Section VIII
Family Drug Court Standards

1. Family Treatment Court (FTC) integrates substance abuse treatment services with dependency/child welfare/child abuse and neglect case processing.

1.1 Pursuant to O.C.G.A. §15-1-15, each FTC shall establish a planning group to create a work plan for the court. The work plan shall "address the operational, coordination, resource, information management, and evaluation needs" of the court and shall include all policies and practices related to implementing the standards set forth in this document. The family treatment court shall rely on judicial leadership for both planning and implementation of the court.

1.2 The FTC team ("team") shall include, at a minimum, the following representatives: judge, Special Assistant Attorney General (SAAG), parent attorney, child attorney, program coordinator, Department of Family and Children Services (DFCS), Court Appointed Special Advocate (CASA) or other child advocate, community policing officer/surveillance officer, case manager and treatment provider/substance abuse professional.

1.3 The team shall collaboratively develop, review, and agree upon all aspects of treatment court operations (mission, goals, eligibility criteria, operating procedures, performance measures, orientation, drug testing, and program structure guidelines) prior to commencement of FTC program ("program") operations. This plan shall be executed in the form of a Memorandum of Understanding (MOU) between all team members and updated annually as necessary.

1.4 Each of these elements shall be compiled into a written Policies and Procedures Manual which shall reflect current practices and shall be reviewed and updated as necessary no less than every two years.

1.5 Program goals shall be as follows:

(1) the protection, best interests, and permanency of children.
(2) the promotion of safe and stable families through abstinence from alcohol and illicit drugs.
(3) the promotion of law-abiding behaviors in the interest of public safety while addressing the comprehensive needs of parents and children
(4) targeting permanency for children who have been exposed to parental substance abuse.

1.6 All team members are expected to attend and participate in a minimum of two formal staffings per month.

1.7 Team members are expected to attend all treatment court sessions.

1.8 Evidence-based treatments, programs and practices, as recommended by Section VI: Family Treatment Court Treatment Standards, shall be adopted by the FTC to ensure quality and efficacy of services to guide practices.

1.9 FTC's should provide a continuum of services through partnership with a primary provider(s) to deliver evidence-based substance abuse services and programming to address participants' criminogenic needs (when present). Additional services shall be provided to children, parents and families, which may include child development, trauma, behavioral health, parenting, vocational education or other ancillary services on an as-needed basis.

1.10 All service providers shall maintain ongoing communication with the FTC. Treatment and other service providers should provide weekly written reports to the court on the progress of the children, participants and families in the treatment court. A reporting schedule shall be agreed upon by the team

and established in writing as part of the court's operating procedures. Significant events should be reported immediately but in no event later than 24 hours after they occur.

1.11 FTC participants ("participants") should have contact with case management personnel (family drug court staff, treatment representative or DFCS) at least once per week during the first twelve months of treatment to review status of treatment and progress.

1.12 FTC's shall operate within the mandates of all applicable state and federal laws.

2. Using a non-adversarial approach, the judge, prosecution, defense counsel and others promote public safety while protecting the rights of participants.

2.1 State attorneys, parent attorneys and child advocates shall be members of the team and shall participate in the design, implementation and enforcement of the program's screening, eligibility, and case-processing policies and procedures.

2.2 The state attorney, parent attorney and child advocate shall work to create a sense of stability, cooperation and collaboration in pursuit of the program's goals.

2.3 Roles of FTC team members:

(1) The judge is to ensure the safety, permanency and well-being of children; provide leadership; serve as the public face of the FTC; ensure children and participants receive appropriate services; oversee the progress of family members in treatment; lead the team in development of all protocols and procedures; encourage continuous education for all staff; make appropriate court orders at hearings; reward successes; sanction noncompliance and facilitate team discussions. Judges are a vital part of the team. As a leader, the judge's role is paramount to the success of the FTC program. The judge must also possess recognizable leadership skills as well as the capability to motivate team members and elicit buy-in from various stakeholders. The selection of the judge to lead the team is therefore of utmost importance.
(2) The coordinator is to jointly serve as the public face of the FTC; serve as the chief administrator; coordinate drug testing and results; coordinate the referral process; develop and communicate agendas; provide notification of special meetings and dates; schedule and facilitate clinical staffing and pre-court staffing; participate with all team members in the development of the forms necessary to process cases in the FTC; maintain files on all clients; act as liaison between parents, attorneys, treatment providers and others; monitor the provision of services (including adherence to best and Evidence-Based Practices (EBP) in the delivery of case management services; behavioral modification [sanctions and incentives]; treatment dosage and responsiveness, and model fidelity); keep appropriate and current case files on clients; collect weekly progress information; prepare a consolidated weekly progress update on each client reporting for court; assist in identification and enrollment of potential participants; report on state and federal grants and coordinate additional services for participants.
(3) The SAAG is to represent DFCS at staffings and hearings; prepare and file necessary pleadings and participate as an active, engaged member of the team.
(4) The child attorney is to represent children served by FTC at staffings and required hearings; prepare for and file necessary pleadings and participate as an active, engaged member of the team.
(5) The parent attorney is to represent parent participants at staffing and required hearings; prepare and file necessary pleadings and participate as an active, engaged member of the team.
(6) The CASA/Child Advocate should advocate for the best interests of the children served by FTC at staffings and hearings and participate as an active, engaged member of the team.
(7) The DFCS Representative is to protect children's health and safety; ensure the well-being of the children; ensure that children and their parents receive necessary services in addition to substance abuse treatment; assist in identifying potential participants and refer them to FTC; inform the team immediately of any significant changes in the needs of children and parents as well as to attend and participate as an active, engaged member of the team in all staffings and required hearings.
(8) The treatment provider is to provide the parent with the appropriate level of treatment to address their substance abuse and criminogenic needs (determined by evaluation and assessment), bring the parents' physical/behavioral health treatment needs to the attention of the team, either provide the services to address their needs or make appropriate referrals for others to provide the services, provide weekly progress notes to the FTC in a timely manner, provide random, observed drug and alcohol testing and to provide a discharge plan for the parent and all parties involved. Additionally, treatment providers will ensure adequate supervision, coaching and oversight practices to ensure model fidelity for EBP's and provide regular feedback to the team regarding program integrity elements.
(9) The Community Policing Representative/Surveillance Officer is to report observations made during random home visits; report observations regarding the children and the home environment; conduct

random, observed drug screens and report results of drug tests and any other information deemed relevant to the family's continued success.
(10) The case manager, when available and funded, is to serve as the mandated official that ensures the client is following the court order and rules of the program; conduct case management reviews as deemed appropriate by the team; correspond with DFCS regarding case plans and progress of the clients; attend court hearings and reviews; maintain files of clients; coordinate drug testing and results; correspond with any pertinent community resources related to the clients' case.

2.4 All pending FTC cases shall be scheduled for regular staffing and judicial court reviews in compliance with the standards set for each case's current phase in the program.

2.5 All team members shall agree to attend staffing and court as appropriate, participate in relevant training opportunities; continuously strive to improve the lives of children and families by providing support and services; and contribute to the team's efforts in community education, education of peers, colleagues and the judiciary regarding the effects of generational substance abuse and neglect and the efficacy of FTC's in addressing the problem.

2.6 All team members shall strive to work together as a collaborative, non- adversarial team, which effort shall be supported by regular cross-training opportunities.

2.7 FTC shall employ a non-adversarial approach with all parties which shall promote public safety while protecting participants' due process rights.

2.8 Parents are eligible for FTC's when they have unremediated substance abuse which adversely affects their ability to parent their children properly.

2.9 FTC shall focus on the permanency, safety and welfare of abused and neglected children while addressing the needs of the parents as well.

2.10 All participants shall receive a participant handbook. Receipt of the handbook shall be acknowledged through a signed form or through a signed contract, a copy of which shall be placed in the court file.

2.11 Each FTC shall develop and use a form or contract to document that each participant has received counsel from an attorney prior to admittance to the FTC, a copy of which shall be placed in the court file.

2.12 The decision to participate in an FTC shall be made solely by the eligible participant with advice from counsel.

2.13 The judge must apprise a participant of all due process rights, rights being waived, and program expectations on the record or through signed contract entered into the record.

2.14 Parents may request a formal hearing on the issue of termination from the program.

3. FTC emphasizes early identification and placement of eligible participants.

3.1 Eligible participants shall be identified early and admitted promptly into the program, should they elect to participate.

3.2 Eligibility requirements/criteria for participants (verified through legal and clinical screening) shall be developed and agreed upon by all members of the team and included in writing as part of the program's policies and procedures.

3.3 Screening for program eligibility shall include the review of legal requirements and clinical appropriateness, including the administration of a risk and needs assessment.

3.4 The target population for FTC should be participants classified as moderate to high-risk and/or needs, as determined by a risk and needs assessment.

3.5 Members of the team shall screen cases for eligibility and identify potential participants.

3.6 Participants being considered for FTC shall be promptly advised about the program, including the requirements, scope and potential benefits and effects on their case.

3.7 Participants should begin treatment as soon as possible. Preferably, no more than 30 days should pass between a participant being determined eligible for the program and commencement of treatment services.

3.8 Assessment for substance abuse and other treatment shall be conducted by appropriately trained and qualified professional staff using standardized assessment tools.

3.9 FTC's shall maintain an appropriate caseload based on their capacity to effectively serve all participants according to these standards.

3.10 No potential participant shall be excluded solely on the basis of sex, race, color, religion, creed, age, national origin, ancestry, pregnancy, marital status or parental status, sexual orientation, or disability.

4. FTC's provide access to a continuum of alcohol, drug and other related treatment and rehabilitation services.

4.1 FTC shall provide confidentiality for both parents and children in accordance with the law.

4.2 FTC programs should last a minimum of 18 to 24 months.

4.3 FTC's will provide a validated assessment normed to the target population, including substance abuse and risk of recidivism/criminogenic needs

4.4 Programming shall include services for addiction and criminal risk or recidivism. These services will be *Evidence-Based/Evidence-Informed* and include:

(1) Group counseling
(2) Individual counseling
(3) Drug testing

4.5 FTC programs should ideally provide:

(1) Family counseling
(2) Gender specific counseling
(3) Domestic violence counseling
(4) Health screening
(5) Behavioral health services
(6) Trauma-informed care and counseling
(7) Individual case management and treatment planning
(8) Parenting services
(9) Services for children

4.6 Ancillary services are available to meet the needs of participants. These services may include but are not limited to:

(1) Employment counseling and assistance
(2) Educational component s
(3) Medical and dental care referrals and assistance
(4) Transportation
(5) Housing assistance
(6) Mentoring
(7) Alumni groups
(8) Relationship counseling

4.8 Case management plans shall be individualized for each participant based on the results of the initial assessment; ongoing assessment shall be provided according to a program schedule and treatment plans may be modified or adjusted based on results.

4.9 Treatment shall be comprised of standardized, Evidence-Based Practices and other practices recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-Based Policies and Practices (NREPP).

5. Abstinence is monitored by frequent alcohol and other testing.

5.1 Participants shall be administered a drug test a minimum of twice per week during the first two phases of the program; a standardized system of drug testing shall continue through the entirety of the program.

5.2 Drug testing shall be administered to each participant on a randomized basis, using a formal system of randomization.

5.3 All FTC's shall utilize urinalysis as the primary method of drug testing; a variety of alternative methods may be used to supplement urinalysis, including breath, hair and saliva analysis.

5.4 All drug testing shall be directly observed by an authorized, same sex member of the team, a licensed/certified medical professional or other trained professional of the same sex as the participant being screened.

5.5 Urine specimens should be analyzed as soon as practical. Results of all drug screens should be made available to the court and action should be taken as soon as practical, ideally within 48 hours of receiving results of the screen.

5.6 In the event a single urine specimen tests positive for more than one prohibited substance, the results shall be considered as a single positive screen.

5.7 A minimum of 90 days negative drug testing shall be required prior to a participant being deemed eligible for graduation from the program.

5.8 Each FTC shall establish a method for participants to admit to use or dispute the results of a positive drug screen through gas chromatography-mass spectrometry or liquid chromatography-mass spectrometry.

5.9 Evidence of adulterated urine specimens, diluted urine specimens, failure to timely produce and violations of testing protocols (i.e. temperature anomalies) may be considered positive screens. Missed, unexcused (as determined by the presiding judge) or substituted urine screens will be considered a positive screen.

6. A coordinated strategy shall govern responses to participant's compliance.

6.1 FTC shall have a formal system of sanctions and rewards, including a system for reporting noncompliance, which shall be established in writing and included in the court's policies and procedures.

6.2 The formal system of sanctions and rewards shall be organized on a gradually escalating scale and applied in a consistent and appropriate manner to match a participant's level of compliance.

6.3 FTC's should implement a system for a minimum level of field supervision for each participant based on their respective level of risk. Field supervision may include unannounced visits to the participant's home or workplace as well as curfew checks. The level of field supervision may be adjusted throughout the program based on participant progress and any reassessment process.

6.4 Regular and frequent communication among all members of the team shall provide for immediate and swift responses to all incidents of noncompliance, including positive drug tests, among other transgressions.

6.5 There shall be no indefinite time periods for sanctions, including those sanctions involving incarceration or detention. Incarceration or detention should only be considered as the last option in the most serious cases of noncompliance.

6.6 Participants shall be subject to progressive positive drug screen sanctions prior to being considered for termination unless there are other acts of noncompliance affecting this decision.

7. Ongoing judicial interaction with each participant is essential.

7.1 A designated juvenile court judge must preside over an FTC program and should be committed to serving in this role long-term.

7.2 The presiding judge may authorize assistance from other judges, including senior judges and judges from other classes of courts, on a time-limited basis when the presiding judge is unable to conduct court.

7.3 The judge shall attend and participate in all pre-court staffings.

7.4 A regular schedule of status hearings shall be used to monitor participant progress.

7.5 There shall be a minimum of two status hearings per month in the first phase of FTC programs; dependent on participant needs, this minimum schedule may continue through additional phases.

7.6 Frequency of status hearings may vary based on participant needs and benefits, as well as judicial resources. Status hearings should be held no less than once per month during the last phase of the program.

7.7 Status review shall be conducted with each participant on an individual basis; to optimize program effectiveness, group reviews should be avoided unless necessary based on an emergency.

7.8 The judge, to the extent possible, should strive to spend an average of three minutes or greater with each participant during status review.

8. Monitoring and evaluation to measure the achievement of program goals and gauge effectiveness.

8.1 Each FTC shall be committed to regular measurement of program outcomes.

8.2 Participant progress, success and satisfaction should be monitored on a regular basis (including upon program entry and graduation) through the use of surveys.

8.3 Participant data should be monitored and analyzed on a regular basis (as set forth in a formal schedule) to determine the effectiveness of the program.

8.4 A process and outcomes evaluation should be conducted by an independent evaluator within three years of the implementation of an FTC program and at regular intervals thereafter as necessary, appropriate and/or feasible.

8.5 Feedback from participant surveys, review of participant data and findings from evaluations should be used to make modifications to program operations, procedures and practices.

8.6 Data needed for program monitoring and management are easily obtainable and shall be maintained in useful formats for regular review by program management.

8.7 If possible, FTC's should use the preferred case management program designated by the Council of Accountability Court Judges or a compatible equivalent.

8.8 At a minimum, FTC's shall collect a mandatory set of performance measures determined by the Council of Accountability Court Judges which shall be provided in a timely requisite format to the Standards and Certification Committee as required by the Council of Accountability Court Judges, including a comprehensive end-of-year report. The minimum performance measures to be collected shall include: recidivism (re-arrests and reconvictions **RE-ENTRY INTO FOSTER CARE**), number of moderate and high risk participants, drug testing results, drug testing failures, number of days of continuous sobriety, units of service (number of court sessions, number of days participant receives inpatient treatment), employment, successful participant completion of the program (graduations), and unsuccessful participant completion of the program (terminations, voluntary withdrawal, death/other).

9. Continuing interdisciplinary education promotes effective planning, implementation, and operations.

9.1 FTC programs shall have a formal policy on staff training requirements and continuing education including formal orientation and training for new team members.

9.2 All members of a team shall receive training through the State of Georgia, national drug or treatment court organizations and/or other approved training.

9.3 Existing programs should participate in FTC Operational Tune-Up as needed.

9.4 Court teams, to the extent possible, should attend comprehensive training on an annual basis, as provided by the Council of Accountability Court Judges, the National Association of Drug Court Professionals (NADCP) and/or other professional organizations.

9.5 New accountability court judges and coordinators shall attend formal orientation and training administered by the Council of Accountability Court Judges offered annually.

10. Forging partnerships among FTC's, public agencies, and community-based organizations generates local support and enhances program effectiveness.

10.1 FTC's shall provide for a planned program of sustainability including establishment and cultivation of community partnerships, cooperation with other public agencies and collaboration with other family treatment courts.

10.2 Pursuant to O.C.G.A. §15-1-15, each FTC shall establish a planning group to create a work plan for the court. The work plan shall "address the operational, coordination, resource, information management, and evaluation needs" of the court and shall include all policies and practices related to implementing the standards set forth in this document.

10.3 A local steering committee consisting of representatives from the court, community organizations, law enforcement, treatment providers, health providers, social service agencies and the faith community should meet on a quarterly basis to provide policy guidance, fundraising assistance and feedback to the program.

10.4 FTC's should consider forming an independent 501(c)3 organization for fundraising and administration of the steering committee.

10.5 FTC's should actively engage in forming partnerships and building relationships between the court and various community partners. This may be achieved through facilitation of forums, informational sessions, public outreach and other ways of marketing.

10.6 FTC staff should participate in ongoing cultural competency training.

Section IX
Family Drug Court Treatment Standards

1. Screening

1.1 Legal: Family treatment court (FTC) programs should work with interdisciplinary team to ensure systematic, early identification and engagement of target population.

1.2 Clinical: FTC's will enroll participants who meet diagnostic criteria for Substance-Related Disorders and whose needs can be met by the program. A brief screen for behavioral health problems should occur.

2. Assessment

2.1 FTC's will employ a variety of assessment tools that capture child safety, parental capacity, substance abuse severity, behavioral health needs and risk of recidivism/criminogenic needs. A risk of recidivism/criminogenic needs assessment must both be completed prior to program entry and serve as a guide for acceptance.

2.2 Assessment tools will be validated to the target population and should also be suitable for use as a repeat measure. Programs should utilize appropriate repeated measures to determine program effectiveness and parental progress. Prior to successful program completion, participants should be reassessed using the same risk/needs tool that was employed prior to program entry to ascertain decreases in risk and/or need for additional services.

3. Level of Treatment

3.1 FTC's will offer an appropriate level of treatment for the target population using recommended tools.

3.2 FTC's will match participant needs with an appropriate level of treatment and supervision. The ideal length of program is 18 to 24 months. Cases should be reviewed to ensure a timely trajectory and program completion.

4. Addiction/Criminogenic Needs Treatment Intervention

4.1 FTC's will employ Evidence Based Practices (EBP's) and manualized, structured curricula (e.g. Cognitive Behavior Therapy [CBT]) to treat Substance Abuse Disorder (SUD), risk of recidivism and criminogenic needs.

4.1.2 FTC's shall ensure and certify that treatment providers have appropriate levels of education.

4.1.3 FTC's shall ensure model fidelity for appropriate EBP's through facilitator coaching and independent auditing procedures.

4.2 Aftercare services are an important part of relapse prevention. Aftercare is lower in intensity and follows higher-intensity programming. Aftercare is defined as an active phase.

5. Treatment/Case Management Planning

5.1 FTC's will use treatment/case management planning that follows from the assessment process and systematically addresses core risk factors associated with relapse and recidivism.

5.2 Treatment and case management planning should be an ongoing process and work in concert with one another.

6. Information Management Systems

6.1 FTC's will employ an information management system that captures critical court and treatment data as well as decisions that affect participants. The data management approach will promote the integration of court and treatment strategies, enhance treatment and case management planning and compliance tracking, and produce meaningful program management and outcome data. Measures of treatment services delivered and attended by participants should also be captured.

7. Oversight and Evaluation

7.1 FTC's are responsible for oversight of all program components. Regular monitoring of judicial status hearings, treatment and case management services should occur.

7.2 Meetings with participants and surveys of participants for the purpose of assessing program strengths and areas for improvement both increase the legitimacy of the process and lead to improved outcomes.