Ohio Family Dependency Treatment Court (FDTC)* Resource Guide 201

*(*Note: "FDTC" is also an acronym for "Family Drug Treatment Court" in states other than Ohio and some documents may appear in this Guide with that nomenclature. The acronym "FDC" is also used to refer to "Family Drug Courts" in other states and national publications. These terms refer to the same type of Court and programming.)*

FDTC Expansion, Enhancement and Infusion:
Existing FDTC's Role in Ohio's Courts, Child Welfare,
Treatment and Social Service Systems

SECTION 1.
THE FOUNDATION: FAMILY DEPENDENCY TREATMENT COURT BASICS

Maintenance of FDTCs in accordance with Ohio law, ethical guidelines, and confidentiality requirements.

Ohio's Statewide System Improvement Program (SSIP) goals of institutionalizing Family Dependency Treatment Courts (FDTCs)and effective FDTC practices within the general child welfare, court, and substance use disorder treatment systems depends on these practices resting on a firm legal foundation and operating within state regulations and policies. As FDTCs aspire to serve as role models for implementation of coordinated multi-system best practices, it is essential that FDTC teams be up-to-date on Ohio laws and in compliance with all relevant regulations.

Topics Addressed in Resource Links Below:

a. FDTCs operate within a larger system that is governed by statute. FDTC team members maintain practice according to current federal, state and local laws and regulations. FDTC protocols will adapt to changes within the larger systems, and in many cases, affect change to improve practices.
b. FDTC team members are responsible for the review of case law and legal updates. It is critical to the successful continued operation of the FDTC for the FDTC team to share information across systems when legal and regulatory changes are made.
c. Review of structure of the court and child welfare
d. Review of team member ethical guidelines
e. Importance of recognizing implicit bias and working toward inclusive practice
f. Review of confidentiality laws
g. Permitted and required communication across systems/departments/disciplines
h. Implementation of the Adoption Safe Families Act (ASFA) in Ohio, HB 484 and Family Reunification or Termination of Parental Rights (TPR)

a. Updates on current laws and regulations

The 2014 Implementation Report on Amended Substitute H.B. 484 which implements ASFA in Ohio is available in this website link.
https://obc.memberclicks.net/assets/OCInsight/Aug2014/8-26-14_hb.484-odjfs.ohiomhas-final.2014.report.pdf

All current statutes passed by the General Assembly are collected and published in the Ohio Revised Code. Existing and new legislation about FDTCs and agencies involved in supporting them can be found at this website.
http://codes.ohio.gov/orc/

Rules adopted by State of Ohio agencies to carry out policies and intent of laws passed by the General Assembly are collected and published in the Ohio Administrative Code and can be found at this website.
http://codes.ohio.gov/oac/

Juvenile Court procedures are governed by section 2151 of the Ohio Revised Code and are relevant for all FDTC team members to be aware of since juvenile court procedures vary considerably from other court dockets with which some team members may be more familiar.
http://codes.ohio.gov/orc/2151

The State of Ohio Alcohol, Drug Addiction, and Mental Health Services is governed by section 340 of the Ohio Revised Code available at this website link which specifies the types of services that should be available and how these services organized and overseen.
http://codes.ohio.gov/orc/340

The County Department of Jobs and Family Services, which is a key member of FDTC teams and partnerships, is governed by section 329 of the Ohio Revised Code described at this website link.
http://codes.ohio.gov/orc/329

The Division of Social Services which oversees foster care, children services, and other child abuse and neglect related services is governed by section 5101 of the Ohio Administrative Code which is described in multiple chapters at this website link.
http://codes.ohio.gov/oac/5101%3A2

The Counselor, Social Worker, and Marriage Family Therapist Board is governed by section 4757 of the Ohio Administrative Code. This site provides an overview of the professional obligations of these categories of social service personnel who are FDTC team members.
http://codes.ohio.gov/oac/4757

The Ohio Chemical Dependency Professionals Board is governed by section 4758 of the Ohio Administrative Code. This site provides an overview of professional obligations and oversight of drug and alcohol counselors and professionals.
http://codes.ohio.gov/oac/4758

Rules of Superintendence: Guardian Ad Litem Rule 48 (320-327) explains Ohio's guidelines for training, responsibilities, and related practice issues for Guardian Ad Litems (GALs) who are often helpful in FDTC cases.
http://www.sc.ohio.gov/LegalResources/Rules/superintendence/Superintendence.pdf#Rule48

The laws regarding the appointment of a Guardian ad Litem to protect the interest of a child in any proceeding concerning an alleged abused or neglected child is governed by section 2151.281 of

the Ohio Revised Code. Guardian ad Litems sometimes become community stakeholders and advocates for FDTCs expansion and infusion.
http://codes.ohio.gov/orc/2151.281v1

The Right to Counsel, governed by section 2151.281 of the Ohio Revised Code and described in this website link, is relevant for all FDTC cases.
http://codes.ohio.gov/orc/2151.352v1

Chapter 2151.3514 of the Ohio Revised Code provides the authority for an order requiring parent or other caregiver to submit to assessment and treatment from an alcohol and drug addiction program in specified case circumstances which generally exist in FDTC settings.
http://codes.ohio.gov/orc/2151.3514v1

b. Review of case law and legal updates

The American Bar Association Center on Children and the Law website provides resources, research, and tools to improve court and legal practices related to child and family law.
https://www.americanbar.org/groups/child_law.html

Ohio Trial Courts are permitted to adopt local rules of practice. This website provides direction on Rule 5 of the Ohio Rules of Superintendence of the Ohio Courts regarding local rule requirements and links to all Ohio counties' local rules.
http://www.supremecourt.ohio.gov/JudSystem/trialCourts/default.asp

The National Drug Court Institute (NDCI) provides national legal updates of relevant treatment court case law on its website to assist drug court professionals in remaining current in their practice.
https://www.ndci.org/resources/law/

c. Review of structure of the court and child welfare

This document provides a one-page summary of Ohio's timelines for Abuse Neglect and Dependency Cases.
https://www.oacbha.org/docs/Timelines.pdf

The National Council of Juvenile and Family Court Judges document "Enhanced Resource Guidelines: Improving court practice in child abuse and neglect cases" provides guidelines for best practices in dependency court settings.
https://www.ncjfcj.org/sites/default/files/%20NCJFCJ%20Enhanced%20Resource%20Guidelines%2005-2016.pdf

Dependency Docket Bench Cards provide summaries of key facts for Dependency Court judicial personnel and court practitioners.
http://www.sc.ohio.gov/Publications/JCS/benchcards/default.asp

Ohio's Differential Response System and Child Welfare Practice Model provides an explanation of the operations and implementation of the differential response requirements for child welfare practitioners in Ohio.
http://jfs.ohio.gov/PFOF/PDF/Differential-Response-Practice-Profiles.stm

d. Review of team member ethical guidelines

The Ohio Code of Judicial Conduct is a 104-page comprehensive document that specifies the rules and legal obligations of judicial officers and personnel in Ohio, including standards regarding judicial demeanor and communications which are critical to successful FDTC operations.
http://www.supremecourt.ohio.gov/LegalResources/Rules/conduct/judcond0309.pdf

The Ohio Rules of Professional Conduct specifies lawyers' responsibilities and attorney-client obligations among other professional conduct and ethical issues in this 208-page document which is available at this website link and was updated and amended in May 2017.
http://www.supremecourt.ohio.gov/LegalResources/Rules/ProfConduct/profConductRules.pdf

The Ohio Ethics Commission's 20-page document "Ethics Is Everybody's Business" provides a detailed description of Ohio's ethics laws and ethical conduct guidelines.
http://ethics.ohio.gov/education/factsheets/ethics_is_everybodys_business.pdf

The Counselor, Social Worker, and Marriage and Family Therapist Board (CSWMFT) website provides information about the licensure, practice standards, and continuing education requirements for these practitioners operating in Ohio.
http://cswmft.ohio.gov/

The Counselor, Social Worker, Marriage and Family Therapist Board Code of Ethics specifies the standards of ethical practice and code of conduct for these types of social services professionals.
http://codes.ohio.gov/oac/4757-5

The Ohio Chemical Dependency Professionals Board (OCDP) website provides information about the licensure, practice standards, and continuing education requirements for substance use disorders prevention and treatment addiction professionals.
http://ocdp.ohio.gov/laws.stm

The Ohio Chemical Dependency Professionals Board Code of Ethical Practice and Professional Conduct specifies the standards of ethical practice and code of conduct for Ohio's chemical dependency counselors.
http://codes.ohio.gov/oac/4758-8

e. Implicit Bias, Equity and Inclusion

The Kirwan Institute at Ohio State University offers several online guides to understanding how implicit bias affects daily attitudes and decision making with resulting harms to individuals, as well as communities.
http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/

"Child Welfare and Predictive Analytics" webinar on "Accounting for Implicit Bias in Predictive Analytics" by the Kirwan Institute for the Study of Race and Ethnicity at Ohio State University demonstrates how structured decision making and risk assessment instruments encode implicit bias into non-human tools.
https://www.youtube.com/watch?v=akvKeeGUEwg

The "Exploring Solutions Together – The Issue of Racial and Ethnic Disproportionality in FDCs" webinar is designed to help FDTCs evaluate their programming to ascertain if and to what degree their client family caseloads are representative of their overall child welfare population and how to improve their practice.
http://www.cffutures.org/uncategorized/exploring-solutions-together-the-issue-of-racial-and-ethnic-disproportionality-in-fdcs/

This NADCP presentation is focused on Adult Drug Courts, however many of the same issues of disparities and systemic biases apply to FDTCs. Becoming aware of bias is a necessary precursor to change.
http://www.gaaccountabilitycourts.org/Disparities%20in%20Drug%20Courts.pdf

A Colorado state newsletter on problem-solving courts identifies six key steps to help reduce disparities and increase access to therapeutic court interventions for "historically disadvantaged groups".
https://www.courts.state.co.us/userfiles/file/Administration/Planning_and_Analysis/Problem%20Solving%20Courts/Issue%202_Jan2014%20Final.pdf

This National Center for State Courts article "Addressing Implicit Bias in the Courts" offers seven specific strategies to combat and overcome implicit bias in Court practice with direct applicability to FDTCs in Ohio.
http://aja.ncsc.dni.us/publications/courtrv/cr49-1/CR49-1Casey.pdf

The 2009 article "The Lens of Implicit Bias" discusses factors that contribute to implicit bias in the juvenile and family courts systems and suggests ways to mitigate these issues.
http://www.ncjfcj.org/sites/default/files/ImplicitBias.pdf

Pages 9-11 describes "Ten Distinct Ways that Bias Surfaces" in the article "Everyday Bias: Further Explorations into How the Unconscious Mind Shapes Our World at Work" by Howard Ross, author and diversity consultant.
http://www.cookross.com/docs/everyday_bias.pdf

Howard Ross "Unconscious Bias" Presentation Excerpt
https://www.youtube.com/watch?v=g5Go-4Q1RCs

f. Review of confidentiality laws

Confidentiality of records pertaining to identity, diagnosis or treatment is governed by section 5119.27 of the Ohio Revised Code and is relevant for all FDTC team members to understand.

http://codes.ohio.gov/orc/5119.27

Confidentiality of records pertaining to person's mental health condition, assessment, provision of care or treatment, or payment for assessment, care or treatment is governed by section 5119.28 of the Ohio Revised Code. Chapter 5119.28 describes the confidentiality framework within which Ohio's Mental Health and Addiction Services operate.
http://codes.ohio.gov/orc/5119.28

This 5-page summary "Changes to Confidentiality Regulations (42 CFR Part 2) – Final Rule 1" released on February 15, 2017 by the Legal Action Center describes the changes to 42 CFR prior to them going into effect. It details to whom and how the regulations apply.
http://www.supremecourt.ohio.gov/JCS/specDockets/conference/materials/Balkey/LAC1.pdf"

The Legal Action Center's 3-page summary "The Importance of Preserving 42 C.F.R. Part 2 To Protect The Confidentiality Of Substance Use Disorder Records" explains that the Substance Abuse and Mental Health Services Administration (SAMHSA) revised Part 2's regulations in 2017 which makes it easier to share Part 2 information with entities who need it.
https://lac.org/wp-content/uploads/2017/09/What-is-Part-2.pdf

Federal Register 42 Code of Federal Regulations (CFR) Part 2 Confidentiality of Substance Use Disorder Patient Records. This document provides the reasoning, including public comments and government responses, to the proposed changes to 42 CFR Part 2 prior to their adoption
https://www.gpo.gov/fdsys/pkg/FR-2017-01-18/pdf/2017-00719.pdf

US Department of Health and Human Services Summary of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule provides a detailed description of HIPAA and compliance guidance.
https://www.hhs.gov/sites/default/files/privacysummary.pdf

g. Permitted and required communication across systems, departments, and disciplines

Written requests for records relating to alleged abused, neglected or dependent children is governed by Chapter 2151.141 of the Ohio Revised Code with full explanation here.
http://codes.ohio.gov/orc/2151.141v1

This document provides a full description of the purpose, protocols, and additional requirements of the Ohio Works First and Children's Protective Services Collaboration Model to guide communities in implementing and complying with the program.
http://jfs.ohio.gov/OWF/CollaModel/Mainowf4.PDF

h. Implementation of the Adoption and Safe Families Act (ASFA) - Ohio HB 484

A 2014 implementation report of HB 484 provides insights into the current state of Ohio's implementation of the federal ASFA legislation and suggests important roles for FDTCs.
https://obc.memberclicks.net/assets/OCInsight/Aug2014/8-26-14_hb.484-odjfs.ohiomhas-final.2014.report.pdf

Ohio's Children and Family Services Reviews (CFSR) Information Page provides Children's Bureau Fact Sheets as well as Ohio-specific information about children services.
http://jfs.ohio.gov/ocf/CFSR-Information-Page.stm

This website describes how Ohio's Statewide Automated Child Welfare Information System (SACWIS) works and provides guidance for users and consumers, as well as a knowledge base system for frequently asked questions and related resources.
http://jfs.ohio.gov/sacwis/index.stm

Ohio Child Adoption laws. This site provides a full description of Ohio's state statutes governing adoption.
http://www.childadoptionlaws.com/child_adoption_laws/adoption_laws_ohio.htm

Orders of disposition of abused, neglected or dependent children is governed by section 2151.353 of the Ohio Revised Code which provides the legal authority for the courts to place a child in out-of-home custody with relatives or other state-approved caregivers.
http://codes.ohio.gov/orc/2151.353v1

SECTION 2.
DATA COLLECTION and EVALUATION

Moving toward proof of efficacy for your FDTC and course correction as needed. Process and outcomes evaluations and cost-benefit analysis.

Formal review in the form of an evaluation of FDTCs activities and outcomes is necessary in order to understand their current level of functioning; what areas need improvement; and to provide funding accountability, transparency and education for stakeholders and the community in which the FDTCs are operating. Because existing Ohio FDTCs have been collecting both administrative and client level data as part of their operations they should be able to provide evidence of the value of their work which in turn can be used to direct the growth of their courts' client capacity and services available.

In order to know what kind of growth is required, FDTCs must be able to demonstrate with data what and how they are doing their work (process evaluation) and what they have accomplished (outcome evaluation). In some instances, FDTCs will also be able to demonstrate that their work is being conducted efficiently with outcomes that are better than "business as usual" (cost benefit analysis) or may also have findings suggesting that additional staff, funding, or outreach is warranted. To the degree possible, analysis of existing data or retrospective data collection and evaluation should be completed prior to considerations of FDTC expansion.

Many FDTC evaluations to date have found the FDTC "model" to be cost-beneficial with better outcomes for both parents and children in terms of entry into substance use disorder treatment programs, retention in treatment, and custody of children with biologic family. However there has been considerable variability in services included in the FDTC "model", who is eligible for FDTCs, and what is measured.

A rigorous methodological feasibility study is being implemented by the Ohio Colleges of Medicine Government Resource Center as part of Ohio's involvement in the Statewide System Improvement Program (SSIP) as a precursor to SSIP's overall work to:
1) Implement and institutionalize effective FDTC practices in the larger state-level child welfare, substance use disorder treatment, and court systems,
2) Ensure children and families affected by substance use disorders have access to a comprehensive array of services, and
3) Strengthen cross-system collaboration at the state and local level (SSIP Overview).

Sharing state, regional, and local evaluation findings is valuable to encourage dialogue and consensus-building about standardized data collection elements and the use of specific tools to enable valid cross-site evaluations.

Topics Addressed in Resource Links Below:

a. Data collection: Opportunities and challenges working with Management Information Systems
b. Formal evaluations: Process evaluation, Outcome evaluations, and Cost-Benefit analyses

a. Data collection: Opportunities and challenges working with Management Information Systems

Funding sources, whether foundation, state, local, or federal, have data collection requirements. Although these are often viewed as impediments or tasks that are tangential to the critical work of delivering services, the information gathered in the required forms, surveys, and data sets can and should inform programmatic directions and service needs, as well as provide accountability mechanisms for program performance. Ohio programs that receive federal awards from the Substance Abuse and Mental Health Services Administration (SAMHSA) are required to complete client surveys upon intake, discharge, and post-discharge at specified times (typically 6-12 months). Exploring expanded use of these across local programs may help maximize local use of data collection which is already underway.
https://www.samhsa.gov/sites/default/files/GPRA/sais_gpra_client_outcome_instrument_spanish_final.pdf

This SAMHSA document is an example of the kind of data that is collected by programs funded by SAMHSA with variables that may be of value to programs funded from other sources in order to generate comparable data sets across programs.
https://www.samhsa.gov/sites/default/files/adult-questionnaire.pdf

The "KIDS COUNT Data Book" is an annually updated publication that offers data on specific state trends in child and family well-being and can be used to understand how Ohio's children are doing compared to national data. Overall, Ohio generally ranks in the top 25% for child welfare/health measures.
http://www.aecf.org/m/resourcedoc/aecf-2017kidscountdatabook.pdf

b. Formal evaluations: Process evaluation, Outcome evaluations, and Cost-Benefit analyses

This NPC website "Family Treatment Drug Court Evaluation" provides several powerpoint presentations, reports, and examples and explanations of different approaches to evaluations with FDTCs. Considerations of baseline data available to FDTC will help inform decisions about the best approach for sites in moving forward with a formal evaluation.
http://npcresearch.com/project/family-treatment-drug-court-evaluation-3/

The "What is a Process Evaluation and How to Design One?" presentation provides an excellent overview and explanation of why process evaluations are important and how to's on the evaluation approach and implementation. It also uses an interesting example of a process evaluation in a parent support program in South Africa.
http://www.3ieimpact.org/media/filer_public/2015/03/04/designing_process_evaluations_lidc.pdf

The W.K. Kellogg Foundation website provides a comprehensive Evaluation Handbook and a Logic Model Development Guide which serve as excellent guides for both process and outcome evaluations.
https://www.wkkf.org/resource-directory/resource/2010/w-k-kellogg-foundation-evaluation-handbook
https://www.wkkf.org/resource-directory/resource/2006/02/wk-kellogg-foundation-logic-model-development-guide

The Free Management Library site provides itemized how-to steps on program evaluation including how to use and present the findings for maximum effectiveness.
https://managementhelp.org/evaluation/program-evaluation-guide.htm#anchor1579318

The "Making Your Family Drug Treatment Court Evaluation Work" presentation provides step-by-step guidance on the key elements required and also includes important recommendations on the basic data elements needed for Management Information System (MIS) to conduct an evaluation of your FDTC.
http://npcresearch.com/wp-content/uploads/Making-Your-FTDC-Evaluation-Work1.ppt

The "National Evaluation Overview – Phase I" presentation provides intermediate findings of the FDTC evaluations with critical information about the relevant factors to include in FDTC multi-system evaluations.
http://npcresearch.com/wp-content/uploads/FTDC-National-Eval-Overview-Phase-I-Preliminary-Results1.ppt

This report describes the evaluation methodology and preliminary outcomes for four FDTC courts in three states with detailed information on "how to's", including an appendix named "Data Dictionary for Calculated Variables Retrospective Study Data Analyses" which provides guidance on how to operationalize information to create data variables to yield information about your FDTC outcomes of interest.
http://npcresearch.com/wp-content/uploads/Phase-I-Study-Report.pdf

The Center for Disease Control's (CDC) Program Performance and Evaluation Office provides an excellent overview of program evaluation and a framework for distinguishing evaluation from research specifically for direct service interventions like FDTCs.
https://www.cdc.gov/eval/guide/introduction/index.htm

This 2005 report describes a cost-benefit evaluation of adult drug treatment courts within Ohio's criminal justice system. Although most of the outcomes of interest are therefore different from those that FDTCs want to measure, the methodologic considerations and approach used to assess courtroom costs and treatment cost estimates is relevant and helpful as a template for FDTCs. Ohio personnel and institutions that may be helpful in conducting cost-benefit analyses of FDTCs are also cited here.
http://www.publicsafety.ohio.gov/links/ocjs_costbenefitanalysisofohiosdrugcourts2005.pdf

This 2012 National Association of Drug Court Professionals (NADCP) report "Research Update On Family Drug Treatment Courts" provides a summary of FDTC outcomes from nine evaluations conducted from 2004 to 2011. The implications of the findings should be considered as existing FDTC determine whether an expansion of programming is needed. The methodologies and key variables used in the evaluations can serve as a minimal baseline template for future FDTC evaluations.
http://www.nadcp.org/sites/default/files/nadcp/Reseach%20Update%20on%20Family%20Drug%20Courts%20-%20NADCP.pdf

This 1996 United Way document on how to conduct an outcomes evaluation provides a comprehensive overview of measuring outcomes with relevant social service and non-profit examples. Since measuring activities, interactions, and efficacy of community partners is essential to conducting FDTC evaluations, special considerations of community-based programs, as described here, is instructive and still relevant in 2017.
https://www.nrpa.org/uploadedFiles/nrpa.org/Professional_Development/Accreditation/COAPRT/Measuring_Program_Outcomes-UW.pdf

For FDTC personnel with access to online journal libraries, several key articles describe the need for further rigorous evaluations of FDTCs to help ensure appropriate funding support and to better identify best practices in their implementation.
http://journals.sagepub.com/doi/pdf/10.1177/1077559507300643

SECTION 3.
LONG TERM VISION AND STRATEGIC PLANNING

Family Dependency Treatment Court teams have a responsibility to create a vision and implement a strategic plan to ensure sustainability of the FDTC into the future. The three central systems essential to the FDTC governance structure are the court, child protection and social service systems which collectively inform FDTC team members about their responsibilities and respective job functions in the team.

Topics Addressed in Resource Links Below:

a. A well-defined governance structure (executive, middle management and front-line committees) will provide direction and support for the operation, policy review and ongoing strategic planning of a FDTC. Documentation of the purpose, composition, and utilization of each body is essential.
b. Current political, social and economic changes at the local, state, and federal levels impact the operations of the FDTC. Ongoing analyses of factors that influence the work of family dependency treatment courts is a necessary task.
c. Assessment of current and projected community needs will allow the family dependency treatment court team and agencies the opportunity to plan effectively for the comprehensive needs of children, parents and families.
d. Ensuring systems' commitment, accountability, and permitting cross-agency staff to work as a team is a fundamental component to the efficient operation of the FDTC. Maintaining and regaining FDTC team member commitment: preventing burnout, compassion fatigue, incentivizing self-care, and improving job satisfaction are examples of ways in which entities can address long-term institutionalization of the FDTC model.
e. Ongoing team building and cross training opportunities strengthen group cohesion, improve knowledge and education, address program and personnel challenges, and allow the FDTC operational team to reflect on current practice.

a. Governance Structure

This webinar presentation "Governance Structure and Leadership: Is Your Family Drug Court Built to Last or Left to Fade?" discusses the importance of a strong governance model in the long-term viability of FDTCs.
http://www.cffutures.org/2016/governance-structures-and-leadership-is-your-family-drug-court-built-to-last-or-left-to-fade/?portfolioCats=86

b. Analysis of Factors that impact the FDTC

A Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis is intended to help multi-disciplinary professionals determine the internal and external strengths, weaknesses (challenges), opportunities and threats to their family dependency treatment court development, stability, and prospects for expansion. This example "SWOT Analysis: Raising capacity of your organization" was developed by the Rutgers School of Social Work and provides the basic information about the SWOT Analysis tool.
https://socialwork.rutgers.edu/sites/default/files/brochure_2.pdf

c. Assessing Current and Projected Community Need

Public Children Services Association of Ohio FACTBOOK
The Factbook provides state and county profiles to help jurisdictions better understand the fiscal and programmatic services provided to children throughout the state and within their county. The data can assist policy makers and practitioners in gaining greater insight into the challenges and opportunities facing Ohio's children and families and the important work that public children services agencies (PCSAs) do to protect and support them. The current version of the FACTBOOK is available for download on the link provided.
http://www.pcsao.org/factbook

The Ohio Substance Abuse Monitoring (OSAM) Network
A biannual report describing regional substance abuse trends across the state of Ohio is published by The OSAM Network for the Ohio Department of Mental Health and Addiction Services. This site provides general epidemiological descriptions of substance abuse trends across the state, focusing on drug availability, prices, quality, and abuse patterns.
http://mha.ohio.gov/Default.aspx?tabid=662

Behavioral Health Trends in Ohio (BHTO)
Research and evaluation studies associated with Ohio's public behavioral healthcare system is published online by the Office of Quality, Planning and Research (QPR) at the Ohio Department of Mental health and Addiction Services (OhioMHAS) and available at this website.
http://mha.ohio.gov/News/NewsEvents/tabid/349/ArticleID/223/Behavioral-Health-Trends-in-Ohio-OhioMHAS-e-journal-published.aspx

The Judicial Symposium on Addiction and Child Welfare developed a Team Planning Tool through the Statewide System Improvement Program's collaborating partners to assist jurisdictions in assessing current dependency court, child welfare, and treatment programs, practice and community needs for future strategic planning.
https://www.oacbha.org/docs/Team_Planning_Tool.pdf

The Judicial Symposium on Addiction and Child Welfare Case Study Tool and Case Study Videos were developed through the Statewide System Improvement Program's collaborating partners to be utilized with the Team Planning Tool referenced previously.
Team Planning Tool https://www.oacbha.org/docs/Case_Study.pdf
Case Study Video Scene 1 http://www.ohiochannel.org/video/scene-1-final
Case Study Video Scene 2 http://www.ohiochannel.org/video/scene-2-rough-edit-v3-alt
Case Study Video Scene 3 http://www.ohiochannel.org/video/scene-3-final

The Community Mapping Tool was developed by the National Drug Court Institute for use by treatment courts to assess community resources and services available for participants within the program. The Community Mapping Tool will assist jurisdictions in identifying potential future partners and gaps in services.
https://ndcrc.org/resource/community-mapping-resources-chart/

d. Inter-Agency Collaboration: The commitment and accountability of community partners

The "Matrix of Progress in Building Linkages Among Alcohol and Drug Agencies, Child Welfare Services, and the Dependency Court" is a tool developed by the National Center on Substance Use and Child Welfare used for assessing collaboration across systems. The matrix identifies benchmarks for improving system linkages by specifying the fundamentals of improved practice, good practice, and best practice for each of the ten elements in the framework.
https://www.ncsacw.samhsa.gov/collaboration/collaboration-matrix.aspx

The Collaborative Values Inventory (CVI) was developed by the National Center on Substance Use and Child Welfare and is a questionnaire that serves as a neutral, anonymous way of assessing how much a group shares the values that underlie its work. The CVI is designed to identify issues that may not be raised if the collaborative begins its work together without clarifying the underlying values of its members.
https://www.ncsacw.samhsa.gov/collaboration/collaboration-values-inventory.aspx

The Collaborative Capacity Instrument was developed by the National Center on Substance Use and Child Welfare and is a self-assessment tool designed to elicit intra- and interagency discussion about progress in addressing specific issues and about prioritizing programs and policy plans.
https://www.ncsacw.samhsa.gov/collaboration/collaboration-capacity-instrument.aspx

"Pathways to Collaboration: Factors that Help and Hinder Collaboration between Substance Abuse and Child Welfare Fields". This study examined similarities and differences in values and perceived capacity for collaboration between substance abuse and child welfare personnel, including a factor analysis of the Collaborative Capacity Instrument and the Collaborative Values Inventory tools.
https://ncsacw.samhsa.gov/collaboration/collaboration-pathways.aspx

Navigating the Pathways: Lessons and Promising Practices in Linking Alcohol and Drug Services with Child Welfare. Technical Assistance Publication (TAP) #27.This publication published by the National Center on Substance Abuse and Child Welfare describes challenges and successes in programs that are bridging the divide between child welfare and substance abuse agencies in order to help children and families affected by substance abuse. Using a ten-element framework to measure the capacity of agencies to work as partners on the substance abuse treatment needs of clients involved with child welfare, this TAP describes seven US sites with programs for families in the child welfare system with substance use disorders.
https://pdfs.semanticscholar.org/e687/daf217840c277c7ac81f95639e8c5c4ab117.pdf

e. Ongoing Team Building and Cross Training

The National Institute on Drug Abuse is a federal scientific research institute under the National Institutes of Health, U.S. Department of Health and Human Services. This website provides current information about drug use, emerging drug use trends, explanations of how drugs affect the brain and body, the development and testing of new drug treatments, and prevention approaches.
https://www.drugabuse.gov

The Ohio Child Welfare Training Program offers a library of substance abuse resources. The substance abuse and child welfare practice webinar series is designed to improve understanding of substance use disorders and their impact on child welfare practice.
http://www.osatg.org/webinars.html

"Dependency Court Best Practices Webinar Series" This webinar series developed by the National Council of Juvenile and Family Court Judges offers a detailed look into best practice approaches and highlights trends and promising practice in dependency court.
http://www.ncjfcj.org/dependency-court-best-practices-webinar-series

"Court Cafe: Knowledge in an Hour" are webinars on relevant topics for juvenile court judicial officers and court personnel involved in abuse, neglect, and dependency cases, such as new Ohio legislation, best practices, and new programs sponsored by the Supreme Court of Ohio's Children and Families Section in a collaborative effort with the Department of Job and Family Services, as well as other state agencies and partners. Webinars that are recorded are added to this website.
https://www.supremecourtofohio.gov/JCS/CFC/courtCafe/default.asp

SECTION 4.
BUILD FDTC's EFFICACY WITH EVIDENCE-BASED PRACTICES AND PROGRAMS

Review prevailing practice, nationally and within the state of Ohio, of necessary services to ensure that an appropriate continuum of care is available for FDTC parent participants, children, families and caregivers.

Practice trauma-informed management of family reunification or termination of parental rights process.

Although research on best practices related to the conduct and successful outcomes for the specific FDTC model is still developing, research and resources related to the distinct components of FDTCs are available and can be synthesized for adaptation and use in the FDTC model. Delivering comprehensive services to each FDTC family via the timely development and implementation of a tailored case plan for each parent/child/caregiver unit requires the identification of a continuum of services willing to work with and be accountable to the FDTC team. Ensuring that your FDTC team is knowledgeable about Evidence Based Practices and Programs (EBPPs) in parent, child, and family services will increase the likelihood that the FDTC will be able to increase both the number of families served while simultaneously increasing the quality and types of services provided to the FDTC client families. To provide optimal care to families who become FDTC clients, team members should become trauma- responsive and trauma-competent in their service delivery practice.

Topics Addressed in Resource Links Below:

a. Review and assess service delivery and unmet service needs for FDTC in the context of promising and evidence-based best practices and programs (EBPPs), standards of care, and

court performance standards. Understand how to conduct your own evaluation and the limits of current research.

b. Comprehensive Service Delivery requires a full continuum of care that addresses the needs of children, parents, and families in the FDTC. Websites and links to helpful materials about the following topics is provided:

1. Essential Core and Supportive Services for Parents
   - Facilitation of parent/child effective case plans and monitored parenting capacity progress
   - Successful completion of treatment, management of co-occurring disorders, and parenting case plans
   - Ensure best practices in the delivery of substance use disorder treatment, including the use of Medication Assisted Treatment (MAT)
   - Family reunification and achieving permanence of child placement as a process, and concurrent planning concerns for all parties

2. Essential Core and Supportive Services for Children
   - Capacity to assess children of all ages and deliver appropriate levels of mental health services, educational interventions, including individualized education plans (IEPs) if necessary, and the required level of trauma-informed therapeutic care
   - Provision of support to foster placements to ensure that evidence based practices and programs are implemented to improve children's welfare
   - Support and provide early intervention for older children at possible risk for juvenile justice involvement and school failure
   - Identification of evidenced-based practices for special needs child populations (eg: infants with Neonatal Abstinence Syndrome (NAS), very young children, youth populations, etc.) is a topic advanced FDTC courts must address through both policy and practice

3. Essential Supportive Services for Family Interventions
   - Extended family psychoeducation
   - Kinship care support
   - Facilitating parent/child interactions and visits toward reunification and/or permanence

4. Post Adoption Services for Families with Termination of Parental Rights (TPR) and Adoptive Parents

a. Review and assess service delivery and unmet service needs for FDTC in the context of promising and evidence-based best practices and programs (EBPPs), standards of care, and court performance standards. Understand how to conduct your own evaluation and the limits of current research.

The National Registry of Evidence-based Practices and Programs (NREPP) is a searchable online registry of more than 400 substance use and mental health interventions developed to help the public learn more about evidence-based interventions available for implementation.

https://nrepp-learning.samhsa.gov/

The "Screening, Brief Intervention and Referral for Treatment" (SBIRT) is a continuum of care strategy that assists providers in reducing morbidity and mortality of clients being treated for substance abuse disorders through early intervention and integration of medical and behavioral health approaches. SBIRT also promotes greater understanding about the importance of adherence to best and promising evidence-based practices used to integrate physical and behavioral healthcare.
http://mha.ohio.gov/Default.aspx?tabid=665

OJJDP's 2009 Court Performance Measures in Child Abuse and Neglect Cases - Implementation Guide provides practical advice on how to set up a performance measurement team, assess capacity, prioritize among measurement needs, and plan data collection activities. It also provides sample needs assessment worksheets and data from standard child welfare courts regarding key measures which would be relevant for comparative data tracking from FDTCs.
https://www.ncjrs.gov/pdffiles1/ojjdp/223568.pdf

OJJDP's 2009 Court Performance Measures in Child Abuse and Neglect Cases - Key Measures outlines nine measures that have been identified as key to determining court performance in child abuse and neglect cases and which continue to have relevance in FDTC performance.
https://www.ncjrs.gov/pdffiles1/ojjdp/223567.pdf

The National Center for State Courts' Performance Measurement of Drug Courts: State of the Art (2008) provides on overview of measures designed for Adult Drug Courts, but the measures on "Social Functioning" (p. 7) are particularly relevant for FDTCs. Measuring these variables in FDTCs would allow for comparative analysis with Adult Drug Courts on some key outcomes of interest.
https://cdm16501.contentdm.oclc.org/digital/collection/spcts/id/171

Evidence-based practices and programs (EBPP) targeted to new mothers and pregnant women are of particular interest for FDTCs since women with substance use disorders who are postpartum or pregnant are a high-risk population who can benefit greatly from both prevention and treatment services in the context of parenting and family care. This "Evidence Summary: Substance Use Treatment for Pregnant and Postpartum Women" provides a succinct summary of the effects of multiple substances during pregnancy, suggested screening and assessment tools, and model treatment programs.
https://nrepp-learning.samhsa.gov/sites/default/files/documents/Topics_Behavioral_Health/pdf_1017/SU%20Treatment%20Among%20Pregnant%20and%20Postpartum%20Women%20_7.2017.pdf

Matching Service to Need: How Family Drug Treatment Courts Identify, Assess and Support Families to Achieve Recovery, Safety and Permanency. This Practice Brief provides a critical overview of the core ingredients of FDTCs, including seven identified elements that are central and essential to all FDTCs practice. Evaluating the degree to which your FDTC has incorporated these ingredients is important for sound process and outcome evaluations.

https://www.google.com/search?q=matching+service+to+need permanency%3A+how+family+drug+courts+identify%2C+assess+and+support+families+to+achieve+recovery%2C+safety%2C+and+&rlz=1C1SKPL_enUS439&oq=matching+service+to+&aqs=chrome.1.69i57j35i39j0l3.5634j0j7&sourceid=chrome&ie=UTF-8

Gender Research in the National Institute on Drug Abuse National Treatment Clinical Trials Network: A Summary of Findings article describes the limitations of solid evidence about the value of gender-specific treatment programs to date – primarily due to the absence of good studies and program evaluations that addressed women-specific programs. The article underlines the importance of good data collection on gender-specific programming to build the collective data base on this topic.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3160726/pdf/nihms307843.pdf

Substance Abuse Treatment Entry, Retention, and Outcome in Women: A Review of the Literature article shows that women tend to have slightly better treatment outcomes than men, however emphasizes the need for better gender-specific data collection and evaluations of programs.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3532875/pdf/nihms-429123.pdf

Improving Health Through Translational Alcohol Research brief emphasizes the broad negative effects of alcohol as a substance of abuse in many SUDs populations and the need for better measurement of the impact of alcohol in substance use disorder treatment programs (that tend to focus on illicit substances of abuse).
https://pubs.niaaa.nih.gov/publications/AA90/AA90.pdf

b. Comprehensive Service Delivery requires a full continuum of care that addresses the needs of children, parents, and families in the FDTC.

1. Essential Core and Supportive Services for Parents

Most Ohio Departments of Job and Family Services (ODJFS) are administered by county or local agencies and are typically key FDTC partners. The updated October 2017 County Directory, http://jfs.ohio.gov/county/County_Directory.pdf,
provides contact information for county-specific assistance related to:

- Department of Job and Family Services (CDJFS) – for help with cash assistance, food assistance or child care
- Child Support Enforcement Agency (CSEA) – for help establishing a support order, making payments or getting support you're owed
- Public Children Services Agency (PCSA) – for child protective services, foster care or adoption services
- OhioMeansJobs (OMJ) Center – for help finding a job or accessing job training.

The "Ohio Action Guide to Address Opioid Abuse" developed by the Governor's Cabinet Opiate Action Team and released in May 2017 provides a comprehensive array of services and supports relevant to FDTCs, especially Goals 4-7 (4: Prevent Overdose, 5: Link People to Treatment, 6: Help Sustain Recovery, and 7: Support Law Enforcement) – all of which can be incorporated into

FDTC team training and shared with FDTC families to encourage them to be part of the solution to Ohio's opioid epidemic as they engage in recovery and relapse prevention. http://mha.ohio.gov/Portals/0/assets/Initiatives/GCOAT/GCOAT-Health-Resource-Toolkit.pdf

As FDTCs and their treatment program partners reach out to the medical community to provide medication assisted treatment and addiction psychiatry support, this 2017 National Academy of Medicine document is relevant to share with the clinicians and medical facilities to ensure quality care.
https://nam.edu/wp-content/uploads/2017/09/First-Do-No-Harm-Marshaling-Clinician-Leadership-to-Counter-the-Opioid-Epidemic.pdf

Because fentanyl may not be included in standard urinalysis tests, the "Test ID: FENTX Fentanyl with Metabolite Confirmation, Chain of Custody, Urine" may be warranted in FDTC communities at high risk for fentanyl use in FDTC participants.
https://www.cdc.gov/mmwr/volumes/66/wr/mm6643e1.htm?s_cid=mm6643e1_w

The 2016 124-page publication available from the Substance Abuse and Mental Health Services Administration (SAMHSA) "A Collaborative Approach to the Treatment of Pregnant Women With Opioid Disorders. Practice and Policy Considerations for Child Welfare, Collaborating Medical, and Service Providers" describes the impact of the current opioid epidemic on pregnant women and their infants and provides a framework to build a cross-system collaborative response among key agencies and providers, including medical practitioners.
https://store.samhsa.gov/shin/content//SMA16-4978/SMA16-4978.pdf

Medication Assisted Treatment (MAT) is an essential core service for which parents with substance use disorders involving opioids and alcohol should be assessed by a qualified provider. MAT can be used to support opioid dependent clients throughout all stages of recovery and should be incorporated into programming with all treatment team members being educated on the reasons and protocols for using MAT. SAMHSA's 2017 updated version of Treatment Improvement Protocol (TIP) #43 "Medication Assisted Treatment for Opioid Addiction in Opioid Treatment Programs" is an excellent guide and highly recommended for all FDTC team members to be familiar with in courts with high percentages of opioid dependent participants.
https://store.samhsa.gov/shin/content//SMA12-4214/SMA12-4214.pdf

The Knowledge Application Program (KAP) Keys based on Treatment Improvement Protocol TIP #43 (Medication Assisted Treatment (MAT) for Opioid Addiction in Opioid Treatment Programs) provides clinical guidance to Substance Use Disorders (SUDs) treatment providers and physicians managing client care in opioid treatment programs with the assistance of FDA-approved medications.
https://store.samhsa.gov/shin/content/SMA12-4108/SMA12-4108.pdf

This 2012 webinar delivered by Children and Family Futures "Medication Assisted Treatment for Families Affected by Substance Use Disorders (part I)" provides an overview of MAT with attention given to use of MAT during pregnancy and breastfeeding and the impact of MAT on parental function. The webinar link is also located on a YouTube link page with several other videos on MAT that may be of general interest to FDTC staff as well as clients in treatment.

https://www.youtube.com/watch?v=_m2r24S7RGw

"Medication Assisted Treatment (MAT) During Pregnancy, Postnatal and Beyond (part II)" webinar provides clinical details about use of medications to assist pregnant women in recovery; the medications effects on the newborn; and how to manage ongoing MAT during breastfeeding and the postnatal period.
https://www.youtube.com/watch?annotation_id=annotation_4056438971&feature=iv&list=UUDrsv-epcI62ydvCJJM41XA&src_vid=CiHWObY3qGk&v=72fiK8xzEPg

The "Evidence Summary: Motivational Interviewing for Behavioral Health Conditions" provides an overview of the efficacy of motivational interviewing (MI), especially to engage and retain clients in treatment and recovery.
https://nrepp-learning.samhsa.gov/sites/default/files/documents/Topics_Behavioral_Health/pdf_07_2017/Motivational%20Interviewing__7.2017.pdf

This 2-page document published in November 2016 by the Supreme Court of Ohio provides concise guidance for drug courts on the use of MAT in their jurisdictions. "Principles for the Use of Medication Assisted Treatment (MAT) in Drug Courts".
http://www.supremecourt.ohio.gov/JCS/specDockets/resources/MATPrinciples.pdf

This website link describes the Ohio Maternal Opiate Medical Support (MOMS) program in a 49-slide powerpoint presentation. Medication Assisted Treatment is suggested as part of the treatment plan for pregnant women and moms who struggle with opioid use.
http://momsohio.org/child-welfare-worker/child-welfare-attributes/MOMS%20Child%20Welfare%20Training_Final_3-21-16.pdf

The Maternal Opiate Medical Support (MOMS) Care Coordination Model is described in great detail in this 16-slide powerpoint presentation to enable medical, social service, treatment, and legal personnel to understand how pregnant women struggling with opioid addiction can enter the continuum of care and treatment.
http://momsohio.org/healthcare-providers/decision-trees/decisiontree-attributes/MOMS%20Decision%20Tree_F4_6-27-16.pdf

This Maternal Opiate Medical Support (MOMS) website links to four video podcasts. Video Podcast #1 is "Orientation to MOMS"; Video Podcast #2 is "Assessment and Person-Centered Care Planning"; Video Podcast #3 is "Prenatal Care Coordination"; and Video Podcast #4 is "Labor and Delivery and Ongoing Care Coordination". The overarching message of these podcasts is the need to build teams of support for healthy mothers and babies which fits well with the FDTC model and makes clear the relevance and importance of including maternal and child health and other medical practitioners as potential collaborative partners in FDTC case plans.
http://momsohio.org/healthcare-providers/podcasts/index.html

This link to the Maternal Opiate Medical Support (MOMS) Shared Decision-Making Module leads viewers to an interactive website which targets both clinicians and social service workers and clients who are typically pregnant women with some substance use, however not necessarily

opioids. The site provides interactive learning opportunities for both provider and client communities and could be therefore serve as an educational and case planning resource for both.
http://momsohio.org/shared-decision-making/html/

The 2006 National Academy of Science's book "Improving the Quality of Health Care for Mental and Substance-Use Conditions" is available for download at the first link below. Chapter 5, which is entitled "Coordinating Care for Better Mental, Substance-Use, and General Health" is available at the second link below and describes specific ways that mental health and substance use disorder treatment providers can work with primary care providers to ensure optimal care for clients with co-occurring disorders.
https://www.nap.edu/download/11470
https://www.ncbi.nlm.nih.gov/books/NBK19833/

Treatment Improvement Protocol (TIP) #42 from SAMHSA entitled "Substance Abuse Treatment for Persons with Co-Occurring Disorders" provides guidelines and resources related to best practices in substance use disorder treatment programs serving clients with co-occurring disorders.
https://store.samhsa.gov/shin/content/SMA13-3992/SMA13-3992.pdf

A series of free webinars with powerpoint presentations on relevant topics for FDTC clients are available at the Gateway Foundation website. Because mental health diagnoses often co-occur with substance use disorders, the information on co-occurring disorders presented here is highly relevant for FDTC participants.
https://recovergateway.org/professional-resources/ceu-webinars/co-occurring-disorders/
https://recovergateway.org/downloads/gateway-treatment-centers-webinar-co-occurring-disorders.pdf

In 2000, the Ohio Office of Criminal Justice Services (OCJS) collaborated with the Center for Criminal Justice Research at the University of Cincinnati and Ohio State University to conduct a multisite study of Family, Juvenile, and Adult Drug Courts. Although longitudinal outcomes of FDTC graduates were not available due to the relative newness of FDTCs in Ohio, the report issued recommendations and "At a Glance" summary of findings (p.14) providing relevant guidance for Ohio FDTCs in 2017. Education opportunities, especially GED or high school graduation, and employment were common needs of drug court participants across all court types. Getting a HS diploma/GED and employment were also indicators of reduced recidivism.
http://www.publicsafety.ohio.gov/links/ocjs_ohiodrugcourtevaluation.pdf

For FDTC teams with access to online libraries, this 2017 article discusses findings that show that exercise decreases withdrawal symptoms, including craving, in both males and females – particularly with nicotine addiction which is often a trigger for other SUDs. This study and those cited in the bibliography indicate that exercise is a promising practice to be included in treatment programs.
https://link.springer.com/article/10.1007/s40429-017-0177-4

"A New Way in Corrections: Family-Centered Management" provides 1) powerpoint and 2) webinar that describe an innovative Washington state model that considers the welfare of a defendant's child(ren) as a priority in determining sentencing. Using a strength-based family-

centered care approach, this model program diverts offenders into alternate programs that prioritize parent/child care and may have applicability to some parent clients in FDTCs.
http://www.nationaldec.org/goopages/pages_downloadgallery/download.php?filename=26376.pdf&orig_name=new_way_in_corrections-sl_061213.pdf
http://www.nationaldec.org/directory/107893/129841/ or https://vimeo.com/68398134

2. **Essential Core and Supportive Services for Children**

"Ohio's Core Competencies for Early Childhood Mental Health Professionals" (April 2009) provides guidance on the core skills, knowledge and practice capacity required to competently serve young children. The document uses a family-centered approach with special attention to children at risk. Although this document is not designed for families affected by SUDs, families and children in FDTCs would benefit by ensuring that a FDTC community partner possesses these competencies to adequately serve young children in FDTC cases.
http://mha.ohio.gov/Portals/0/assets/Prevention/EarlyChildhood/core-competencies.pdf

SAMHSA's August 24 2017 report: "Children Living with Parents Who Have a Substance Use Disorder" states that about 1 in 8 (12.3%) of US children aged 17 or younger live in homes with at least one parent with a SUD. This rate was consistent across all four age groups - from infants to 17, showing a stable rate of SUDs in families over that timeframe. These children are variably at risk for maltreatment (age is a key factor) as well as for using substances themselves compared with children in homes without SUDs among parents. Prevention and intervention efforts for these children is recommended to reduce the impact of parent SUDs.
https://www.samhsa.gov/data/sites/default/files/report_3223/ShortReport-3223.pdf

Understanding the level of care required for children of families in FDTCs is essential to providing the required and most therapeutic level of care. Using evidence-based programs and trauma-informed practices is always the best practice and a goal of FDTC team performance. This document "Implementing Evidence Based Practice in Treatment Foster Care: A Resource Guide." (2008) provides direction to help achieve this goal.
https://ncwwi.org/files/Evidence_Based_and_Trauma-Informed_Practice/Implementing_Evidence-based_Practice_in_Treatment_FC.pdf

The 2014 "Ohio Operating Standards for the Education of Children with Disabilities" is an excellent resource for FDTC team members to be aware of and to help FDTC client parents and child caregivers be aware of in the case of out-of-home placements. The document provides critical information regarding eligibility of preschool children for special education and individualized education plans (IEPs) which can be pivotal to providing adequate support for a high-risk child's education.
https://education.ohio.gov/getattachment/Topics/Special-Education/Federal-and-State-Requirements/Operational-Standards-and-Guidance/2014-Ohio-Operating-Standards-for-the-Education-of-Children-with-Disabilities.pdf.aspx

The Ohio Department of Education website link provides assistance in finding the type of early care and education program to meet children's distinctive needs. Information about programs' licensing status, Step Up To Quality rating, and inspection results is also provided.

http://education.ohio.gov/Topics/Early-Learning/Head-Start-Collaboration

"A Movement to Transform Foster Parenting" provides guidance about best practices for working with foster parents to support children in out-of-home care. Using a trauma-informed care approach with foster children guides foster parents to serve as key partners in the healing process for families experiencing out of home care interventions.
http://www.aecf.org/m/resourcedoc/aecf-TransformFosterParenting-2016.pdf

"Trauma-informed practice with young people in foster care" provides examples of trauma-specific interventions for adolescents supported by clinical and research evidence as well as general guidance on how and why trauma-informed care approaches should be employed with children involved with child welfare.
http://www.aecf.org/m/resourcedoc/jcyoi-IssueBrief5TraumaInformedPractice-2012.pdf

The National Center for Mental Health and Juvenile Justice's Webinar Series: "Developing Effective School-Based Diversion Programs that Identify and Address Behavioral Health Needs" provides four webinars, the first two of which (slide pages 1-30) are applicable for FDTCs. Remembering critical needs of older children in FDTC families who may be at risk for juvenile justice involvement and also finding ways to meaningfully empower and engage families is described here.
https://www.ncmhjj.com/wp-content/uploads/2016/09/Webinar-2-Master-Presentation.pdf

"Causing child to be born addicted to drugs or alcohol" is one of Ohio's legal basis for termination of parental rights. Therefore, it is critical for all Ohio substance use disorder treatment programs to be watchful for Neonatal Abstinence Syndrome (NAS) and have well-established referral networks to FDTCs.
http://www.ohdivorceonline.com/guide.asp?firm=&level=3&id=697

The Ohio Perinatal Quality Collaborative (OPQC) provides multiple resources about Neonatal Abstinence Syndrome (NAS) and maternal addiction that includes brochures, video educational sessions, print materials, assessment tools as well as information about the legalities of identifying substance use in pregnancy in Ohio.
https://opqc.net/patients-providers/%20NAS

The Center for Disease Control (CDC) October 27, 2017 report "Increased Risk for Mother-to-Infant Transmission of Hepatitis C Virus Among Medicaid Recipients – Wisconsin 2011-15" provides an important update on the importance of universal screening of newborns for Hepatitis C. Rates have been elevated among pregnant women nationally. Newborns whose Hepatitis C status is undetected at birth are at increased risk for liver failure and need for liver transplants. Descriptions of the challenges of identifying pregnant women who may be at risk for Hepatitis C and their newborns is described.
https://www.cdc.gov/mmwr/volumes/66/wr/mm6642a3.htm
https://medlineplus.gov/news/fullstory_169329.html

This 2011 description of a California FDTC (called "Family Wellness Court") with a special focus on families with a newborn positive toxicology screen, also provides an extensive list on pages 5

and 6 of comprehensive services to consider delivering to families. This FDTC had 28 partners and 82 resource providers with which it coordinated service for FDTC children, parents, and families.
https://ncsacw.samhsa.gov/files/Court-Based_Interventions_For_Pos-Tox_and_Drug_Exposed_Infants_and_Toddl.pdf

"A System of Care Surrounding the Drug Exposed Neonate" (2015) 1) PowerPoint presentation and 2) webinar describe the neurobiology of neonatal abstinence syndrome and appropriate care recommendations.
http://www.nationaldec.org/goopages/pages_downloadgallery/download.php?filename=31228.pdf&orig_name=system_of_care_-_sl_11182015.pdf
http://www.nationaldec.org/directory/107893/147556/

This 2006 powerpoint presentation on "Substance-exposed infants: policy and practice" provides an overview of some of the issues that are still relevant in 2017 – especially regarding screening and referral practices.
http://jfs.ohio.gov/OCTF/substance-exposed-infants-policy-and-practice.pdf

"Caring for Babies with Prenatal Substance Exposure" from 2003 is not entirely current regarding medical updates on prenatal effects of various drug exposures, but provides highly relevant "hands-on" guidance for parents and caregivers about caring for infants with prenatal drug exposure.
http://health21magazine.com/wp-content/uploads/2017/08/2003-Caring-for-Babies-with-Pre-Natal-Substance-Exposure.pdf

This "Neonatal Abstinence Syndrome (NAS). The Substance-Exposed Infant (SEI)" podcast is a recorded discussion about the management of NAS and the SEI from both a medical and social services point of view. Comparisons of buprenorphine and methadone assisted treatment during pregnancy and effects of medications on infants is discussed.
https://soundcloud.com/family-drug-court-podcast/5-7-15-sei-webinar

"The Role of Plans of Safe Care in Ensuring the Safety and Well-Being of Infants with Prenatal Exposure, Their Families and Caregivers. A Discussion Draft in Development of A Technical Assistance White Paper" is a 258-page document with extensive appendices from multiple states and federal agencies with a general focus on what it means to develop "plans of safe care" which is a requirement of The Comprehensive Addiction and Recovery Act of 2016 (CARA) which was signed into law on July 22, 2016 (S. 524) including Title V, Section 503, "Infant Plan of Safe Care." This document is in draft form, but publicly available for discussion and guidance.
http://www.cffutures.org/files/Plans%20of%20Safe%20Care%20Draft%20112316_with%20appendices.pdf

3. Essential Supportive Services for Family Interventions

The Final Draft Report of the "President's Commission on Combating Drug Addiction and the Opioid Crisis", released November 1, 2017, provides a summary of 56 recommendations on pages 1-11, as well as discussion of the "Impact on Families and Children" on page 82. Recommendation

47 states: “The Commission recommends that HHS, SAMHSA, and ACYF should disseminate best practices for states regarding interventions and strategies to keep families together, when it can be done safely (eg: using a relative for kinship care). These practices should include utilizing comprehensive family-centered approaches and should ensure families have access to drug screening, substance use treatment, and parental support. Further, federal agencies should research promising models for pregnant and post-partum women with SUDs and their newborns, including screenings, treatment interventions, supportive housing, non-pharmacologic interventions for children born with NAS, MAT, and other recovery supports.”
https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Meeting%20Draft%20of%20Final%20Report%20-%20November%201%2C%202017.pdf

SAMHSA. Treatment Improvement Protocol (TIP) #39. “Substance Abuse Treatment and Family Therapy” offers guidance on including the family with the client in SUDs treatment. Chapter 4 provides detailed information on various “integrated models” of family therapy matched to the level of need and recovery stage, and Chapter 5 discusses family therapy in specific populations (i.e.: those with cognitive disabilities, older age, non-binary sexual orientation, etc.) which is essential information for FDTC members to be aware of.
https://store.samhsa.gov/shin/content//SMA15-4219/SMA15-4219.pdf

The Cochrane review: “Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment” included 62 quasi-experimental studies which suggest that children in kinship foster care experience better behavioral development, mental health functioning, and placement stability than do children in non-kinship foster care. Although there was no difference on reunification rates, children in non-kinship foster care were more likely to be adopted while children in kinship foster care were more likely to be in guardianship. Children in non-kinship foster care were more likely to utilize mental health services which may suggest that kinship caregivers are offered mental health services less often than non-kinship foster parents and could possibly benefit from such services.
http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006546.pub3/epdf

The KEEP program (Keeping Foster and Kin Parents Supported and Trained) is an evidence-based program for parenting skill-building in kinship and foster parents to support families and prevent placement breakdowns.
http://www.keepfostering.org

The California Evidence-Based Clearinghouse for Child Welfare (CEBC4CW) provides a detailed description and evaluation of the KEEP (Keeping Foster and Kin Parents Supported and Trained) program enabling sites with interest in potential adoption of the model to learn more. The CEBC4CW website also has resources for finding and implementing evidence-based programs for special populations.
http://www.cebc4cw.org/program/keeping-foster-and-kin-parents-supported-and-trained/

“Transitioning to a Family Centered Approach: Best Practices and Lessons Learned from Three Adult Drug Courts” (2017) identified ten strategies found across all three adult drug courts that had expanded services to families and children of program participants. These strategies have applicability to FDTCs as well.

https://www.ndci.org/wp-content/uploads/2016/05/Transitioning-to-a-Family-Centered-Approach.pdf

The National Resource Center for Family-Centered Practice & Permanency Planning at the Hunter College School of Social Work of the City University of New York "Tools for Permanency Tool #4: Kinship Care" is an excellent 10-page guide to understand the strengths and challenges of kinship care and pathways to permanence for children and families involved in the child welfare system.
http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/tools/kinship-tool.pdf

This 2016 webinar "Supporting Families in Child Welfare Affected by Opioid and Other Substance Use" describes the current challenges for treatment and child welfare professionals in the context of the opioid epidemic, as well as some proposed solutions including implementation of Plans of Safe Care that are required by federal legislation.
https://www.youtube.com/watch?v=ZUWLUoaxfcw

This July 2016 webinar "Parent-Child Relationships: Supporting Families in Family Drug Courts (FDC) for Recovery, Reunification, and Permanence" provides an overview of the "FDC movement" and provides five reasons why it is critical for FDCs to focus on family-centered treatment, including the parent-child dyad.
https://www.youtube.com/watch?v=TNVMjTYc1S0

This 2012 webinar, published in October 2017, "What You Need to Know in Becoming a Trauma-Informed Family Drug Court (FDC)" explains why it is important for all team members to develop a therapeutic alliance with the client families in FDCs and to take traumatic experiences of clients (both parents and children) into account when interacting with FDC clients.
https://www.youtube.com/watch?v=-9wigChxGQ8

This 2011 Administration on Children, Youth and Families (ACYF) Children's Bureau Issue Brief "Family Reunification: What the Evidence Shows" shows that programs with stability of foster care placement; visits with parents and siblings in foster care; services for the child, parents, and foster parents; child and family involvement in case planning; and worker visits with child and parents were associated with stronger performance in desirable permanency/reunification outcomes.
https://www.childwelfare.gov/pubPDFs/family_reunification.pdf

This 2002 Administration for Children and Families (ACF) report focuses on visitation of non-custodial parents and child support payments, a topic which is often overlooked in FDTCs. The report describes benefits for children's adjustment and behaviors, as well as increases in child support payments and reduced conflict between parents. Although neither parent may have child custody in some families involved in FDTC, many FDTC families struggle with this issue.
https://www.acf.hhs.gov/sites/default/files/ocse/dcl_07_15a.pdf

This brief (26 pages) "FDTC Participant Handbook" from a Hawaiian FDTC is an example of a comprehensive easy-to-understand explanation of how their FDTC operates and may be interest for Ohio jurisdictions. Page 21 is especially informative in describing "Parenting Responsibilities,

Contact, Visitation, and Trial Return" to help parent participants understand the steps involved in the process of reunifying with their children.
http://www.nationaldec.org/user_files/22848.pdf

Parent-child interaction therapy (PCIT) is recognized as an evidence-based family-centered treatment approach proven effective for abused and at-risk children ages 2 to 8 and their caregivers—birth parents, adoptive parents, or foster or kin caregivers.
https://www.childwelfare.gov/pubPDFs/f_interactbulletin.pdf

The University of California at Davis provides a free 10-hr online training on "Parent-Child Interaction Therapy (PCIT) for Traumatized Children" available to both parents and providers alike. The multi-session web course is highly relevant for FDTC team members who are overseeing parent/child interactions and visits to improve their capacity to support parents' interactions with their children who may have experienced trauma.
https://pcit.ucdavis.edu/pcit-web-course/

This 12-page "Strong Start Ohio, Health Care Quality Improvement for Mothers and Babies – Toolkit" provides simple and understandable worksheets, education and nutritional guidance for pregnant women about pregnancy, labor and delivery, postpartum care, and resources available if help is needed.
http://momsohio.org/strongstart/strongstart-attributes/Strong%20Start%20Toolkit.pdf

4. **Post Adoption Services for Families with Termination of Parental Rights (TPR) and Adoptive Parents**

The 2-page 2016 Ohio Fact Sheet on Adoption provides a brief summary of key facts about adoption in Ohio, including the putative father registry, adoption subsidies, and preventing discrimination in adoptive placements.
https://jfs.ohio.gov/factsheets/Adoption.pdf

The 2017 update of the Ohio Adoption Guide Handbook for Prospective Families should be familiar to FDTCs should a termination of parental rights be necessary and in considering concurrent planning with foster parents, including relative placements
http://www.odjfs.state.oh.us/forms/num/JFS%2001675/pdf/

This webinar and slide presentation "Improving Messages in Kinship Care, Foster Care, and Adoption" emphasizes the importance of how multiple disciplines speak about foster parents, foster children, adoption, and adoptive families to help ensure the language is mindful and supportive.
https://www.nacac.org/wp-content/uploads/2017/05/messaging-webinar-slides.pdf

An example from Summit County (Akron area) Ohio of its Post Adoption Special Services Subsidy for supporting post-adoptive children and families.
http://www.summitkids.org/Portals/0/FCA/Adoption/20172018PASSSPacket.pdf

SECTION 5.

THE INSTITUTIONALIZATION OF THE "FAMILY DRUG TREATMENT COURT" MODEL IN OHIO'S "FAMILY DEPENDENCY TREATMENT COURT"

The long-term institutionalization of the Family "Drug" Treatment Court model is reliant upon strict adherence to policy and practice principles supported in science and research. In Ohio, the word "drug" has been replaced with "dependency" to clarify that the court is addressing child welfare issues in which substance use disorders are present, but the court operates in the Dependency setting.

In Ohio, Family Dependency Treatment Courts must also follow the Ohio Specialized Docket Standards promulgated by the Supreme Court of Ohio's Rules of Superintendence. The alignment of Family Dependency Treatment Court structure and operations with best practices position Ohio's Family Dependency Treatment Courts to achieve the inter-connected goals of dependency court, child protection, comprehensive social service delivery, and provision of coordinated substance use disorder, mental health, and medical treatment as warranted through a multidisciplinary client and family assessment.

Topics Addressed in the Links Below:

a. Ohio's Family Dependency Treatment Court's (FDTC) structure and operations should utilize current research and science to maintain fidelity to national family treatment court best practice recommendations and comply with the Supreme Court of Ohio's Rules of Superintendence and Specialized Dockets Standards.
b. FDTC team members must be familiar with current Ohio requirements and evidence-based best practices and programs (EBPPs) in the three core programs of FDTC 1) Dependency Court, 2) Child Welfare, and 3) Substance Use Disorder Treatment to ensure that the fundamental elements of the Family Dependency Treatment Court are operating optimally.
c. Team member training and management of transitions are critical to smooth operation of the FDTC. Ensure that FDTC team member transitions, including both staff replacement and expansion, are well-managed to maintain effective and efficient FDTC operation during transitions. Smooth transitions are characterized by formal training and transfer of roles and responsibilities for new team members and formal agreements to ensure that all systems must remain accountable during transition

a. Utilize current research and science to maintain fidelity to the Family Dependency Treatment Court best practice recommendations and standards

The 2017 "National Strategic Plan for Family Drug Treatment Courts" provides a concise guide with specific strategies for expanding FDTCs and building partnerships with key community stakeholders.
http://www.cffutures.org/files/FDTC_StrategicPlan_V1R1.pdf

This 2013 170-page publication "Guidance to States: Recommendations for Developing Family Drug Court Guidelines" was updated in 2015 and currently serves as an important reference for issues that must be addressed to plan, operate, and evaluate FDTCs. It contains ten

recommendations for FDTC action in establishing and monitoring FDTCs and also offers suggested solutions for common challenges facing FDTC teams.
http://www.cffutures.org/files/publications/FDC-Guidelines.pdf

This 2012 National Association of Drug Court Professionals (NADCP) report "Research Update on Family Drug Courts" provides a summary of FDTC outcomes from nine evaluations conducted from 2004 to 2011. The implications of the findings should be considered as existing FDTCs consider expanding, and the methodologies and key variables used in the evaluations can serve as a minimal baseline template for future FDTC evaluations.
http://www.nadcp.org/sites/default/files/nadcp/Reseach%20Update%20on%20Family%20Drug%20Courts%20-%20NADCP.pdf

"Family Drug Court Guidelines Self-Assessment Tool" evaluates if a community FDC aligns with FDC policy, procedures, and operations. FDC Self-Assessment results are used in discussions and action planning, while recognizing program strengths and areas of opportunity.
http://www.cffutures.org/files/FDC_Guideline_Assessment.pdf

"Leading the Way to Best Practice – FDC Peer Learning Court Program." This webinar uses a "TED-talk" format (10-minute power talk presentations) in which leaders from some effective FDC programs highlight key policy and practice topics that affect the lives of children and families participating in their FDCs. Topics include: 1) Comparison groups in FDC evaluation, 2) Judicial leadership, 3) Judicial succession, 4) Modeling support as an FDC Team, and 5) Recovery support.
http://www.cffutures.org/plc-page/leading-the-way-to-best-practice-fdc-peer-learning-court-program-ted-talks/

This interactive five-module "Family Drug Court Online Tutorial" provides resource links, case studies, questions, and information boxes explaining the FDTC model (FDC and Family Dependency Treatment Court (FDTC) have different names but are typically the same programs) Since even advanced and experienced FDTCs may have team members who are new to the FDTC program, this tutorial can serve as a valuable orientation.
http://www.fdctutorials.org/tu/courses/

This 12-page March 2017 document "The National Strategic Plan for Family Drug Courts" was developed by Children and Family Futures (CFF) in partnership with the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and outlines the vision that 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 to help ensure families' successful outcomes.
http://www.cffutures.org/files/FDC_StrategicPlan_V1R1.pdf

"One Vision, Three Goals to Serve More Families and Future Generations." The National Family Drug Court Strategic Plan webinar describes the FDC movement and the history of its effort to achieve three goals: 1) Ensure quality implementation and that every court operates with fidelity to the FDC model; 2) Expand the reach of FDCs to keep families together and reduce child maltreatment; 3) Continue to build the evidence base about what works for FDCs through the next wave or generation evaluation and research.

https://www.nttac.org/index.cfm?event=trainingCenter.traininginfo&eventID=2070&from=training&dtab=0

b. FDTC team members must be familiar with current Ohio requirements and evidence-based best practices and programs (EBPPs) in the three core programs of FDTC 1) Dependency Court, 2) Child Welfare, and 3) Substance Use Disorder Treatment to ensure that the fundamental elements of the Family Dependency Treatment Court are operating optimally.

Rules of Superintendence for the Courts of Ohio (Sup.R.36.02-36.28; p257-283) provides a description of the Commission on Specialized Dockets which advises the Supreme Court and its staff on (1) the promotion of statewide rules and uniform standards concerning specialized dockets in Ohio courts; (2) development and delivery of specialized docket services to Ohio courts, including training programs for judges and court personnel; and (3) other issues the commission deems necessary to assist the Supreme Court and its staff regarding specialized dockets in Ohio courts. The work of the Commission is relevant to FDTCs as a specialized docket. https://www.supremecourt.ohio.gov/LegalResources/Rules/superintendence/Superintendence.pdf#Rule36.02

California Evidence-Based Clearinghouse for Child Welfare (CEBC) provides information on evidence based programs for children and families involved in the child welfare system. The Clearinghouse has a searchable database and also can provide guidance on selecting, implementing and sustaining the program or practice.
http://www.cebc4cw.org/

This 44-page document explains "Ohio's Differential Response System and Child Welfare Practice Model" principles, core elements, tenets, worker skill sets and quality practice indicators across ten domains which include: engaging, assessing, partnering, planning, implementing, evaluating, advocating, communicating, demonstrating cultural and diversity competence, and collaborating to improve family and child outcomes and support successful in-home care.
http://jfs.ohio.gov/PFOF/PDF/Differential-Response-Practice-Profiles.stm

The Ohio Child Welfare Training Program website provides ongoing webinars, usually conducted at lunchtime, on topics of importance and interest to the child welfare field in Ohio. Webinar recordings and handouts are also available at this website link.
http://www.osatg.org/webinars.html

This 30-page 2002 document "Child Protection Services Standards for Effective Practice Standards – Staff Safety" details safety elements that must be addressed in agency policy and procedures to ensure the basics of staff safety.
http://www.pcsao.org/perch/resources/safety-std-1.pdf

This 361-page publication "Ohio's Child Protective Services Worker Manual and CAPMIS Field Guides" is a product of the Ohio Department of Job and Family Services Office for Children and Families that provides detailed guidance for child protective services staff to conduct their work using state of the art standards.

http://jfskb.com/sacwis/attachments/article/508/CPS%20Manual%20and%20CAPMIS%20Field%20Guides%2010-2-14.pdf

The 2017 13th edition of the "Public Children Services Association of Ohio Factbook" is a resource for policymakers and the media, federal, state, and local partners, and others interested in the safety and stability of Ohio's children and families. It provides details on Ohio's children services-specific programs and fiscal information, as well as information on the child welfare workforce.
http://www.pcsao.org/factbook

The "Public Children Services Association of Ohio: Directory of Agencies" provides a list of contact information for the public children's services agency in each of Ohio's 88 counties.
http://www.pcsao.org/membership/agency-directory

This link connects to Ohio's Family & Children's First Council County Plans which monitor data indicators to measure progress in the improvement of child well-being in Ohio through the H.B. 289 Shared Plan Model.
http://www.fcf.ohio.gov/BuildingCapacity/ViewCountyFCFCSharedPlans.aspx

SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) is an evidence-based repository and review system designed to provide the public with reliable information on mental health and substance use interventions. NREPP provides information about evidence-based programs and practices and determine which of these may best meet their needs.
http://nrepp.samhsa.gov/AdvancedSearch.aspx

The website for the Ohio Department of Mental Health and Addiction Services provides resources and information on research, training, prevention and recovery programming, as well as funding opportunities to address addiction and mental health challenges in Ohio.
http://mha.ohio.gov/

The website for the Ohio Association of County Behavioral Health Authorities (OACBHA) provides information about the statewide activities of the OACBHA and the link below connects to the County Board Directory for county-specific contact information for recovery services in Ohio.
https://www.oacbha.org/mappage.php

This 2016 webinar "Implementing the ASAM criteria. An overview of ASAM's criteria and CONTINUUM – The ASAM Criteria Decision Engine™" was sponsored by the Ohio Department of Mental Health and Addiction Services for the purpose of explaining the American Society of Addiction Medicine's (ASAM) screening and assessment tools. It also explains CONTINUUM, "the ASAM Criteria Decision Engine™", and encourages the use of these computerized tools for Ohio substance abuse disorder treatment programs.
http://mha.ohio.gov/Portals/0/assets/Regulation/LicensureAndCertification/LC-Communications/ASAM-Criteria-CONTINUUM-TM-Webinar-SlidsetV2-Ohio6.29.2016.pdf.pdf

This website link for Ohio Treatment Services defines drug and alcohol addiction treatment services and identifies who can deliver and supervise treatment services, including all private and public programs that operate in Ohio regardless of whether they receive any public funding.
http://codes.ohio.gov/oac/3793:2-1-08v1

This one-page chart provides a brief description of the American Society of Addiction Medicine's six "dimensions" that are used to undertake a biopsychosocial assessment of an individual to be used in treatment placement. "The Six Dimensions of Multidimensional Assessment"
http://asamcontinuum.org/wp-content/uploads/2015/05/P43_Six-Dimension-Chart.jpg

a. Team member training and management of transitions are critical to smooth operation of the FDTC. Ensure that FDTC team member transitions, including both staff replacement and expansion, are well-managed to maintain effective and efficient FDTC operation during transitions. Smooth transitions are characterized by formal training and transfer of roles and responsibilities for new team members and formal agreements to ensure that all systems must remain accountable during transition

This 14-page article published in 2000 "What is Competency Based In Service Training?" (CCBIT™ System) explains that training by itself cannot ensure an organization's successful outcomes, however argues that any organization that lacks well-trained, competent staff is almost certain to fail. CCBIT's immediate outcome is staff competence, but the ultimate goal is implementation of " best practice" on behalf of children and families by defining outcomes and "best practice" principles to promote and support largescale organizational and system change.
http://ocwtp.net/PDFs/WhatIsCompetencyBasedTraining.pdf

The Case Western Reserve Center for Evidence Based Practices hosts many resources that are helpful for training FDTC personnel and provides technical assistance, including training, consultations, and evaluation related to substance use disorders and co-occurring mental illness.
https://www.centerforebp.case.edu/

This 2011 "Family Drug Court Judicial Script: A Technical Assistance Tool adapted from the Santa Clara, California Family Wellness Court" provides a suggested script for judicial officers to interact with FDTC client families and for managing FDTC proceedings. It is a useful training tool for new judicial officers serving in FDTCs.
http://www.cffutures.org/files/publications/FDC_Judicial_Script_Final.pdf

A statewide drug court coordinator and a local FDTC coordinator explore what effective leadership in a FDTC looks like and describe common pitfalls (for example: "taking over" so other team members disengage) and leadership opportunities in this 2015 webinar "Leading the Team – So Who Wants to Be an FDC Coordinator? What You Need to Know, Including Common Pitfalls and Opportunities."
http://www.cffutures.org/uncategorized/leading-the-team-so-who-wants-to-be-an-fdc-coordinator-what-you-need-to-know-including-common-pitfalls-and-opportunities/

This 2014 article "A Social Worker's Role in Drug Court" describes the unique purpose a social worker plays in implementing the 10 Key Components of drug courts using their generalist and

specialist knowledge and skills. Although there is no mandate requiring a social worker to be a member of the team, the study provides evidence suggesting that social workers should be included on drug court teams.
http://journals.sagepub.com/doi/pdf/10.1177/2158244014535413

SECTION 6.
INFUSION OF FAMILY DEPENDENCY TREATMENT COURT PRACTICES WITHIN EXISTING SYSTEMS OF CARE

Family Dependency Treatment Courts may not be needed nor able to be established in all Ohio jurisdictions, however the evidence-based best practices and collaborative approach of FDTCs can be infused into existing systems of care to improve service delivery and outcomes for families affected by substance use and involved with child welfare.

The practices of the FDTC model can be adopted by Courts operating within the usual Dependency court/child welfare courts system to ensure that FDTC promising and best practices are employed to meet the needs of families affected by substance abuse disorders when no formal FDTC is in place. The challenge of the infusion approach is to ensure that the FDTC model maintains its valid evidence-based practices and does not become diffused or "watered down" while simultaneously helping to embed and integrate effective FDTC practices in the larger systems within which courts operate and services are delivered.

Topics Addressed in Resource Links Below:

a. Expansion of the FDTC model through the infusion of effective FDTC practices into existing systems of care. FDTC effective practice infusion may occur within the context of the court, child protection, treatment and social service systems individually, or in collaboration with these various entities.

b. Ohio's Statewide System Improvement Program (SSIP), funded by the Office of Juvenile Justice and Delinquency Prevention, goal of having a coordinated system to strengthen families and communities with enhanced integrated services for children and families with substance use and mental health needs.

a. Expansion of FDTC through Infusion

The Ohio Statewide System Improvement Program (SSIP) is examining strategies to address identified service gaps for this population. The purpose of the initiative is to expand the number of clients that can be served through the family drug court model along with related best practice strategies and services to improve outcomes for children and families with substance use and mental health challenges.
http://www.supremecourt.ohio.gov/JCS/specDockets/SSRP/default.asp

"An Approach to Systems Change: Infusion Statewide System Reform Program". This 3-page document provides a brief overview of how FDTC practices and proven solutions may be infused into existing court, or agency systems. Although not all jurisdictions may be able to implement an

FDTC, they can benefit by embedding or integrating FDTC practices into all cases affected by parental substance use disorders in the dependency court system.
https://www.oacbha.org/docs/Infusion_One-Pager.pdf

"Expanding the Scale of Family Drug Courts." This webinar presentation discusses the challenges involved in scaling up FDTCs and the solutions being employed to overcome the barriers. Opportunities of the infusion approach to changing the larger child welfare system are highlighted.
http://www.cffutures.org/files/webinar-handouts/SSRP%20Welcome%20Webinar%20-%20Final.pdf

b. FDTC Expansion through the Statewide System Improvement Program (SSIP) (formerly known as "Statewide System Reform Program (SSRP))

This 2-page summary "Expanding the Reach of Family Drug Courts" provides a succinct overview of lessons learned from the first phase of the Statewide System Reform Program (SSRP) and suggestions regarding the need to understand the process as a multiyear effort.
http://www.cffutures.org/files/6.%20SSRP%20Flyer%20w%20Lessons%20Learned%202Pager_081517.pdf

This powerpoint, presented at the Ohio Statewide System Improvement Program (SSIP) All Demonstration Sites Meeting December 16, 2016, describes the work of SSIP expansion and infusion demonstration sites. Each demonstration site provided an overview of the goals of their project as well as a snapshot of the challenges experienced and strategies identified to address the needs.
http://www.osatg.org/uploads/1/5/3/5/15354340/osatg_ssrp_powerpoint.pdf

This powerpoint, presented at the Ohio SSIP All Demonstration Sites Meeting February 15, 2017, provides an update of SSIP expansion and infusion demonstration sites.
http://www.osatg.org/uploads/1/5/3/5/15354340/ohio_ssrp_all_demonstration_site_meeting.pdf

This powerpoint, presented at the Ohio Specialized Dockets Conference October 24, 2017, provides an overview of lessons learned and next steps in the Statewide System Improvement Program (SSIP).
http://www.supremecourt.ohio.gov/JCS/specDockets/conference/materials/YoungBalkeyHarris/lessonsLearned.pdf

SECTION 7
IMPORTANCE OF BUILDING FDTC PARTNERSHIPS AND MOVING TOWARD QUALITY ASSURANCE

Creating opportunities to address the needs of families in recovery and engagement with the larger community to engender support for FDTCs

In order to expand the reach of the Family Dependency Treatment Court collaborative team approach, FDTC team members must identify community-based allies and potential partners to help foster success and ensure quality services. Finding community partners that can offer in-kind

or shared resources and ensure durable relationships must rely on agreed-upon conditions in the form of Memoranda of Understanding or other formalized arrangements to avoid person-based agreements that deteriorate when key staff transition.

Service gaps are often revealed as FDTCs learn more about best practices and evidence-based programs, and asset mapping can often help FDTCs to creatively fill the gaps. Deepening FDTC teams' understanding of the communities in which your FDTCs are operating through the formal use of Geographic Information Systems (GIS) and asset mapping can help identify programs, potential partners, and resources that can be tapped to expand the array of support and allies for your FDTC.

Such mapping may also reveal environmental/neighborhood risk factors in your FDTC cachment area that could be proactively addressed in client case plans and which may benefit from local public policy interventions. Such factors may include density and location of bars and alcohol outlets, availability and safety of parks and public recreation facilities, non-profit programs, quality of schools, police crime reports, hospital ER admission data, availability of vocational and GED programs, and other indicators of interest to the FDTC regarding community characteristics that would support or inhibit FDTC client family recovery and reunification.

Topics Addressed in Resource Links below:

a. Use Asset Mapping and Geographic Information System (GIS) tools to connect with the community to expand improve service linkages for FDTCs
b. Create or update Memoranda of Understanding (MOU)
c. Manage partnerships, share evaluation findings to build constituents for FDTC, and expand both monetary and non-monetary sources of support

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a. Asset Mapping and Geographic Information System (GIS)

The Community Building Institute at Xavier University in Cincinnati provides examples of an online asset mapping tool that FDTCs can use at no cost to better understand community services and gaps.
http://www.xavier.edu/communitybuilding/NAT.cfm

All Ohio regions or individual counties have "211" Information and Referral Resources that are part of a national "211" organization. Part of their mission is to update community asset information based on zip code, resource type and profile of user in need of services. An example is from Summit Co, Ohio:
http://211summit.org/

"Pathways to Recovery" and "Capacitype" are resource components of "Facing Addiction"
https://www.facingaddiction.org/resources

Capacitype is designed to build the national data base of recovery resources.
https://www.capacitype.com/

Community participatory asset mapping can be used to assist clients and providers in mutually sharing information about their respective knowledge of their often-separate communities. Using the method described in this toolkit with FDTC client families or graduates to share their community-resource knowledge has the additional benefit of assisting with program engagement, community building, and resource sharing to help bridge client/provider divide.
http://www.communityscience.com/knowledge4equity/AssetMappingToolkit.pdf

The "Opioid Mapping Initiative" can assist Ohio communities that are struggling with the opioid epidemic. The purpose of the initiative is to provide a list of applications and open data sets that local health and law enforcement agencies have identified as important to their communities. It also provides critical and timely resources, including: technical guidance and best practices; success stories; how-to articles; and links to related efforts which may be helpful to developing relapse prevention plans and tailored case plans for FDTC clients and families.
http://opioidmappinginitiative-opioidepidemic.opendata.arcgis.com/

As a partner in the National Neighborhood Indicators Partnership (NNIP), work being undertaken in Cleveland, Ohio provides an example of how the development of an integrated data system using community-level information can help FDTCs pinpoint communities with particular risks and strengths which can be incorporated into FDTC client case plans to support recovery and reduce the likelihood of relapse and subsequent child maltreatment.
https://www.neighborhoodindicators.org/partner/114
https://www.neighborhoodindicators.org/library/catalog/early-childhood-integrated-data-system

b. Create or update Memoranda of Understanding (MOU)

This 3-page MOU is an example from the Colorado Delta Family Drug Court which specifies the roles and responsibilities of multiple partner agencies that are collaborating in this FDC.
https://ndcrc.org/resource/memorandum-of-understanding-delta-family-drug-court/

This 3-page document from the Department of Justice provides a 1-page concise explanation of why and when Memoranda of Understanding are needed and a simple 2-page MOU example. "Guidelines for a Memorandum of Understanding (MOU)".
http://www.doj.state.or.us/wp-content/uploads/2017/08/mou_sample_guidelines.pdf

This 8-page Sample Adult Drug Court Memoranda of Understanding from the Ohio Supreme Court provides an initial template to adapt for FDTC purposes.
https://www.supremecourt.ohio.gov/JCS/specDockets/conference/materials/White_Kunkle/memoUnderstanding.pdf

This 3-page Sample Memoranda of Understanding is a U.S. State template that is designed for agreements related to service delivery and can be adapted for specific FDTC purposes. This case example relates to early childhood technical assistance services.
http://www.helpmegrow.ohio.gov/professional/~/media/B9F804DAE04946299EF8A642A492CF19.ashx

This 43-page 2012 document provides an excellent example of an Adult Drug Court development and implementation, including information about drafting a MOU on page 6 and an example of a MOU in Appendix B. "Developing and Implementing a Drug Treatment Court in Michigan".
http://www.wellnesscourts.org/files/Developing%20and%20Implementing%20a%20Drug%20Treatment%20Court%20in%20Michigan.pdf

This example from the State of Connecticut provides a MOU related to the establishment of a multi-agency partnership to create the "Family and Child Wellness Collaborative" which requires agencies to share information and work jointly toward shared goals.
http://www.cffutures.org/files/publications/Memorandum_of_Agreement.pdf

c. Manage partnerships, share evaluation findings to build constituents for FDTC, and expand both monetary and non-monetary sources of support

This 32-page "Handbook for Non-Profits. An operational resource for board members of charitable organizations" from the Ohio Attorney General Office Charitable Law Section is relevant for FDTC personnel to ensure that non-profits with which they work are keeping with the law and able to maximize effectiveness in supporting FDTC families.
http://www.ohioattorneygeneral.gov/Files/Publications-Files/Publications-for-Non-Profits/NonprofitHandbook

The 2-page brief "FTDC Evaluation Key Outcome Findings", 9-page "FTDC Executive Summary" report and full 161 page "FTDC Evaluation Final Report" provide examples of the methods and various types of presentation formats that can be used to target different target audiences and stakeholders who need different levels of information to generate support for your FDTC.
http://npcresearch.com/wp-content/uploads/FTDC_Evaluation_Key Outcome_Findings.pdf
http://npcresearch.com/wp-content/uploads/FTDC_Evaluation_Executive_Summary.pdf
http://npcresearch.com/wp-content/uploads/FTDC_Evaluation_Final_Report.pdf

SECTION 8
FAMILY AND COMMUNITY RECOVERY SUPPORT

Development of a continuum of care that supports FDTC client families as they transition from being program participants to new graduates to community leaders in the movement to support and honor long-term recovery and prevent intergenerational substance use disorders.

Family and community support is critical to the ongoing recovery process for FDTC clients to be successful in meeting the requirements of their case plans for child welfare, and substance use disorders treatment, as well as other collaborating systems, such as employment or education. Helping clients and their families engage in community-based recovery support programs is a pivotal role of all FDTC personnel and it is much easier to accomplish if the community is knowledgeable, open, and supportive of recovery.

Topics Addressed in Resource Links Below:

a. Developing supportive community structures to support successful lifelong recovery and family preservation. Providing robust, non-stigmatized community recovery support to reunified families, promoting healthy intergenerational family dynamics, and ongoing support with kinship care

a. Community and Recovery Support

This link to the US Department of Health and Human Services provides information about the Center for Faith-Based and Neighborhood Partnerships and Community Resources to support community-based recovery.
https://www.hhs.gov/about/agencies/iea/partnerships/index.html

This website link provides multiple resources that address the critical importance of monitoring and supporting families after reunification when both parents and children are typically managing many stressors that can jeopardize the stability and lead to recidivism and re-entry into foster care without adequate services for family reunification.
https://www.childwelfare.gov/topics/permanency/reunification/

SAMHSA's 2008 "An Introduction to Mutual Support Groups for Alcohol and Drug Abuse" describes the range of mutual support groups and the importance of FDTC team members and care providers becoming familiar with more than just the 12-Step models. Although recovery support networks cannot be substituted for formal treatment and do not provide treatment, they are an important part of a Recovery-Oriented Systems-of-Care (ROSC) approach to substance abuse recovery. By providing social, emotional, and informational support for persons throughout the recovery process, mutual support groups help individuals take responsibility for their alcohol and drug problems and for their sustained health, wellness, and recovery.
https://store.samhsa.gov/shin/content/SMA08-4336/SMA08-4336.pdf

Published in 2002, "The Pathways to Long-Term Recovery: A Preliminary Investigation" study is one of few studies examining long-term recovery. Although the findings may have limited relevance due to the response rate (57%) and characteristics of respondents (73% Caucasian, 51% married, 57% college degree), the findings for this population with a median of 12 years recovery showed that social and community support, affiliation with 12-step organizations, and negative consequences of substance use were identified as very important in establishing and maintaining recovery status.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1852519/pdf/nihms-18188.pdf

A complete listing of Alcoholics Anonymous meetings in Ohio is provided at this website and can serve as a resource for many FDTC clients because of their widespread presence.
https://aa-meetings.com/ohio/

This November 2016 video presents a 30-minute discussion with former Surgeon General Dr. Vivek Murthy, celebrities, and advocates as the Office of the Surgeon General released "Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health". This resource has been used as an in-service teaching tool for FDTC team members and also with FDTC participants and their families in treatment.

https://www.facingaddiction.org/surgeon-general-report

Chapter 5 of the Surgeon General's report at this website link, "Recovery: The Many Paths to Wellness" provides a comprehensive discussion of Recovery-Oriented Systems of Care (ROSC). This describes how ROSC are organized into a framework whereby all health and social service systems can be infused with recovery-oriented beliefs, values, and approaches. ROSC focuses on achievement of long-term recovery and acknowledges the multiple paths to recovery instead of crisis-oriented, deficit-focused, and professionally-directed models of care. ROSC recognize that severe substance use disorders are best addressed through a chronic care management model with long term, outpatient care, recovery housing, coaching and management checkups that are operationally transparent, easy to navigate, and responsive to cultural diversity.
https://addiction.surgeongeneral.gov/chapter-5-recovery.pdf

The Executive Summary of the 2016 Surgeon General's report "Facing Addiction in America" provides an overview of the key findings and recommendations of the recovery-focused report which supports the FDTC model of family intervention and treatment.
https://addiction.surgeongeneral.gov/executive-summary.pdf

"Faces and Voices of Recovery" is an advocacy and support organization committed to establishing "recovery community" organizations and networks nationally. The organization has chapters in Ohio and provides speakers and resources to support treatment providers and persons in long-term recovery.
https://facesandvoicesofrecovery.org/

For FDTC personnel with access to online journal libraries, the articles below on financial matters and on interventions with adoptive families, including kinship and guardian situations, may be helpful to guide additional services to assist FDTC-involved families.

"Financial Therapy With Families". Thomas E. Smith, Kristin V. Richards, Lisa S. Panisch, and Thomas Wilson Families in Society. 2017, Vol. 98, No. 4, pp. 258-265.
https://doi.org/10.1606/1044-3894.2017.98.38

"Adoption Competency and Trauma-Informed Practices with Adoptive Families"
Deborah H. Strolin-Goltzman, Jessica Siegel. Families in Society, 2017, Vol.98(3), p.167