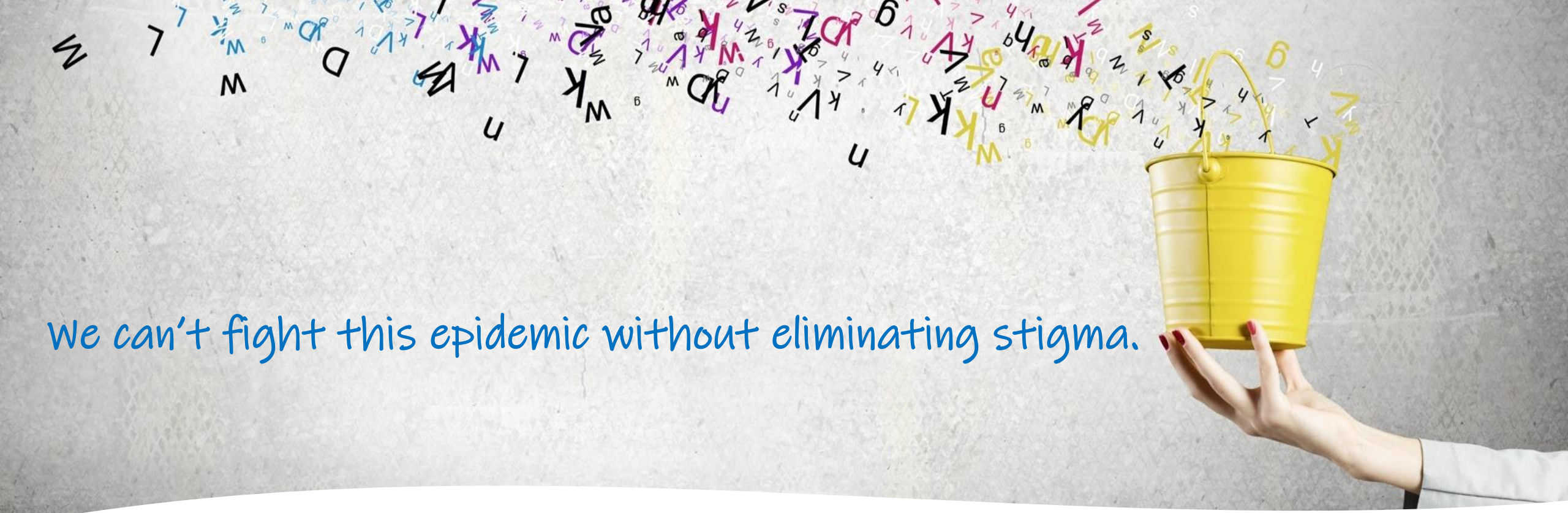
How Do You Know?



Who Do We Mean When We Say “Family”?

- Multiple generations and households
- Immediate or nuclear family members (e.g., children and other parent)
- Extended family members (e.g., aunts, uncles, cousins, stepparents, grandparents)
- Individuals who play a significant role but are not related by blood or marriage
- Resource families and other supports

Every Person Defines “Family” Differently



Language Matters

Research shows that the language we use to describe this disease can either perpetuate or overcome the stereotypes, prejudice, and lack of empathy that keep people from getting the treatment they need.

Your Choice of Language Reflects Your Understanding of SUD as a Disease

Instead of…	Try…
Addict, Drug Abuser	Person/Parent with a Substance Use Disorder
Clean/Dirty Drug Screen	Substances detected/not detected
Former Addict	Person in recovery
Opioid Replacement	Medication-assisted treatment or Medication for opioid use disorder
Drug Addicted Baby	Infant prenatally exposed to substances
Drug of Choice	Drug of Use
Visitation	Parenting, family or sibling time

Paradigm Shifts

Adult Recovery

Family Recovery

Defining parent progress and success:	From compliance and attendance to …	→	desired behavioral changes
Changing the language use:	From visitation to … From relapse to … From clean time to …	→	parenting time lapse sustained recovery
Responding to relapse or lapse:	From automatic change in permanency plan or return to FDC phase one to …	→	comprehensive assessment of situation and therapeutic adjustments
Broadening scope of goals:	From a primary focus on rapid or early reunification to …	→	successful reunification with lasting permanency
Reframing decision making:	From a primary focus on risk factors (what could happen) to …	→	established safety supports and protective factors
Engaging participants:	From service referrals as a sanction to …	→	service referrals as an incentive and acknowledgment of a parent's progress
Redefining the client:	From individual parent participant to …	→	the whole family

Needs

How many children in the child welfare system have a parent in need of treatment?

- Between 60-80% of substantiated child abuse and neglect cases involve substance use by a custodial parent or guardian. (Young, et al, 2007)
- 61% of infants, 41% of older children in out-of-home care have a parent in need of treatment for substance use. (Wulczyn, Ernst, & Fisher, 2011)
- 87% of families in foster care have one parent in need of treatment for substance use; 67% have two. (Smith, et al, 2007)

Needs

Adverse Childhood Experiences' (ACEs) Informed Approach to Substance Abuse Treatment

# of ACEs	Outcome
4≥	500% more likely to abuse alcohol
5≥	7-10x more likely to report illicit drug abuse
6≥	46x more likely to use drugs intravenously

(Felitti, 2003)

Needs

Children who experience abuse, neglect, and time in foster care are at higher risk for a wide variety of negative outcomes.

(Courtney, et al., 2004; Rebbe, et al., 2017)

- Approximately half of children in child welfare have significant emotional or behavioral problems (Burns, et al., 2004)
- Youth who experience foster care had 2x the number of conduct symptoms, were 4x more likely to attempt suicide, 8x more likely to report anxiety, 7x more likely to present with disruptive behavior disorders, and 5x more likely to be diagnosed with a drug dependence (Pilowsky & Wu, 2006)
- Adverse childhood experiences (ACE) are related to increases in delinquent and criminal behaviors (Crawford, et al., 2018; Ryan & Testa, 2005; Taussig, 2002)
- Are less likely to graduate from college (Day, et al., 2011)

The Adoption and Safe Families Act

ASFA Time Clock

Child welfare, courts, treatment, and other community-based services must work with families to achieve permanency in 12 – 18 months

How Does Your Team Help Families Succeed?

Assessment of Strengths & Needs

Use ***valid and reliable assessments*** to determine strengths and needs of children, parents, and family members

Family Treatment Court
BPS Standard 4

Coordinated & Comprehensive Case Plans

Children, parents, and family members receive comprehensive services that meet their assessed needs and ***promotes sustained family safety, permanency, recovery, and well-being***

Family Treatment Court
BPS Standard 6

Phased Services & Supports

In addition to ***high-quality*** substance use and co-occurring mental health disorder treatment, the FTC's ***family-centered*** service array includes other clinical treatment and related clinical and community support services

Family Treatment Court
BPS Standards 5 & 6

Therapeutic Responses to Behavior

The purpose of therapeutic responses to behavior is **to increase engagement in services and supports** to enhance the likelihood that family can be reunified within ASFA timelines

Family Treatment Court
BPS Standard 7

Success!

Individual and family health and well-being, safe children, healthy parenting, basic needs are met, and fully engaged in a recovery-oriented lifestyle. Child welfare case successfully closed.

5 R's and an E

FTC Best Practice Standards 1, 2, & 8

Equitable admissions, retention, treatment, responses, and child welfare outcomes – FTC Best Practice Standard 3

Long Term Outcomes - What is Success?
5 Rs and E

Equitable Outcomes in:	All outcomes should be disaggregated by race, ethnicity, gender, and other key demographic information
Recovery	•Parents access treatment more quickly •stay in treatment longer •decrease substance use
Remain at Home	More children remain at home throughout program participation
Reunification	Children stay fewer days in foster care and reunify within 12 months at a higher rate
Repeat Maltreatment	Fewer children experience subsequent maltreatment
Re-entry	Fewer children re-enter foster case after reunification

Do Parents Know What They Need to Do to Reunify?

Do Agencies Know What Parents Need to Do to Reunify?

Mission and vision statements shape the FTC's approach and agreed-upon process and outcome measures.

Identifying common goals and values strengthens the collaborative and lets parents know that everyone is working toward same outcomes.

Clear communication, cross-systems information and shared decision making are critical aspects of the care coordination process

Family Treatment Court Best Practice Standards, 2019: Standard 1 & 6

Best Practice

Comprehensive Case Management, Services, and Supports for Families

- The Family Treatment Court (FTC) ensures that children, parents, and family members receive comprehensive services that meet their assessed needs and promotes sustained family ***safety, permanency, recovery, and well-being.***
- In addition to ***high-quality*** substance use and co-occurring mental health disorder treatment, the FTC's ***family-centered*** service array includes other clinical treatment and related clinical and community support services.
- These services are ***trauma responsive,*** include family members as active participants, and are grounded in cross-systems collaboration and ***evidence-based or evidence-informed*** practices implemented with fidelity.

(Center for Children and Family Futures and National Association of Drug Court Professionals, 2019)

Best Practice, Provision A

Intensive Case Management and Coordinated Case Planning

- The FTC operational team provides participants with ***intensive supportive case management***.

  —This includes coordinating the services that ***children, parents, and family members*** receive across service systems.

- It uses the results of ***reliable and valid needs assessments*** to develop a ***coordinated case plan (or a set of case plans)*** and ***systematically monitors*** the plan to ensure that children, parents, and family members are linked to and receive services to meet their needs.

(Center for Children and Family Futures and National Association of Drug Court Professionals, 2019)

Services Included in the Case Plan are Based On Valid and Reliable Assessments

- The FTC ensures that children and parents receive comprehensive services that meet their assessed needs and promotes sustained family ***safety, permanency, recovery, and well-being.***
- In addition to ***high-quality*** substance use and co-occurring mental health disorder treatment, the FTC's ***family-centered*** service array includes other clinical treatment and related clinical and community support services.
- These services are ***trauma responsive,*** include family members as active participants, and are grounded in cross-systems collaboration and ***evidence-based or evidence-informed*** practices implemented with fidelity.

Family Treatment Court Best Practice Standards, 2019: Standard 6

Needs

Culturally- and Trauma-Responsive

CHILD

- Well-being
- Developmental screenings & services
- Health & dental services
- School readiness
- Learning disabilities services
- Mental health & trauma services
- Adolescent substance use treatment
- At-risk youth prevention

PARENTS

- Parenting competencies
- Family connections and resources
- Substance use, mental health, & co-occurring disorders treatment
- Medication management
- Domestic violence interventions
- Vocational rehabilitation services
- Health & dental services

FAMILY

- Basic necessities
- Employment
- Housing
- Childcare
- Transportation
- Family counseling
- Budgeting
- Housekeeping and nutrition

Interagency Service Coordination

Higher levels of interagency service coordination and communication is significantly associated with higher rates of service initiation, engagement, and retention resulting in improved substance use, mental health, and parenting outcomes.

(Alcohol and Drug Abuse Institute, 2018; Morgenstern, et al, 2006; Morgenstern, et al, 2009; National Center on Addiction and Substance Abuse at Columbia University, 2009; National Association of State and Alcohol and Drug Abuse Directors, 2011; Bai, et al, 2009)

Coordinated Case Planning

Challenges

- Each agency has its own mandates, requirements, funding sources, and timelines – may require parents to complete duplicative or competing services
- Parents and children have multiple case managers with varying levels of involvement and oversight
- Goals for each case plan may differ significantly
- Can create conflicting requirements or overlapping scheduling demands, leading to impossible expectations for parents, children, and their support networks

Coordinated Case Planning

Solutions

- Meet with leadership from agencies that serve families in the FTC
- Discuss expectations and determine roles and responsibilities
- Create agreements about requirements to help parents follow all agency expectations (e.g., drug testing)
- Cross-train team members on partner agency expectations, roles, and responsibilities so case management services can assist parents to accomplish and prioritize tasks

Coordinated Case Planning

Solutions

- Prioritize being family-centered by ensuring requirements do not conflict with parenting time
- Collaborate to ensure stakeholders want same outcome, work together so parents don’t have to figure out which system to please
- Learn to share information that all agencies need by utilizing effective releases of information

Case Plans Are Living Documents

Case plans are reviewed and updated frequently to recognize completion of key tasks and acquisition of skills and modifications to respond to changing needs (e.g., level and type of treatment, services, and supports).

(SAMHSA, 2012)

Best Practice, Provision B

Family Involvement in Case Planning

- ***Children, parents, and family members (as appropriate) are active partners*** in identifying their needs and strengths and making decisions about their family's treatment and case plan, setting goals, and achieving desired outcomes.

- ***The FTC operational team's approach to family involvement is family-centered, culturally responsive, and strengths-based.***

(Center for Children and Family Futures and National Association of Drug Court Professionals, 2019)

The Coordinated, Family-Centered Case Plan

- Sequence and timing of services are realistic and achievable
- Participant's immediate needs are balanced with their long- term goals
- Plans are individualized, family-driven, culturally competent, and community and strengths-based
- Plans are family-focused and address family functioning with special attention paid to coordinating child and adolescent services with those of the parent
- Collaboration reveals potential areas of multiple and potentially conflicting requirements from different systems so conflicts can be resolved

Family Treatment Court Best Practice Standards, 2019: Standard 6

The Coordinated, Family-Centered Case Plan

Embraces each family's unique culture, including race, ethnicity, gender and gender identity, sexual orientation, socioeconomic status, geographic location, and other factors associated with the family's identity

Considers how to build upon the family's culture to strengthen parenting capacity, safety, and support networks

Reduces disparities in outcomes by ensuring all children, parents, and families are supported and engaged equitably

Case Plans are Developed **with** the Family

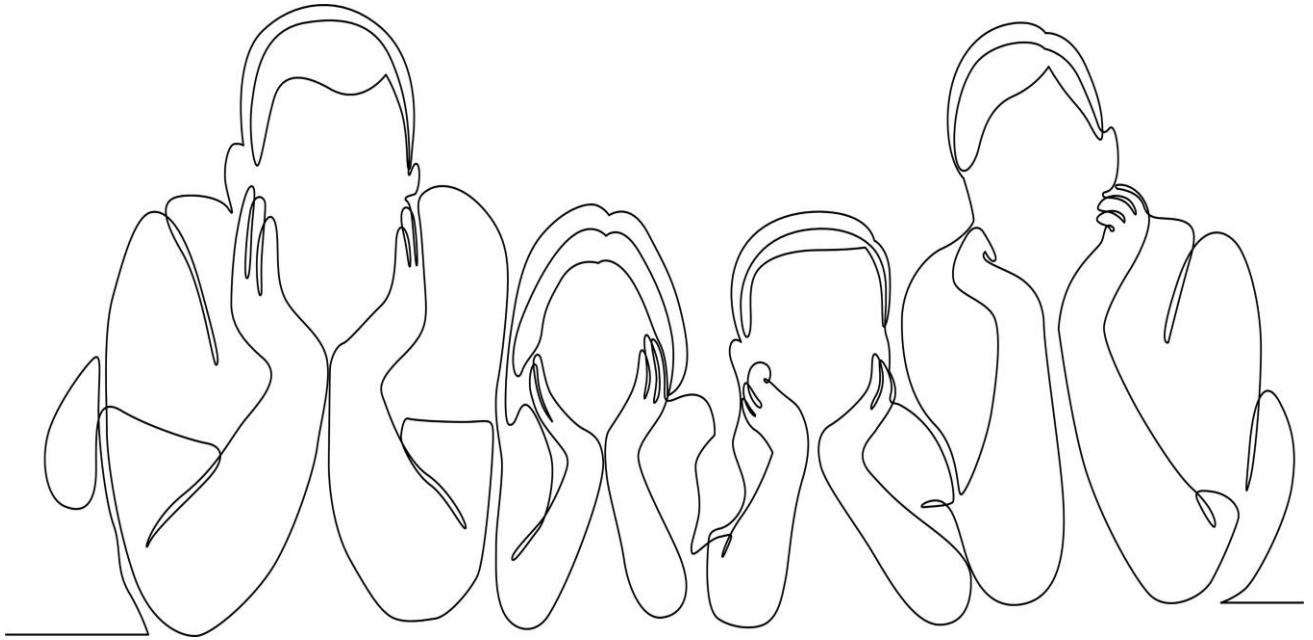
- Include a broad definition of family to include all individuals whom the child and parent consider "family"
- Prioritize a family's cultural beliefs, values, and traditions
- Increase parent and child engagement in case plans
- Support the parent's commitment to achieving case objectives as well as relationships between the parent, child, and service providers
- Enhance the fit between the family member's needs and services

Include the parent's attorney or legal team's social worker and/or peer support in case planning and team/family meetings to provide additional support

Family Treatment Court Best Practice Standards, 2019: Standard 6

Child and Family Services Reviews Round 3 Findings 2015-2016

- Families did better when **parents and children were involved in case planning**
- Families did better when there was **frequent quality parenting time**



(US Dept of Health and Human Services, Children's Bureau, 2017)

Family Voice

Family Team Meetings:

- Are facilitated meetings.
- ACTIVELY engages parent(s), child(ren), other family members (as appropriate) in meeting.
- Focuses on determining individual and family strengths and needs.
- Results in written plans that the family understands with clearly articulated action steps and who is responsible.

Family Group Decision Making:

- Sets out broad steps needed for successful case closure.
- Seeks to reduce the number of times a family has to tell their story or engage with professionals in developing a case plan.

Professionals accommodate the needs of the family - Not the other way around!

Building Case Plans Based on Assessment and Family Voice

Challenges

- Child welfare agencies may have culture of using template case plans, or courts may call for certain requirements across the board
- Treatment courts typically rely on rigid phase structures that do not shift in response to family needs and strengths
- FTCs have historically focused solely or primarily on SUDs, ignoring or minimizing co-occurring or significant issues that directly affect reunification
- Scheduling multi-disciplinary team meetings is difficult to meet demands of family and team members' schedules

Building Case Plans Based on Assessment and Family Voice

Solutions

- Family/team meetings are incorporated into phase structure
- Parents complete in-depth social history with case workers
- Parents sign releases of information to share information from screening tools and assessments to avoid duplication
- Hold frequent multi-disciplinary team meetings with the family and their support system where the family is the focus, and the meeting is set around the family's schedule

Building Case Plans Based on Assessment and Family Voice

Solutions

- Ask the family about their goals, meet them where they are at, and support them where they are ready to start
- Use Motivational Interviewing to encourage parents to focus on primary needs – identify five wants and one step forward
- Prioritize and support improved well-being for the whole family, not just parents

Effective, Family-Centered Staffing and FTC Hearings

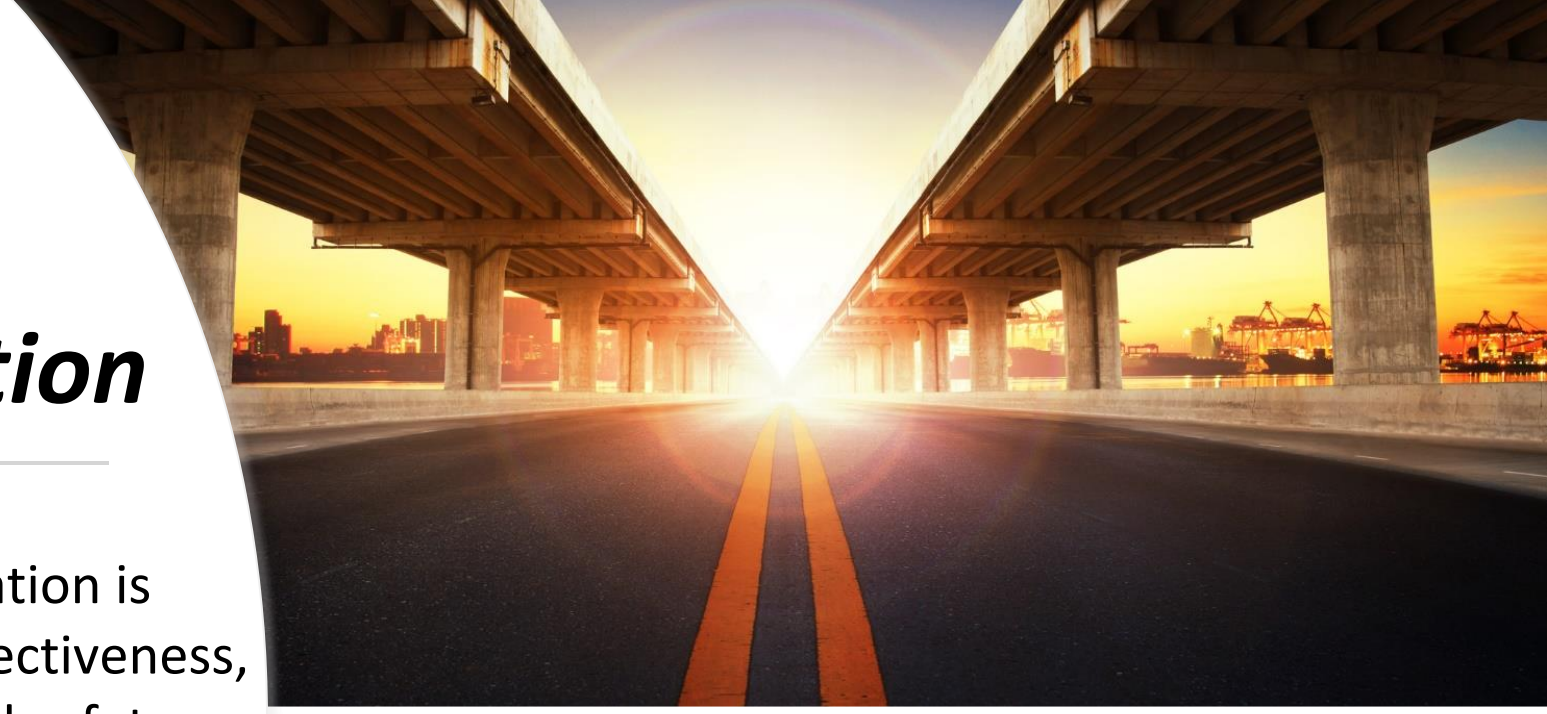
A **key component to reunifying** children with their families is **facilitating collaborative discussions** between child welfare and court professionals and their treatment partners to facilitate access to Substance Use Disorder (SUD) treatment that meets the needs of parents and families.

NCSACW Quality Treatment Guide

Effective Communication

Effective, timely and efficient communication is required to monitor cases, gauge FTC effectiveness, ensure joint accountability, promote child safety, and engage and retain parents in recovery

Who needs to know **what**, and **when**?



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?

Do child welfare and court partners 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?

Enhanced Staffing

Start each case review by discussing what is happening with the children

Focus discussions on desired behavior changes of participants versus only program or treatment attendance

Address the needs and progress of children, parents, and the whole family

Use court reports or staffing templates that incorporate parent and child information. Don't spend time covering info that everyone already knows

Discuss progress of all cases, not just those in non-compliance, and celebrate successes

Be inclusive of more partners and service providers and provide a venue for meaningful partner input where all voices are heard

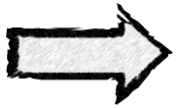
Allow the Judge and team more time to reflect on and process information

Staffing time should be spent problem-solving, not problem-reporting.

Supporting Meaningful Change

Compliance

- Only monitoring and discussing treatment “compliance days” or “attendance days”
- Asking for number of support meetings attended
- Seeing treatment as a checkbox to complete vs. a predictor of reunification
- Seeing use as failure and supporting this narrative
- Tying parenting time expansion and supervision level to drug testing results



Engagement

- Discussing engagement and skills
- Keeping treatment in context of Family Recovery and Four Major Dimensions of Recovery
- Engage in conversation about recovery support/meetings
- Remembering what early recovery looks like
- Discuss shift towards healthy relationships
- Considering lapse vs. relapse; Examining and discussing behavior before and after use
- Celebrating small wins
- Aftercare planning

Supporting Meaningful Change

Compliance

- Attendance/completion of parenting class
- Visitation that expands based on time or days of sobriety
- Lack of parenting responsibility until reunification
- Reunification close to or post case closure
- Children kept out of recovery process
- Parents and foster/kinship caregivers separated

Engagement

- 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"

Safe vs. Perfect

FTC Phases: Behavior-based, Family-centered, Recovery-focused

The FTC phases support behavior change and completion of child welfare and treatment case plans.

- Advancement is based on achievement of realistic, clearly defined behavioral objectives or milestones associated with sustained recovery, stable reunification, and safety, well-being, and permanency for children.
- The policy and procedure manual and the participant handbook (*See Standard 1*) clearly indicate the criteria for advancement through the phases that each participant must complete for successful discharge from the FTC. The FTC does not demote participants to earlier phases.

(Family Treatment Court Best Practice Standards, 2019)

Research on adult drug courts has documented reduced recidivism and increased cost savings when these courts use a clearly defined phase structure and have concrete behavioral requirements for advancement from one phase to the next.

(Source: Carey, et al., 2012; Shaffer, 2011; Wolfer, 2006)

FTC Phases:
Making coordinated, family-centered, behavior-based case planning a reality

- Leverage the phase structure to create a behavior-based, family-centered program
- Allow parents to see how progress through the phases moves them toward THEIR goal
- Children's needs, family services, and parenting responsibility are integrated into structure
- Integrate and align parent progress with various case plan elements
- Focus on vital services
- Lay out steps towards reunification and successful case closure

SAMHSA's Four Dimensions of Recovery

Purpose

Community

Health

Home

Maslow's Hierarchy of Needs

What is Recovery?

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

(SAMHSA, 2020)

Behavior-based, Family-centered, Recovery-focused Phase Structure

Challenges

- Teams prefer checkboxes to provide clear understanding of when a parent is able to move to the next phase
- Family recovery is difficult to put into checkboxes
- Need to maintain equal and fair process while also being individualized
- It is not always possible to integrate parenting responsibilities and family services into time-specified phases
- Aligning child development, SUD treatment, and ASFA timelines

Behavior-based, Family-centered, Recovery-focused Phase Structure

Solutions

- Change way of thinking about phasing – outline of behaviors/goals, paired with flexibility/individualization to work towards safety
- Use compliance measures to help celebrate achievements and sobriety/recovery milestones
- Use phase progressions to reflect, celebrate, re-assess strengths and needs, and commit to next steps (and update the case plan)

Behavior-based, Family-centered, Recovery-focused Phase Structure

Solutions

- Look for parenting behaviors – in action and in conversation – to show readiness to move forward in phases
- Redefining success – focus on bigger picture of safety, well-being, and recovery
- Don’t let phase structure hold parents back

Phase 1

Acute Stabilization & Orientation

~ 30-60 days

Goal: Acute Stabilization, Orientation, and Engagement

Tasks:

- Ongoing assessment of parent, child, and family risk, need, and protective factors
- Develop a comprehensive case plan
- Address acute physical, mental health, and resource needs (e.g., housing)
- Parenting activities appropriate to child(ren)'s needs

Big Takeaway: Participant is oriented to FTC, experiences positive support and successful orientation – believes it will be possible to be healthy, whole family again

Family Treatment Court Best Practice Standards, 2019: Standard 7

Phase 2

Clinical Stabilization

~ 90 days

Goal: Clinical stabilization of participant's SUD, MH, and physical health and address the acute and chronic needs of children

Tasks:

- Participant actively engages in treatment and attains negative drug screens
- Ongoing services to meet needs of children and develop parenting skills
- Parenting activities appropriate to child(ren)'s needs
- Participant developing awareness and tools to support recovery

Big Takeaway: Participant acknowledges harm associated with SUDs, considers need for change, move toward internal motivation for recovery

Family Treatment Court Best Practice Standards, 2019: Standard 7

Phase 3

Prosocial Habilitation

~ 90 days

Goal: Demonstration of recovery skills and insight and development of skills to meet the safety and well-being needs of children and family members

Tasks:

- Participant actively engages in activities associated with a recovery lifestyle
- Participation in parenting, employment, education, and life skills programs to prepare for stable reunification
- Parenting activities appropriate to child(ren)'s needs - goal is minimum of unsupervised visitation
- Abstinence from mind-altering substances

Big Takeaway: Participant continues to work toward recovery and reunification/successful case closure; FTC team works to meet needs of family for successful case closure

Family Treatment Court Best Practice Standards, 2019: Standard 7

Phase 4

Adaptive Habilitation

~ 60 days

Goal: Demonstration of life skills (e.g., employment, financial, housing) and parenting skills

Tasks:

- Participant maintaining activities associated with a recovery lifestyle
- Demonstration of and engagement in parenting, employment, education, and life skills
- Parenting activities appropriate to child(ren)'s needs - goal is minimum of overnight visits
- Abstinence from mind-altering substances

Big Takeaway: Participant demonstrating recovery and parenting skills; FTC team continues to work to meet needs of family for successful case closure

Family Treatment Court Best Practice Standards, 2019: Standard 7

Phase 5

Maintenance
(Recovery & Reunification)

~ 90 days

Goal: Maintenance of recovery, parenting, and life skills

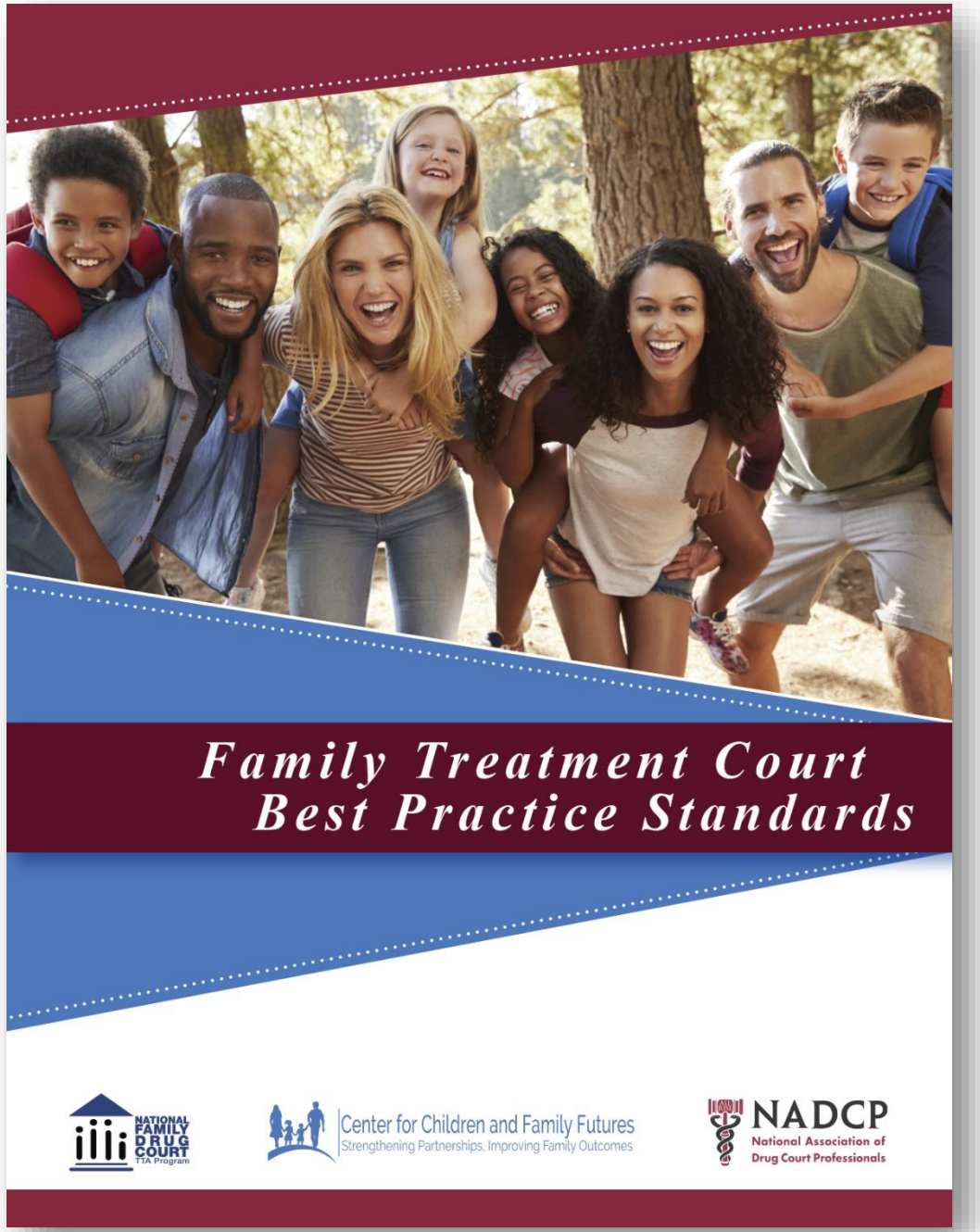
Tasks:

- Participant maintaining activities associated with a recovery lifestyle
- Maintenance of parenting, employment, education, and life skills
- Parenting activities appropriate to child(ren)'s needs - goal is in the home (if previously separated)
- Family is reunified a minimum of 3 – 6 months prior to case closure
- Abstinence from mind-altering substances

Big Takeaway: Family unit (parents, children, support system) is demonstrating healthy skills and behavior and use community-based resources to meet their continuing needs

Family Treatment Court Best Practice Standards, 2019: Standard 7


Q&A



Family Treatment Court Best Practice Standards

8 *Standards*

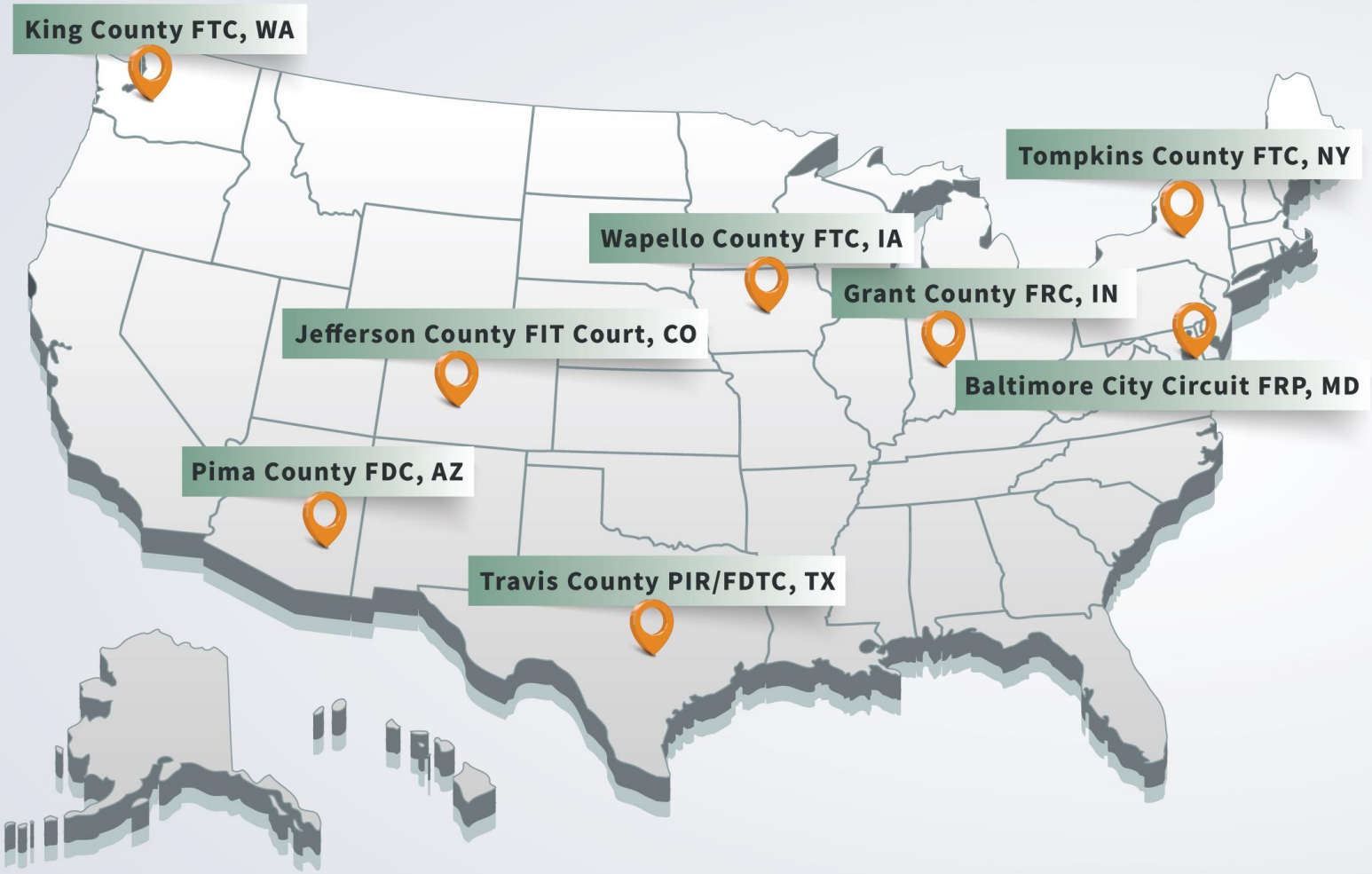
and Key Provisions

https://www.cffutures.org/home-page/ftc-best-practice-standards-2019/

FAMILY TREATMENT COURT
Peer Learning Court Program

NATIONAL FAMILY DRUG COURT TTA Program

Center for Children and Family Futures
Strengthening Partnerships, Improving Family Outcomes



To learn more about the FTC Peer Learning Court Program or to participate in a peer-to-peer connection, contact us
peerlearningcourts@cffutures.org

PEER-TO-PEER SUPPORT INCLUDES:

- Virtual learning opportunities (e.g., video conference calls, topic-specific consultation).
- Access to FTC policies, handbooks, practices, and lessons.
- A virtual and/or in-person team site visit, providing an opportunity to observe their FTC court proceedings and staffing sessions.

Course #1: May 25, 2021

Applying a Family-Centered, Problem-Solving Approach to Family Treatment Court Staffing and Court Hearings

Course #2: July 8, 2021

Disrupting Stigma to Support Meaningful Change for Families in Family Treatment Court

Course #3: October 12, 2021

Harnessing the Power of Parenting Time to Strengthen the Parent-Child Relationship and Support Reunification Efforts in Your Family Treatment Court

11 – 12:30 PT | 2 – 3:30 ET

Register at: cffutures.org/ftc-practice-academy

Questions? Email us at fdc@cffutures.org

Previously named the Family Drug Court Learning Academy

Exploring Civil Rights Protections for Individuals in Recovery from an Opioid Use Disorder

NEW RESOURCE!

Five-Part Video and Webinar Series

- *Medication-Assisted Treatment and Common Misconceptions*
- *Civil Rights Protections for Individuals with a Disability: The Basics*
- *Civil Rights Protections for Individuals with an Opioid Use Disorder*
- *Child Welfare Case Staffing: Social Worker and Supervisor*
- *Child Welfare Case Staffing: Child Welfare Court Case*

Available @ ncsacw.samhsa.gov/topics/medication-assisted-treatment.aspx

Big steps

Small steps

Just keep moving

NATIONAL FAMILY DRUG COURT TTA Program

Center for Children and Family Futures
Strengthening Partnerships, Improving Family Outcomes

Family Treatment Court Training and Technical Assistance Team

Center for Children and Family Futures

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