

Family Treatment Court Program

Program Design

Goal

To promote the health, safety and welfare of children in the dependency system by actively intervening to address the drug, alcohol and other service needs of families through integrated, culturally competent and judicially managed collaboration that facilitates timely reunification or an alternative permanency plan.

Objective

King County Family Treatment Court (FTC) has four primary goals:

- To ensure that children have safe and permanent homes within permanency planning guidelines or sooner;
- To ensure that families of color have outcomes from dependency cases similar to families not of color;
- To ensure that parents are better able to care for themselves and their children and seek resources to do so; and
- That the cost to society of dependency cases involving substances is reduced.

Population Focus

FTC is a King County program and partners with Region 4 Division of Social and Health Services to serve children in the entire region. FTC can serve up to 60 children whose parents meet the following eligibility criteria:

- Be willing to admit to the court that his/her child is dependent; or have an existing dependency finding on his/her children
- Be chemically dependent and willing to go to treatment;
- Be 18 years of age or older;
- Be a resident of King County and agree that they will not move out of King County for the duration of the program;
- Be willing to sign a Consent to Release Confidential Information Form so that the team may share information with other team members and outside community providers;
- Have the ability both mentally and physically to fully participate in the program;
- Not have any violent or sexual criminal guilty findings (including weapons charges); and
- Applications/referrals to FTC must be received no later than six months from the date on which the dependency petition was filed.

Need and Population to be Served

Annually approximately 600 dependency petitions are filed. With over 40% of these petitions being filed as drug related, an estimated 240 children are made dependent due to substance abuse.

There are currently 32 children and 29 adults in FTC. Between August 2004 and December 2008, a total of 98 parents and 127 children have been accepted into the program altogether. Approximately 53% of children currently in FTC and 75% of children no longer in FTC are living with at least one parent or a relative caregiver. Most of the Family Treatment Court participants are female (82%).

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Not surprisingly, families enter the program with multiple needs. Besides chemical dependency, the most frequently reported are related domestic violence, mental health concerns, and lack of stable housing. As of December 2008, 88% of parents were unemployed upon entering FTC and 60% were without permanent residence.

Drugs of choice as identified by the parents:

- 26% cocaine
- 23% methamphetamine
- 20% heroin
- 16% alcohol
- 11% prescription pain medication
- 3% marijuana

Funds Available

Budget Item	Annual Budget Amount
1.0 Program Supervisor	\$75,943
0.75 Court Specialist	\$51,946
0.6 CASA Supervisor	\$50,111
University of Washington Outcome Evaluation	\$47,000
Total	\$225,000

Of the amounts listed above, 100% comes from the Human Services Levy to fund the current Family Treatment Court program. Mental Illness and Drug Dependency (MIDD) funds will be used to expand the Family Treatment Court program in 2009 and are described under the section entitled Funding/Resource Leverage.

Program Description

Family Treatment Court is an alternative to regular dependency court and is designed to improve the safety and well being of children in the dependency system by providing parents access to drug and alcohol treatment, judicial monitoring of their sobriety and individualized services to support the entire family. It started in August 2004 with Judge Patricia Clark presiding, followed by Judge Philip Hubbard and now Judge Carol Schapira. Judge Philip Hubbard served from 2005 to 2007. Judge Carol Schapira has been presiding since November 2007.

Through a collaborative, strength-based approach, Family Treatment Court integrates substance abuse treatment and increased accountability into the dependency process. It is expected that parents will remain in the FTC between 18 months and two years. The court's first preference is always to help make families whole or to find children a stable environment with their own relatives. If a parent is unable to engage in services or maintain sobriety, the court seeks a prompt, permanent solution for the children.

FTC follows the principles of therapeutic courts and incorporates these evidenced-based strategies by asking parents to enter the program voluntarily and agree to increased court participation, chemical dependency treatment and intense case management in order to reunite with their children. Cases are staffed in the morning to present a unified

approach at the hearing with the client(s). Case review hearings initially occur every other week and then become less frequent as parents progress through the program. Incentives are awarded to recognize parents' achievements and graduated sanctions are used when parents violate program rules.

Families are brought into Family Treatment Court by a Recruitment Specialist who works with the participant and the participant's attorney, preferably right after the shelter care hearing, to determine program eligibility as well as assist the participant in accessing resources to complete a chemical dependency assessment and enroll in treatment. Once the participant has been accepted into FTC, the Treatment Liaison monitors the participant's treatment progress and provides case coordination when problems arise. These two positions work in conjunction with the FTC team that reviews parents' participation and recommends services. This interdisciplinary team is cross-trained and works collaboratively to resolve issues. The team includes: parents' attorneys, assistant attorney general, DSHS social worker, substance abuse counselor, CASA and/or child's attorney, FTC supervisor, and the judge.

Social Workers also carry smaller caseloads than average. Each social worker can serve up to a maximum of 15 children whereas a typical child welfare worker caseload is about 25. The court has added Wrap-Around meetings as well to the array of services available to FTC families. For 15 families, a full-time Wrap-Around coordinator arranges regular meetings of the FTC team, the family and their natural supports. The meetings result in a single, coordinated care plan, based on the strengths and unique needs of each family.

Coordination/Partnerships and Alignment Within and Across Systems

Family Treatment Court has developed relationships with many local service providers including Seattle Indian Health Board, Thunderbird Treatment Center, Perinatal Treatment Services, Prosperity Treatment Services, Evergreen Treatment Services, Community Psychiatric Clinic, Eastside Domestic Violence, YWCA, and Harborview Addictions and Trauma Services. FTC strives to build relationships with each provider in order to coordinate services and provide increased access to services and increase engagement in services.

Family Treatment has also formed formal working relationships with the following agencies:

Washington State Department of Social and Health Services

Division of Alcohol and Substance Abuse
Division of Child & Family Services

King County Department of Community & Human Services

Mental Health, Chemical Abuse and Dependency Services Division
Office of Public Defense

University of Washington

School of Medicine
Department of Psychiatry and Behavioral Sciences
Division of Public Behavioral Health Sciences and Justice Policy

Valley Cities Counseling

Wraparound Coordination

Timeline

Activity	Q1 2009	Q2 2009	Q3 2009	Q4 2009
Estimated number of clients served in a year (quarterly numbers are not in addition to the previous quarter numbers)				30
*Average duration of program is 12 to 18 months				
Prepare quarterly progress report on 2009 activities and results	X	X	X	X

Geographic Coverage

Family Treatment Court extends its services to parents to live in King County and their children who have been declared dependent who meet the previously described eligibility criteria.

Funding/Resource Leverage

- Family Treatment Court started in 2004 with a 2-year grant from the Bureau of Justice Affairs. The grant was extended for 6 months and eventually expired on June 30, 2007.
- Bridge funding of \$200k was received from the levy for calendar year 2007
- Approximately \$225K in county current expense was received for the 2008 calendar year
- Expansion of the program in 2009 is funded by the Mental Illness and Drug Dependency Action Plan (MIDD) whose services will be coordinated with the funds provided under the Human Services Levy. These services will include expansion of the number of children served from 30 to 90, two full time Family Treatment Specialists (Recruitment Specialist and Treatment Liaison), Wraparound Coordination, parent mentor program and increased services and training to address disproportionality.
- On an annual basis, the program leverages at least \$380k for judicial time, court staff, assistant attorney general time and which also includes \$280k from DSHS Children's Bureau for four social workers.

Best Practice Information

Family Treatment Court is organized around the principles of therapeutic courts and incorporates evidenced-based strategies as shown below.

- Integrated Systems: Parental substance abuse treatment in combination with enhanced judicial oversight and accountability are integrated within the traditional dependency case processes established under Chapter 13.34 RCW.
- Intervene Early: Program eligibility determination, chemical dependency assessment and treatment program enrollment will be completed during shelter care when possible.
- Comprehensive Services: Services follow a complete continuum of care and includes chemical dependency treatment (detoxification, residential and outpatient services), individual counseling, case management, therapeutic child care and other services based on the unique needs of each family.

- Increased Judicial Supervision: Initially, case review hearings occur every other week and become less frequent as the parent progresses through the program.
- A Holistic Approach to Strengthening Family Function: In addition to substance abuse treatment for the parents, parent and child-focused ancillary services will be accessible.
- Individualized Case Planning: Case planning for parents, children and the family will be based on comprehensive assessments of each.
- Ensuring Legal Rights, Advocacy and Confidentiality: All legal rights of parents and children are afforded pursuant to the dependency statutes under Chapter 13.34 RCW and records confidentiality laws pursuant to Chapter 13.50 RCW and related statutes.
- Regularly Scheduled Staffings/Court Reviews: Prior to a review hearing, the Family Treatment Court team convene to review those cases appearing in court that day.
- Graduated Sanctions and Incentives: Incentives are awarded to encourage and recognize a parent's progress through the program. Conversely, a system of graduated sanctions is used when parents violate program rules.
- Measuring Program Outcomes: Program data will be collected for purposes of analyzing program efficiencies, outcomes and effectiveness.
- A Collaborative, Non-Adversarial, Cross-Trained Team: Increased collaboration and communication is believed to lead to better teamwork and ultimately to better outcomes. The FTC team is committed to teamwork and participates in cross-discipline training, retreats and other events on a regular basis.
- Judicial Leadership: Research indicates that the relationship with the Judge is a major influence in whether a person will remain connected to a program and ultimately become clean and sober.

Disproportionality Reduction Strategy

Families of color are over-represented in King County's poorer communities and are over-represented in our child welfare system. A 2005 report conducted by Wanda Hackett Enterprises and the University of Washington, Northwest Institute for Children and Families was commissioned by the King County Child Welfare Disproportionality Initiative to identify: 1) where disproportionality exists and to what extent; and 2) what factors contribute to disproportionality within the child welfare system. This analysis determined that children of color constitute one-third of the King County child population, but make up more than half of all children currently in foster care. African American and Native American families are the most significantly impacted, being over-represented at nearly every decision point in the child welfare system. For example, at the decision point to file for dependency or termination of parental rights, it was found that children of color are more likely to be placed and remain in out-of-home care. Racial disparity grows the longer these children stay in the system. African American and Native American children make up:

- 8 percent of the child population in King County (2005 data)
- 25 percent of the children involved in referrals accepted for investigation
- 33 percent of all children removed from their homes and placed in care
- 50 percent of the children still in out-of-home care 4 years after placement

Dismantling Systemic/Structural Racism

One of FTC's goals is to ensure that families of color have similar results to families not of color. To achieve this goal, FTC has identified the following strategies.

1. **Reduce bias in decision making** by involving family in the decision making process through wraparound and family team decision making at all steps in the process.
2. **Increase access to culturally appropriate services** by collaborating and building relationships with community-based service providers. FTC relies heavily on team meetings and regularly invites service providers to these meetings. The Treatment Liaison also has direct contact with counselors at most residential and outpatient agencies including those that specialize in treating specific populations.
3. **Increase availability of permanent homes** by having lower caseloads and having regular team meetings. FTC social workers are better able to connect with family members to identify relative caregivers and alternate visitation providers and thereby increasing the number of available placements.
4. **Ensure that the team is culturally competent and demonstrates a commitment to cultural competency.** FTC Family Care Plans (treatment plans) incorporate the family's culture into their goals, objectives and strengths and needs. FTC team members regularly attend cultural competency trainings. Several FTC team members and stakeholders (including judicial officers, defense attorneys, CASAs, social workers and our assistant attorney general) are involved in system-wide initiatives to improve the child welfare system and reduce disproportionality.

Cultural Competency

King County Superior Court is actively involved in several activities and initiatives committed to reducing disproportionality and increasing cultural competency in the child welfare system and in Juvenile Court overall .

- **Annual Reasonable Efforts Symposium**, works on improvements in the child welfare system, addressing pertinent topics such as disproportional minority contact and cultural competency.
- **Child Welfare Disproportionality Initiative**, a coalition convened in 2004 committed to understanding and taking action to address racial inequities in the King County child welfare system.
- **Model Courts Advisory Committee** established to guide implementation of the Washington State Court Improvement Project's recommendations, guided by the National Council of Juvenile and Family Court best practices, including strategies to address the impacts expected as a result of recent chronic neglect legislation.
- **Cultural Competency Strategic Planning Committee**, this committee requires an annual cultural competency assessment and related improvements, which includes the Family Treatment Court team.

Improvement in Access to Services

As detailed above under Program Strategy, the Family Treatment Court model results in improved access to services for families in the Dependency System. Examples of benefits that exist in Family Treatment Court but not in the regular dependency system include the Recruitment Specialist position, Treatment Liaison position, Wraparound Coordination, lower case loads of social workers, increased judicial supervision and having a non-adversarial team working toward a common goal.

Process and Outcome Evaluation

The Family Treatment Court is the subject of an ongoing evaluation by the Division of Public Behavioral Health and Justice Policy in the University of Washington Department of Psychiatry and Behavioral Sciences. From 2006 to 2008, the evaluation conducted two waves of data collection on the Court's operations and perceived effectiveness. Results show that 70% of key stakeholders and FTC team members rate FTC to be "moderately" to "extremely" successful in accomplishing its goals, with 86% of these key informants

reporting that FTC is better than regular dependency court at accomplishing such goals for families (Bruns et al., 2008). A long-term outcome and cost-benefit evaluation, which will compare child welfare and substance abuse treatment outcomes for children and parents in FTC compared to a matched comparison group in the regular dependency court, is currently underway.

Nationally, there have been three studies of Family Treatment Drug Courts (FTDC) models. Overall, these studies demonstrate less reliance on foster care, greater reunification rates, and higher rates of treatment engagement and completion for FTDC participants compared to control groups (Worcel et al., 2007; Boles et al., 2007). In August 2008, NPC Research conducted an independent evaluation and found that the FTDC model saved the Baltimore City child welfare system approximately \$5,002 per family served (Burrus et al, 2008). Though the formal research base on the FTDC model is still emerging, initial results are quite positive and increasingly point to the potential for positive impact on costs incurred by the system as well as outcomes for families.

Boles, S., Young, N., Moore, T. & DiPirro-Beard, S. (2007). *The Sacramento Dependency Drug Court: Development and Outcomes*, Child Maltreatment; 12; 161.

Bruns, E.J. Sather, A. Wiggins, E., & Trupin, E. (2008). *Evaluation of the King County Family Treatment Court: Results of Team Member and Key Stakeholder Interviews*. Seattle: University of Washington School of Medicine, Division of Public Behavioral Health and Justice Policy.

Burrus, S. W. M., Mackin, J. R., & Aborn, J. A. (Aug. 2008). *Baltimore City Family Recovery Program (FRC) Independent Evaluation: Outcome and Cost Report. A report to the Maryland Judiciary, Office of Problem-Solving Courts*. NPC Research: Portland, OR.

Worcel, S. D., Green, B. L., Furrer, C. J., Burrus, S. W. M., Finigan, M. W. (March 2007). *Family Treatment Drug Court Evaluation: Final Report*. NPC Research: Portland, OR.