



STATE SENATOR LaTonya Johnson

WISCONSIN STATE SENATE

6TH DISTRICT

**Senate Committee on Judiciary and Public Safety
Testimony on 2017 Senate Bill 390
October 19, 2017**

Chairman Wanggaard and members of the Senate Committee on Judiciary and Public Safety, thank you for allowing me to testify on 2017 Senate Bill 390 today. I believe this legislation – which provides an opportunity for the state to replicate Milwaukee County’s effective Family Drug Treatment Court program – will help improve outcomes for children and families across our state.

As many of you may know, before being elected to the State Legislature, I was a childcare provider for ten years for some of Milwaukee’s lowest-income children. Some of the families that I served struggled with chronic problems like mental illness and substance abuse. These issues place tremendous strain and stress on family relationships, and if support is lacking, can lead to the kind of child abuse and neglect that breaks up families and sees children placed in out of home care. In some cases, a parents’ rights are terminated by the courts, and children lose their biological families to permanent adoption.

While these familial situations are harmful to the children, we also know that being removed from their parents’ home and placed in the child welfare system can be extremely traumatic. We, as elected leaders, should do everything possible to heal injured families, to help support parents recover from addiction, so that we know we did everything possible to reunify those parents with their kids before we take irrevocable action to place these children in permanent care.

I am so proud of Milwaukee County’s Family Drug Treatment Court program and the work that Judges Triggiano, Donald, and Carrol have done to make it a success. Therefore, I am proud to be a coauthor of this legislation, which would allow the state to expand and build upon the successful model we have in Milwaukee County to counties and tribes across the state. This bill is a small but significant step we can and should take to keep families together, address our battle with drug addiction, and save lives.

I would like to thank Senator Darling and Representatives Goyke, Rodriguez, and Nygren for work on this common-sense, evidence-based proposal, as well as the chairman and committee members for allowing me to testify on this legislation.



JESSIE RODRIGUEZ

STATE REPRESENTATIVE ★ 21ST ASSEMBLY DISTRICT

**SB 390: Creating a Family Drug Treatment Court Grant Program
Testimony of State Representative Jessie Rodriguez
Senate Committee on Judiciary and Public Safety
October 19, 2017**

Good morning,

Chairman Wanggaard and committee members, thank you for the opportunity to testify on Senate Bill 390, legislation that will authorize the Department of Children and Families to create a family treatment court grant program and a juvenile treatment court grant program so that other counties around the state can replicate the success Milwaukee has experienced with its Family Drug Treatment Court.

Family Treatment Court is a unique alternative drug treatment program that helps keep families together by getting family members the help they need to overcome addiction.

As you are well aware, here in Wisconsin and in many parts of the country we are experiencing a public health crisis that is destroying lives and ripping families apart. The opioid and drug epidemic, which now encompasses more lethal drugs such as heroin, fentanyl and meth, has impacted every corner of our state. The legislature, led by Representative Nygren on this issue, has responded with the HOPE Agenda; bold legislative initiatives that have helped stem the tide of drug use and overdoses here in Wisconsin. Despite our best efforts the crisis continues.

Lost in this epidemic is the harsh reality that many children are left without their parents, forced into foster care because parents are unable to provide adequate care for the children while struggling with addiction.



JESSIE RODRIGUEZ

STATE REPRESENTATIVE ★ 21ST ASSEMBLY DISTRICT

The Family Treatment Court model is a bold alternative that addresses this crisis by providing treatment to those in need and keeping families together reducing the rate of foster care.

Representative Goyke and I had the opportunity to observe the Family Drug Treatment Court hearing several months ago with the presiding Judge Mary Triggiano in Milwaukee County.

The Family Drug Treatment Court is unlike any other court room. In this courtroom social workers, attorneys, the judge and the participants gather together for a discussion focused on treatment and the steps needed for reunification. Through the discussion the judge is able to determine if further treatment is required and if the parent has taken the necessary steps to overcome their addiction and be reunited with their child.

The Family Drug Treatment Court has proven successful by improving treatment, reducing arrests and increasing the rate of reunification for families. Since the program began in 2011, it has helped 262 families in need. Not only is the Family Drug Treatment Court yielding success for participants but it is also a cost-effective alternative to incarceration.

The Family Drug Treatment Court has helped many families in Milwaukee County and I am confident it will help more families in other counties across the state facing similar challenges in addressing this public health crisis.

Representative Goyke will now talk a little more about the legislation and the history of the Family Drug Treatment Court.

Alberta Darling

Wisconsin State Senator

Co-Chair, Joint Committee on Finance

Testimony before the Senate Committee on Judiciary and Public Safety
Senate Bill 390
Thursday, October 19, 2017

Thank you Chair Wanggaard and committee members for holding a public hearing on Senate Bill 390. This important piece of legislation allows the Department of Children and Families (DCF) to administer grants to counties to operate treatment court programs with Family Courts.

In Wisconsin, we have seen the opioid epidemic sweep across our communities and break down families statewide. As a Legislature, we have responded with a series of H.O.P.E. bills to combat this epidemic and begin to heal our state. This bill expands upon the work we have already done to allow for the statewide expansion of Family Treatment Courts.

Family courts handle Children in Need of Protection and Services (CHIPS) cases. In CHIPS cases, children have been removed from their homes and placed into the child welfare system. Many of these cases involve parents who are suffering from addiction. Parents in these cases are not eligible for Treatment and Diversion (TAD) funding because family court cases are civil cases, not criminal. Due to this, many individuals fail to receive the treatment services they need. In turn, this prevents the reunification of their family and increases strains on the child welfare system as their children cannot return home.

This bill allows DCF to administer grants to counties to create treatment courts within family courts. Treatment courts provide holistic services for individuals in civil cases. Nationwide, treatment courts have been proven to increase reunification of families. In Wisconsin, Milwaukee's Family Drug Treatment Court has seen similar results since its conception in 2011. While the bill does not provide funding for the grants, it allows DCF to administer grants statewide if funds become available. This bill is essential to expanding treatment court programs inside family courts to create more healthy citizens, keep children out of foster care, and reunite Wisconsin families faster.

I'd like to thank Representatives Rodriguez, Goyke, and Nygren and Senator Johnson for their work on this important piece of legislation. Thank you again committee members for your time and consideration. I hope I can count on your support for Senate Bill 390.



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Governor Scott Walker
Secretary Eloise Anderson

Secretary's Office

Date: October 19, 2017

To: Members of the Senate Committee on Judiciary and Public Safety

From: Michelle Rawlings, Director, Bureau of Safety and Well-Being
Lonna Morouney, Legislative Liaison

Re: Department Position on SB 390-support

Senator Wanggaard and members of the Senate Committee on Judiciary and Public Safety,

Thank you for the opportunity to testify on SB 390. My name is Lonna Morouney and I am the Legislative Liaison at the Department of Children and Families (DCF). I am accompanied by Michelle Rawlings, Director for the Bureau of Safety and Well-Being at DCF. The Department is supportive of SB 390.

SB 390 creates a family treatment court grant program under the Children's Code and Juvenile Justice Code to be administered by DCF. Under the bill, DCF would make grants available to counties or tribes to enable them to establish a family drug treatment court program subject to funding availability. While no funding is attached to the bill, the bill creates a framework to allow for the creation of family drug courts if funding becomes available.

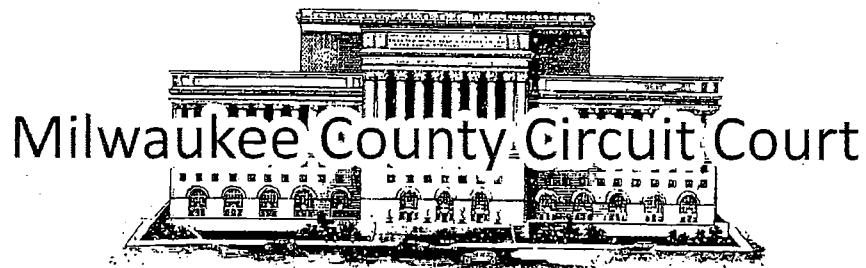
A county or tribe that receives the grant must establish eligibility criteria for participation in the program, provide evidence-based treatment services to program participants, and integrate all services provided to program participants by governmental and nongovernmental entities. Counties or tribes that receive grants must submit data to DCF that must be analyzed annually by DCF. Every five years, DCF must prepare a comprehensive report of the program.

Family drug treatment courts enhance reunification success by addressing substance abuse as the underlying cause of family disruption. Family drug treatment courts are an evidence-based approach that has been shown to improve outcomes, including achieving shorter lengths of stay for children in out-of-home care and higher rates of successful reunifications of children with their parent(s).

Milwaukee County has operated a successful family drug treatment court since 2011, and has been a model for family drug treatment courts under development across the state. Since its inception, there have been 46 successful completions (graduates and/or reunifications), 18 babies have been born healthy and clean from illegal substances from active participants and graduates, and two graduates have been trained as certified peer mentors.

Dramatic increases in the abuse of opioids and methamphetamine are impacting families throughout the state and solutions are needed: this legislation is one part of the solution. The Department is pleased that the Legislature and Governor are partnering to address the drug abuse epidemic through the Governor's Task Force on Opioid Abuse and other initiatives.

Thank you to the Committee for your consideration of the Department's comments. The Department thanks authors Senator Darling, Senator Johnson, Representative Rodriguez, Representative Goyke, and Representative Nygren for authoring this legislation. We are pleased to answer any of your questions.



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ROSALYN NELSON
DEPUTY COURT CLERK

PHYLLIS PEOPLES
COURT REPORTER

To Whom It May Concern:

RE: Assembly Bill 481

As Milwaukee County Circuit Court Judges who have presided over the Milwaukee County Family Drug Treatment Court (FDTC), we are writing in support of Assembly Bill 481. FDTC is evidence based, supports best practices and works. It can and should be replicated statewide. It is imperative that we have supportive legislation.

Milwaukee's FDTC is six years old and focuses on families where children have been placed in out of home care due to either child abuse or neglect, resulting from a parent's substance use disorder. The cornerstone of the court is the collaboration between parents, families, district attorneys, guardians ad litem, private bar attorneys, substance abuse treatment providers, child welfare officials and judges. The focus is on engaging parents in family-centered treatment, helping them learn to live life in recovery and improve their parenting skills. FDTC also focuses on children, addressing their health and well-being. The primary goal of FDTC is to expedite the safe reunification of children with their parents, and if that is not possible, ensuring a safe and permanent placement with a relative or foster family. Our FDTC is supported by the Department of Children and Families.

Family Treatment Courts work. Nationally, between 60% and 80% of substantiated child welfare cases involve parental substance use disorder and more than 80% of these parents never complete substance abuse treatment. Participants in Family Treatment Courts are 20-30% more likely to complete treatment than non participating parents and are 20-40% more likely to be reunified with their children. Long term, Family Treatment Courts reduce child welfare and court costs significantly.

Our FDTC has similar outcomes. To date, FDTC has served 267 participants and 525 children. Many of these parents were addicted to opiates. Currently, there are 41 participants and 87 children. Of all participants to date, 47 have successfully completed FDTC. Children of FDTC participants were 2.5 times more likely to be reunified with their parents than children of parents who were eligible for FDTC but did not participate.

Similarly, children of FDTC participants were 50% less likely to remain in out of home care without a permanent placement after 12 months than children of the comparison group. As of May 2016, 55% of the children were reunified with their FDTC participant parents who had completed at least phase 2, or approximately 5 months in the program, while only 12% of children of the comparison group were reunified. To date, 17 babies have been born healthy and clean from illegal substances to active participants and graduates of the FDTC.

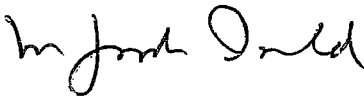
After six years, we are seeing the results of our collaborative efforts. We have positively impacted our children and families. Moreover, FDTC has profoundly impacted stakeholders who practice in the Court. Stakeholders work together in partnership and are less adversarial. Parents feel supported by the FDTC.

We believe we have a truly effective model worth sustaining here in Milwaukee County and replicating throughout the State of Wisconsin, and as such, support AB 481.

Sincerely,




Mary E. Triggiano
Deputy Chief Judge



Joe Donald
Deputy Chief Judge



Jane Carroll
Judge



The Life
We All Deserve

Honorable Mary E. Inggiano
Rebecca Foley
August 21, 2017

**Milwaukee County
Family Drug Treatment Court**

Understanding The Need

*How many children
in the child welfare
system have a
parent in need of
treatment?*

- Between 60–80% of substantiated child abuse and neglect cases involve substance use by a custodial parent or guardian (Young, et al, 2007)
- 61% of infants, 41% of older children who are in out-of-home care (Wulczyn, Ernst, & Fisher, 2011)
- 87% of families in foster care with one parent in need; 67% with two (Smith, Johnson, Pears, Fisher, & DeGarmo, 2007)

Family Drug Treatment Court Movement

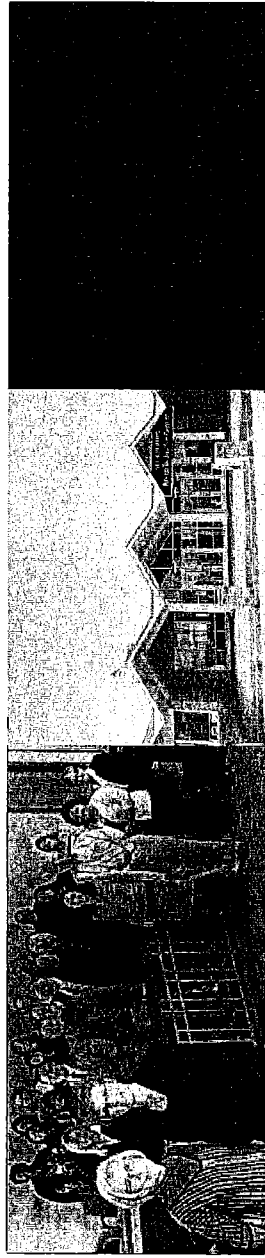
- High prevalence AOD + lack treatment completion + poor outcomes = FDTC emergence
- First FDTC started in Reno, Nevada in 1995
 - Similar to Adult Drug Treatment Courts but uniquely family-oriented and less punitive (2014-25th Anniversary of the first Drug Treatment Courts)
- Approximately 360 FDTC in the U.S.
- Milwaukee County FDTC is the first in WI
 - Pilot began in April 2011
- Six more counties developing FDTCs

Milwaukee County Family Drug Treatment Court

The Life We All Deserve



Problem-Solving Courts in Child Welfare



Collaborative,
Trauma-
Informed
Approach



The FDTC Mission

Through collaboration, and with accountability and enhanced access to treatment services, the Family Drug Treatment Court improves the safety, well-being and permanence of children, supports the recovery of their parents from alcohol and drug dependence, and enhances the functioning of the family.

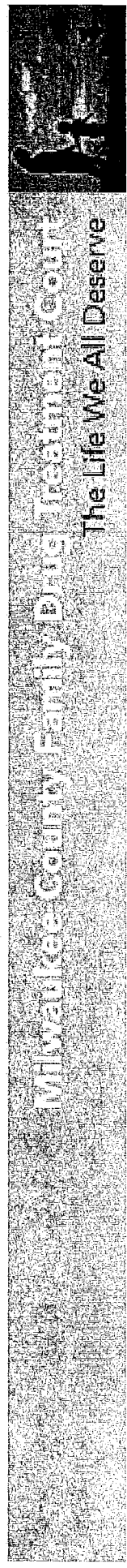
Milwaukee County Family Drug Treatment Court

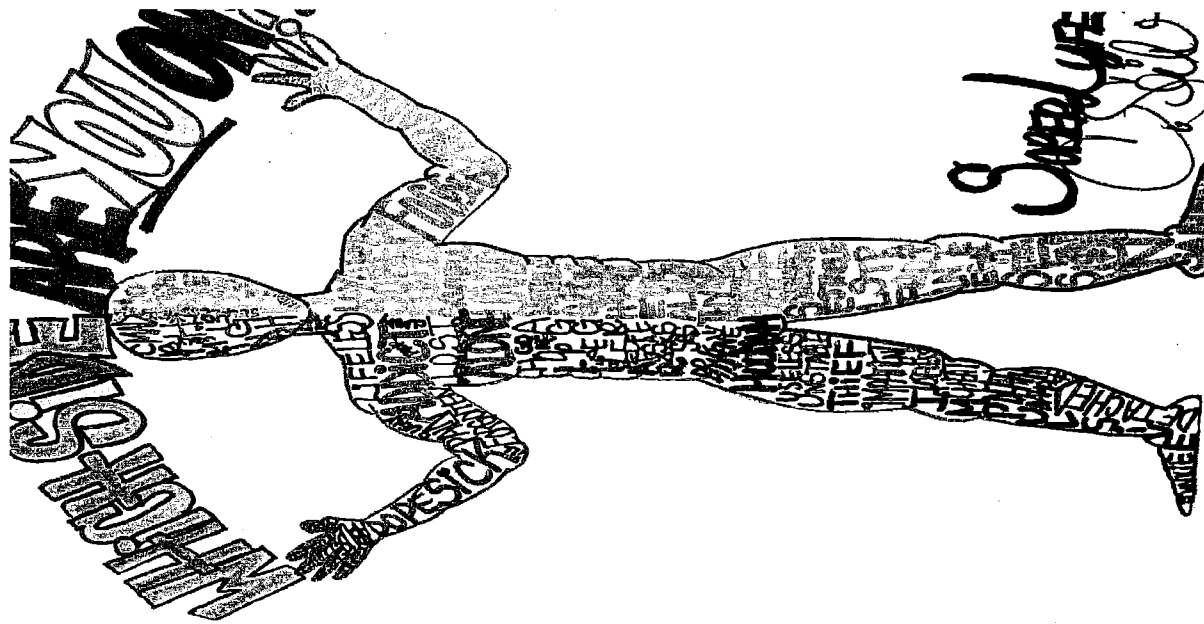
The Life We All Deserve



How does FDTC work?

- Voluntary Program that successfully addresses parental substance use disorders
- Participants commit to 4 Phase Program
- Family-centered clinical and recovery support coordinator services
- Team approach
- FDTC Team, including Judge, conducts weekly reviews of each participant
- Frequent, random, observed drug tests





Opiate use, primarily heroin, is the leading type of addiction.

Addictive substance	Primary drug of choice	Any use of drug
Any opiates	54.9%	67.4%
Cocaine/crack	19.6%	44.6%
Alcohol	18.5%	34.8%
Marijuana	6.5%	29.3%

Quick Connection to Substance Abuse Treatment and Services

Most participants are served through Milwaukee County's **Wiser Choice** program. Others have private insurance.

Treatment services

Recovery support services align with comprehensive, trauma-informed services:

- Peer support
- Mental health services
- Education/employment
- Housing assistance

The **FDTC Team** coordinates treatment, recovery and child welfare services to achieve agreed-upon goals.



"You may be free of me now, but I could always put you in restriction. All it takes is "one more time" and I'll have you on that mission! I'll pretend to be your friend even though I'm faker than fiction! You need to always be aware of this because I am YOUR ADDICTION!!!"

--- Rebekkah Webb, FDTC Participant

Milwaukee County Family Drug Treatment Court

The Life We All Deserve



4 Phases of FDTTC

Phase 1: Support the choice to become a drug-free parent and start living drug-free.

Phase 2: Challenge the parent to confront the reasons for addiction.

Phase 3: Support the transition of parent's behavior into self-sufficiency for the family

Phase 4: Improve the capacity to safely parent children with or without ongoing supervision by BMCW



Why FDTC Works

FDTC Best Practices	Milwaukee County FDTC
Focus on services to child and parents	✓
Decrease time to treatment entry	✓
Frequent counseling sessions	✓
Longer time in treatment	✓
Relationship with judge	✓
Frequent random and observed urine drug testing	✓
Treatment representative attends staffings	✓
Judge attend staffings	✓
Results of program evaluation lead to drug court modifications	✓
Program caseload is less than 125	✓

S.M. Carey, J. Mackin, Judge D. Burleson, K. Walker, "Family Drug Treatment Court Costs and Best Practices: What do we know so far?" NPC Research, NADCP Annual Conference 2013

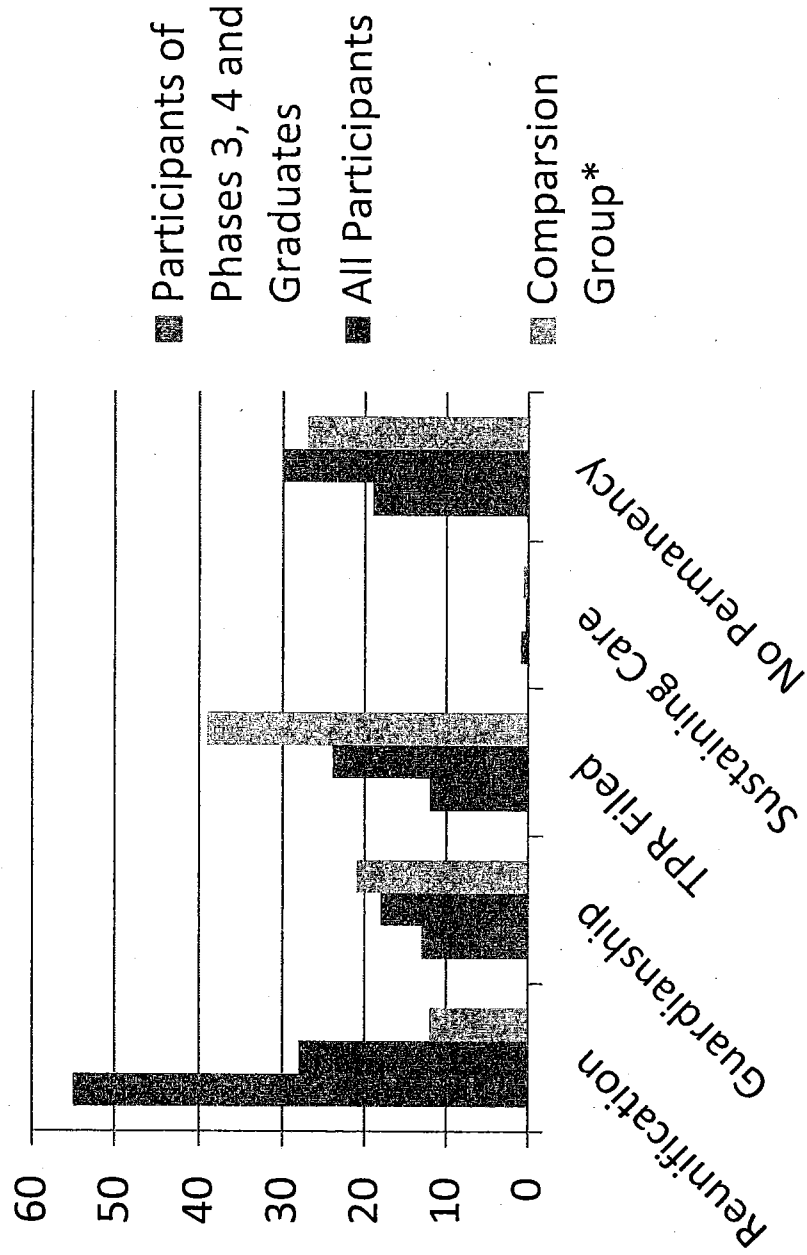
National Outcomes

FDTC approach is a **winning one**:

- 1. Improving treatment engagement and completion*
- 2. Reducing length of time children spend in foster care*
- 3. Increasing the rate and speed of reunification*
- 4. Reducing arrests*
- 5. Saving system resources*



Is permanency being achieved?



*Parents who were eligible for participation in FDTCTC but chose not to enter Statistics as of 2016

FDTC OUTCOMES

- 271 participants served and 524 children served
- 38 current active participants
- 46 successful completions – graduates and/or reunifications
- 18 babies born healthy and clean from illegal substances to active participants and graduates
- 2 graduates trained as certified peer mentors
- 2.5 times more likely to be reunified - children of FDTC participants were 2.5 times more likely to be reunified with their parents than children of parents who were eligible for FDTC but did not participate (comparison group)
- 50% more likely to remain in out of home care - children of FDTC participants were 50% less likely to remain in OOH without a permanent placement after 12 months than children of the comparison group
- 55% of the children were reunified with their FDTC participant parents who had completed at least phase 2, or approximately 5 months in the program, while only 12% of children of the comparison group were reunified (May 2016).
- 3 of the 46 re-entered the child welfare system



Stakeholders Comments

- 94% of team members would continue to participate in FDTC if given the choice
- 56% of team members have been participating in FDTC for two or more years
- Team members believe there is more information sharing and communication in FDTC cases and the collaboration between professionals is a major strength of the program



Funding Sources

- 2011-2015-Office of Juvenile Justice and Delinquency Prevention (OJJDP) Family Treatment Court Implementation Grant
- 2014-present Department of Children and Families provides funding for the Family Drug Treatment Court and the Healthy Infant Court
- 2017-2019-Prevention and Family Recovery Initiative from the Doris Duke Foundation, the Duke Endowment and Children and Family Futures
- 2017-2022-Behavioral Health Division received the Substance Abuse and Mental Health Service Administration (SAMHSA) Grant to Enhance Substance Abuse Treatment Services in Family Drug Treatment Courts

Milwaukee County Family Drug Treatment Court

The Life We All Deserve



Healthy Babies!

There have 18 babies born clean of all substances for active participants and graduates.

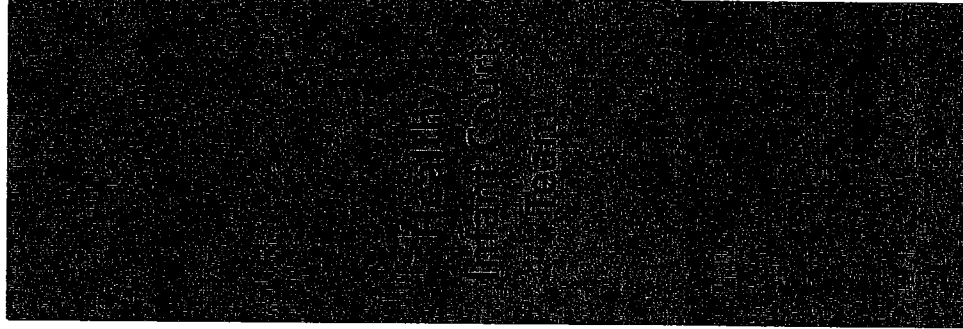
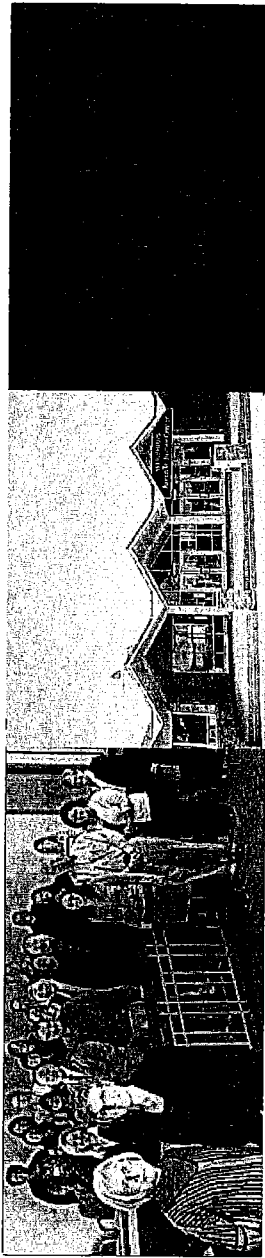


Milwaukee County Family Drug Treatment Court

The Life We All Deserve



Problem-Solving Courts in Child Welfare



TO: Senate Committee on Judiciary & Public Safety
FROM: Connie Klick, Director of Child Advocacy & Protective Services Program, Children's Hospital of Wisconsin
DATE: Thursday, October 19, 2017
RE: Support for SB 390—Creating family and juvenile treatment court grant programs

Good afternoon, Chairman Wanggaard and members of the committee. My name is Connie Klick and I am the director of child advocacy and protective services program at Children's Hospital of Wisconsin. Thank you for allowing me this opportunity to testify today in support of SB 390 which relates to creating family and juvenile treatment court grant programs.

Children's Hospital of Wisconsin (Children's Hospital) serves children and families in every county across the state. We have inpatient hospitals in Milwaukee and the Fox Valley. We care for every part of a child's health, from critical care at one of our hospitals, to routine checkups in our primary care clinics. Children's Hospital also provides specialty care, urgent care, emergency care, dental care, school health nurses, foster care and adoption services, family resource centers, child health advocacy, health education, child welfare services, family preservation and support, mental health services, pediatric medical research and the statewide poison hotline.

Children's Hospital is also the largest not-for-profit, community-based agency serving children and families in the state, providing community services to more than 15,000 children and families annually. Children's Hospital operates seven of the 14 child advocacy centers (CACs) across the state that bring together professionals from law enforcement, criminal justice, child protective services, victim advocacy agencies and the medical and mental health communities to provide comprehensive services for child victims and their families. In partnership with the Division of Milwaukee Child Protective Services, Children's Hospital is responsible for the recruitment, licensing and support of foster and adoptive parents. We also match and place children with foster and adoptive parents.

Children's Hospital applauds this bill's authors, Representatives Jessie Rodriguez and Evan Goyke and Senators Alberta Darling and LaTonya Johnson, for sponsoring this legislation. As you may know, the majority of children and youth in out-of-home care have some degree of physical, behavioral and emotional needs stemming from the trauma they have experienced in their lives. Research has shown that kids who experience adversity are 25 percent more likely to face lifelong physical, emotional, cognitive and behavioral challenges. As a trauma-informed tactic which focuses on the long-term well-being of children and families, family treatment courts align with Children's Hospital's commitment to working to break the cycle of abuse through approaches that are customized to build on each family's unique strengths and address areas of improvement.

Unfortunately, children whose parents misuse or abuse substances are disproportionately victims of neglect or abuse, which may lead to placement in a foster home. Between 60-80% of substantiated child abuse and neglect cases involve substance abuse by a parent or guardian. Substance abuse by a parent or guardian are linked to other poor outcomes including lower probability of reunifying with a caregiver, longer out-of-home placements, higher rates of child revictimization and termination of parental rights. One strategy for addressing parental substance use and mental health issues for families involved in child welfare are family treatment courts.

Family treatment courts aim to reduce maltreatment by treating the underlying substance use or mental health problems through collaborative efforts by treatment professionals in child welfare, courts, and substance abuse and mental health agencies. This cooperative team helps monitor parents and holds them accountable in reaching goals including achieving sobriety, improving parent skills, attaining further education and employment, and stable living arrangements.

Family treatment courts use retaining or regaining of child custody as an incentive for participants to enroll in and complete treatment programs. Often, parents who complete substance abuse treatment are significantly more likely to be reunified with their children and their children spend considerably fewer days in out-of-home foster care. By keeping children in the home, and helping parents get the treatment and care they need, utilizing family treatment courts could result in significant cost savings due to a reduced burden on the foster care system. This family-centered, multidisciplinary approach helps improve safety, well-being and permanence for children.

Chairman Wanggaard and committee members, I thank you again for the opportunity to testify in support of SB 390. I am happy to answer any questions now. If you have any questions, comments or concerns after the hearing, please feel free to contact me via email at cklick@chw.org or via phone at 414-277-8998.

CHILDREN & THE LAW SECTION

To: Members, Senate Judiciary & Public Safety Committee

From: Children & the Law Section, State Bar of Wisconsin

Date: October 19, 2017

Re: Support of SB 390 – Family Treatment Courts

The State Bar of Wisconsin's Children & the Law Section encourages your support of SB 390, relating to family treatment courts. This legislation is a redraft of 2015's AB 51, which was prepared based on recommendations from the Joint Legislative Council's Study Committee on Problem-Solving Courts, Alternatives and Diversions.

This bill creates a family treatment court grant program under the Children's Code and a similar program under the Juvenile Justice Code with both programs administered by the Department of Children and Families (DCF) through a grant made available to participating counties.

Parental substance abuse and mental illness cause children to be placed and remain in foster care while parents receive services for their condition under a Chapter 48 CHIPS order. Developing effective screening and assessment tools, as well as providing additional dispositional alternatives to the court for those parents with mental illness and substance abuse problems, will help reduce the amount of time that children spend in foster care waiting to achieve permanence through a successful reunification, a transfer of guardianship or termination of parental rights.

A similar program is also created for juveniles with substance abuse and mental illness problems under this legislation. Developing effective screening and assessment of juveniles, as well as providing additional dispositional alternatives for the court under the Juvenile Justice Code, should address the underlying problems leading to juvenile delinquency. This program, if successful, should reduce the amount of time juveniles remain in the system as well as reduce the rate of recidivism.

For these reasons, the **State Bar's Children & the Law Section respectfully requests the Senate Judiciary committee members support SB 390.**

For more information, please do not hesitate to contact our Government Relations Coordinator, Lynne Davis, ldavis@wisbar.org or 608.852.3603.

The State Bar of Wisconsin establishes and maintains sections for carrying on the work of the association, each within its proper field of study defined in its bylaws. Each section consists of members who voluntarily enroll in the section because of a special interest in the particular field of law to which the section is dedicated. Section positions are taken on behalf of the section only.

The views expressed on this issue have not been approved by the Board of Governors of the State Bar of Wisconsin and are not the views of the State Bar as a whole. These views are those of the Section alone.



STATE BAR OF WISCONSIN

To: Members of the Wisconsin Senate Committee on Judiciary and Public Safety
From: Disability Rights Wisconsin, Amy Devine (Public Policy Coordinator)
Date: October 19, 2017
Re: Support of 2017 Assembly Bill 481/2017 Senate Bill 390

Disability Rights Wisconsin (DRW) supports 2017 AB 481/SB 390, which would create family treatment court and juvenile treatment court grant programs administered by the Department of Children and Families and operated within the juvenile court. DRW is the protection and advocacy system for children and adults with disabilities in Wisconsin. DRW focuses its youth justice priorities on the overrepresentation of young people with disabilities in the justice system, as well as best practices in programming, special education services, mental health supports, and the negative effects of isolation practices.

Juvenile Treatment Court

National prevalence studies have found that 50-70 percent of youth in the justice system meet the criteria for a disability. Wisconsin youth with disabilities are overrepresented throughout the youth justice system. Youth justice system involvement is especially high for youth with significant mental health needs, and the traditional youth justice system has difficulty meeting the needs of these youth. Youth with involvement in the justice system are also likely to have both mental health and substance use disorders. Under a juvenile treatment court program, youth would have dispositional alternatives that could provide for an evidence-based, trauma-informed, integrated service delivery for both mental health and substance use treatment.

The creation of a juvenile treatment court program aligns with DRW's key concepts for youth justice:

- Strength-based and trauma-informed, where all individuals working with youth are trained in trauma-sensitive practices and strategies.
- Engagement with families to encourage their participation in the youth's treatment and services.
- Provide adequate, appropriate youth-focused mental health screening, evaluation and supports/services.
- Provide programming/services that address individual youth needs and isn't one-size-fits-all.

Juvenile treatment court programs have shown to reduce recidivism and lower rates of substance use, especially when the program utilizes evidence-based treatments. Where families and caregivers are encouraged to participate in the interventions and where the juvenile has limited opportunity to interact with other youth engaging in delinquent behaviors, the positive benefits of the program increase.¹

Family Treatment Court

Approximately 4.1 million parents in the U.S. have disabilities. Seventy to eighty percent of parents with a psychiatric disability have children removed from their care; 40-80 percent of parents with

¹http://www.nadcp.org/sites/default/files/nadcp/Research%20Update%20on%20Juvenile%20Drug%20Treatment%20Courts%20-%20NADCP_1.pdf

intellectual disabilities have their children removed from their care by the child welfare system.² Given these higher rates of removal, DRW advocates that parents with disabilities receive reasonable accommodations in the child welfare system and accessible services. Family treatment court programs utilize evidence-based treatments for parents who have mental health and substance use treatment needs. Treatment courts help individuals receive the supports and services they need in the community.

DRW supports the creation of family and juvenile treatment court programs in Wisconsin. Thank you for your consideration of these important bills that will have a positive impact on the lives of juveniles and parents with disabilities and can assist them in receiving needed supports through an evidence-based approach. We remain available to answer any questions you may have.

² <https://ncd.gov/publications/2012/Sep272012/Ch5>