HARNESSING THE POWER OF FAMILY TREATMENT COURTS: CONSIDERATIONS FOR MEETING THE NEEDS OF FAMILIES BASED ON COMMUNITY POPULATION DENSITY

INTRODUCTION

Family treatment court (FTC) is a juvenile or family court docket for cases of child abuse or neglect in which parental substance use and often co-occurring mental health disorders are contributing factors. FTC teams provide parents, children, and family members with timely and equitable access to comprehensive care, increased case management, and intensive judicial oversight. The goals are to ensure children have safe, nurturing, and permanent homes, avoiding out-of-home placement whenever possible; parents and family members receive services and supports to meet their individual needs; and parents achieve stable recovery from their substance use and mental health disorders. FTCs recognize that families exist within the context of their community and consider this context when building collaborative relationships, accessing available resources, and expanding service arrays to reduce service gaps.

It is important to recognize the numerous meanings of "family" and the differing roles of family members. This series of briefs defines family as parents, children, nuclear family members, extended family members, and families of choice (unrelated by blood or marriage but whose members regard one another as family).

Understanding how to meet the comprehensive needs of parents, children, and family members requires extensive knowledge of their specific communities. For example, community population density affects how collaborative teams work together as well as the types and availability of quality treatment, services, and supports for families.

This brief... is part of a series focused on helping collaborative teams fund (*Brief 1*) and evaluate (*Brief 2*) FTCs while identifying and meeting the needs of their community (*Brief 3*). The briefs combine existing collaborative practices to present an overview of pertinent strategies for FTC teams. The series is intended as three interrelated briefs but each resource can be viewed individually. Links to tools and resources are provided throughout the briefs for more in-depth information on each topic.

The series of briefs includes:

- *Brief 1: Harnessing the Power of Family Treatment Courts: Funding and Sustaining Crucial Services for Families*

- *Brief 2: Harnessing the Power of Family Treatment Courts: Using Data as a Tool for Change*

- ***Brief 3: Harnessing the Power of Family Treatment Courts: Considerations for Meeting the Needs of Families Based on Community Population Density***

Brief 3 reviews common barriers experienced by FTCs in the context of community population density (e.g., urban, rural) and offers key strategies for FTC teams to overcome these challenges.

WHAT IS COMMUNITY POPULATION DENSITY AND WHY DOES IT MATTER?

Community population density is a general term used in this brief to describe whether an area is *urban* or *rural*. Understanding how community population density affects a collaborative team's ability to meet the needs of families is critical to FTC success. Community population density contributes to the availability, accessibility, and overall use of FTC services, such as substance use and mental health disorder treatment, intensive case management, evidence-based parenting and family strengthening programs, and recovery supports.

Universal definitions of urban and rural do not exist, however, the Bureau of Justice Statistics (BJS) provides information to differentiate these communities. BJS broadly defines urban places as "densely populated, at the center of a major metropolitan area, or some combination of these" and classifies areas outside of the boundaries of urban places as rural.[1] To expand on these definitions, this brief defines urban as developed towns, cities, and suburbs that include a relatively higher density of homes, commercial buildings, roads, bridges, and railways. Rural refers to areas outside urban areas with large amounts of undeveloped land (e.g., forestry, agricultural land) and small settlements with low population density; includes frontier communities that are sparsely populated rural areas often isolated from population centers and services.[i] Information focused on the unique needs and strengths of Tribal communities will be available in an upcoming brief.

While there are differences among the types of communities (i.e., not all rural communities are alike), there are common characteristics that distinguish urban and rural communities. For example, resources are typically more concentrated in urban communities than in rural communities. Rural areas are disproportionately disadvantaged in a number of ways, including limited or a lack of availability of basic services, existing services more geographically dispersed, and fewer if any public transportation options.[2] Another barrier for rural residents is that they rely more heavily on personal automobiles than their urban counterparts.[3] Research indicates urban areas may be able to better meet the multiple needs of clients by offering a more diverse array of options for SUD treatment.[4] Although urban settings tend to have more resources than rural communities, there is also a greater need that may result in limited availability and waiting lists for services. Research also shows that geographic proximity to services is critical to families accessing and using those services.[5,6,7]

Regardless of community population density, it is important to understand and reduce disproportionality—the over- or under-representation of a group compared with the percentage of that same group in the population of interest—and disparity—the inequitable differences in the services received or outcomes experienced by race, gender, or other characteristic.[8,9] Each FTC team should identify key demographic, cultural, and other characteristics (e.g., race, ethnicity, gender, etc.) of their community and determine whether disproportionality and disparities exist. If disproportionality or disparities do exist, the team should assess whether and in what ways their policies, procedures, and practices—including those of their partner organizations—contribute to the disproportionate representation and disparate access and outcomes of underserved and historically marginalized populations. Once identified, the team should develop correction strategies. Understanding how poverty and living in areas of *concentrated* poverty contribute to negative outcomes is another key to determining how to best support families. See **_Brief 2_** for information on how collaborative teams can use data as a tool to explore solutions and drive needed changes to ensure equitable outcomes.

---

[i] For more information on frontier communities, visit the National Center for Frontier Communities.

FTCs are guided by a set of eight standards (found in the *Family Treatment Court Best Practice Standards* (*FTC Standards*)), that support collaborative teams' efforts to improve the lives of children, youth, parents, and family members.[10] As FTC teams adopt the *FTC Standards* and implement them with fidelity, they do so while working with the resources and within the constraints of the communities where they operate. Many FTCs serve families in a county or judicial district that has both urban and rural communities, and therefore face varying challenges and differing conditions related to service access.
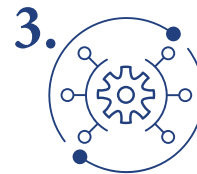
This brief focuses on three of the most common barriers faced by FTCs and the families they serve:

1.

Building Collaborative Relationships

2.

Accessing Available Resources

3.

Expanding Service Arrays

The following sections provide an overview of these three barriers and strategies for FTCs to implement in their communities. The barriers and accompanying strategies stem from both research-based evidence and practice-based experience working with FTCs operating in communities of varying population densities. While each jurisdiction is unique and may experience other community-specific barriers, many FTCs experience similar roadblocks and can employ common strategies to enhance their practices. The information applies to all FTCs while highlighting the importance of being responsive to families' needs with consideration for community population density. This is not an exhaustive list of barriers and strategies for FTC teams, rather it includes a selected list of frequently reported challenges. Contact the FTC Training and Technical Assistance Program at *ftc@cffutures.org* for more information.

BARRIER #1: Building Collaborative Relationships

FTCs are grounded in cross-system collaboration creating the ability to build upon the skills and networks of partnering agencies to ensure all family members have equitable access to and receive comprehensive family-centered services and supports that meet their assessed needs. Collaboration requires full buy-in from key partners, including a commitment to dedicate their time, resources, and expertise.

In all communities, building collaborative relationships may be challenging because:

- Collaboration is often person-dependent (i.e., tied to a particular individual) rather than systemic, making sustainability difficult when staff turnover occurs.
- There are constraints related to staff and leadership time commitment, workforce capacity, and availability of community resources.
- There is often limited understanding of the benefits of FTC to stakeholders.
- There is a lack of formal relationship with SUD treatment and other family-serving agencies.

In rural communities, building collaborative relationships may be challenging because:

- Child welfare, SUD treatment, and court systems often rely on informal networks where personal relationships drive cross-agency coordination, especially in communities where fewer individuals make up the service network, often hindering the ability to ensure collaboration is systemic.
- There is a lack of community-based agencies to collaborate with, and where agencies do exist there are challenges with workforce recruitment leaving vacant positions.

In urban communities, building collaborative relationships may be challenging because:

- Leaders are often pulled in multiple directions, leaving managers and frontline staff to attend meetings without the authority to make decisions for their organizations.
- The FTC represents a small percentage of the child welfare and treatment service population, making collaboration a lower priority for these partners.

To overcome these challenges, FTC teams can:

1. *Ensure strong collaboration within and between partner organizations.*
   - Establish or maintain a formalized governance structure to overcome systemic and programmatic barriers to service delivery.
   - Formalize partnerships by developing and executing formal Memoranda of Agreement or Understanding (MOA or MOU) and information sharing protocols.
   - Use committees or workgroups to provide leadership, guide program and policy improvements, and tackle priority challenges to improve practice and break down barriers.

2. *Engage in performance monitoring and evaluation.*
   - Use data to prove the FTC's effectiveness (see *Brief 2* for information).
   - Document effectiveness of the FTC with acceptable methods of evaluation, along with cost offsets or direct benefits such as faster reunification, lower costs for out-of-home care, and higher rates of treatment success.[11]

3. *Strengthen community and key stakeholder buy-in.*
   - Leverage the role of the judge to convene community partners and strengthen outreach.
   - Provide training and education to collaborative partners and the community about the science of addiction and its effects on families, the power of recovery, and the value of a family-centered approach.
   - Hold regular advisory meetings that include SUD and mental health treatment agencies, service providers, local residents, community leaders, and people with lived expertise to leverage the power of community.

SITE EXAMPLES

Rural: The Chief District Court Judge in a three-county, rural jurisdiction convened stakeholders from across justice, SUD and mental health, and public health agencies to form a rural justice collaborative. The collaborative meets regularly to identify challenges and opportunities experienced by families, and to create solutions using both a local and regional approach to improving opportunities and outcomes for the community.

Urban: One urban community created a Joint Advisory Committee comprised of executive-level staff from partner organizations to provide oversight of the FTC. Leadership of this governing structure provides guidance on best practices, direction toward the broader goal of improving outcomes, and expanding the comprehensive spectrum of care for all families who are involved in the court system as a result of a parent's substance use.

Resources

- *Data Capacity: What Is It and Does Our Family Treatment Court Have It?*
- *Disrupting Stigma: How Understanding, Empathy, and Connection Can Improve Outcomes for Families Affected by Substance Use and Mental Disorders*
- *Family Treatment Court Planning Guide*

BARRIER #2: Accessing Available Resources

Parents, children, and other family members affected by SUDs often have multiple and complex needs that no single program or agency can adequately meet alone. Understanding the overall context in which families live, including available services and supports in the community, is an important step toward meeting their needs. In addition, the competing timelines of the Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105-89) and SUD recovery make it essential for families to receive timely access to treatment and other complementary services.

In all communities, accessing available resources may be challenging because:

- Family-centered treatment and complementary services are often fragmented, uncoordinated, and in short supply.
- The FTC referral, screening, and assessment process for families can be inconsistent.
- Treatment providers and complementary services are often unable to respond to the range of families' cultural and linguistic needs.

In rural communities, accessing available resources may be challenging because:

- A full array of SUD and mental health treatment modalities and levels of care are scarce or nonexistent.
- There is a lack of public transportation options.
- There is limited access to technology such as high-speed internet, reducing access to tele-health options.

In urban communities, accessing available resources may be challenging because:

- Oversight of SUD treatment quality can be inconsistent due to the large number of providers.
- Treatment and other complementary service providers are perceived as vendors rather than active partners within the collaborative team.

To overcome these challenges, FTC teams can:

1. *Establish a standardized and systematic referral, screening, and assessment process to ensure timely access to the FTC and related services.*
   - Implement universal screening for substance use for all family members that come to the attention of child welfare using a validated SUD screening tool.
   - Establish MOA or MOU between treatment providers and the child welfare system to guarantee priority access to SUD assessment and treatment services.
   - Implement recovery and peer supports to engage participants and provide ongoing support to families.

2. *Improve access to treatment services.*
   - Explore interstate or intercounty agreements to increase service options.
   - Develop creative transportation options such as partnering with Department of Transportation, faith-based organizations, transportation companies (e.g., cab, shared ride companies) and exploring Medicaid reimbursement.
   - Bring services to parents such as co-locating treatment professionals at the court, schools, community centers, or other nearby organizations.
   - Explore virtual or hybrid treatment options and partner with agencies that provide internet access and devices.

3. *Increase culturally competent and responsive care for underserved and historically marginalized populations.*
   - Provide training to staff on culturally competent and responsive care.
   - Create action committees to develop and implement plans to incorporate cultural competence and responsive care into practice.
   - Integrate family perspective and experience throughout treatment and case planning.

Site Examples

Rural: An FTC team in one rural community applied for grant funding to purchase a transportation van and hire an aide to ensure families have access to FTC-related services. Given the high need for transportation services in their area, the FTC sought a partnership with the local transit authority to expand and sustain their efforts.

Urban: One urban community recognized the need to engage parents early in the FTC process. To overcome this, the FTC co-located a treatment specialist at the courthouse to meet with and engage parents during their first court hearings, thereby ensuring timely access to assessments and services.

Resources

- *Directory of Family-Based Residential Substance Use Disorder Treatment Programs for Parents with Children*
- *The Use of Peers and Recovery Specialists in Child Welfare Settings*
- *TIP 59: Improving Cultural Competence*

BARRIER #3: Expanding Service Arrays

The FTC team ensures children, parents, and family members have equitable access to comprehensive services and supports that meet their assessed needs. Community population density contributes to the availability of service options with many FTCs facing challenges ensuring participants receive the appropriate services along a continuum of care. The process of expanding service arrays requires FTC teams to build upon existing relationships and resources to achieve improved results (see *Brief 1*).

In all communities, expanding service arrays may be challenging because:

- Building relationships at the local and state level takes time and resources, and staff turnover can make partnerships even more difficult to maintain.
- There is a lack of buy-in by some partners due to misperceptions about SUDs and the effect on FTC families and communities.
- There are often limited resources to fill the gaps in the continuum of care or expand capacity to eliminate waiting lists.
- There is a lack of workforce to apply for grant funding and manage contract requirements.

In rural communities, expanding service arrays may be challenging because:

- There is a lack of community-based agencies to build coordinated, comprehensive service networks.
- There are recruitment and workforce challenges (e.g., lack of hiring and retention incentives, limited benefits, non-competitive pay, etc.)

In urban communities, expanding service arrays may be challenging because:

- It is difficult to track all the services, locations, eligibility requirements, and waiting lists due to the large number of providers.
- There are challenges related to having an overburdened workforce due to an inability to hire to capacity.

To overcome these challenges, FTC teams can:

1. ***Establish or strengthen governance and oversight structure.***
   - Create and formalize an interagency council to examine data, identify needs, and develop and implement a plan of action.
   - Engage county and state agencies to discuss barriers and opportunities for expanding services and training.
   - Use data across systems to tell the FTC story about related outcomes to increase stakeholder buy-in and make the case for funding unmet needs in the community.

2. ***Engage in funding and sustainability efforts.***
   - Create an inventory of existing local, state, and federal funding sources to identify options that could be leveraged to provide additional services.
   - Seek funding opportunities to increase the local service array.[ii]
   - Engage in a community mapping exercise to facilitate connections, align initiatives, identify services and gaps, and achieve solutions.

[ii] Grants are available from the *Office of Juvenile Justice and Delinquency Prevention* (OJJDP), *Federal Office of Rural Health Policy* (FORHP), and *Substance Abuse and Mental Health Services Administration* (SAMHSA), or other sources such as funding under Title IV-E of the Social Security Act.

3. *Strive to create systems change.*
   - Empower parents in recovery to share their experiences and tell their stories in public forums to increase community awareness.
   - Learn about the priorities of state and local child welfare, court, and SUD treatment systems.
   - Use data to demonstrate the effect SUDs have on the system and on stakeholders' day-to-day work.
   - Make policy and practice changes that affect all families affected by SUDs.

Site Examples

Rural: A rural FTC identified a lack of treatment programs in their community—specifically residential treatment programs are spread across the state and intensive outpatient (IOP) treatment is virtually non-existent. To bridge this gap, they partnered with a University Medical Center in a neighboring state to co-locate an addiction medicine physician at the court once a week to provide treatment services including biopsychosocial assessments and access to medication for addiction treatment.

Urban: One urban FTC's dedication to community education and relationship building resulted in a variety of partnerships to fund the development of supportive housing buildings and provide peer support services. The FTC invites representatives weekly from their local public school system, job coaching agencies, and health and wellness advocates to build recovery supports for families.

Resources

- *Sustainability Planning Toolkit - Five Steps to Build a Sustainability Plan for Systems Change*
- *Leading Change Brief Series: Key Lessons to Empower State and Local Leaders Seeking to Improve Systems Serving Families in the Child Welfare System Affected by SUDs*
- *Engaging Parents and Youth with Lived Experience: Strengthening Collaborative Policy and Practice Initiatives for Families with Mental Health and Substance Use Disorders*

CONCLUSION

FTC teams are better positioned to resolve identified barriers when they recognize that community population density can be a strength and a challenge to effectively responding to families' needs. While the collaborative structure of FTCs provides a unique opportunity to overcome these barriers, it is important to recognize that this work takes time and can be difficult to do. FTCs that apply a multisystem and collaborative approach that includes both local and state representatives can maximize resources in both rural and urban settings leading to long-term systems change. The FTC Training and Technical Assistance Program is available to help FTC teams implement the strategies outlined in this brief to improve outcomes for children, parents, and families affected by SUDs.

CONTACT US

✉ Email FTC Training and Technical Assistance Program at *fdc@cffutures.org*

🌐 Visit the website at *https://www.cffutures.org/national-fdc-tta-program/*

📞 Call toll-free at *866.493.2758*

CENTER FOR CHILDREN AND FAMILY FUTURES
Strengthening Partnerships, Improving Family Outcomes

NATIONAL FAMILY DRUG COURT TTA Program

Children and Family Futures strives to prevent child abuse and neglect while improving safety, permanency, well-being and recovery outcomes with equity for all children, parents and families affected by trauma, substance use and mental health disorders.

References

[1] Anderson, J. H. (2020). *Classification of urban, suburban, and rural areas in the National Crime Victimization Survey*. Bureau of Justice Statistics. https://www.ojp.gov/ncjrs/virtual-library/abstracts/classification-urban-suburban-and-rural-areas-national-crime

[2] Pullen, E., & Oser, C. (2014). *Barriers to substance abuse treatment in rural and urban communities: A counselor perspective. Substance Use Misuse*, *49*(7), 891-901. doi:10.1309/10826084.2014.891615. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3995852/

[3] Rural Health Information Hub. (n.d.) *Rural transportation toolkit*. https://www.ruralhealthinfo.org/toolkits/transportation/1/use-in-rural

[4] Pullen, E., & Oser, C. (2014). *Barriers to substance abuse treatment in rural and urban communities: A counselor perspective*. Substance Use Misuse, *49*(7), 891-901. doi:10.1309/10826084.2014.891615. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3995852/

[5] Bolin, J. N., Bellamy, G. R., Ferdinand, A. O., Vuong, A. M., Kash, B. A., Schulze, A., & Helduser, J. W. (2015). Rural Healthy People 2020: New decade, same challenges. *The Journal of Rural Health, 31*(3), 326-333. https://doi.org/10.1111/jrh.12116

[6] Marwell, N. P., & Gullickson, A. (2013). Inequality in the spatial allocation of social services: Government contracts to nonprofit organizations in New York City. *Social Service Review, 87*(2), 319-353.

[7] Cyr, M. E., Etchin, A. G., Guthrie, B. J., & Benneyan, J. C. (2019). Access to specialty healthcare in urban versus rural US populations: A systematic literature review. *BMC Health Services Research, 19*(1), 1-17.

[8] Bauer, S. R., Monuteaux, M. C., & Fleegler, E. W. (2015). Geographic disparities in access to agencies providing income-related social services. *Journal of Urban Health, 92*(5), 853-863.

[9] Center for Children and Family Futures and National Association of Drug Court Professionals. (2019). *Family Treatment Court Best Practice Standards*. Supported by Grant #2016-DC-BX-K003 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice.

[10] Center for Children and Family Futures and National Association of Drug Court Professionals. (2019). *Family Treatment Court Best Practice Standards*. Supported by Grant #2016-DC-BX-K003 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice.

[11] Burrus, S. W., Mackin, J. R., & Finigan, M. W. (2011). Show me the money: Child welfare cost savings of a family drug court. *Juvenile and Family Court Journal, 62*(3), 1-14.