

Summary of Focus Group Findings

Three New York state agencies, The Office of Court Administration (OCA), the Office of Alcohol and Substance Abuse (OASAS) and The Office of Children and Family Services (OCFS) came together with other state, county and city partners to form the New York Partnership for Family Recovery. In April of 2007 the New York Partnership for Family Recovery team conducted focus groups to gain a first hand perspective on the current delivery of services to substance abusing families in New York State. The purpose of these focus groups was to collect feedback and recommendations. This summary reflects a collection of responses from the focus groups listed below. The New York Partnership for Family Recovery team will use this information in their work to improve the way services are provided to substance abusing families in New York State.

Focus Groups Conducted

- April 19, 2007 - Family Treatment Court (6 females, 1 male; ages 24 – 46; each currently in either an outpatient program varying from 2 to 5 days a week or in aftercare).
- April 23, 2007 - Albany County Family Court (2Two teenage females and 2two teenage males ages 14-18).
- April 24, 2007 – Downstate Adolescent Focus Group (3 females, ages 25-17; Bronx residents; each currently in outpatient substance abuse treatment for their own addictions.)
- April 24, 2007 - Monroe County Family Court (10 females ages 23-45)

Overwhelming Message

Both adults and youth care most about the way they were treated by case workers, treatment counselors, and the judge. Not surprisingly, they attested to feeling most successful when their interactions with the key players in each of the systems treated them with:

◆Respect ◆Compassion ◆Positive Regard ◆Empathy ◆Optimism Regarding Their
Ability to Succeed

The winning combination of being held accountable, being liked, and having the importance of their family relationships acknowledged in the process appears to be directly correlated to their motivation to recover and the restoration of their sense of self-worth. The importance of this relational dynamic was evident throughout the course of their involvement with the three systems - from the point of initial engagement (child removal from the home, clinical assessment, and first court appearance), all the way through how successful and supported they felt after their cases were closed.

Themes

What Worked?

- Being treated with respect and compassion
- Peer support and mentoring
- Increased contact with and accountability to the courts, coupled with positive support
- Coupling treatment with wrap-around support services
- Structure and consistency
- Case Management
- Advocacy - help navigating and understanding the system, and access to resources
- The Family Treatment Court approach (multi-agency team, increased judicial oversight, increased support)

What Needs Improvement?

- Access to treatment “on demand”
- Advocacy services- to help families understand what is happening and navigate the systems
- Need more of the following services and support:
 - Recovery mentors and family advocates
 - Integrated case planning
 - Case management
 - Family-centered treatment
 - Marriage and family counseling
- Treating families with dignity – including children
- Give youth a voice throughout the process – service plan, treatment plan, court hearings
- Support children in maintaining family connections during out-of-home placement
- More consistent staffing of direct care providers (counselors, case workers)
- Communication with the school
- Training for counselors and case workers on motivational techniques and the use of proven engagement and retention strategies
- More training of counselors and case workers related to handling client relapse
- Support children in maintaining family connections during out-of-home placement

I. What worked well?

	Parent Voice	Youth Voice
Screening and Assessment	<ul style="list-style-type: none"> ▪ The referrals/options in areas that help was needed 	
Engagement	<ul style="list-style-type: none"> ▪ Easier to go through it with the significant other ▪ Facilitated referrals to DHS to get into treatment ▪ They gave me hope, the desire to stay clean ▪ “Wake up call”, a reality check 	
Retention	<ul style="list-style-type: none"> ▪ Easier to deal with the pressure by listening at meetings. ▪ Motivation (Reunification with kids) ▪ “I wanted to give up and FTC wouldn’t let me” ▪ They accepted me as a person/woman ▪ The Judge spoke to me not at me ▪ Christmas presents for my kids from CASA 	
Treatment	<ul style="list-style-type: none"> ▪ Counseling ▪ Going to group every night. ▪ At rehab, diagnosed with mental illness. (Client felt he never would have been diagnosed.) ▪ Helped me take responsibility for my actions ▪ Having someone to talk to ▪ Providing structure ▪ Assisting with job skills, schooling ▪ Relapse prevention groups ▪ Anger management groups ▪ Showing respect, compassion, love, care 	
Supportive Services	<ul style="list-style-type: none"> ▪ Parsons Counseling ▪ Meetings ▪ Mentoring ▪ Transportation assistance (reimbursement for mileage/gas, bus passes) ▪ I was provided items for my house, “things I just didn’t 	<ul style="list-style-type: none"> ▪ more help for mom

	<ul style="list-style-type: none"> ▪ have or couldn't afford" ▪ The case managers checked in on me at my residence ▪ Supporting living arrangements 	
Follow-up/Aftercare	<ul style="list-style-type: none"> ▪ FTC follow up/aftercare ▪ Change in environment supports recovery 	<ul style="list-style-type: none"> ▪ Checking in on me at my residence ▪ Showed me a new lifestyle
Cross-System Communication and Collaboration	<ul style="list-style-type: none"> ▪ The (FTC) team built trust ▪ Helped me communicate with and between systems 	
Family Treatment Court	<ul style="list-style-type: none"> ▪ Having someone to answer to ▪ Having a voice with the judge in court ▪ Random urine screens ▪ The structure and consistency of weekly court appearances. ▪ The workshops provided each week ▪ The Judge assigning CASA to all the cases ▪ Placing me on House Arrest ▪ Holiday functions ▪ "They showed me how important my kids are" ▪ Help with security deposit ▪ Offering and setting up mediation ▪ Positive interaction with the judge 	<ul style="list-style-type: none"> ▪ Weekly Court Supervision, e.g. knowing mom had to come every Thursday to Court and knowing that her urine had to be clean ▪ having mom meet others who had succeeded/graduated
Children's Services	<ul style="list-style-type: none"> ▪ Treatment helping with son with behavior problems 	<ul style="list-style-type: none"> ▪ getting to know other kids w/the same issues/kids that were going through the same things ▪ Food and clothing vouchers for me and my children
Visitation	<ul style="list-style-type: none"> ▪ CPS Set up visitation with children ▪ Visitation allowance 	<ul style="list-style-type: none"> ▪ mom stays home more (she would have to be home for the visits from the agency so that meant she would have to stay home)
Life Skills	<ul style="list-style-type: none"> ▪ Learned how to communicate more. ▪ Tickets to the museum (CASA) ▪ The Gardening Project ▪ They helped me move ▪ They taught me about nutrition 	
Communication with Families	<ul style="list-style-type: none"> ▪ The FTC team gave respect, compassion, love, care 	
General comments	<ul style="list-style-type: none"> ▪ "Having kids taken away made me work towards getting them back" ▪ "They believed in me when I didn't believe in myself" ▪ Financial assistance to the relative resources to support the children ▪ Kids helped parents change 	<ul style="list-style-type: none"> ▪ They had difficulty identifying what worked in the child welfare system, except at the end of the focus they were able to indicate that they felt the removal from parent was helpful in that it allowed parent time to get their selves together.

II. What was not provided that would have been helpful?

	Parent Voice	Youth Voice
Screening and Assessment	<ul style="list-style-type: none"> ▪ The Judge mandating family counseling (kids have so much anger toward parents, it would help to work through that before reunification) ▪ Mental health screening 	
Treatment	<ul style="list-style-type: none"> ▪ having the counselors be more supportive of their parents ▪ Allowing me to go to detox for heroin. I had to wait till I was 90 days clean before I could even get on methadone, had to detox myself ▪ They never provided information on drug use during pregnancy ▪ No family counseling ▪ No individual sessions at tx 	<ul style="list-style-type: none"> ▪ 5 different counselors -you start getting comfortable with one and then they switch them -me and my brothers got tired of repeating ourselves
Supportive Services	<ul style="list-style-type: none"> ▪ All appointments are just made without taking into consideration of the life the parents are living. They disrespect their time and not give enough notice. ▪ Providing transportation assistance ▪ Help with parking fees 	
Cross-System Communication		<ul style="list-style-type: none"> ▪ a check-up in school to help mom or dad know that the kids are actually going to school ▪ check on how school is going; this would take stress off of the parents ▪ let the school know what's going on so they know there are some issues in the student's home and then having someone there to talk to
Family Treatment Court	<ul style="list-style-type: none"> ▪ Scheduled individual sessions (check-in's) with case manager at least one time a month, too hectic on court days to get time to talk individually with case manager ▪ Supporting marriage counseling 	<ul style="list-style-type: none"> ▪
Children's Services		<ul style="list-style-type: none"> ▪ Kids do not want to be treated like the victim (i.e., how do you feel about what your mom did to you?)
Visitation		<ul style="list-style-type: none"> ▪ More visits with my kids in early sobriety, "not seeing them kept me depressed"
Communication with Families	<ul style="list-style-type: none"> ▪ Never felt the parents knew what was going on. There was no information given to them. ▪ ACS should have spoken to the parents explaining to them what was happening. ▪ Having face to face home visits so they could see how I live 	
General comments	<ul style="list-style-type: none"> ▪ Child Welfare quickly snatches the kids without protocol or canvassing the area. ▪ ACS should implement a system so parents know what their rights are. ▪ All case workers should be certified social workers. 	

III. Overall recommendations for improvement

	Parent Voice	Youth Voice
Screening and Assessment	<ul style="list-style-type: none"> ▪ Need earlier assessments ▪ Need more time 	
Engagement	<ul style="list-style-type: none"> ▪ have advocates (people who had already been through this) come in to help those going through what they are now going through ▪ not treat parents as criminals but like they had a gambling problem or something that they just can't control 	<ul style="list-style-type: none"> ▪ Need to do more upfront relationship building ▪ For the kids, not having someone like their grandmother's age telling them what to do or how to do it ▪ have someone their own age tell them what they have to do...not someone who is much younger telling them (it would be like the kids telling their parents what to do)
Retention	<ul style="list-style-type: none"> ▪ Give families only one Social Worker to relate to families rather than multiple ones that you had to begin all over again with ▪ Counselors need to work harder to make sure clients follow through with appointments, etc 	
Treatment	<ul style="list-style-type: none"> ▪ Need treatment for co-occurring mental health issues ▪ Need more family involvement ▪ Counselors need to hold clients more accountable ▪ Need to develop a more "enlightened" response to relapse (vs. discharge) ▪ Need more support to deal with guilt, grief and loss issues ▪ Need more gender-specific programs ▪ Need more programs that include children's programs 	<ul style="list-style-type: none"> ▪ having consistent counselors and individual counselors ▪ Counselors should be closer in age to youth, and more interactive (age appropriate counseling services) ▪ Youth want counselors who have "been there" ▪ Adolescent treatment providers need to involve parents and foster families, beyond just reporting behaviors
Supportive Services	<ul style="list-style-type: none"> ▪ Provide family education group (FTC's) ▪ Provide a self-esteem/empowerment group for women 	
Follow-up/Aftercare	<ul style="list-style-type: none"> ▪ Have aftercare family gatherings for both the parents and their children 	<ul style="list-style-type: none"> ▪ Need better follow up from case workers ▪ Need ongoing participation of trusted workers or counselors during transition to aftercare, in order to avoid repeated sense of abandonment
Cross-System Communication and Coordination	<ul style="list-style-type: none"> ▪ Need better orientation and education about what to expect ▪ Need more team and family conferencing ▪ the constant stream of people in and out of their homes made the kids feel no different than when drug activity was going on ▪ Better communication between systems! ▪ Have the CPS and the Temporary Assistance sides of DSS work together ▪ Treatment needs to work closer with Mental Health 	<ul style="list-style-type: none"> ▪ Treatment agencies that work with adolescents need to do a better job of working with CWS and making connections on behalf of the kids

	<ul style="list-style-type: none"> ▪ CPS/TA workers need to stay professional, try not to put personal judgments/feelings on the client 	
Family Treatment Court	<ul style="list-style-type: none"> ▪ more guests at the graduation ceremonies ▪ more speeches from those who have succeeded ▪ Have a mental health provider to be part of FTC team ▪ Give stiffer consequences - jail ▪ Make sure the urine screen phone line is changed on time 	
Children's Services	<ul style="list-style-type: none"> ▪ Include a children's program in the FTC's ▪ Provide more toys for younger children 	<ul style="list-style-type: none"> ▪ Support independent living arrangements for older youth ▪ Avoid group home placement in favor of kinship or foster family placements ▪ Better assessment services needed ▪ Provide support to stay in school ▪ More AOD prevention and intervention services ▪ Provide counseling support to assist kids in handling transitions (both out of home as well as return to home) ▪ Need assistance dealing with family relapse issues
Visitation		<ul style="list-style-type: none"> ▪ one on one visits so kids at school don't know your business
Life Skills	<ul style="list-style-type: none"> ▪ Need more support learning to parent in recovery ▪ Need more handholding and case management support for families that are struggling 	
Communication with Families	<ul style="list-style-type: none"> ▪ Be friendly ▪ Be more respectful of the family's schedule ▪ Avoid the use of jargon and big words ▪ Make parents and children feel important, like they matter 	<ul style="list-style-type: none"> ▪ Workers need to be more available to children in out of home care ▪ Involve youth in service planning, family conferencing and case reviews ▪ Messages given to adolescents by court and child welfare are critical to self-esteem. Need to understand the impact of parent's recovery process on adolescent, especially if they are made to feel that they have the power to make someone relapse. ▪ Counselor talked about my mom negatively ▪ less personal questions; less negative comments/questions and more positive (was asked how she felt about her mom ruining her life)
General comments	<ul style="list-style-type: none"> ▪ Need better design of 72-hour hearing to minimize trauma to children ▪ Positive reinforcement works better than scare tactics ▪ Keep CPS workers consistent, don't change them without good reason ▪ Need better assessment and evaluation of foster parents ▪ Court decisions are only as valuable as the line staff there to implement. 	<ul style="list-style-type: none"> ▪ Place siblings together, or at least provide support to maintain a connection with siblings and other family members

