Capacity Building Center for States Podcast
HOW WE PARTNER WITH THE COMMUNITY TO IMPROVE SERVICE OPTIONS
Podcast Episode 7: Collaborating to Create Family-Focused Courts
TRANSCRIPT

Narrator [00:08]: Welcome to the podcast series "How We Partner With the Community to Improve Service Options." I'm Betsy Lerner. Here at the Capacity Building Center for States, we know agencies are always working to find ways to better support the families and communities they serve. But we were curious, as an agency works to develop a more collaborative service array – one that is responsive to families and youth – what strategies are helping them change their organizational culture to support putting families at the center of their work? Take a listen to episode seven, Collaborating to Create Family-Focused Courts.

[00:47]: [Music introduction]:

Narrator [00:50]: In previous episodes, we traveled to Kentucky and Washington, D.C. to bring you stories about collaboration. Our next planned stop was Ithaca, New York but… 2020 happened and we had to adapt to a new reality of social distancing and restrictions on travel. Child welfare agencies are finding new ways to meet and connect with people, so we found a new way too, by connecting virtually to bring you this story about the Tompkins County Family Treatment Court. This longstanding collaboration between the child welfare, substance-use treatment, and judicial systems opened its doors in 2001. Since then, it has been steadily growing its Family Treatment Court Team and improving outcomes for families. Let me introduce you to two people who were there from the very beginning.

DEANA BODNAR [01:42]: My name is Deana Bodnar. I'm currently the Deputy Commissioner at Tompkins County DSS.

JOHN ROWLEY [01:48]: I am John Rowley. I'm the family court judge in Tompkins County. And I've been working in Tompkins County family treatment court since 2001. I'm starting to get old.

DEANA BODNAR [01:58]: I was one of the first liaisons from one of the treatment agencies, so I have a long history with Treatment Court too.

JOHN ROWLEY [02:06]: It's funny to look back at our old selves, our old haircuts or whatever it was, but look back at our old family treatment court. We had the team, which is primarily the children's services caseworkers and treatment and whoever.

DEANA BODNAR [02:23]: We had a couple caseworkers, a couple respondent's attorney, attorney for children, that's always been kind of like the core team. And a coordinator. So that's kind of who there was in the very beginning. And that grew a little bit, like treatment liaisons, we have liaisons from both treatment agencies always come.

JOHN ROWLEY [02:42]: We had them sit in the jury box. And they sat in a jury box because they couldn't hear very well. But in the end now, we've got the jury of the professionals sitting up there, while the parent is at the podium and I'm on the bench. And they're confessing to me, as I'm listing all of their offenses to them. Again, just really it's by ignorance, just because we're always learning.

[03:05]: I was rarely harsh with people. And I would try not to be punishing with people. I was as supportive as I thought I could be, but it still was very much a deficit focus.

DEANA BODNAR [03:14]: Like most family treatment courts, we just followed the criminal court model, kind of phases of sanctions and incentives. We just followed that structure because that's what was out there. That's what we knew what we could do. We had ok success.

[03:34]: The phases were pretty standard. I think the quickest somebody could complete treatment court was maybe something like 9 or 12 months, because you needed those three phases, so you needed at least three or four months to clean in each time. And if you had a relapse at any point, so maybe you got all the way to phase three and you slipped, or what we call a lapse, you had a use. You're already like all the way back to phase one. And that was definitely disheartening for a lot of clients.

JOHN ROWLEY [04:07]: I think much of child-welfare work, child welfare in general, is deficit-focused. That's been a lot of the push has been over the last couple of decades, to change that focus. But it's easy to slip into it, and it's hard to get out of it.

[04:20]: A family coming in before would have the experience of really being handed a list of services that they needed to do. And it would be long and it would be jargon-y and it would be overwhelming.

[04:34]: That would be before they came into court to see me. When they came into court to see me, I would be as direct as I can and supportive as I can. But I would also intentionally really spend time on the significance of the moment that I was reaching legal conclusions that the child in their care would be in imminent danger to their life or health if I continued to permit that.

[04:59]: And if you really want to rub salt in somebody's wounds, spend some time talking about that you are dangerous to your child. And I did it for a very specific purpose. I just was misguided.

[05:10]: But we kind of moved along at the pace of “a lot of this is cutting-edge”. The things that we were doing in 2000 were brand new. The things we were doing in 2010 were brand new. The things we're doing in 2020 are brand new. It's just in comparison, it's like, wow, I'm glad we were open to change, because the changes have been substantial. Really, the last five years have been rapid change.

DEANA BODNAR [05:30]: My deep dive into it was in 2014. Children and Family Futures put out a grant RFP for the Prevention and Family Recovery program that was funded by the Doris Duke Foundation.

[05:45]: Our Commissioner Carey has always been like a forward thinker. And she had always wanted Family Treatment Court to be much more focused on families. I think she just always felt like we were kind of stuck in that adult court model with focus on parents' recovery, which is really important. But she always felt like we were missing some really key pieces in working with the family.

[06:09]: And so the Prevention Family Recovery, that's what it was asking for. Like how would you do this differently? What services would you add? And so she gave me the RFP and said, “Please go for it”. And so I just researched different types of services for families.

[06:27]: I'm also a big advocate of evidence-based practices. I just think it's, I don't know, it just gives some strong foundation to stand on. So I identified Safe Care and Strengthening Families program as the

two services we would add. And then proposed having a position, a parent and child services coordinator, to really bring more focus to making sure those referrals happen, that there was discussion of the children during the meetings, because the discussion would tend to focus on parents. So this position was really like, OK, we're going to change the focus here.

[07:07]: And with trauma informed care and understanding addiction in that framework, and then using the solution-focused questions. That's where I think things really started to change. Being able to ask those questions, solution-focused questions around safety, keeping in mind these things with this trauma-informed safety, trust, collaboration, choice, empowerment of being able to utilize that framework more.

[07:37]: We're bringing those things in, well, it's kind of the initial change. But then once you start changing something in the system, everything else starts needing to change also.

JOHN ROWLEY [07:47]: It took us getting a grant, having some of the best professionals in the business come and observe us and assess us. And you know how it is when you're talking to somebody, you've got to kind of tip-toe and say, “yeah, you guys are great. But you know, I don't see mental health at the table here. Where is a mental-health representative?”

[08:10]: So there's a variety of things that they observed that we knew we weren't doing great with, but it helped to have somebody look at it. And really I think that there's a lot of isolation in this business, and that we had for a long time been doing this project on our own without really much support from anybody else.

[08:29]: So the first time we actually sat down with four other drug court teams from around the country, and the presenters started talking about these incredibly-complex teams that we operate. And you know, some of it being the most complex work that any of us do, anybody does anywhere, is having a team where you've got a judge, who's got like the ultimate authority, in some sense. We've got this team, where people have different ethical obligations. They have different responsibilities. They have different bosses.

[08:58]: And it just was very reassuring to me to say, “yeah, this is really complicated. This is really hard. We do need help here. We need mutual help, and we need professional help”. And it really set us on a course to dramatically change many aspects of our program.

[09:15]: It was a very clumsy beginning at trying to do things different, because we're not talking about the silence that existed up until family treatment court, where the parent would never say a word. In the whole course of their case, from the day the neglect was filed until the permanent neglect was filed, until the rights were terminated, the parent didn't have a voice.

[09:35]: This was a dramatic change, to put the parent at the center. And now we're starting to actually listen to the parents.

[09:43]: Well an immediate change for a family is that now that meeting that happens before their first court session is solely focused on where the child or children are and what contact, communication, visitation the parents will be able to have with them. Second, when they come into court with me, the only thing I'm talking about is hope, about focusing on them, trying to help them feel supported, help them feel welcomed. And try to let them borrow some of our hope.

[10:14]: So shift to today, we got the team out of the jury box. They're sitting down in the audience now. They're not sitting there in judgment.

[10:22]: Our peer supports are there. …, I've come down off the bench and come down to earth. And there's a podium that we line-up with our attorney's table. So we move the attorneys around to face the audience. And I stand there.

[10:34]: Our parents don't come forward anymore. And this came out of me talking with graduates. A graduate said to me, I don't ever remember anything you said to me, because I was scared to death every time I was at the podium.

[10:48]: And I thought, wow, that experience of just having your name called, coming up by yourself, standing at a podium to a judge who's now giving you his opinion of your performance, his evaluation. We went from at first having parents using microphones to now parents just sitting in the audience. And I'm just having a conversation with them.

[11:08]: But in general, the conversations start with, “how did you sleep last night? I didn't get any sleep at all. What was going on? [SIGHS] My two-year-old is not staying in her bed.” And we just start from there.

[11:21]: This is not the place for me to really push a parent to confess certain things or reveal certain insights. I think really what I need to do there is be, again, offering the hope, the support, the encouragement and making clear kind of what the bottom lines are, when we're getting to a place where we're having difficulty.

DEANA BODNAR [11:39]: I think the solution-focused trauma-informed care is what has given us all a common language, and gave us, it's like once you get the trauma-informed framework, you're like, of course that's what's going on. And then the language gives you what we want to do is keep moving ahead. We don't want to keep getting stuck on the argument we had last month.

[12:02]: And so having that viewpoint as kind of the point that I keep my eye on. And I think the solution-focused trauma-informed care helps other people have a similar point of reference. Point of reference. That's a great… that would be the word.

Narrator [12:19]: The Tompkins County Family Treatment Court Team uses this common point of reference in their relationships with each other, too. As the team has grown and members have been added, the team has used a solution-focused and trauma-informed framework to resolve the conflicts that are expected with growth and change.

DEANA BODNAR [12:38]: You know, it's not like, I mean, fortunately being in a small town, I guess, and we will all still more or less get along and respect each other. But even if we didn't, there's other partners who I'm more challenged by. But having a working relationship is essential to get the work done.

[12:56]: The team has grown exponentially. Our county mental health comes regularly. We have someone from our domestic violence services comes regularly. We added some staff to help with visitation. We have housing providers periodically. They're not a regular part of the team, but they do come periodically with safe care public health nurses periodically have come to meetings.

[13:21]: I mean, when everyone's there, it's a full house, it can be like 20 plus people. So that in part also created another change. It used to be that the case conferences were a little bit of a free for all. We would just call the case team and then there would be lots of discussion all over the place, and the strongest voices tended to dominate.

JOHN ROWLEY [13:45]: And if you think about in the abstract, it's inevitable. Because you have, really, trial attorneys, this is what we do. We challenge. We push. Cross-examine. We manipulate. We argue, all the things that a persuader does.

[13:58]: So we had to do a lot of work. Because at one point the children's services said, we can't do this. We can't continue to have our caseworkers feel bad about themselves and their work because they're being cross-examined on a weekly basis. And we brought in a tremendously-talented mediator. And we really had to go back to the beginning.

[14:20]: We had to go back to mission statement and what we're all about. We had to develop our kind of rules of engagement. And a lot of it, just like everywhere else, we needed to learn to appreciate the experiences people are having from their variety of perspectives. We had to spend time together, other than just focused on this.

DEANA BODNAR [14:39]: So we put it in a structured case conference where Mindy the coordinator calls on people. And there is a very set progression, and so we always start with children. So a caseworker talking about the children and the family. Attorney for children. Then the parent child coordinator position. And then we go into instead of, you know, before that we would almost go straight to talking about parents, engagement, and treatment. Which is still part of the discussion and they're called on. But we're to help keep the focus on children and families, we're starting there.

JOHN ROWLEY [15:14]: This is literally a structure that we stick to, so that if a parent's attorney tries to speak, “not yet, not yet”. Because we've agreed that this particular order is the most useful.

DEANA BODNAR [15:26]: We can have an MOU with all the things, all the tasks, and all the things both parties say they're going to do, but it's the commitment to the relationships and the patience. If that's not there, people will find excuses at any turn. So patience, and my favorite or one of my favorite definitions of patience, is having a mutual understanding of what's going on, and that's where you have to understand other people's roles.

[15:54]: I would remember when I or Patricia would get really frustrated with Judge Rowley. She would help cool it off and just say, “remember, he's in the middle of a murder trial”. And so we would just cool off for a while and revisit it when things calmed down.

[16:10]: Or, more recently for us with COVID, we had to keep things, we at DSS, have kept things open this whole time while everybody else is working at home. And part of our bumping heads was me reminding him that that's a different stress than he has. That ability to keep your partners' world in mind is key. And you can't put that in an MOU, I wish you could.

[16:38]: You need a team of people. The rest the team has always been willing to try something new. Different people at different times are the ones who push things ahead. And some people you have to pull along. But then the next time, they're the one who goes out ahead.

[16:55]: In the end, making sure the program continues and functions well is everybody's common goal.

[17:06]: So I’ll say the biggest challenge I feel like we have is that child welfare staff turns over periodically every couple years. And so helping newer staff continue to understand what these other services are and the role they play, and kind of our culture, how we do business in Tompkins County, which is different. And continued training is important in that too.

[17:34]: Whenever we've brought in different types of trainings, we at least have one, the initial session that does an overview. The whole team, other agency partners can come in, so that they can understand what the model is about and how it works.

[17:50]: It's just understanding that other agencies, other professionals have had the expertise, have the experience and trusting in that. But at the same time having to understand what it is they're doing.

[18:05]: And also within DSS, we're doing it more broadly with all staff including our eligibility staff. So last year, we trained our staff who work with homeless families and individuals and people including our temporary assistance so that there's a broader culture to support those models.

[18:23]: The other big piece that, I guess the world is operationalized it, was shifting from phases to milestones. Because now you have behavioral milestones that said for us to go from supervised to unsupervised visits, for us to feel like that's safe enough, safety factors, here's the things we need to see from a parent.

[018:45]: If we want to go from unsupervised visit once a week to twice a week to a weekend to overnights to return home, each one of those milestones changes. And increased time with children was linked to behaviors that we could see that indicated that both we, child welfare, and then eventually the whole team, could be more comfortable in feeling that the parents could move to the next phase.

[19:14]: And then for parents, it linked it to their key motivating factor, which is wanting their kids back home. And when we started doing that, that changed the game too. It's like each one of these, like I said, we'd change one thing, and then you realize you need something else. And we were just really fortunate that something else things they'd kind of appear for us.

[19:34]: What I love about the milestones is like we, again, same thing for us, small wins, you need to see them. Clients need to see them.

[19:42]: We have several milestones that people get certificates straight up. So the first one is engagement. You came to court, you saw the treatment coordinator, here, you're getting a certificate. You did great. We're just glad you came.

[19:58]: You engaged in treatment, you went to treatment a couple times, you get a certificate. So people are seeing like, you know, even if you do these small, and small steps, small gains are always, that's the solution focus of like any small step is a big step.

[20:14]: We created a re-commitment to sobriety. So you were at a point where you were having overnight visits and you had use, the team's assessing is this a onetime use? Is this something that is of concern for safety of the children?

[20:30]: You know maybe we don't have to go all the way back to supervised. Maybe we just pull back from letting the child stay for a weekend and we go back to unsupervised visit. And then we do the re-commitment to treatment. And so if we see you're getting back on track, then we get the visits back to where they were really quickly.

[20:50]: It was an uncomfortable push to ask the whole team like, you know, can we take this risk? Make this choice with this family? …

[20:58]: if you want to change the system, you've got to look for those small openings that you think this is really going to, the chances are good, because that's the only way the rest of the team is going to move through some of their anxieties.

[21:11]: Say here's the things that are in place that we were pretty sure this is an OK place to do this. And then you do that and it works out. And then the next case like that, or maybe similar, or maybe even it might be pushing the edge a little bit more. But now people see that you can you can do it this way. And just making sure that there's enough protective factors in place that are going to keep kids safe and support the parents.

[21:40]: And that's what Family Treatment Court is supposed to be about. Getting the kids home or permanency.

[21:47]: So having these additional services like safe care. So that's a home visiting model. We only use public health nurses who go in weekly to do a curriculum.

[21:57]: That meant that we had another set of eyes going into homes that kind of helped people understand we had more parents who were getting educated and coached on things like home safety, child safety. Strengthening Families really helped the families as a whole, and kind of build that up more. And so as we implemented those and were putting more emphasis on children, you could see the, and the shift in focus on safety versus risk, time and care started to drop. And the number of families that were successful started to increase.

[22:34]: So that was really the power of data. I don't think if we had that piece, people would see that change over time.

Narrator [22:41]: As Tompkins County treatment court implemented solution-focused, family-centered interventions, their outcomes for families and children improved dramatically. Program graduation rates for adults engaged in the treatment court intervention grew from 20% to 45%, surrenders dropped from 45% to 16%, and relative custody rose from 10% to 41%. Those general trends that increase well-being and stability for children and their families continue.

DEANA BODNAR [23:15]: You know, sometimes it's a grandparent or an aunt or uncle. So that means the parent still has some connection, some access to having a relationship with their child. And so finding some ways to be able to maintain the ability to have that relationship is really important.

JOHN ROWLEY [23:36]: The rate of returning home is faster. The need to remove is reduced. We were able to remove less children. But if you dig underneath all of that, there's all sorts of other things that are happening, that reflect the improved quality of our efforts, and really, the better health of families overall.

[23:55]: So we had a woman, in this case, I think she already had one child with grandma, and she had a new child, and dropped off the face of the earth. And we used a warrant, we use that to transport them to rehab.

[24:06]: Before she went, she tested positive for everything that we tested for [LAUGHS] all the drugs that we had. And at that point, it was a five-panel. And so it was the first person who would lit-up all five panels. And off to inpatient rehab and then on to a halfway-house program. And she sat in the audience at one point, before all of this happened and said, I'm just going to give up my child.

[24:31]: And I said, “we are not going to give up on you. It's not going to happen. I hear that it sounds like you're giving up on yourself. We are not going to do that. And we are going to hound you as necessary, because I know that you can do this. I know that you can be a parent. I know that your life can be different”.

[24:51]: The way that I envision it is that is that we're like this rock. And these people come in, and they could throw things at the rock, or they can pound on the rock and throw eggs at the rock. And the rock's job is to say, “I'm here. I'm here. I'm not going anywhere. I'm here. I'm not even mad. Keep drawing stuff you need to. I understand. But we're still going to be here”.

[25:13]: And that consistency and our persistence, when that woman graduated from the program, she was 21 or so at the time. There again we're talking about changing the course of a life, because she was very, I mean don't mean to be negative and say fiercely, but very strong and independent and determined in her sobriety. She knew exactly what she wanted. She knew exactly what her goals were. She just was lost.

DEANA BODNAR [25:37]: It's all about encouraging people. It's not like you missed those five other appointments. And where were you? And tell us what was going on? And we want every detail.

[25:47]: It's like we hope you were safe. We hope you were OK. We're glad you're here now. And what can we do to keep you coming back? What supports do you need? What resources do you need? We'll do our best. We can't always do it, but we'll do our best. And that is the key thing. It's like we are so glad you're here. You stayed clean for a week on your own. We are so, what an amazing thing, you know? And there's no giving up. We still believe in you.

[26:17]: And that's why our surrender numbers went down is we just, hat wasn't an, that's like a last, last resort option now where, before, it was like, because kids were staying in care for so long, we needed to do something for permanency. But now we've got that short enough that it's really the last resort. So it's completely different.

Narrator [26:46]: Thanks for listening to the seventh episode of the podcast series "How We Partner With the Community to Improve Service Options". Over the years, the Family Treatment Court in Tompkins County has become more effective at finding permanency for children and strengthening and stabilizing families. The team nurtures good working relationships, uses data to assess progress, and is consistently seeking new ideas and new partners to improve their system. I hope this episode has left you inspired and sparked ideas that you can put into practice at your agency.

[27:21]: [Music]:

Narrator [27:28]: This podcast was created by the Capacity Building Center for States funded by the U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau under contract number HHSP233201500071I.