



**Minnesota
Judicial Branch**

**FAMILY DEPENDENCY
TREATMENT COURT
STANDARDS**

MINNESOTA DRUG COURT INITIATIVE

SPRING 2008

FAMILY DEPENDENCY TREATMENT COURT STANDARDS MINNESOTA JUDICIAL BRANCH

PURPOSE

Family dependency treatment courts promote recovery through a coordinated response to families who have a child found to be in need of protection or services where at least one of the parents has a substance use disorder. A team approach is required, including the collaboration of judges, coordinators, county attorneys, parent's and/or child's attorney, child protection social workers, guardians-ad-litem, treatment providers, and evaluators. Family dependency treatment courts employ a multi-phased treatment process. The goal of family dependency treatment courts is to engage parents in treatment long enough to experience the benefits of treatment and ensure the best interests of the child through parental and family recovery from alcohol and other drug problems. The Rules of Juvenile Protection Procedure apply to family dependency treatment court proceedings. Whenever possible, the same judge shall preside over the family dependency treatment court and the CHIPs case, from filing through permanency.

The Judicial Council, comprised of the leadership of the Minnesota judicial branch, has convened the multi-disciplinary, cross-branch Drug Court Initiative Advisory Committee (DCI) to oversee implementation and funding distribution for family dependency treatment courts in Minnesota. The goal of this specific component of the drug court initiative is to improve outcomes for alcohol and other drug addicted individuals in the courts through justice system collaboration, thereby:

- 1) Ensuring children found to be in need of protection or services have safe, stable and permanent families
- 2) Improving parental and family recovery from alcohol and other drugs problems
- 3) Ensuring child well-being
- 4) Ensuring participant compliance with court-ordered case plans and system accountability; and
- 5) Reducing costs to society

The Family Dependency Treatment Court creates a more unified and coordinated process for the family thereby also keeping the various stakeholders in the system accountable to one another, best practices, and the best interests of the child.

The following document provides standards to guide the planning and implementation of family dependency treatment courts in Minnesota's state trial

courts. A definition of family dependency treatment courts can be found in Appendix A.

These standards were approved by the Judicial Council on May 16, 2008 and are minimum requirements for the approval and operation of all family dependency treatment courts in Minnesota. Accompanying each standard are recommended practices that each family dependency treatment court is encouraged to follow.

The research for family dependency treatment courts is new and emerging and family dependency treatment courts are relatively new to Minnesota. It is expected that these standards will change to reflect evidence-based practices as they develop. While these standards seek to create a minimum level of uniform practices for family dependency treatment courts there is much room for innovation and for local family dependency treatment courts to tailor their programs to meet their needs and the needs of their participants.

STANDARD I

Family dependency treatment courts must utilize a comprehensive and inclusive collaborative planning process, including:

- 1.1 Completion of the federal Drug Court Planning Initiative training or the Minnesota equivalent before becoming operational.
- 1.2 Development of a written agreement setting forth the terms of collaboration among the county attorney's office, the parent and/or child attorney's office, the court, including guardians-ad-litem, county human services, and a treatment service entity.
- 1.3 Creation of a steering committee comprised of key officials and policymakers to provide oversight for family dependency treatment court policies and operations, including development and review of the family dependency treatment court budget, and to communicate regularly with the county board.
- 1.4 Establishment of written policies and procedures which reflect shared goals and objectives for a family dependency treatment court program; at a minimum, the goals of the family dependency treatment court shall be those of the Drug Court Initiative Advisory Committee: Ensuring children found to be in need of protection or services have safe, stable and permanent families; Improving parental and family recovery from alcohol and other drugs problems; Ensuring child well-being; Ensuring participant compliance with court-ordered case plans and system accountability; and Reducing costs to society. (An outline example for a local policies and procedures manual is found in Appendix B. The State Court Administrators Office has developed common forms for every program to use wherever appropriate.)
- 1.5 Provision of written roles and responsibilities of each of the core team members. The core team members are as follows:
 - A. Judge
 - B. Family Dependency Treatment Court Coordinator
 - C. County Attorney

- D. Parent’s Attorney and/or Child’s Attorney**
- E. Child Protection Social Worker**
- F. Guardian ad Litem**
- G. Chemical Dependency Expert (Provider, Rule 25 assessor, etc.)**
- H. Tribal Representative (when appropriate)**

RECOMMENDED PRACTICES

- ✓ Ensure training of steering committee to ensure best practices for Family Dependency Treatment Courts are implemented and followed.
- ✓ Family dependency treatment court teams should take a minimum of six months to plan and prepare for implementation. This amount of time allows for a cohesive team to form; one that has effectively and collaboratively reached consensus on the variety of issues inherent in the implementation of a family dependency treatment court.
- ✓ Develop policies and procedures to address the role of the family dependency treatment court in holding stakeholders accountable to ensure reasonable efforts were made in each case.
- ✓ When developing a written agreement, teams should include a tribal entity when appropriate.
- ✓ Other possible members of the team, may include, but are not limited to:
 - Mental Health Professional
 - School Representative
 - Rule 25 Assessor
 - Other Social Service Representative
 - Recovery Community Representatives
 - Recovery Specialist ¹

¹ A Recovery Specialist facilitates immediate access to assessment, treatment and services by assisting the parent/family in navigating the resources available and removing barriers. The Recovery Specialist serves the parent in a combined role of mentoring and monitoring using engagement, motivational, and relationship building skills to provide the necessary support the parent needs to enter and sustain recovery.

- Other Community-Based Stakeholders
- ✓ All family dependency treatment court teams should work with their local community members when planning, implementing, and operating a family dependency treatment court program to ensure that the best interests of the community are considered. Family dependency treatment court team members should engage in community outreach activities to build partnerships that will improve outcomes and support self-sustainability.
- ✓ A written sustainability plan should be developed and reviewed on an annual basis.
- ✓ A written community outreach and education plan should be developed and reviewed regularly.

STANDARD II

Family Dependency Treatment Courts must incorporate a non-adversarial approach while recognizing:

- 2.1 **Retention of county attorney’s distinct role in serving the interests of justice and advancing the public interest in the welfare of the child.**
- 2.2 **Retention of parent or child attorney’s distinct role in preserving due process of family dependency treatment court participants.**
- 2.3 **Retention of Guardian ad Litem’s distinct role in advocating for the best interests of the child/ren.**
- 2.4 **Provision of detailed materials outlining the process of the family dependency treatment court to private legal counsel representing a family dependency treatment court participant; counsel shall also be invited to attend post-admission family dependency treatment court staffings (for their client(s) only).**

RECOMMENDED PRACTICE

- ✓ For consistency and stability in family dependency treatment court operations, the family dependency treatment court team members should be assigned to the family dependency treatment court for a minimum of one year.
- ✓ Family-centered orientation materials to the Family Dependency Treatment Court should be developed and reviewed annually.

STANDARD III

Family dependency treatment courts must have published eligibility and dismissal criteria that have been collaboratively developed, reviewed, and agreed upon by members of the family dependency treatment court team and approved by Steering Committee, including the following elements:

- 3.1 Eligibility screening process based on established written criteria, which cannot be changed without the full agreement of the Team and approval by the Steering Committee.
- 3.2 Eligibility criteria includes either a parent's/s' admission to facts sufficient to make a CHIPS finding or the parent(s) willingly agrees to engage in the family dependency treatment court process.
- 3.3 At a minimum, criteria include a CHIPS petition filing with at least one of the following: 1) an allegation of a parental substance use disorder; 2) at least one allegation of behavior or circumstances indicating there is or could be a substance use disorder; and/or 3) a parent who is willing to engage in chemical dependency treatment and supportive services.

RECOMMENDED PRACTICES

- ✓ Participants should not be accepted to or excluded from family dependency treatment court solely on the basis of a Rule 25 assessment.

- ✓ In developing eligibility criteria family dependency treatment court teams should discuss and address the following factors:
- History of child protection reports and determination of need for child protective services
 - Circumstances of prior CHIPS
 - Permanency timelines
 - History of violent crimes
 - Out of home placement
 - Involvement in other problem-solving courts²
 - Should the mental health and/or cognitive capacity of the individual be in question, a mental health assessment should be administered to deem the individual mentally stable enough to participate in the family dependency treatment court program. Additionally, if a co-occurring disorder exists, the family dependency treatment court should be able to advocate for and access adequate services.

STANDARD IV

A coordinated strategy reflected in a unified CHIPS and family dependency treatment court case plan shall govern responses of the family dependency treatment court team to each participant's performance and progress, and include:

- 4.1 Regular family dependency treatment court team meetings for pre-court staffings and court reviews to monitor each participant's performance.**
- 4.2 Ongoing communication among the court, child protection, guardian ad litem, and treatment providers, including frequent exchanges of timely and accurate information about the individual participant's overall performance. This includes the standardization of information that is to be communicated through the use of common forms.**

² This includes but is not limited to: adult drug court, juvenile drug court, DWI court, domestic violence court, mental health court, and community court.

- 4.3 There shall be mutual sharing of information demonstrating progress in the unified case plan across the family dependency treatment court and CHIPs matters.
- 4.4 Progression by participants through the family dependency treatment court program based upon the individual's progress in the treatment plan, progress on the out-of-home placement plan and/or child protective services plan and compliance with program requirements; family dependency treatment court phases and an individual's progress through those phases are not to be based solely upon pre-set program timelines.
- 4.5 Responses to compliance and noncompliance (including criteria for dismissal) explained orally and provided in writing to family dependency treatment court participants during their orientation.
- 4.6 There is on-going communication amongst the core-team members and the various service delivery systems to ensure that child/ren are safe and their needs are met.

RECOMMENDED PRACTICES

- ✓ All participants, when required to be present according to phase status will be observers during court reviews to engage the “theater effect” of the program and enable participants to learn the benefits of program compliance and consequences for non-compliance.
- ✓ Regular updates from school officials regarding the child/ren's progress are provided to the FDTC team to ensure that the child's educational achievement and performance are considered when assessing the best interests of the child.
- ✓ Mechanisms for sharing decision-making and resolving conflicts among family dependency treatment court team members should be established, emphasizing professional integrity and accountability.

STANDARD V

Family Dependency Treatment courts must promptly identify cases early in the court process, assess individuals, and refer them to the appropriate services, including the following strategies:

- 5.1 Teams must incorporate a process of review of the parent(s) substance use diagnosis to determine eligibility and the intensity of services provided while in the Family Dependency Treatment Court.
- 5.2 Initial appearances before the family dependency treatment court judge as soon after first appearance for CHIPS petition as possible.
- 5.3 At a minimum, all chemical dependency and mental health assessments include collateral information from child protection services case worker to ensure the accuracy of the assessment.
- 5.4 Parent's and/or child's attorney must review the standard form for entry into the family dependency treatment court as well as potential sanctions and incentives with the participant, informing them of their basic due process rights.
- 5.5 The standard Consent Form must be completed by all parties – team members, observers, and adjunct team members - to provide communication about confidentiality, participation/progress in treatment, and compliance with the provisions of 42 CFR, Part 2 and HIPAA (*in development*).
- 5.6 Once accepted for admission into the family dependency treatment court program, the Family Dependency Treatment Court must facilitate access for prompt placement of a participant in chemical dependency treatment services and prompt placement under supervision to monitor their compliance with program expectations.

RECOMMENDED PRACTICES

- ✓ Individuals providing screening for substance use disorders and suitability for treatment should be appropriately trained.

- ✓ The family dependency treatment court team should have the option to reject a chemical dependency assessment without adequate collateral information.
- ✓ When the court makes a prima facie determination that the child’s health or welfare is in immediate danger due to conditions or actions related to the parent’s alcohol or other drug use, the court should order a chemical health assessment as early as the emergency protective care hearing and before the parent is accepted into Family Dependency Treatment Court.
- ✓ Courts orders referral for participation in Family Dependency Treatment Court early in the process, including prior to adjudication when the parent agrees or when the court determines it necessary to protect the safety and best interests of the child.

STANDARD VI

A family dependency treatment court must incorporate ongoing judicial interaction with each participant as an essential component of the program.

- 6.1 Whenever possible, the same judge shall preside over the family dependency treatment court and the CHIPs case, from filing through permanency.
- 6.2 At a minimum, family dependency treatment court participants must appear before the family dependency treatment court judge at least twice monthly during the initial phase of the program. Frequent review hearings during the initial phases of the program establish and reinforce the family dependency treatment court’s policies and ensure effective monitoring and support of each family dependency treatment court participant.

RECOMMENDED PRACTICES

- ✓ Participants should appear before the judge weekly during the initial phase of the program.

- ✓ The family dependency treatment court judge is knowledgeable about treatment methods and their limitations.
- ✓ Hearings should be before the same judge for the length of each participant's time in the family dependency treatment court program.

STANDARD VII

Abstinence must be monitored by random, frequent, and observed alcohol and other drug testing protocols which include:

- 7.1 **Written policies and procedures for urine sample collection, sample analysis, and result reporting. The testing policies and procedures address elements that contribute to the reliability and validity of a urinalysis testing process.**
- 7.2 **Individualized drug testing plans; all testing must be random, frequent, and observed.**
- 7.3 **Plans for addressing participants who test positive must be clearly established with outlined treatment guidelines and sanctions, when appropriate, that are enforced and reinforced by the judge.**
- 7.4 **Notification of Child Protection Services immediately when a participant tests positive, has failed to submit to testing, has submitted the sample of another, diluted the sample, or has adulterated a sample. Failure to submit to testing without a verified excuse, submitting the sample test of another, and adulterated samples must be treated as positive tests and immediately sanctioned. The court will be advised as available or at the next court session.**
- 7.5 **Testing sufficient to include each participant's primary substance of dependence, as well as a sufficient range of other common substances, including alcohol.**

RECOMMENDED PRACTICE

- ✓ When testing for alcohol, family dependency treatment courts should strongly consider devices worn by the participant, in addition to the use of Portable Breath Tests (PBTs) and Saliva tests.
- ✓ Responses to ongoing alcohol and other drug use while participating in the program should take into consideration the chronicity of the individual's use.
- ✓ Members of the core team should be informed on current standards of practice, expert opinions and guidance, and recent technology with respect to alcohol and other drug testing.

STANDARD VIII

Family dependency treatment courts must provide prompt and facilitated access to a continuum of approved alcohol and other drug and other related treatment and rehabilitation services, particularly ongoing mental health assessments to ensure:

- 8.1 All participants have an up-to-date treatment plan, out of home placement plan and/or child protective services plan and record of activities which include child and family recovery supports and services with a special focus on ensuring that the safety and needs of the child/ren are met.**
- 8.2 All chemical dependency and mental health treatment services are provided by programs or persons who are appropriately licensed and trained to deliver such services according to the standards of their profession.**

RECOMMENDED PRACTICE

- ✓ Each participant should contribute to the cost of the treatment he/she receives while participating in the family dependency treatment court, taking into account the participant's financial ability.

- ✓ Family Dependency Treatment Court teams should observe treatment programs to gain confidence in the services being provided and to better understand the treatment process.

STANDARD IX

The family dependency treatment court must have a plan to provide services that are individualized to meet the needs of each participant and their child/ren and incorporate evidence-based strategies for the participant population. Such plans must take into consideration services that are gender-responsive and culturally appropriate and that effectively address co-occurring disorders. Services should be trauma-informed³ when appropriate and clinically necessary to the degree that available resources allow this.

RECOMMENDED PRACTICES

- ✓ Family Dependency Treatment Court participants should be referred to family-centered treatment and support services whenever possible. Providing specialized services, whenever possible, for children from addicted family systems should be a priority for the team and service providers involved.
- ✓ Ancillary services that should also be considered may include but are not limited to:
 - Education
 - Housing
 - Transportation
 - Domestic Violence Education Programming
 - Parent Education Programming
 - Health Related
 - Employment

³ Trauma-informed services are designed to provide appropriate interactions tailored to the special needs of trauma survivors. The focus is on screening for trauma and designing the drug court program to reduce or eliminate triggers of trauma for the survivor. This is particularly important because research shows that occurrence of trauma is a significant factor in most chemically dependent populations, especially women. This concept is further discussed in the Minnesota Supreme Court's Chemical Dependency Task Force's second report (pp. 44-47). <http://www.mncourts.gov/?page=631>

STANDARD X

Family Dependency Treatment Courts must have policies and procedures that emphasize the central relationship of the parent(s) and the child(ren) and the child(ren)'s right to contact with the parent(s) and the parent's right to be heard in regard to the decisions made by the court impacting the child's ultimate placement.

- 10.1 Withholding parenting time must not be used as a response to a parent's noncompliance.
- 10.2 Decisions to decrease parenting time must only be due to concerns for the safety of the child(ren).
- 10.3 When a child cannot reunify with the parent(s), the parent(s) should be included in formulating the child's permanent plan.

STANDARD XI

Immediate, graduated, and individualized responses must govern the responses of the family dependency treatment court to each participant's compliance or non-compliance.

RECOMMENDED PRACTICES

- ✓ Adjustment in treatment services, as well as required participation in community-based mutual support meetings, should only be based upon the clinically-informed interests of the participant.
- ✓ Time between status hearings should be increased or decreased, based upon compliance with treatment protocols and progress observed.
- ✓ Responses to compliance vary in intensity and might include:
 - Encouragement and praise from the bench;
 - Ceremonies and tokens of progress, including advancement in the program;
 - Reduced frequency of contact with social services supervision;

- Decreased frequency of court appearances;
 - Reduced fines or fees; and
 - Graduation.
- ✓ Responses to noncompliance vary in intensity and might include:
- Warnings and admonishment from the bench in open court;
 - Demotion to earlier program phases;
 - Increased frequency of testing and court appearances;
 - Confinement in the courtroom or jury box;
 - Increased monitoring;
 - Fines;
 - Required community service or work programs;
 - Findings of contempt with appropriate sanction including but not limited to periods of jail confinement (family dependency treatment court participants remanded to jail should receive alcohol and other drug treatment services while confined); and
 - Dismissal from the program and reinstatement of regular court processing.
- ✓ Determining the appropriate response to a parent's noncompliance should take into consideration as to whether the response should be:
- Therapeutic or clinical response
 - Child Safety response
 - Motivational response

STANDARD XII

Family dependency treatment courts must assure continuing interdisciplinary education and joint training of their team members to promote effective family dependency treatment court implementation and ongoing operations, by:

- 12.1 Establishing and maintaining a viable continuing education plan for family dependency treatment court team members.**

RECOMMENDED PRACTICES

- ✓ At a minimum of once every two years, family dependency treatment court teams should work with outside experts to assess team functionality, review all policies and procedures, and assess the overall functionality of the program.
- ✓ Each family dependency treatment court should plan for the transition of a team member and provide sufficient training for new team members.
- ✓ The operating procedures should define requirements for the continuing education of each family dependency treatment court staff member.

STANDARD XII

Family dependency treatment courts must evaluate program effectiveness by:

- 12.1 Reporting outcome and other data as required by the DCI including information to assess compliance with the Standards.**

RECOMMENDED PRACTICE

- ✓ (To be developed in conjunction with the Statewide Evaluation Committee.)

APPENDIX A: Definition of Drug Court Model (adapted from the National Drug Court Institute)

A family dependency treatment court is a court calendar under juvenile court whereby selected child protection cases are part of a collaborative effort in which court, treatment, and child welfare practitioners come together in a non-adversarial setting to conduct comprehensive child and parent needs assessments. With these assessments as a base, the team builds workable case plans that give parents a viable chance to achieve sobriety, provide a safe nurturing home, become responsible for themselves and their children, and hold their families together. The Rules of Juvenile Protection Procedure apply to family dependency treatment court proceedings.

APPENDIX B: Policy and Procedures Manual Outline

PROGRAM OVERVIEW

- Program Introduction
- Mission Statement
- Goals and Objectives

PROGRAM PLAN

- Model
- Target Population
- Eligibility Criteria
- Referral Process
- Screening and Intake Process
- Entry Process
- Incentives & Sanctions
- Graduation Requirements
- Dismissal Criteria
- Staffing (frequency, team operating norms, times)
- Court Session (frequency, times)

ROLES AND RESPONSIBILITIES OF THE KEY PLAYERS OF THE OPERATIONS TEAM

CONFIDENTIALITY

CHEMICAL DEPENDENCY TREATMENT

- Provider Network
- Protocols
- Phases and Duration
- Long Term Recovery Supports/Continuing Care

ANCILLARY SERVICES

CULTURAL AWARENESS & INCLUSION POLICY

PROGRAM OVERSIGHT AND SUSTAINABILITY PLAN

- Marketing and Community Awareness
- Cross Training
- Management Information System
- Evaluation Design
- Budget

APPENDICES

- Appendix A Examples of Incentives & Sanctions
- Appendix B Forms

- Appendix C Orders
- Appendix D Participant Handbook
- Appendix E Phase Description
- Appendix F Team Meeting Ground Rules
- Appendix G Memoranda of Understanding (Enter a brief policy statement followed by necessary MOU's to maintain for the effective functioning of the program. An appendix section should contain all MOU's)
- Appendix H Life Plan Packet – this document delineates how the prospective graduate will maintain sobriety and continue law-abiding behavior.
- Appendix I Road Map – monthly review of all case plans so that all cases are prioritized on a regular basis
- Appendix J Steering Committee
- Appendix K Planning Team
- Appendix L Operations Team
- Appendix M Referral & Screening Flow Chart