



Executive Summary

2016

North Carolina Family Impact Seminar

Intersections of Child Welfare and Substance Abuse: Strategies for Supporting Families

September 22, 2016

Marbles Kids Museum

Raleigh, NC



**Intersections of Child Welfare and Substance Abuse:
Strategies for Supporting Families**

Thursday, September 22, 2016

1:00-3:00 pm

Zanzibar Room

Marbles Museum

201 East Hargett Street, Raleigh

Agenda

Welcome

Jenni Owen

Director of Policy Engagement

Sanford School of Public Policy, Duke University

Opening Remarks

NC Senator Tamara Barringer (R)

District 17 Wake

Panel Discussion

Heather Baker

Manager

Public Consulting Group

Tina Willauer

Director

Sobriety Treatment and Recovery Teams

KY Department for Community Based Services

Ken DeCerchio

Program Director

Center for Children and Family Futures

Judge Stanley Carmical

Chief District Court Judge

Robeson County, NC

Question & Answers

Final Remarks

Titiana Goings



North Carolina Family Impact Seminars (NCFIS) include seminars, briefing materials, and follow-up activities designed for policymakers, including legislators and legislative staff, the governor's office and other executive branch staff, and state and local agency representatives.

With publicly available materials, the reach of NCFIS extends to a wide range of organizations and individuals who are working in North Carolina and beyond on the topics that the seminars address. The seminars provide objective, nonpartisan, solution-based research on a topic of current concern to state policymakers. Legislators and legislative staff guide topic selection based on their concerns and those of their colleagues and constituents, as well as their knowledge of what is likely to be addressed during current and future legislative sessions.

Duke University's Sanford School of Public Policy presented the first NCFIS in 2005. NCFIS is part of the Policy Institute for **Family Impact Seminars (PINFIS)**. As part of a national FIS network of more than 20 states, NCFIS can link policymakers with current research and evidence-based policy options on a wide range of pressing issues.

What Is Unique About Family Impact Seminars?

Family Impact Seminars provide an opportunity for policymakers and other stakeholders to learn from experts about the impact of policies on families and children. FIS encourages leaders to consider these impacts in the same way that they routinely consider economic and environmental impacts. Family Impact Seminars:

- Connect policymakers with research and practice experts.
- Deliver objective information on evidence-based policy options without advocating for particular strategies or solutions.
- Provide an overview of the scientific research on current topics.
- Provide opportunities for policymakers to discuss issues and seek common ground in a nonpartisan, neutral environment.

How Do Policymakers Use Information From Family Impact Seminar?

Policymakers and other stakeholders across the country use information from Family Impact Seminars to:

- Draft new legislation
- Evaluate pending legislation
- Introduce research into policy deliberations
- Prepare for professional speeches and presentations
- Initiate and discuss new ideas with colleagues



What Family Impact Seminar Resources Are Available?

- **Briefing Reports:** FIS publications are available electronically and address topics such as child care, education, juvenile crime, long-term care, parenting, smoking and substance use.
 - NCFIS reports and other materials are available at <http://tinyurl.com/q4o7ru8>
 - Publications from other FIS sites are available at <http://familyimpactseminars.org>.
- **Experts:** NCFIS and the Family Impact Institute can connect legislators to policy research organizations and university research centers that address a range of policy issues and focus on communicating research to policymakers in accessible, useable ways.
- **Guidance:** NCFIS and the Policy Institute for Family Impact Seminars provide guidance on how to assess the impact of policies on families.

North Carolina Family Impact Seminars to Date:

- Intersections of Child Welfare and Substance Abuse: Strategies for Supporting Families (Family-Focused Foster Care, Part 2, 2016)
- Helping Kids in Foster Care Succeed: Strategies for N.C. to Strengthen Families and Save Money (Family-Focused Foster Care, Part 1, 2015)
- Working Toward Greater Prosperity in North Carolina: Effective Employment Strategies (2012)
- Preventing Childhood Obesity: Policy and Practice Strategies for North Carolina (2011)
- School Suspension in North Carolina: Research and Policy Options (2010)
- Evidence-based Policy: Strategies for improving outcomes and accountability (2009)
- Dropout Prevention: Strategies for improving high school graduation rates (2008)
- Adolescent Offenders and the Line between the Juvenile and Criminal Justice Systems (2007)
- Children's Mental Health: Strategies for Providing High Quality and Cost-Effective Care (2006)
- Medicaid Cost Containment Strategies in North Carolina and Other States (2005)

The 2016 Family Impact Seminar is convened by the Sanford School's Policy Bridge, which connects the worlds of research and policy. Traffic flows both ways, getting scholarly research into the hands of policymakers when and how they need it and transmitting the policy community's real-world knowledge to scholars to inform and strengthen research.

For more information contact Jenni Owen, Director of Policy Engagement, jowowen@duke.edu.

Family First Prevention Services Act: Paying for What Works

Historically, the federal government’s support for child welfare services through the Title IV-E program has been limited to a single service: placement in foster care. With decades of research and experience, we now know that foster care is not the only – nor the best – solution for many children who have experienced maltreatment.

The Family First Prevention Services Act (FFPSA) provides an opportunity for states and local communities to shift away from practices that don’t always work towards more varied, proven interventions and services for children and families. It will also require many states to make significant changes in how they buy, manage, and fund services. Stakeholders are strongly encouraged to consider the benefits that will likely accrue to state systems, and to children and families, when considering the fiscal impact of the FFPSA. These benefits include the following:

1. Prevent entry into the foster care. Prevention services that have been proven to be effective will reduce child maltreatment and reduce entry into foster care.

The FFPSA invests in programs that have been proven to reduce or prevent placement in foster care (“out-of-home care”). For example:

- *Intensive Family Preservation Service Programs (Homebuilders® Model)*¹, when delivered with high fidelity, can significantly reduce subsequent maltreatment and out-of-home care.²
- *Parent Child Interaction Therapy (PCIT)* for families in the child welfare system shows highly statistically significant reductions in child abuse and maltreatment.³
- *Positive Parenting Program (Triple P)*, when available to all families in a given county, has been demonstrated to result in a 16 percent reduction in out-of-home care when compared to counties without access to Triple P services.⁴

The benefits of effective prevention programs and early intervention extend beyond savings in out-of-home care. When evaluating service interventions, the Washington State Institute for Public Policy (WSIPP) calculates monetary benefits over many years and across multiple domains, including costs related to crime, education (e.g., grade repetition and special education), health care, and labor market earnings. The WSIPP analysis of Intensive Family Preservation Services indicates that for every dollar spent on the intervention, a total benefit of \$6.16 is expected.⁵

2. Two-generation success. Effective mental health and substance abuse treatment and prevention services will strengthen the ability of adult caretakers to gain and maintain employment, pay taxes, improve their health, and avoid other publicly-funded programs.

Prevention programs such as the Nurse Family Partnership⁶ result in societal benefits including reduced crime and substance abuse and increased education levels and employment.⁷ Sobriety Treatment and Recovery Teams (START)⁸ has demonstrated that mothers achieved sobriety at 1.8 times the rate of typical treatment and children

¹ The California Evidence-Based Clearinghouse for Child Welfare rates this program as 2 (Supported by Research Evidence).

² M. Miller. (2006). Intensive family preservation programs: Program fidelity influences effectiveness—revised. Olympia: Washington State Institute for Public Policy, Document No. 06-02-3901.

³ <http://www.wsipp.wa.gov/BenefitCost/Program/77>

⁴ <http://www.triplep.net/glo-en/the-triple-p-system-at-work/cost-effective/the-numbers/>

⁵ <http://www.wsipp.wa.gov/BenefitCost/Program/78>

⁶ The California Evidence-Based Clearinghouse for Child Welfare rates this program as 1 (Well-Supported by Research Evidence).

⁷ Stephanie Lee, Steve Aos, and Marna Miller. (2008). Evidence-based programs to prevent children from entering and remaining in the child welfare system: Benefits and costs for Washington. Olympia: Washington State Institute for Public Policy, Document No. 08-07-3901.

⁸ The California Evidence-Based Clearinghouse for Child Welfare rates this program as 3 (Promising Research Evidence).

were placed in state custody at half the expected rate and without compromising safety. A study of the START program has shown that for every \$1 spent on the program, \$2.22 was avoided in out-of-home care costs.⁹

When families receive treatment for their mental health and substance abuse issues they not only create a safer home for their own child, but they also become more productive members of society. As noted above, monetary benefits extend to the taxpayers over time and across crime prevention, education, health care, and economic earnings.

3. Children experience normalcy. Aligning federal funding with kin and foster family placement incentivizes family-like settings, improving long-term outcomes for children.

Some congregate care settings can cost three to five times more than family foster placements.¹⁰ To make a successful shift toward more family-like placements, states will need to make investments in the recruitment and retention of more trained and well-supported foster families and treatment foster families. States will need to invest in providing a wider array of services to meet children’s physical and behavioral health needs. Over time, upfront investments in family-like settings and in building up a wider service array may be offset when children without a clinical need for a residential setting are served in family-like settings.

4. Treatment is available. Using a set of common standards to direct Title IV-E financing toward the use of congregate care as a short-term stabilization and treatment setting clarifies that these services do have a therapeutic place in the continuum of care, in a way that is more integrated with community based settings and keeps children connected to their families.

When a child needs behavioral or mental health treatment that can best be addressed through short-term stabilization and treatment provided through a residential treatment setting, high-quality interventions that are provided at the right time for the right length of time can have positive outcomes. Qualified residential treatment programs, as articulated in the FFPSA, combined with a wider array of home- and community-based services, and well-trained and supported family foster care and treatment foster care, will provide more child- and family-centered options to meet the specific needs of children and their families.

5. Children live with family. Investing in kinship navigator programs improve the chances of placing a child with their own family members as an alternative to foster care, when safe and appropriate.

Children placed in foster care have experienced the trauma of abuse or neglect that led to their placement. Compounding this trauma, they then often face additional chronic stressors while in the system, including separation from parents, siblings, friends, and community; possible maltreatment in foster care settings; and uncertainty about future plans and reunification with their parents or family members.¹¹

Placement with relatives can reduce the trauma a child experiences when removed from their own home, which can have a long-term positive impact on a child’s well-being into adulthood. The Centers for Disease Control and Prevention’s research into Adverse Childhood Experiences (ACES) indicates that as the number of ACES increases for a child, so does the risk for multiple adverse effects, including substance abuse, depression, heart and liver disease, poor academic achievement, financial stress, risk of violence, and adolescent pregnancy¹² -- all of which correspond to later expenses, not just for that individual but to health care, educational systems, other social services, and the broader economy.

⁹ Huebner, R., Willauer, T., & Posze, L. (2012). The impact of Sobriety Treatment and Recovery Teams (START) on family outcomes. *Families in Society: The Journal of Contemporary Social Services*, 93(3), 196-203.

¹⁰ <http://www.aecf.org/m/resourcedoc/AECF-RightsizingCongregateCare-2009.pdf>

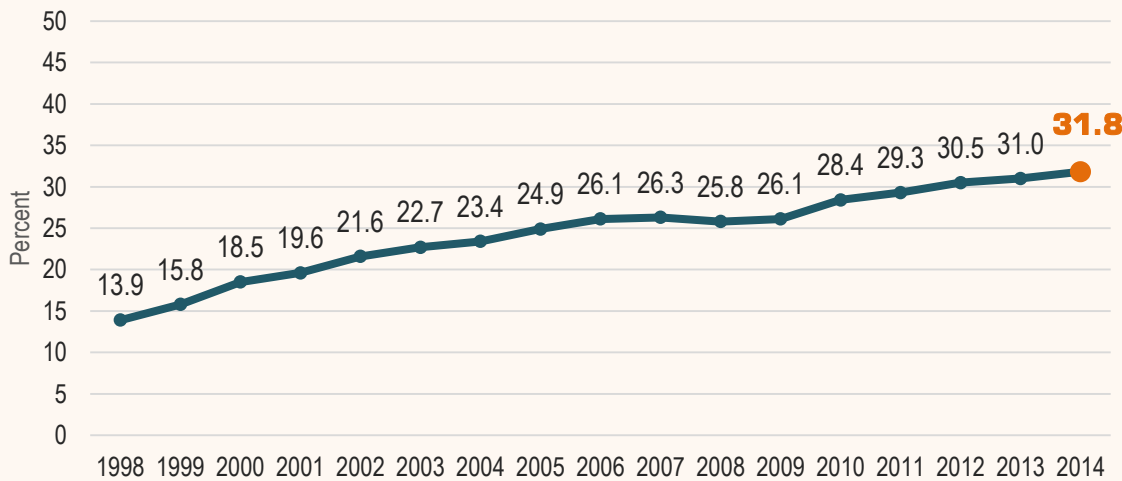
¹¹ Agosti, J., Conradi, L., Halladay Goldman, J., and Langan, H. (2013). Using Trauma-Informed Child Welfare Practice to Improve Placement Stability Breakthrough Series Collaborative: Promising Practices and Lessons Learned. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.

¹² <https://www.cdc.gov/violenceprevention/acestudy/about.html>

Prevalence of Substance Use in Child Welfare Cases

Child welfare workers report that **most children in child welfare**, and the **overwhelming majority** of children placed in **out-of-home care**, have a parent with an **alcohol or other substance use disorder**.

Parental Alcohol or Other Drug Use as Reason for Removal in the United States, 1999-2014

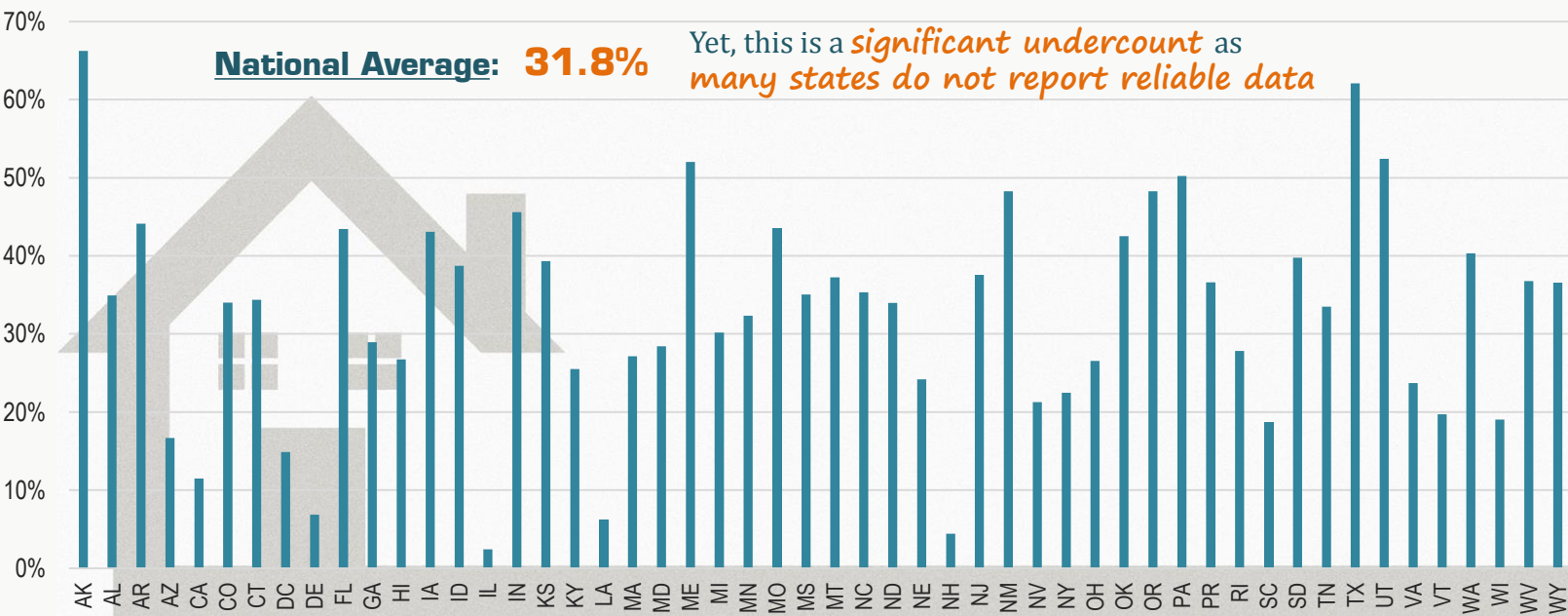


Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2014

Parental Alcohol or Other Drug Use as Reason for REMOVAL has INCREASED from about 14% to OVER 30%

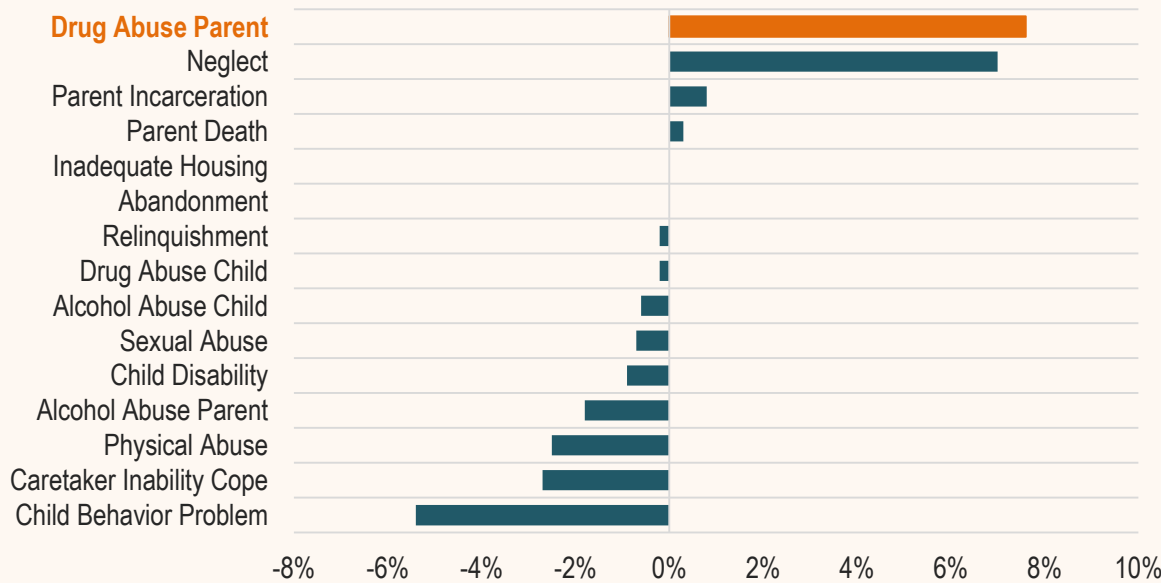
Parental Alcohol or Other Drug Use as Reason for Removal by State, 2014



Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2014

Percent Change in Reasons for Removal in the United States, 2009 to 2014

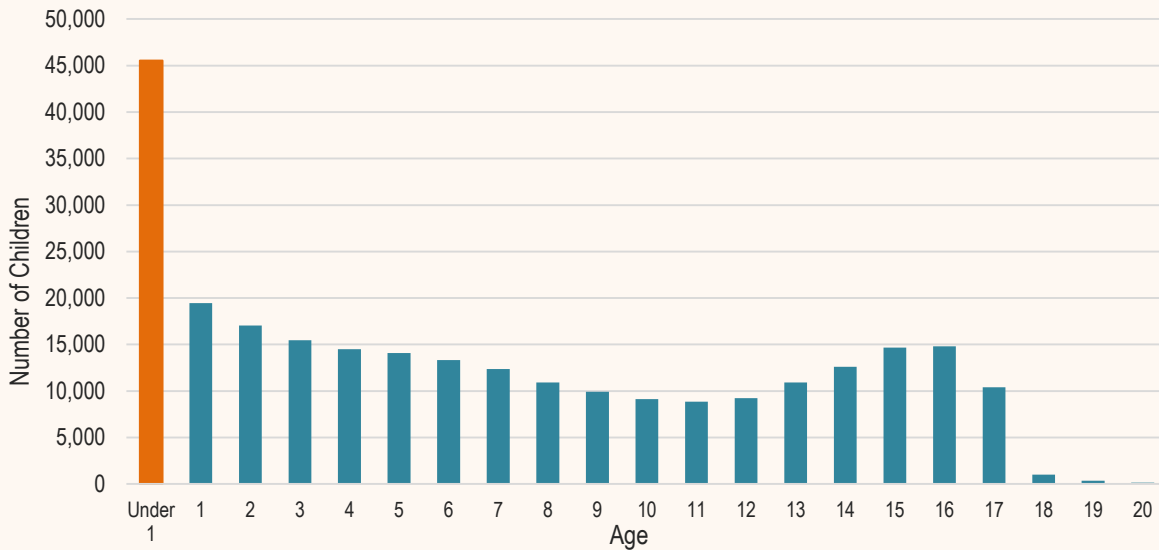


Source: AFCARS Data, 2014

Despite the undercount by states, the percentage of children entering foster care that had parent drug abuse reported as a reason for removal **increased** from **22.1% in 2009** to **29.7% in 2014**. This is the **largest increase of ANY reason for removal**.

Age of Children who Entered Foster Care in the United States, 2014

N = 264,746



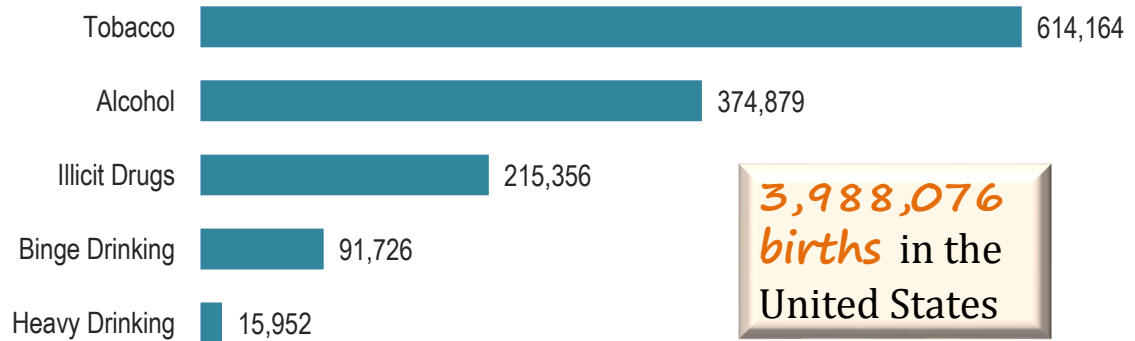
Younger children make up a larger percentage of children in out-of-home care with children under six representing nearly 40% of children in care. This alarming rate of young children coming into care is especially troubling, as children ages 0-3 are especially vulnerable.

Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2014

Estimated Annual Number of Babies Born with Prenatal Substance Exposure *

The prevalence rates of infants with prenatal substance exposure in the child welfare caseload is currently unknown due to states variation in identification and reporting.



3,988,076 births in the United States

*Percentages are applied to the almost 4 million infants born in 2014 (Source: National Vital Statistics Report, 2014)

**Includes nine categories of illicit drug use: use of marijuana, cocaine, heroin, hallucinogens, and inhalants, as well as the nonmedical use of prescription-type pain relievers, tranquilizers, stimulants, and sedatives. (Source: NSDUH, 2014)

Lack of or Inconsistent Policy and Practice on Identification and Data Collection

There is no policy that requires data to be collected on child welfare cases or removals due to parental alcohol or drug use. State variation in prevalence data is a function of:

- Lack of Identification
- No Clarity in Reporting



How Does Your System Respond to Parental Substance Use Disorders in the Child Welfare Caseload?

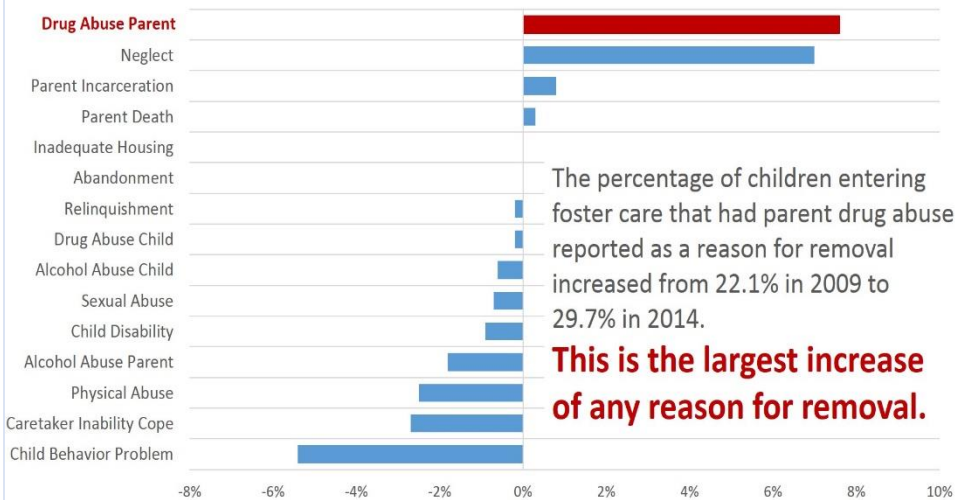
Most children involved in child welfare systems, and the **overwhelming majority of children** placed in out-of-home care, have a parent with an alcohol or other substance use disorder.

The child welfare system has sought to respond to the **growing number** of children, parents and families affected by substance use disorders in the child welfare caseload since the passage of the Adoption and Safe Families Act in 1997.



Recent federal legislation provides opportunities to build and strengthen new and existing collaborative connections among child welfare, substance use disorder treatment agencies, and the courts. The evidence of **what works** argues powerfully for sustained, strategic planning and implementation efforts across the systems of child welfare, substance use disorder treatment, and the courts. The timing of current legislation (i.e., Family First Act) is ideal to support efforts to continue building upon recent collaborative projects and create strong, successful collaborative systems.

Percent Change in Reasons for Removal in the United States, 2009 to 2014



What Works to Improve Outcomes for Families Affected by Parental Substance Use Disorders and Child Abuse/Neglect

Children and Family Futures' **twenty** years of experience in providing technical assistance and evaluation services to hundreds of state, local, and private agencies yields **three key lessons** of what works:



1

Collaborative practice among child welfare, substance use disorder treatment agencies, and the courts which produces better outcomes for children, parents and families, and saves money

2

A **multi-dimensional approach** including reforms in practice such as:

- uniform screening and assessment
- two-generation family-focused treatment models
- peer supports and recovery mentors

3

Practice and policy changes including family treatment courts, improved information sharing protocols and practices, collaborative governance, cross-training of staff, and the inclusion of services from other child- and family-serving agencies such as child development, maternal and child health, hospitals, parent-child therapy, and home visiting

Strengthening Partnerships, Improving Family Outcomes

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Collaborative Practice and Policy Improves Outcomes for Families

Recent collaborative projects among child welfare, substance use disorder treatment, dependency courts, and other service systems have achieved **substantially better family outcomes** than systems lacking successful collaborative structures—at times achieving outcomes that are two to three times better than those in standard operations.^{1,2}

KEY INGREDIENTS of improved practice and policy leading to better family outcomes:

- **System of identifying families**
- **Earlier access to assessment and treatment services**
- **Increased management of recovery services and compliance**
- **Improved family-centered services and parent-child relationships**
- **Increased judicial or administrative oversight**
- **Systemic response for participants—contingency management**
- **Collaborative non-adversarial approach across service systems and courts**



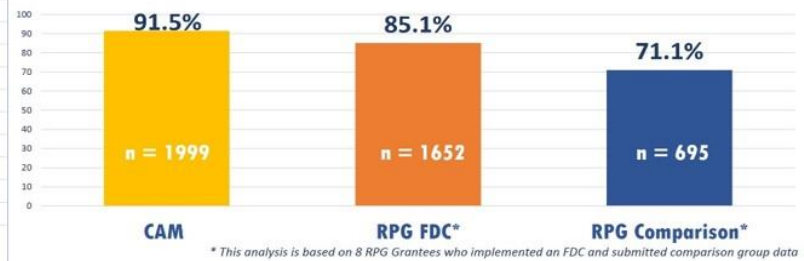
Recovery Remain at Home Reunification Re-occurrence Re-entry

Recovery— Access to Treatment



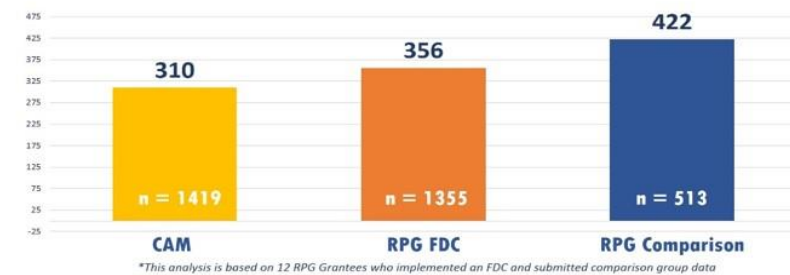
Remain at Home

Percentage of children who remained at home throughout program participation



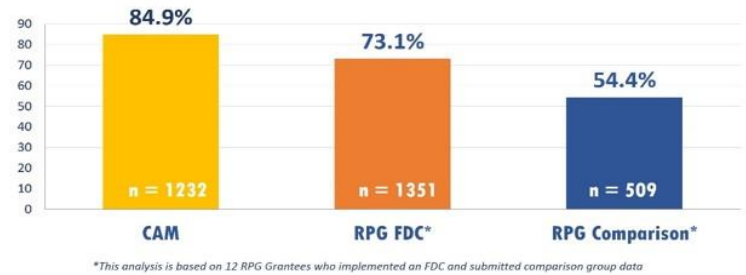
Remain at Home

Median length of stay (days) in out-of-home care



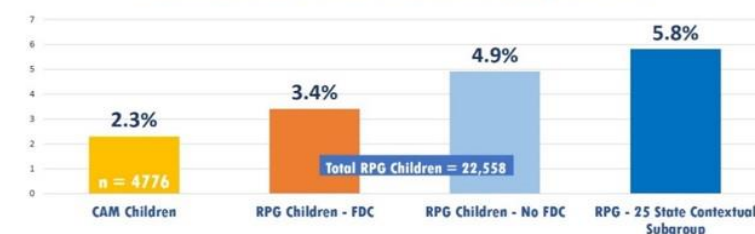
Reunification Rates

Percentage of reunification within 12 months



Re-occurrence of Child Maltreatment

Percentage of children who had substantiated/indicated maltreatment within 6 months of program entry



Re-entries into Out-of-Home Care

Percentage of Children Reunified Who Re-entered Foster Care Within 12 Months



¹ From 2010-2014, the Children Affected by Methamphetamine (CAM) grant program included 12 Family Treatment Drug Courts supported by the Substance Abuse and Mental Health Services Administration to expand and/or enhance services to children and improve parent-child relationships.

² From 2007-2012, the Regional Partnership Grant Program (RPG) Round I, administered by the Children's Bureau, funded 53 grantees. These analyses represent a subset of six to twelve RPG grantees who implemented a Family Drug Court and submitted comparison group data.



Listed on the California Evidence-Based Clearinghouse for Child Welfare (CEBC)

START is a child protective services program

- for families with parental substance abuse and child abuse/neglect
- that helps parents achieve recovery and competency and keeps children in the home when it is possible and safe

START uses many strategies, including:

- Peer supports
- Quick access to intensive services
- Shared goals and decisions with addiction treatment
- Specialized training
- Smaller caseloads
- Serving mothers and fathers

START has better outcomes than typical CPS (Reference 4)

- Roughly twice the sobriety rates
- Half as many children in foster care
- For every dollar spent, \$2.52 saved on foster care
- 77.6% of children remained with or were reunited with their biological parent by case closure (Reference 3)

START's Positive Impact

Since 2007, Kentucky START has been active in six counties and served 806 families including:

- 1426 mothers and fathers and
- 1643 children (current as of 12-03-2015)

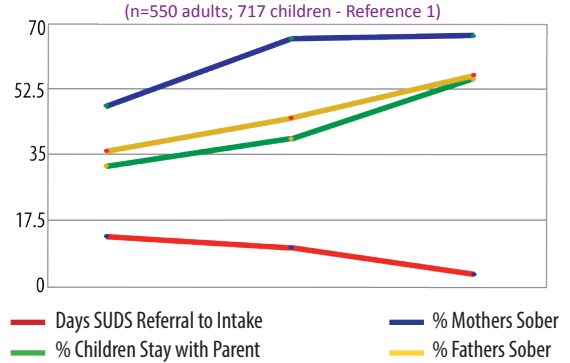
Of the families served:

- 63% include a newborn, with 95% of newborns having documented substance exposure at birth (Reference 3)
- An average of 3.1 substances were abused per parent, with 78% of mothers and 72% of fathers being polysubstance users (Reference 3)
- The risks to child safety were rated in the top 10% of risks by investigative staffers (Reference 3)
- Intervention in rural areas requires more resources and capacity building (Reference 2)

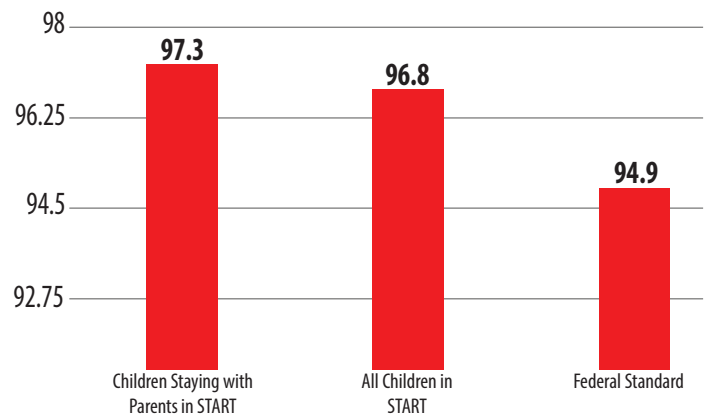
"START is one of the best collaboration efforts I have ever been involved in during my 35 years in the addiction treatment field. We have Child Protective Services, hospital social work departments, many different addiction treatment programs with different approaches all working together for the purpose of keeping families together and children safe in an alcohol/drug free home."
 Diane Hague, LCSW, CADC

START is needed because nearly 90% of children in state custody have parents with drug/alcohol issues.

Quick access to treatment equals better outcomes
 (n=550 adults; 717 children - Reference 1)



START exceeds federal standards for preventing repeat abuse or neglect
 (Reference 3)



START has four articles published in peer-reviewed journals

1. Huebner, R.A., Posze, L., Willauer, T.M., & Hall, M.T. (2015). Sobriety Treatment and Recovery Teams: Implementation fidelity and related outcomes. *Substance Use & Misuse*, 50:10, 1341-1350, DOI:10.3109/1082.6084.2015.1013131.
2. Hall, M. T., Huebner, R. A., Sears, J. S., Posze, L., Willauer, T. & Oliver, J. (2015). Sobriety Treatment and Recovery Teams in rural Appalachia: Implementation and outcomes. *Child Welfare*, 94:5, 119-138.
3. Huebner, R.A., Willauer, T., Posze, L., Hall, M.T., & Oliver, J. (2015). Application of the Evaluation Framework for program improvement of START, *Journal of Public Child Welfare*, 9:1, 42-64, DOI: 10.1080/15548732.2014.983289.
4. Huebner, R.A., Willauer, T., and Posze, L. (2012). The impact of Sobriety Treatment and Recovery Teams (START) on family outcomes. *Families in Society*, 93:3, 196-203.



PREVENTION AND FAMILY RECOVERY

LUMBERTON, NORTH CAROLINA

Lead Agency:

Robeson Health Care Corporation

FDC Location:

Lumberton, NC

Jurisdiction Served:

Robeson County
135,496 (rural)

FDC Model:

Parallel

Average Duration of FDC Program:

12-18 Months

FDC Capacity:

37 Families

Population Served:

97% Female
2% Male

Race/Ethnicity (Adults):

American Indian: 71%
Caucasian: 20%
African American: 7%
Hispanic/Latino: 2%

Age of Children:

0-3 Year: 45%
4-7 Year: 35%
8-11 Year: 9%
12-16 Year: 10%

PFR Program Overview

Established on March 14, 2008, the Robeson County Family Drug Treatment Court (RCFDTC) began as a component of the Robeson County Bridges for Families collaborative. The RCFDTC has successfully partnered with the Robeson County Department of Social Services, Robeson County Guardian Ad Litem, and Robeson Health Care Corporation (RHCC) since its inception.

RHCC is a leader in North Carolina's primary, preventative, and behavioral health care services. RHCC is a private nonprofit Federally Qualified Health Center (FQHC) and is accredited by the Joint Commission.

The PFR project will enable the collaborative RCFDTC team to provide enhanced parenting services through Parents as Teachers and Celebrating Families! and also expand children's services to include Trauma-Focused Cognitive Behavioral Therapy and Play Therapy.

PFR Goals

- Increase family reunification and positive family relationships.
- Address recovery for substance-involved parents.
- Help families overcome trauma-related difficulties.
- Create an environment that will permit children to experience a high-quality atmosphere while helping to develop their cognitive, social and behavioral abilities.

Major FDC Program Services

Substance Abuse Treatment for Adults

- Residential/Treatment Transitional Housing (parents with children accompanying them)
- Intensive Outpatient Treatment
- Non-Intensive Outpatient Treatment
- Aftercare/Continuing Care
- Trauma-Specific Services – Seeking Safety
- Gender-Specific Support Group Meeting for Women
- Medication Management

Recovery Support Services

- Primary Medical Care/Health Services Child Care
- Housing Assistance/Support Services
- Employment or Vocational Training/Education Transportation
- Support or Educational Groups for Children and Youth of FDC Parents

Target Population

- FDC targets parents for admission who are addicted to illicit drugs or alcohol
- Parent/Guardian at risk of losing custody of their child(ren) due in part to substance use
- Parents with a petition filed with the abuse, neglect, and dependency court
- Parents with a plan of reunification as long as the parent is a FDC participant

Parenting Services/Family Strengthening

- Celebrating Families! (added for PFR)
- Parents as Teachers (added for PFR)

Cross-Systems Collaboration

- Domestic Violence Services
- Lumbee Tribe of North Carolina
- Robeson County Health Department

Children's Services (Developmental and Therapeutic)

- Play Therapy (added for PFR)
- Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) (added for PFR)

FDC Partner Agencies

Child Welfare, Substance Abuse and Mental Health:

- Robeson Health Care Corporation
- Robeson County Department of Social Services
- Robeson County Guardian Ad Litem
- Community Behavioral Health Treatment
- EastPointe Managed Care Organization
- North Carolina Division of Social Services
- North Carolina Division of MH/DD/SAS

Parent Attorneys, Parenting, Child and Family Services

- Robeson Health Care Corporation

Other Community and Supportive Services

- Lumbee Tribe of North Carolina (including Vocational Rehabilitation)
- North Carolina Division of Vocational Rehabilitation
- Community Treatment
- Provider

Other Courts and Criminal Justice/Legal System

- 16B Judicial District: Abuse, Neglect and Dependency Court
- North Carolina Administrative Office of the Courts

Other Partners

- University of North Carolina at Chapel Hill (Technical Assistance and Evaluation)

Key Accomplishments (Since PFR Inception)

(What is fundamentally different about how the FDC operates and serves families today?)

- **Parenting and Children's Services** – Expanded capacity to address families' needs through the successful implementation and integration of Celebrating Families, Parents as Teachers (PAT), Play Therapy and TF-CBT. Established a strong collaborative relationship with PAT providers.
- **Alumni Group** – Forming an alumni group with current and past FDC participants to serve as peer mentors and promote the efficacy of the court program.
- **Child Support** – Improved FTC engagement and retention and reduced fragmentation among systems by addressing the barrier of child support payments for FTC participants.
- **Child Focus** – A cultural shift in focus not only on treatment for the adult, but treatment for the child.
- **Addiction** – A cultural shift in the way the team and related partner systems understand, talk about and approach addiction.

Breakthrough Practice and Policy Strategies

(How did you achieve those accomplishments?)

- **Parenting and Children's Services**
 - Conducted outreach and engaged the Robeson County Health Department and to build a strong and sustainable partnership (PAT).
 - FTC team members and the Parents as Teachers' Parent Educators worked collaboratively to develop an effective referral process. Parent Educators attend FTC staffing to provide updates on families' progress in the PAT program.
 - The judge uses a strengths-based approach to effectively engage participants when ordering services.
 - Robeson Health Care Corporation's Prevention Team is considered an essential member of the FTC team. RHCC's Prevention Team was trained in and delivers Celebrating Families! They work with the FTC team to identify appropriate referrals to CF! and attend FTC staffing to provide updates on families' progress in CF!
- **Alumni Group**
 - The team researched other Alumni Group models, surveyed past and current participants' interests in an Alumni Group, and evaluated resources needed to meet at least monthly.
 - We began with participants on the verge of graduation and other interested alumni and allowed the group to self-manage and monitor as necessary.
- **Child Support**
 - FTC team engaged and collaborated with the Division of Child Support Enforcement to waive all FTC participants' child support cases while they are participating in FTC.
- **Child Focus**
 - The team revised court reports to include parenting and children's services.
 - Parenting service staff attend FTC staffing to provide updates on parent, child and family progress.
 - The judge explicitly recognizes children's strengths and needs in the courtroom, during his interactions with participants.
- **Addiction**
 - Revised our recovery language so that team members now respond to substance use in terms of lapse versus relapse and celebrate "sustained recovery" versus "clean time." These changes were prompted after FTC staff and participants received a training on "Recovery Language."

Plans to Build on the Momentum

(Where will you focus your efforts moving forward?)

- **Phases** - Revise current Phase system so it is more closely connected to progress towards reunification and more meaningful to participants.
- **Sustainability** - Develop a sustainability plan, which highlights FTC outcomes data, to obtain ongoing funding from the County Commissioners and institutionalize the FTC program in the county budget.
- **Capacity** - Continue to increase FTC capacity by increasing referrals to the FTC. Leverage the new FTC Case Manager to work more closely with Child Welfare on increasing referrals and to manage the current caseload.
- **Staff Development and Training** - Enhance the existing staff training and development plan to continue to improve cross-systems knowledge and staff understanding of substance abuse and trauma among families in Robeson County. The team is very interested in visiting with the FDC Mentor Court in Savannah, Georgia to observe their processes and gain insight to hopefully further improve the operation and processes of the RCFTC.
- **Evaluation Capacity** - Improve cross-systems data collection and analysis with the goal of using data to garner support for FTC sustainability and make data-driven programmatic decisions.

Contact Information

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2016 Family Impact Seminar Speaker Biographies

Heather Baker

Manager

Public Consulting Group

Ms. Baker leads Public Consulting Group (PCG) Human Services' national child welfare and youth services practice. Ms. Baker works with child welfare agencies to invest in programs, people and technologies that improve the lives of children and families. For example, she and her team are working in Michigan now to help the state and the provider community jointly establish performance based contracting models that give providers more flexibility and autonomy to improve outcomes in their communities. Ms. Baker has a background in state government finance, and worked under three administrations in the Governor's budget office in Massachusetts. She leads a talented team of former child welfare administrators and practitioners to help public agencies make connections between their fiscal operation and their programs so that agencies invest in services that work.

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2016 Family Impact Seminar Speaker Biographies

Ken DeCerchio

Program Director

Center for Children and Family Futures

Ken DeCerchio has over 35 years' experience managing community-based substance abuse and mental health services, including the last nine years as a technical assistance consultant. Currently, Mr. DeCerchio is a program director for the Center for Children and Family Futures, which operates the National Center for Substance Abuse and Child Welfare. His primary areas of responsibility include the Children's Bureau Regional Partnership Grant Program and Substance Abuse and Mental Health Service Administration's (SAMHSA) Family Drug Treatment Courts Performance Management Program.

He served as the Florida State Substance Abuse Director with the Department of Children and Families Services from 1995 until 2005, when he was appointed as the Assistant Secretary for Substance Abuse and Mental Health. Mr. DeCerchio is a Certified Addictions Professional in Florida. In November 2001, Governor Bush appointed Mr. DeCerchio as Deputy Director for Treatment to the Florida Office of Drug Control. In 2004, Mr. DeCerchio was appointed by Secretary Tommy Thompson to serve on SAMHSA's Center for Substance Abuse Treatment National Advisory Council. In June 2005, Mr. DeCerchio received the National Association of State Alcohol and Drug Abuse Director's Service Award for his leadership and support in the substance abuse prevention and treatment field. In August 2007, the Florida Alcohol and Drug Abuse Association awarded Mr. DeCerchio its Lifetime Achievement award for his contributions to prevention and treatment services in Florida.

Mr. DeCerchio is a volunteer Guardian Ad Litem in Florida's 2nd judicial circuit.

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2016 Family Impact Seminar Speaker Biographies

Tina Willauer

Director

Sobriety Treatment and Recovery Teams

Kentucky Department for Community Based Services

Tina Willauer is the Director of the Kentucky Sobriety Treatment and Recovery Teams (K-START) program at the Department for Community Based Services (DCBS). In this role, Ms. Willauer oversees the development, implementation, and administration of START and serves as a resource and consultant, providing technical assistance for matters of child protective services, substance abuse, and program administration. Ms. Willauer obtained her Master's Degree in Public Administration from Cleveland State University and Bachelor's Degree in Criminal Justice from Bowling Green State University. She was instrumental in developing, implementing, managing, and leading the nationally recognized START program in Cleveland, Ohio. Ms. Willauer has devoted her career to serving children and families and brings a unique perspective based on 25 years of experience in the child welfare field. She has served as a front line social worker, supervisor, senior manager, program director, and consultant within the public child welfare system, with a focus on child maltreatment and substance use disorders. Ms. Willauer presents and trains both locally and nationally on the START model, program development and implementation, substance use disorders, recovery, and other child welfare topics.

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2016 Family Impact Seminar Speaker Biographies

Judge J. Stanley Carmical

Chief District Court Judge

Robeson County, North Carolina

Since 1989 Chief Judge Stan Carmical has served as a District Court judge presiding in Robeson County, North Carolina. Since his appointment as chief judge in 2002, Judge Carmical has implemented programs providing avenues for resolving conflict in a less adversarial way. These include mandatory family financial mediation and child custody mediation programs, a violence prevention teen court program, and his district's first drug treatment court.

The family drug treatment court program in Robeson County is an integral part of the Robeson County Bridges for Families Program. This program was initially established and supported by a five-year Regional Partnership Grant awarded in October 2007 by the United States Department of Health and Human Services Administration for Children and Families. Thereafter the grant was extended for an additional two years. In 2014 the Robeson County Family Drug Treatment Court was selected as one of four experienced family drug courts in the United States to participate in the Prevention and Family Recovery initiative, funded by the Doris Duke Charitable Foundation and The Duke Endowment, seeking to advance the capacity of family drug courts to provide more comprehensive family-centered care to children, parents and families affected by substance use disorders. The Robeson County family drug treatment court has been held out as a model program within North Carolina due to the successful sustained collaboration between state and local community partners, as well an array of evidence-based treatment services for families rarely found in rural communities.

Judge Carmical has served as a member of the national advisory board for the *National Conference on Substance Abuse, Child Welfare and the Courts* (2011) and the SAMHSA national *Child Welfare Working Group Addressing Pregnant and Parenting Women with Opioid Dependence, Medication Assisted Treatment and Neonatal Abstinence Syndrome* (2013-2014.) A graduate of Wake Forest University and the University of North Carolina School of Law, Judge Carmical has served as president of both the N.C. Association of District Court Judges and the N.C. Conference of Chief District Court Judges.

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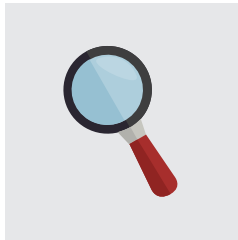


Supporting Human Services Agencies Across **North Carolina**

Public Consulting Group (PCG) is a leading provider of management and technology consulting to state, county, and municipal governments across the United States, Canada, and Europe.



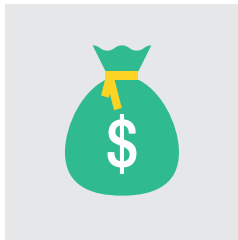
How PCG Can Help You



Organizational Assessment

PCG is committed to maximizing performance through careful assessments of people, policies, and processes. Our team possesses extensive experience in the following areas:

- Conducting organizational and program evaluation
- Reviewing and improving business processes
- Performing workforce and human capital analysis
- Delivering leadership development trainings for supervisors
- Improving customer service
- Shifting organizational culture



Fiscal Analysis and Support

At a time of tightened budgets, PCG's team provides agencies with the guidance needed to navigate financial uncertainty. Our finance consulting services support agencies with:

- Managing budgets effectively
- Identifying opportunities for revenue maximization
- Controlling expenditures
- Managing local, state, and federal funds
- Ensuring compliance with regulations related to funding
- Maximizing claimable funds
- Cost reporting



Data Analytics

PCG knows that data-driven, outcomes-focused evaluations are a proven way to improve service delivery for public sector organizations. Our data and technology experts assist with:

- Developing data management structures
- Performing data collection
- Establishing and monitoring benchmarks and KPIs
- Data sharing and collaboration between agencies
- Conducting predictive analytics
- Implementing data-based performance analysis and process improvements

ABOUT PCG



Founded in 1986 and headquartered in Boston, Massachusetts, PCG brings 30 years of public sector consulting experience in all 50 states and municipalities nationwide. Our work has equipped us with deep knowledge of legal and regulatory requirements, financial matters, and best practices in government administration.



PCG opened its first North Carolina office in 1994 in Charlotte. Our long history and strong local presence in North Carolina gives us a deep understanding of the needs of North Carolina agencies and the residents they serve. Today, with offices in Asheville, Charlotte, and Raleigh, our teams support more than 200 projects in the Tar Heel State, helping improve the lives of North Carolinians in more than 50 counties. Our team possesses deep firsthand knowledge of the issues unique to North Carolina's public sector and the experience needed to address the state's most pressing challenges.



Supporting Human Services Agencies Across the U.S.



PCG's Human Services practice partners with public sector agencies serving a wide spectrum of populations. From early childhood to aging and disability, PCG possesses the content knowledge and technical expertise needed to maximize agency performance for every human services population. Our work with agencies in all 50 states has cultivated an extensive understanding of best practices for human services providers as well as key federal and state policies affecting funding, administration, and service delivery.



Child Welfare

The Mesa County Attorney's Office partnered with PCG to assess the county's foster care system and identify strategies to strengthen the foster parent network. PCG surveyed and interviewed foster parents and other stakeholders, then used the feedback and best practices research to recommend strategies to improve foster care in the county.



Public Assistance

The Ramsey County Workforce Solutions Department selected PCG to create staff development modules introducing coaching theory and practice to the county's welfare-to-work program through the use of PCG's Human Services Coaching Framework™. PCG has also implemented trainings for case managers who work with Temporary Assistance for Needy Families (TANF) recipients.



Child Care

The County of San Diego Health and Human Services Agency enlisted PCG to help operate the county's child care payment services. PCG's Child Care Unit staff manages a caseload of 1,000 families in a system with more than 3,600 active child care providers. The Child Care Unit's responsibilities include calculating and making payments to child care providers on behalf of the county.



Aging and Disability

The Illinois Department on Aging (DOA) asked PCG to review reimbursement rates for service delivery and case management for Adult Protective Services providers. In addition to recommending fair and equitable rates, PCG's review focused on Regional Administrative Agencies (RAA), county-based entities that provide case management services. PCG visited several RAAs to inform recommendations on DOA reimbursement methodology.

PCG serves a wide spectrum of populations:



PCG's extensive experience supporting human services agencies at the state and local level positions us to offer unmatched knowledge and expertise to your agency. Our team has partnered with agencies across the U.S. and North Carolina to improve operations, increase revenue, and enhance services to those in need. Now, let us help you.

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