

**FARIBAULT, MARTIN  
AND  
JACKSON  
MULTI-COUNTY  
FAMILY DEPENDENCY  
TREATMENT COURT  
  
PROGRAM STANDARDS  
AND  
PRACTICES**

9/2013

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# FORWARD

The following document shall provide a general framework of common principles, policies and practices for the Faribault, Martin and Jackson Multi-County Family Dependency Treatment Court, hereinafter known as FDTC Program. The purpose of these standards and policies is to:

- Minimize duplication of efforts and ensure greater coordination of FDTC.
- Maximize coordination and sharing of resources.
- Strengthen efforts to obtain Federal funding.
- Facilitate coordinated long-range plans for financing FDTC.

Developed through a consensus of involved Faribault, Martin and Jackson County agencies (hereinafter FMJ), the standards include all the elements that are considered essential to the operation of the FDTC program held in Martin County, Minnesota. Collectively, they represent a required minimum program model. Specific practices are also described to provide examples of actions that should be taken to ensure conformity to the FMJ Multi-County FDTC standards.

The program is intended to reflect the unique needs and operational environment of FMJ–FDTC Court jurisdiction. However, it is clear that there is a need for overall uniformity as to basic components and operational procedures and principles. Therefore, this document is an attempt to outline those fundamental standards and policies to which FMJ Multi-County FDTC should subscribe.

FDTC represents a very non-traditional approach for families with children in need of protection and/or services who have been identified as having a family member who is chemically dependent. FDTC is built upon a unique partnership between the family justice system and the drug treatment community; one which structures treatment intervention around the authority and personal involvement of a single FDTC Court Judge. FDTC is dependent upon the creation of a non-adversarial courtroom atmosphere where a single judge and a dedicated team of court officers and staff work together toward a common goal of breaking the cycle of drug abuse and child neglect or abuse behaviors.

We encourage readers to learn more about FDTC by reading publications and research on Family Dependency Treatment Court outcomes. The following list of web sites should help to further increase your knowledge of the principles and successes of problem solving courts.

<p><b>National Drug Court Institute/National Association for Drug Court Professionals:</b> Contains facts, research, resources, and publications <a href="http://www.ndci.org/">http://www.ndci.org/</a></p>	<p><b>National Criminal Justice Reference Service:</b> Contains a wide variety of publications <a href="http://www.ncjrs.org/drug_courts/publications.html">http://www.ncjrs.org/drug_courts/publications.html</a></p>
<p><b>Office of Justice Programs (OJP) - Supporting the Drug Court Process:</b> What You Need to Know for Effective Decision Making and Program Evaluation <a href="http://www.ncjrs.org/pdffiles1/bja/197259.pdf">http://www.ncjrs.org/pdffiles1/bja/197259.pdf</a></p>	<p><b>OJP - Drug Court Planning Initiative:</b> Training and publications <a href="http://www.dcpj.ncjrs.org">http://www.dcpj.ncjrs.org</a></p>
<p><b>American University:</b> Research, publications, projects, technical assistance, news <a href="http://www.american.edu/justice/drugcourts.html">http://www.american.edu/justice/drugcourts.html</a></p>	<p><b>American Bar Association-Judicial Division –</b> DWI Courts and other specialized courts <a href="http://www.abanet.org">www.abanet.org</a></p>
<p><b>Center for Court Innovation –</b> Community courts, domestic violence courts, Drug Courts, and other Problem-Solving Courts <a href="http://www.courts.org">www.courts.org</a></p>	<p><b>Children and Family Futures</b> <a href="http://www.cffutures.org">http://www.cffutures.org</a></p>
<p><b>Council of State Governments –</b> Mental health courts <a href="http://www.project.org">www.project.org</a></p>	<p><b>Family Justice –</b> Drug Courts <a href="http://www.familyjustice.org">www.familyjustice.org</a></p>
<p><b>Justice Management Institute –</b> Community courts, Drug Courts <a href="http://www.jmijjustice.org">www.jmijjustice.org</a></p>	<p><b>Justice Programs Office of the School of Public Affairs at American University –</b> Drug Courts <a href="http://www.spa.american.edu/justice">www.spa.american.edu/justice</a></p>
<p><b>National Center for State Courts –</b> Drug Courts, DWI courts, and other problem-solving courts <a href="http://www.ncsconline.org">www.ncsconline.org</a></p>	<p><b>National Council of Juvenile and Family Court Judges –</b> Juvenile Drug Courts <a href="http://www.ncjfcj.org">www.ncjfcj.org</a></p>
<p><b>National Mental Health Association -</b>Mental health courts <a href="http://www.nmha.org">www.nmha.org</a></p>	<p><b>National Treatment Accountability for Safer Communities –</b> Drug Courts <a href="http://www.tasc.org">www.tasc.org</a></p>
<p><b>National Truancy Prevention Association –</b> Truancy courts <a href="http://www.truancypreventionassociation.com">www.truancypreventionassociation.com</a></p>	<p><b>National Youth Court Center –</b> Teen courts <a href="http://www.youthcourt.net">www.youthcourt.net</a></p>
<p><b>The National Judicial College –</b> Back on TRAC, DWI courts &amp; other Problem-Solving Courts <a href="http://www.judges.org">www.judges.org</a></p>	

# BACKGROUND

A number of family courts across the nation are successfully applying the drug court model to child welfare cases that involve child abuse or neglect and parental substance abuse. “Family Drug Courts” or “Family Dependency Treatment Courts,” which began in Reno, Nevada, in 1995, seek to do what is in the best interest of the family by providing a safe and secure environment for the child while intensively intervening and treating the parent’s substance abuse and other co-morbidity issues. The FDTC approach has resulted in better collaboration between agencies and better compliance with treatment and other family court orders necessary to improve child protection case outcomes. Through December 2007, the number of operational FDTCs has grown to 301 representing a 100% increase since December 2004.<sup>1</sup>

“A family dependency treatment court is a court devoted to cases of child abuse and neglect that involve substance abuse by the child’s parents or other caregivers. Its purpose is to protect the safety and welfare of children while giving parents the tools they need to become sober, responsible caregivers. To accomplish this, the court draws together an interdisciplinary team that works collaboratively to assess the family’s situation and to devise a comprehensive case plan that addresses the needs of both the children and the parents. In this way, the court team provides children with quick access to permanency and offers parents a viable chance to achieve sobriety, provide a safe and nurturing home, and hold their families together.”<sup>2</sup>

Since the mid-1980s, a dramatic rise in cases of child abuse and neglect has overwhelmed the nation’s courts and child welfare agencies. Each year, more than 1 million cases of child abuse and neglect are filed and substantiated; as of April 2001, the foster care system was responsible for more than 588,000 children (U.S. Department of Health and Human Services, 2001).

Many factors may account for the escalation in abuse and neglect, including poverty, domestic violence, and an increasing personal mobility that results in the loss of family support systems. However, the primary cause is clear: substance abuse and addiction. According to *Linking Child Welfare and Substance Abuse Treatment: A Guide for Legislators* (National Conference of State Legislatures, 2000), “a large percentage of parents who abuse, neglect, or abandon their children have drug and alcohol problems. . . . Although national data are incomplete, it is estimated that substance abuse is a factor in three-fourths of all foster care placements.” Results from the Family Treatment Drug Court Evaluation by NPC (Northwest Professional Consortium, Inc.) indicate that parents who participated in family treatment drug court experienced higher rates of treatment completion, which in turn was associated with higher rates of reunification.

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\* Background information obtained from a report prepared by the National Drug Court Institute, Drug Court Practitioner Fact Sheet, *Family Dependency Treatment Court: Applying the Drug Court Model in Child Maltreatment Cases*, June 2006 and Center for Substance Abuse Treatment, Bureau of Justice Assistance & National Drug Court Institute. (2004). *Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases using the Drug Court Model* Monograph. Washington, DC: US Department of Justice.

<sup>1</sup> Huddleston, C.W., Marlowe, D.B., & Casebolt, R. (2008). *Painting the current picture: A national report card on drug courts and other problem solving courts in the United States* (Volume II, No. 1). Alexandria, VA: National Drug Court Institute.

<sup>2</sup> Center for Substance Abuse Treatment, Bureau of Justice Assistance & National Drug Court Institute. (2004). *Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases using the Drug Court Model* Monograph. Washington, DC: US Department of Justice

However, participating in the family treatment drug court also contributed to the likelihood of reunification *above and beyond* its effect on treatments. It is not surprising that substance abuse and addiction are so frequently associated with the neglect and abuse of children. Parents battling substance abuse often put the needs created by their own alcohol or other drug dependency ahead of the welfare of their families. At the same time they and their children often have complicating physical or mental health problems. Unable to maintain employment or provide a stable and nurturing home environment, they are unable to care for their children.

The U.S. Department of Health and Human Services, Administration for Children and Families has released a summary of the child maltreatment statistics for 2005. During Federal fiscal year (FFY) 2005, an estimated 3.3 million referrals, involving the alleged maltreatment of approximately 6 million children, were made to CPS agencies. An estimated 899,000 children in the 50 States, the District of Columbia and Puerto Rico were determined to be the victims of abuse or neglect.

According to the Minnesota 2007 Child Maltreatment Report families who neglected children were more likely to experience family issues including substance abuse. The top three reasons children enter out of home care are: child behavior (23.7%), parent neglect (19.8%) and parent substance abuse (17.6%). Parent factors for children entering out of home care have increased by 11% since 2000. In the counties of Blue Earth (BEC) Faribault, Martin and Jackson (FMJ), non-medical neglect was determined in 70% of the traditional cases investigated. And, when it could be determined, the primary drugs of choice were identified as methamphetamine, cocaine and alcohol. FMJ reports that 13 of the 14 children put into an out of home placement so far in 2009 are as a result of parental alcohol or methamphetamine use. Meth use is once again on the rise since there is a new recipe on the internet which does not need pseudoephedrine to concoct it. In 2007 FMJ reported 31 of 74 cases or 41% were related to parent chemical abuse

The rapid increase of abuse and neglect cases due to parental substance abuse poses an immense challenge for dependency courts, child welfare systems and treatment providers. Attaining treatment for families—especially treatment that is timely, accessible, and appropriate—has always been difficult. With the burgeoning number of parents in need of treatment, however, courts and providers have been strained to capacity. Moreover, absent a coordinated effort among them, these systems are not equipped to handle the specialized issues that permeate abuse and neglect cases caused by parental substance abuse. For this reason, parents are likely to continue their addiction, while their children, unable to return home, languish in foster care.

Recognizing that only a coordinated approach to breaking the cycle of substance abuse and child maltreatment could adequately address the complex web of problems affecting these families, a number of practitioners in juvenile dependency courts, child protective services, and substance abuse treatment systems began experimenting with a more holistic approach to intervention. In doing so, they looked to an earlier experiment in coordinating judicial and treatment services—the adult drug court.

Adult Drug Treatment Courts handle misdemeanor and felony cases involving drug-using offenders. These programs utilize a blend of court-ordered supervision, drug testing, treatment services, court appearances, and behavioral sanctions and incentives. Overarching goals of the adult model (in district

court) are to reduce recidivism and drug use among drug-abusing offenders. While similar in concept to the adult model:

Family Drug Treatment Court Goals include:

- Providing appropriate, timely and permanent placement of children in a safe, healthy environment.
- Stopping the cycle of abuse and neglect in families.
- Providing children and parents with the services and skills needed to live productively in the community and to establish a safe, healthy environment for their families.
- Responding to family issues using a strength-based approach.
- Providing a continuum of family-based treatment and ancillary services for children and parents affected by substance use, abuse and dependence.
- Providing continuing care and information that families need to access the services they may require to function responsibly.
- Developing cost-effective programming and interventions using the ongoing allocation of resources to support parents and their children.
- Providing gender-specific, culturally and developmentally appropriate treatment.
- Avoiding case processing delays by ensuring parental compliance with court orders and ancillary services and by facilitating the court's ability to modify court orders as cases progress.
- Fostering collaborative relationships among community-based systems so they can effectively manage child abuse and neglect cases.
- Holding parents accountable and responsible for their actions and recovery.

The focus, structure, purpose and scope of FDTC differ significantly from the adult criminal or juvenile delinquency drug court models. FDTC draws on best practices from both the drug court model and dependency court practice to effectively manage cases within Adoption and Safe Families Act (ASFA) mandates. By doing so they ensure the best interest of children while providing coordinated substance abuse treatment and family-focused services to timely secure a safe and permanent placement for the children.

A group made up of the implementation family drug treatment court steering team and others initially drafted these standards. This group included: Judge Robert Walker, Judge Linda Titus, Judge Douglas Richards, FMJ Coordinator Beverly C. Snow, LSW, Prosecutors Mike Trushenski, Brian Roverud and Sherry Haley, Defense Counsel Troy Timmerman and Bill Grogin, Human Service Directors Warren



Knudson and Craig Meyers, Human Service staff: Shelley Stevermer and Vickie L. Savick, Fountain Center Staff Richard Odom, Sheriffs Roger Hawkinson, Brad Gerhardt and Mike Gormley and Police Chief Greg Brolsma.

“Family dependency treatment court is a juvenile or family court docket of which selected abuse, neglect and dependency cases are identified where parental substance abuse is a primary factor. Judges, attorneys, child protection services and treatment personnel unite with the goal of providing safe, nurturing and permanent homes for children while simultaneously providing parents the necessary support and services to become drug and alcohol abstinent. Family dependency treatment courts aid parents in regaining control of their lives and promote long-term stabilized recovery to enhance the possibility of family reunification within mandatory legal timeframes” (Wheeler & Siegerist, 2003).

**Family Dependency Treatment Courts create an environment with clear and certain rules.** The rules are definite, easy to understand and, most importantly, compliance is within the individual's control. The rules are based on the participant's performance and are measurable. For example, the participant appears in court or does not, attends treatment sessions or does not; drug testing reveals drug use or abstinence. The participant's performance is immediately and directly communicated to the judge who rewards progress or penalizes noncompliance. The FDTC establishes an environment that the participant can understand - a system in which clear choices are presented and individuals are encouraged to take control of their own recovery.

# PROGRAM OVERVIEW

The FMJ Multi-County Family Dependency Treatment Court held in Martin County, Minnesota is a long-term, intensive program that utilizes a strength-based approach for participants and/or their families. Individual plans will be constructed for each participant where strengths, competencies and personal resources can be applied to building solutions to combat addiction and parenting issues. The initial “Phases” (see Phase descriptions in the Program Components Section) of the Dependency Treatment Court intervention are intensive and gradually transition to less intensive intervention as the participant progresses. Throughout the program participants are linked with appropriate specialized and ancillary services. The court may also impose additional requirements as needed.

FMJ Multi-County Family Dependency Treatment Court (hereinafter referred to as FDTC) is a part-time court that has been specifically designated and staffed to supervise families who have been referred to a comprehensive and judicially monitored program of drug treatment and rehabilitation services.

Because of the unique problems and opportunities that present themselves in working with drug involved families, intervention and rehabilitation strategies must be “reality-based”. FDTC’s program must therefore recognize that:

Addicts/substance abusers are most vulnerable to successful intervention when they are in the crisis of initial child protection proceedings, so *intervention must be immediate*.

Preventing gaps in communication and ensuring party accountability are of critical importance so court *supervision must be coordinated and comprehensive*.

Substance abuse seldom exists in isolation from other serious problems, which undermine rehabilitation, so *intervention must include other available services and resources such as educational assessment, therapeutic services, parenting education and job placement*.

Relapse and intermittent progress are part of the recovery process so *sanctions and incentives must be integral* to the FDTC intervention strategy.

The program will include a focus on family issues. It is recognized that some families involved with the program are dysfunctional and, despite the program’s best efforts will not change sufficiently to meet the children’s needs. FDTC therefore must equip participants with life skills and coping skills and, if necessary, strive to find alternative resources to meet the best interest of the children.

# **MISSION STATEMENT**

Faribault, Martin and Jackson Multi-County District Courts, in the Fifth Judicial District of Minnesota will provide a Multi-County Family Dependency Treatment Court to reduce chemical abuse/dependency and foster a nurturing, permanent and safe environment for families with children in need of protection or services. The FMJ-FDTC mission is to break the cycle of addiction by utilizing a comprehensive multi-disciplinary non-adversarial team approach to provide new or enhanced opportunities with legal and practical guidelines for parents with alcohol or other drug related problems. The FMJ-FDTC provides strength-based interventions promoting healthy lifestyles, accountability for actions and positive family relationships and boundaries through a collaborative effort between the Justice System and the community. This collaboration results in safe children, educated and productive adults, healthy families and stronger, safer communities.

# GOALS

FDTC has five primary goals.

**Goal #1: Best interest of Children: The Primary Goal of FDTC is to serve the Best Interest of the Children. *Language from Statute 260C***

**Objective:** FDTC will research and implement evidence-based treatment programming.

**Objective:** FDTC will verify that all treatment providers accepting referrals from the FDTC employ evidence-based practices.

**Objective:** FDTC will increase the length of treatment participation of the FDTC clients.

**Objective:** FDTC will reduce the number and duration of relapses of the FDTC clients.

**Objective:** FDTC will develop phase appropriate treatment plans for every participant.

**Objective:** FDTC will hold weekly meetings with participants to address their needs.

**Goal #2: Assist parents within the juvenile protection system in reducing their substance abuse issues through the use of evidence-based treatment approaches and innovative system change.**

**Objective:** FDTC will research and implement evidence-based treatment programming.

**Objective:** FDTC will verify that all treatment providers accepting referrals from the FDTC employ evidence-based practices.

**Objective:** FDTC will increase the length of treatment participation of the FDTC clients.

**Objective:** FDTC will reduce the number and duration of relapses of the FDTC clients.

**Objective:** FDTC will develop phase appropriate treatment plans for every participant.

**Objective:** FDTC will hold weekly meetings with participants to address their needs.

**Goal #3: Establish timely permanency for children of parents with substance abuse issues with reunification as a preferred outcome.**

**Objective:** FDTC will quickly identify potential participants and enroll them in the program in a timely manner.

**Objective:** FDTC will provide prompt assessments and treatment of parents and children to maximize the time to restore child safety and well-being under ASFA guidelines.

**Objective:** FDTC will reduce the length of time and frequency of out-of-home placements of participants' children.

**Goal #4: Utilize appropriate and prompt responses to facilitate behavior changes for parents with substance abuse issues.**

**Objective:** FDTC sanctions and incentives will be utilized in a timely and appropriate manner at frequent and regular court sessions within clearly defined phases to facilitate behavioral change.

**Objective:** Participants will work with the FDTC treatment team to develop plans that will be reviewed by team and participant during each phase of the program and will strengthen families by addressing and promoting self-reliance, increase ability to problem solve and increase knowledge of available community services and support networks.

**Objective:** Reduce the number of relapses and the duration of those relapses.

**Objective:** FDTC participants will increase participation in pro-social community activities.

**Objective:** Teach offender the skills needed to have a relationship with family members.

**Goal #5: Strengthen the capacity of families to provide guidance, structure and nurturance for their children.**

**Objective:** FDTC will provide intensive, home-based services to participants and families.

**Objective:** The FDTC team will refer all participants to an appropriate parenting program.

**Objective:** FDTC will promote early assessment of physical, mental and dental needs to provide participants and their children assistance in obtaining services necessary to address those needs.

**Objective:** FDTC will provide parenting assessments and psychological evaluations for all involved parents in a timely manner and assist participants with obtaining resources recommended in said assessments.

**Objective:** FDTC will provide developmental or psychological assessments for children in participating families of the child's behavior or developmental indicated need in those areas

# ORGANIZATION AND STAKEHOLDERS

## A. FDTC Steering Committee

The FDTC Steering Committee provides oversight of the program. The committee is comprised of representatives from judicial administration, family court, prosecutor's office, public defender's office, Human Services, Public Health, law enforcement agencies and treatment providers. The steering committee will hold regularly scheduled reviews for quality assurance to revisit the target population addressing the following: resource changes, drug of choice changes, new drugs introduced and demographic changes of the population in the counties. The steering committee will also address any changes suggested by the evaluator. The steering committee is responsible for setting major policy regarding FDTC.

## B. FDTC Staffing Team

The FMJ-FDTC team is comprised of the FDTC Judge, Prosecutor, Parent Attorney, FDTC Coordinator, law enforcement, public health, Human Service staff, mental health provider, GAL and treatment provider. While the ultimate decision-making authority resides with the FDTC Judge, the FDTC team works in collaboration toward the common goal of rehabilitation of the drug court participants. Team meetings are held prior to FDTC Court to review cases to be heard that day. The FDTC team meets weekly to discuss cases in depth. The Staffing Team is responsible for providing direct support to the clients, which demands collaboration from each Team member. The Staffing Team is led by the Judge. However all members of the Staffing Team perform vital tasks within the FDTC and bring a unique set of skills and responsibilities. Each is mutually important within the success of the program. The members and their responsibilities are listed below. In addition to the role specific responsibilities all members of the Staffing Team will be expected to perform the following mutual responsibilities:

- Participate in **biweekly** FDTC Staffing Team meetings and court hearings
- Establish constructive relationships among the team members
- Adhere to the ethical standards of their respective professions
- Hold the participants and team members accountable for their actions
- Recommend appropriate sanctions, incentives and dismissals

## C. Alumni Organization

FDTC Alumni group is a formal organization that holds regular, monthly meetings. A drug court staff and/or an alumni volunteer undertake the responsibility for organizing and facilitating the meetings. Meeting agendas will typically be put together by the person charged with organizing the meeting or based on suggestions from group members. The alumni group should have a significant amount of autonomy so that the group members feel a sense of ownership and are

therefore more likely to participate regularly. FDTC may support the group, however, by designating a staff person to serve as liaison and, if possible, providing office space where the alumni group can work and store files and other material. The FDTC Alumni will join the ASAC Alumni.

**D. Roles and Responsibilities of the Key Players of the Staffing Team:** the primary purpose of FDTC is to serve the *best interest* of children.

**1. FDTC Judge**

The FDTC Judge shall supervise compliance with the FDTC Program by reviewing the weekly progress reports and input from each participant and will use various incentives and sanctions to encourage compliance with the FDTC Program. The judge will establish a positive, rehabilitative relationship with the participant and his/her family through intensive interaction during court appearances, spending at least three minutes with each participant in court. The Judge shall stress the court's desire that each participant successfully complete the program while making it clear the consequences of noncompliance. The Judge will assume not only the role of judge, but also of mentor and encourager to each participant and/or his/her family. The Judge will appoint any replacement to the FDTC Staffing Team and will also be responsible for all appointments to the Steering committee. In general the Judge:

- a) Motivates participants toward success
- b) Utilizes a unique (individual) approach
- c) Monitors progress
- d) Imposes sanctions/incentives
- e) Presides at hearings and facilitates FDTC staffing
- f) Lead member of the Steering Committee and staffing Team

**2. FDTC Prosecutor**

The FDTC Prosecutor will participate fully as an FDTC team member. In FDTC the prosecutor will participate as a team member, operating in a non-adversarial manner, promoting a sense of a unified team presence and will ensure community safety concerns by maintaining eligibility standards while participating in an environment that focuses on therapeutic outcomes. In general the prosecutor:

- a) Protects the rights of victims/community
- b) Ensures Adoption and Safe Families Act of 1997 (ASFA) guidelines and timeframes under state law are met
- c) Recommends admissions
- d) Maintains non-adversarial nature of hearings

**3. FDTC Parent Counsel**

The FDTC Parent Counsel will participate fully as an FDTC team member. In FDTC the parent counsel will participate as a team member operating in a non-adversarial manner promoting a sense of unified team presence. The FDTC Parent Counsel will evaluate the participant's legal situation and ensure that the participant's legal rights are protected. The FDTC Parent Counsel will effectively advise the team regarding AFSA timelines and

monitor client progress to ensure appropriate program participation as well as ensure that participants' legal rights are maintained and legal options are pursued. In general the parent counsel:

- a) Ensures the rights of participants are protected.
- b) Advises participants of their rights.
- c) Relays participants' concerns to the Team.
- d) Explains program policy/procedure, incentives/sanctions, and informed consent and ASFA timelines.
- e) Maintains non-adversarial nature of hearings

#### **4. FDTC Coordinator**

The FDTC Coordinator will participate fully as an FDTC team member and is responsible for the administrative and financial aspects of the program as well as public relations and collaboration with other participant justice and community agencies and facilitates all meetings. The FDTC Coordinator shall serve as an interagency and interdepartmental liaison for correspondence, reports, case records and all other related matters. The FDTC Coordinator, following input from the FDTC Team, makes policy decisions affecting the day-to-day operation of the FDTC. The coordinator will oversee data collection and evaluation. The coordinator is responsible for orientation of all new team members. The coordinator will ensure that gender, age and culturally specific services are available and will ensure that the program is serving the target populations and targeted enrollment. The FDTC Coordinator:

- a) Coordinates the day to day activities of the FDTC.
- b) Prepares program materials.
- c) Engages in the development of the program and community resources.
- d) Responds to requests for presentations on FDTC.
- e) Prepares and submits monthly budget reports to the lead agency.
- f) Facilitates grant application processes and assures grant accounting and auditing.
- g) Organizes weekly FDTC staffing.
- h) Coordinates training for FDTC team.
- i) Organizes and prepares weekly participant client status reports.
- j) Works with the Steering Committee to review evaluations and make program changes.
- k) Assist in docket development.
- l) Initiates random UA testing for clients and monitors accordingly.
- m) Assist the Alumni program with organizing community events.

#### **5. Human Services Child Protection Social Worker**

The Human Services Child Protection Social Worker (CPSW) develops and monitors out-of-home placement plans, social services case plans and safety plans for all families in the FDTC. The CPSW that sits on the team will vary depending on who is assigned to a particular case. The CPSW monitors parental compliance with the case plan and requirements of FDTC and the law. The CPSW acts as a team member in conjunction with the child protection supervisor.



In general the Child Protection Social Worker will:

- a) Focus services on meeting the best interest of the children who are adjudicated in need of protection or service.
- b) Facilitates service coordination/delivery.
- c) Performs case management services to the participants and parties of the case, including contact with all service providers.
- d) Coordinates development of unified case plans.
- e) Attends biweekly staffing.
- f) Prepares reports for FDTC

**6. FDTC Chemical Dependency Assessor/Treatment Provider**

7. By treating drug-addicted persons we will reduce chemical abuse/dependency and foster a nurturing, permanent and safe environment for families with children in need of protection or services. To that end, case processing is based upon the need to ensure that chemical dependency treatment of addicted participants is immediate upon entry into the family justice system in order to increase its effectiveness and to ensure the most efficient use of the public monies available for rehabilitation. It is the goal of FDTC to refer participants for chemical use evaluations within hours of their first appearance before the District Court. These assessments are sensitive to issues of race, culture, religion, gender, age, and ethnicity and are developmentally appropriate. Upon completion of the chemical health assessment those eligible for treatment will have a referral made on the same day and placement will begin as soon as a program has an available opening. To enable this process, Faribault, Martin and Jackson County Human Services are committed to providing sufficient staffing to assure expedited assessments and treatment referrals.

The FDTC Chemical Dependency Assessor and Treatment Provider) will participate fully as FDTC team members and will ensure that the participant and her family receive the highest level of care appropriate and available. The Chemical Dependency Specialists will report progress that provides the team with sufficient and timely information to implement incentives and sanctions. They will educate the FDTC Staffing Team on drug use trends and the details related to drug treatment. In general the CD assessor and treatment provider:

- a) Conducts initial chemical use assessments to determine if treatment is needed. (County CD Assessor)
- b) Arranges chemical dependency treatment services and coordinates funding. (County CD Assessor)
- c) Liaison between FDTC and treatment provider. (County CD Assessor if client is in an inpatient setting)
- d) Communicate information to treatment providers following FDTC Court sessions. (County CD Assessor if client is in an inpatient setting)
- e) Provides individual/family chemical dependency treatment. (Treatment provider)
- f) Prepares regular and timely reports for FDTC (Treatment provider)
- g) Assures immediate access to treatment (Treatment provider)

**7. FDTC Researcher/Evaluator**

The FDTC Researcher/Evaluator will be involved in all phases of planning to ensure the

effective and ongoing development of data collection and evaluation component that deals with relevant information critical to the enhancement of the program. While not a fully participatory member of the staffing team, the evaluator will be familiar with its policies and procedures and the program process and will ensure that the information system assists the team in monitoring the progress of the participants in the program and program development. The evaluator will help review the data in the database to ensure quality control. The evaluator will analyze the data to measure the accomplishments of the program and organize and display the results in such a means that stakeholders can view the activity, process and actual participant outcomes against targets and benchmarks.

#### **8. FDTC Law Enforcement**

The FDTC Law Enforcement Officers will participate fully as a FDTC team member and will report to the FDTC team information pertaining to the participant's performance in compliance checks and all other relevant information concerning the participant's law abiding status. The Recovery Specialist will be responsible to get the list of names of the FDTC participants to the appropriate Law Enforcement agencies. A minimum of twice per week at random times an officer will stop at the participant's home and perform compliance checks. The officers may take a random PBT or UA. If chemical use is found the right to arrest for drug or alcohol use will be up to the officer's discretion. If an arrest is not made the suspicion of drug use or alcohol use is to be reported to the **human services case manager or on-call worker** immediately for inclusion at the participant's next court review. The officers will also report any non-compliance of FDTC programming to include but not limited to curfew violations, family violence and lack of respect to authority figures. Law Enforcement agencies in Faribault, Martin and Jackson Counties:

- a) Administer random UAs/PBTs
- b) Random home visits with participants
- c) Random monitoring of participants
- d) Prepares reports to FDTC

#### **9. FDTC Public Health Nurse**

The Public Health Nurse will participate fully as an FDTC team member and will report to the FDTC team information pertaining to the participant's and children's health, involvement in learning and understanding HIV/STD, birth control and parenting skills. The Public Health nurse will report to the FDTC team progress of all participants on a weekly basis.

#### **10. FDTC Mental Health Provider**

The Mental Health Provider (Sioux Trails) will participate fully as an FDTC team member. The provider has two roles. It provides consultation regarding mental health issues as they arise for any participant. The provider reports to the team regarding participants the provider works with and, as able, acts as a liaison between to the FDTC team and other mental health providers participants see. The mental health provider also provides trauma screenings to all new participants in the program and coordinates the work of the Peer Mentor.

#### **12. Guardian ad Litem**

The Guardian ad Litem will participate fully as an FDTC team member and will report to the

FDTC Team information pertaining to the child(ren)'s health, behaviors, safety and best interest. The GAL will report to the FDTC team progress of the children on a weekly basis. In general the Guardian ad Litem:

- a) Represents the best interests of the child(ren).
- b) Monitors safety and permanency for child(ren).
- c) Monitors service delivery.

## **TARGET POPULATION**

The target population for the Faribault, Martin & Jackson Multi-County Family Dependency Treatment Court consists of families who meet the following criteria:

1. Involved in the Juvenile Court process due to a Child in Need of Protection or Services Petition (CHIPS) resulting from abuse or neglect.
2. One or more children reside in court-ordered out of home placement or are in immediate danger of being placed out-of-the-home.
3. One or both of the custodial parents has identified chemical use/abuse issues.

# ELIGIBILITY CRITERIA

## A. General Eligibility Factors

Participation in FDTC is available to persons who reside in Faribault, Martin or Jackson Counties and meet the criteria for a CHIPS petition filing.

## B. Qualifying Factors

1. Families who are under the jurisdiction of District Court and whose children are placed at risk by their parents' involvement with substance abuse may be eligible for this FDTC. To qualify for this program, the custodial parent must meet the following criteria:
  - a) The participant is a resident of the Multi-County area.
  - b) One or more of the participant's children are the subject of a Child in Need or Protection or Services (CHIPS) Petition.
  - c) One or more of the participant's children are in court-ordered out of home placement or in immediate danger of being placed.
  - d) The participant has entered an unconditional admission (not conditioned on acceptance into FDTC) to the basis of the CHIPS Petition.
  - e) The participant has substance use/abuse issues that impact the ability to parent the child(ren).
  - f) The participant has voluntarily chosen to participate in FDTC.

## C. Disqualifying Factors

The following factors would disqualify a potential candidate from participation in the program:

1. Conviction of a deliberate homicide or murder, kidnapping, robbery, felony assault or other violent felonies, including sex offenses [28 CFR 93.3(d)].
2. Subject of a prior judicial determination of egregious harm to a child.
3. Evidence of a significant mental health, developmental disorder, or physical or medical condition which would make it difficult to engage in treatment.
4. Confidential informant in a controlled substance related criminal matter.
5. Refusal to sign release of information form.
6. Cannot effectively participate in FDTC because of time constraints imposed by the Adoption and Safe Families Act of 1997(ASFA) or Minnesota Statutes and rules relating to child protection.

# PROGRAM ADMISSIONS

## A. Referral Process

1. The Child Protection Social Worker (CPSW) reviews potential referrals for a CHIPS Petition with the supervisor to determine potential eligibility for FDTC.
2. The CPSW finds potential eligibility for FDTC by completing the FDTC Eligibility Referral Form and including it with the submission of the CHIPS Referral to the County Attorney Office (within 48 hours of placement) and the FDTC Coordinator.

## B. Parent Counsel Consultation

The parent(s) will meet with counsel to discuss the decision whether or not to enter into the FDTC program. Counsel will review the factual allegations of the offense, fully advise the parent(s) of legal rights and defense and discuss the advantages and disadvantages of entering the Family Dependency Treatment Court. Counsel will further advise the client about the rules and conditions of FDTC and will review all forms to be signed as a condition of participation. If the parent indicates a desire to enter Family Dependency Treatment Court counsel will communicate the decision to the FDTC Coordinator.

## C. Screening / Intake

1. The parent attorney discusses the potential of FDTC with the participant prior to the EPC Hearing.
2. The EPC Hearing occurs within 72 hours of placement.
3. Following the EPC Hearing and prior to the admission hearing the parent attorney secures the participant's signature on the FDTC Participation Criteria and release of confidential information forms if the participant is willing to be screened for admission into the FDTC (Day 3-13).
4. Upon unconditional admission to the CHIPS Petition the parent attorney notifies the FDTC Coordinator of the client's willingness to participate in FDTC (Day 3-13).
5. The FDTC Coordinator makes a referral to the Chemical Dependency (CD) Social Worker for a chemical use assessment (Day 3-13).
6. The Chemical Dependency Social Worker contacts the participant and arranges to complete a chemical use assessment or assists the participant to obtain an assessment from the appropriate insurance provider (Day 5-15).
7. The FDTC Coordinator gathers information from the following sources and provides it to the FDTC Team (Day 8-18):
  - a) Criminal background information from the following court, corrections and social service systems (TCIS/MNCIS, NCIC and CSTS).
8. The CSPW gathers the following sources and provides it to the FDTC Team (Day 8-18):

- a) Mental health screening results on the children and/or diagnostic assessment information.
  - b) Timelines for each child in the family.
  - c) Special needs data on the children.
  - d) Structured Decision Making Tools
  - e) Prior child protection history and check of the statewide perpetrator list.
  - f) Child protection assessment data, including questions/observations about chemical use.
  - g) Mental Health and Chemical Dependency history on the participant.
  - h) Completed chemical use screen on the parent(s).
  - i) Baseline urinalysis testing on the parent(s).
8. The FDTC Coordinator notifies the participant of the date of the next FDTC Court Hearing and requests the participant be present in the event the FDTC Team approves the referral for FDTC.
  9. The FDTC Staffing Team reviews the information to determine appropriateness for FDTC (Days 9-26). The FDTC Staffing Team will include but is not limited to the following persons:
    - a) FDTC Judge
    - b) FDTC Coordinator
    - c) FDTC Recovery Specialist Social Worker
    - d) FDTC Guardian Ad Litem
    - e) FDTC Parent Attorney
    - f) FDTC County Attorney or Assistant County Attorney
    - g) FDTC Chemical Dependency Assessor
    - h) Chemical Dependency Treatment Provider
    - i) Mental Health Treatment Providers
  10. The parent attorney and participant are notified of the FDTC team's determination.

## **D. Final Determination of Entry**

Upon completion of the screening its results will be presented to the FDTC Team for final determination of eligibility to enter into the program. The FDTC team will consider the results of the screening tools, discuss any concerns presented about the participant and decide whether or not to allow the participant into the program. The county attorney's office that filed the CHIPS petition has the right to veto a referral at any point in this process.

### **ENTRY PROCESS:**

1. Upon recommendation of the FDTC Team the participant signs the FDTC contracts and is inducted into FDTC following the FDTC staffing (day 9-26). Sign all documents with Coordinator.
2. Court Administration in County of Origin is notified of the induction into FDTC and reassigns the CHIPS Juvenile Court file to Martin County and the appropriate parent attorney, GAL and Judge (Day 9-26).

3. The FDTC Coordinator reviews the FDTC program rules, rewards and sanctions and graduation criteria with the participant (Day 9-16).
4. If not already completed the following assessments are arranged for the participant by the CPSW, including but not limited to the following (Day 17-34):
  - a) Domestic Violence/Abuse assessment
  - b) Medical/Dental/Health Assessment
  - c) Vocational/Educational Assessment
  - d) Life Skills Assessment
  - e) Housing Assessment
  - f) Strength-based Family Assessment
  - g) Chemical Dependency Evaluation
  - h) Anger Management Assessment
  - i) Parenting Assessment
5. The following assessments may be arranged for the child(ren) by the CPSW:
  - a) Child Well-Being Tool
  - b) Mental Health Screening
  - c) Medical/dental/health
  - d) Diagnostic assessment
  - e) Child & Teen Checkup (CTC), Early and Periodic Screening Diagnosis and Treatment (EPSDT)
  - f) School assessment
  - g) Relative Search
  - h) Methamphetamine exposure follow-up examinations
6. A referral for Family Group Decision Making will be made. (See Section VI) Family Group Decision Making.

## **E. Orientation Services**

Orientation is a mandatory part of the program. The FDTC Coordinator is responsible for coordinating and conducting orientation. Participants are notified in writing of the time and date. The orientation will include an overview of the FDTC Program, including an explanation of the role of the court, supervision and treatment. The Coordinator will present an overview of the family involvement/support piece of the program. The participant will be given handouts, contracts and releases of information. Appropriate papers will be signed at orientation. Contracts will be discussed and reviewed for signature at the first appearance. The first FDTC appearance will be scheduled and participants will be informed of when to attend. A base line drug test will be taken.

## **F. Assessments**

Upon completion of orientation and after signing all of the required paperwork, the participant will be referred to the necessary providers for the purpose of completing the assessments as deemed appropriate by the FDTC team.

The Rule 25 Assessor or the Treatment Specialist will conduct a comprehensive assessment. Assessment criteria should include: substance use indicators of early substance use, substance use before or during school, peer involvement in substance use or daily use of one or more substances. Psychosocial indicators should include physical or sexual abuse, parental substance abuse, change in employment performance or attendance, peer involvement in serious crimes, marked change in physical health and involvement in serious criminal behavior.

The FDTC team's mental health professional will complete a mental health/trauma screening during the first phase of the program. From this initial screening as well as collateral information given by FDTC staffing team members, the mental health professional will come to a recommendation as to whether or not a full diagnostic assessment is warranted with the mental health provider of the participant's choice.

A Family Assessment will be completed if the FDTC Coordinator, Recovery Specialist or FDTC Staffing Team if deems it appropriate. This assessment will be used to assess the strengths and needs of the family. Assessments of the family will address substance use problem severity in great depth and adequately cover home life, physical/sexual abuse, environmental asset/strengths, sexual behaviors, developmental status, leisure and recreation and family dynamics.

The Family Assessment will be done within the first phase of FDTC and the assessor will submit the report to FDTC Staffing Team within two weeks of the request. The FDTC approach is to provide intensive, multi-systemic services in a home-based setting whenever necessary. This approach is based on the assumption that the outcomes will be improved if the family is involved in all aspects of the FDTC Program beginning with the assessment process. The assessment should identify barriers for families that might prevent them from engaging in the FDTC process.

Based on information from the assessments the CPSW, mental health and chemical dependency specialists the team will develop a comprehensive, coordinated, strength-based individual plan of treatment and rehabilitation services for each participant and their family. The treatment plan will be developed in collaboration with the FDTC Team, the participant and family.

## **G. Treatment Plan**

The FDTC will utilize a multi-systemic, therapeutic approach to treatment that is a family and community based intervention. The treatment plan will be a comprehensive, coordinated, strength-based individual plan of treatment and rehabilitation services for each participant and their family. The treatment plan will be developed in collaboration with the FDTC Team, the parent and family. This plan will address employment performance, peer relationships, chemical abuse/dependence and self-esteem issues regarding each adult participant in addition to his/her family situation.

Substance abuse issues for the family will be incorporated into the plan. Within a context of support and skill building the plan will place developmentally appropriate demands on the adult and/or family for responsible behavior. Identified problems throughout the family will be explicitly targeted for change and the strengths of each system will be used to facilitate such



change. A crucial aspect of this approach will be its emphasis on promoting behavior change in the participant's natural environment. This plan will assist family members with development of the skills and resources needed to address the difficulties that arise in living with a recovering substance user and to empower participants to cope with the family, peer, employment and social problems. The treatment plan is reviewed at every court appearance and revisions are made according to ongoing assessment and goals that have been achieved.

The assessment of the parent and family will include careful and thorough consideration of the cultural perspectives of the participant and their families and the cultural relevance of the process of treatment. The treatment plan will incorporate a variety of strategies that build on cultural strengths. Assistance will be provided to assist parents and their families in accessing other appropriate cultural groups and resources within the community.

Special interventions for the participant (based on assessments) could include the need for building coping skills and decision making skills. The cognitive approaches would be geared to the participant's developmental stage, emotional and psychological, as well as age. The focus would be on the strengths of the participant.

Treatment plans will be an individualized plan for each participant taking into consideration gender and age issues. Home-based interventions will be specifically tailored to meet the needs of the age of the parent with age-appropriate goals, taking into consideration the developmental stage of the participant. Interventions for treatment for participants will take a holistic approach and will need to involve others in the community to offer the comprehensive services needed. Services could include a referral to outside agencies that focus on the contributing factors for substance abuse such as sexual abuse, domestic violence and relationship issues. Programs are established within the community for vocational training or work requirements to encourage participants to avoid dependency on welfare or others.

If the assessments indicate a need to address anger management, violence prevention, victimization issues or values the FDTC will incorporate those in the treatment plan. Strategies to address those issues will be used during home visits. In addition, referrals could be made to outside agencies in the community for both the parent and family members.

Services for the family may include in-home interventions, including intensive in-home family therapy and peer mentoring. Interventions will focus on helping the family develop the capacity to understand chemical use and recovery, helping families regain their optimism and motivate them to continue to help the participant. Interventions will aim to change the way family members relate to each other by examining the underlying cause of current interactions and encourage new ones. In addition the treatment plan will identify the community services the family will need to access to be successful. The CSPW and/or FDTC Coordinator will assist the family in accessing those services within the community.

## H. SCREENING AND CHEMICAL USE ASSESSMENT PROCESS

1. The potential participant is screened for FDTC eligibility as described elsewhere in this document. Upon completion of the participant agreement, (including signed releases of information) the coordinator will refer the participant to the appropriate County Human Services Agency for a chemical use assessment by a qualified professional.
2. The chemical use assessment will be completed within two working days and a written summary, including treatment recommendations, forwarded to the coordinator within three working days.
3. The assessor will contact third party payers (hereinafter referred to as “health plan”) as needed to determine participant’s benefit levels, prior authorization requirements and provider network requirements for chemical dependency treatment.
4. The assessor will assist the participant in accessing the most appropriate treatment resources within their health plan coverage; this will include eligibility determination and treatment authorization for clients eligible for “public pay” of treatment through the Consolidated Chemical Dependency Treatment Fund (CCDTF).
5. The assessor will work with the participant and treatment provider to ensure timely admission into the most appropriate treatment program, keeping the drug court coordinator apprised of progress.
6. The assessor will continue to follow the participant’s progress through treatment, receiving treatment reports and modifying treatment arrangements (e.g., authorization of a different treatment level if needed).

## I. PROVIDER NETWORK

1. The provider network will vary for individual participants based on the provider network within their health plan. For CCDTF eligible clients the provider network includes all CCDTF providers contracted with the state.
2. The FDTC will establish specific referral and protocol relationships with local providers who have developed expertise in providing treatment to parents with children, particularly women with children. The FDTC established a specific relationship with the following provider:

<u>Provider</u>	<u>Services</u>
Fountain Centers Fairmont	- Non-residential (outpatient)

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## J. PROTOCOLS

1. The assessor will facilitate communication between FDTC and treatment providers.
2. Prior to each FDTC session the assessor will contact treatment providers to obtain a status update for each client (inpatient clients only).
3. Treatment providers will be required to routinely send copies of all assessment summaries and treatment plans to the assessor and coordinator.

4. The assessor will participate in FDTC staffing and court sessions and will request the presence of treatment provider staff as available and needed.
5. The assessor will communicate information back to the treatment providers following each FDTC court session if they were unable to be present during court.

## **K. PHASES AND DURATION**

1. Treatment in Minnesota is governed by MN Rules, Chapter 9530 (commonly referred to as “Rule 31”).
2. Treatment will be individualized to each participant’s needs, based on the treatment assessment completed by the treatment provider. The provider will prepare a treatment assessment summary around six dimensions:
  - a) acute intoxication and withdrawal potential
  - b) biomedical conditions and complications
  - c) emotional and behavioral conditions and complications
  - d) treatment acceptance and resistance
  - e) relapse and continued use potential
  - f) recovery environment (9530.6422)
3. The provider will prepare an individual treatment plan based on the assessment. The treatment plan is updated based on client progress and revised priorities. The plan must include:
  - a) treatment goals addressing each problem identified in the assessment summary
  - b) specific methods used to address identified problems, including amount, frequency, and anticipated duration of treatment service
  - c) resources to which the client is being referred (when problems are to be addressed concurrently by another provider)
  - d) goals client must reach to complete treatment and have services terminated (9530.6425)
4. Treatment plan review by the provider will:
  - a) occur bi-weekly or after each treatment service, whichever is less frequent
  - b) address each goal in the treatment plan that has been worked on since last review
  - c) address whether strategies to address goals are effective, if not, include changes to treatment plan (9530.6425)

## **L. LONG TERM RECOVERY SUPPORTS / CONTINUING CARE**

1. When a participant has completed treatment and will still participate in FDTC recommendations will be made for continuing care services.
2. Participation in appropriate support groups will be recommended, i.e. Smart Recovery, Mom’s Off Meth (MOM), N.A., A.A.
3. As part of FDTC the participant will help develop the aftercare plan as part of the Life Plan.

**M. FAMILY GROUP DECISION MAKING (FGDM)**

1. Family Group Decision Making is a decision making process that allows the family to plan for permanency and reunification or to develop a care and protection plan to ensure child safety.
2. Extended family members and significant friends of the family are encouraged to participate in the FGDM process.
3. Social Workers, Guardians ad Litem and attorneys may provide information at the FGDM meeting but do not participate in the FGDM process.
4. FGDM will be utilized in the initial stages of FDTC to assist the participant in developing a plan for the care of the children and to enlist support from extended family and friends.
5. A follow-up FGDM meeting may take place in Phase IV of FDTC to assist part of the development of the Transition Plan.

**N. ANCILLARY SERVICES FOR PARENT & CHILDREN**

The ancillary services arranged through FDTC are based on the individual needs of each participant. The service areas to be addressed through the FDTC Staffing Team may include the following:

Participant Services

- |                                  |                                |
|----------------------------------|--------------------------------|
| Mental Health Services           | Medical/Dental/Health Services |
| Vocation/Educational Services    | Life Skills Services           |
| Anger Management Services        | Recreational Services          |
| Parenting assessment and classes | Mentoring                      |
| Child Care                       | Transportation Services        |
| Housing Services                 | Peer Support Groups            |

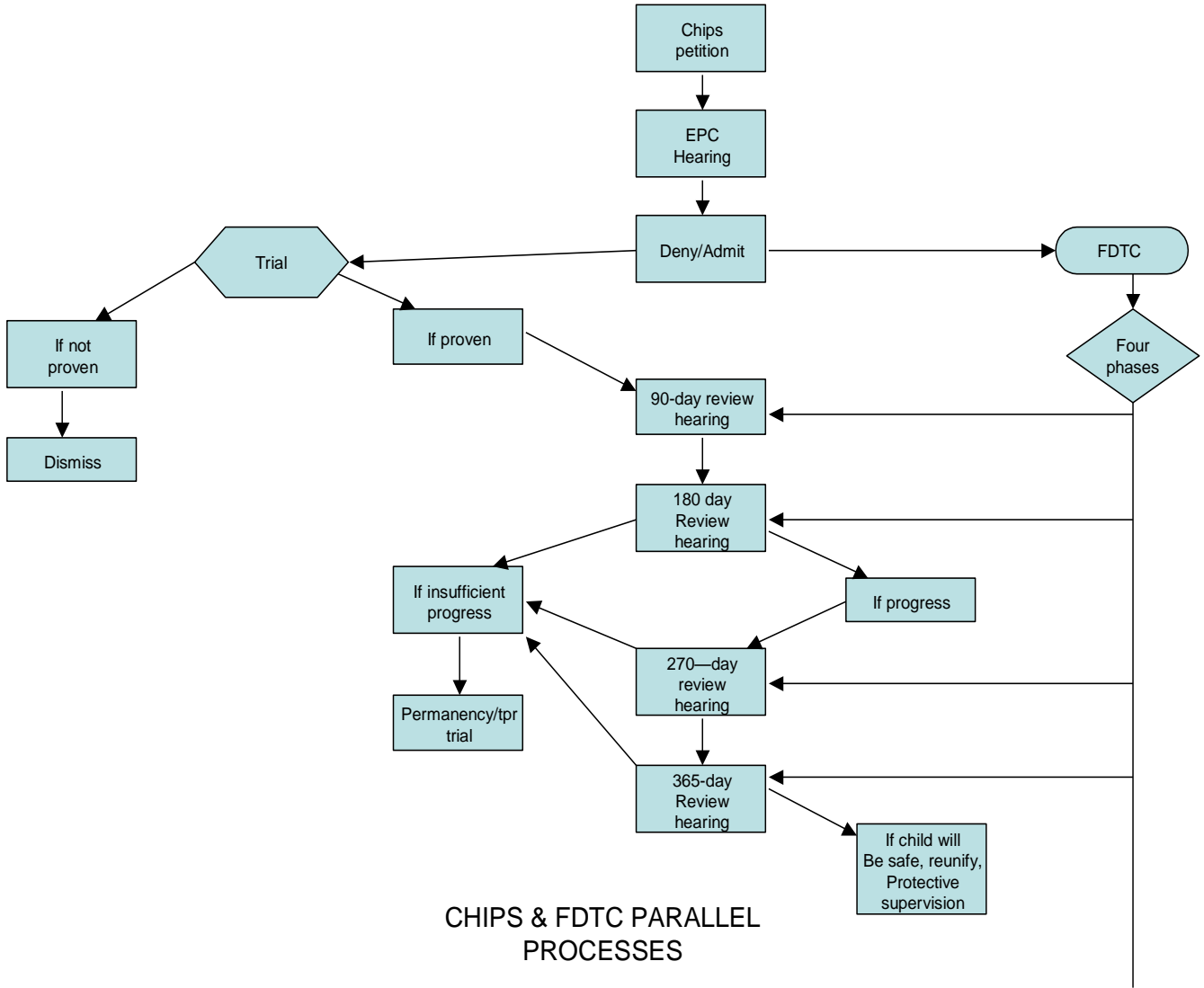
Child Services

- |   |                                |
|---|--------------------------------|
| Mental Health Services                                  | Medical/Dental/Health Services |
| Educational Services                                    | Mentoring                      |
| Children's Therapeutic Support Services                 | Peer Support Groups            |
| Child and Teen Checkup (CTC) (MA eligible participants) |                                |

Family Services

- |                |                              |
|----------------|------------------------------|
| Family Therapy | Family Group Decision Making |
| ECFE           |                              |

# FAMILY DEPENDENCY TREATMENT COURT



## O. Cultural Awareness and Inclusion Policy

1. FDTC seeks to provide equal services for all clients and will not discriminate in admitting or in treatment services based on race, color, national origin, age, physical or mental disability, marital status, religion, creed, gender, sexual orientation or political beliefs. Because of limited resources “first come first served” will be the controlling rule.
2. To empower clients and honor their individual cultural backgrounds FDTC will utilize treatment programs and/or community providers that support and encourage participation in cultural, ethnic or spiritual events available during the treatment process.
3. The Operations Team will actively seek and participate in training opportunities that offer the chance to enhance their knowledge of cultural diversity.
4. Services will be designed and implemented in a manner that is tailored or matched to the unique needs of each participant.
5. FDTC forms and information will be written, when possible, at a 7<sup>th</sup> grade reading level. For clients that do not possess this skill level forms will be reviewed with the client by the appropriate team member to ensure thorough understanding.
6. Translation of forms and information will be provided for participants with a primary language other than English.
7. Certified interpreters will be provided during the FDTC session for participants with Limited English Proficiency and/or the hearing impaired.

## P. Confidentiality

1. FDTC requires highly sensitive and confidential information to be shared at the weekly staffing and in FDTC court sessions.
2. All Operations Team members, participants, adjunct members and FDTC observers will sign confidentiality agreements that outline:
  - a) Type of information to be shared
  - b) Who is allowed to access to the information
  - c) Legal ramifications of data privacy violations
  - d) Duration of the confidentiality agreements
3. FDTC is a specialty court and not subject to the open court provisions regarding Juvenile Court under the Minnesota Rules of Juvenile Procedure.
4. Any and all observers to the weekly staff and FDTC sessions must be:
  - a) Pre-approved by the Operations Team; and
  - b) Attend a short orientation with the FDTC Coordinator; and
  - c) Sign a confidentiality agreement
5. Separate Juvenile Court Proceedings will be held following the FDTC Session and will be governed by the Minnesota Rules of Juvenile Procedure regarding parties, participants and public participation.
6. See Appendix for specifics.

# JUDICIAL SUPERVISION AND COURT PROCESS

FDTC represents a non-traditional approach for families with children in need of protection or services (CHIPS) who have been identified as having a family member who is chemically dependent. FDTC is built upon a unique partnership between the family justice system and the drug treatment community where specific treatment intervention is structured around bi-weekly meetings with a single FDTC judge. This allows for a relationship to form between the parent and judge which helps reinforce their commitment to fight addiction. FDTC will be a non-adversarial courtroom atmosphere where the judge and a dedicated team of court officers and staff work together toward a common goal of breaking the cycle of drug abuse and associated behavior. This will then allow for participants and team member to work together with the judge to enhance the participant's ability to achieve long-term quality sobriety.

Court will be held each and every other Tuesday at 1:30 P.M. with staffing held in the jury room at 1:00 P.M. Each participant will attend court on a bi-weekly basis during Phases one through three and once per month in Phase four.

## **A. First Appearance**

Participants will be given a date for their first appearance from the FDTC Coordinator. The anticipated first appearance should be within seven days of being accepted into the FDTC. At their first court appearance participants will receive the following items from the Judge: Welcome Tag; Judicial Journal; Participant Handbook which includes AA/NA verification forms; copies of the participant's weekly progress report, and Life Plan Packet. Participants will sign their Phase I contract, courtroom rules, prohibited acts and required acts forms in the presence of the Judge and team.

## **B. Review/Status Hearings**

The FDTC Staffing Team meets biweekly prior to each review/status hearing to review progress reports. The review hearing provides an opportunity for the judge and other FDTC team members to assess the adult's progress in meeting drug court requirements, to administer appropriate sanctions and rewards and to provide encouragement and support in a structured and formal setting.

The FDTC Team will search for both negative and positive elements as they assess an individual's and/or family's recent behavior for an upcoming review/status hearing. During the review hearings feedback from the judge and comments from all the drug court team will include compliments and supportive comments. These compliments and support will be extended even while glaring slip-ups are being addressed.

FDTC will include parents in staffing once per month and will take a positive, strength-based approach. Team members will be asked to each prepare a question and positive statement for each parent present. The goal of this interaction is to strengthen the relationship and trust between participants and the FDTC team so that it becomes clear to participants that the FDTC staffing team members are working towards parental reunification and are serving the best interests of the children.

If a participant is struggling between biweekly court hearings the child protection social worker should consult with the FDTC coordinator regarding calling an extra staffing with a portion of the team between court hearings to address behavior as soon as possible.

### **C. Courtroom Rules**

The FDTC approach involves a FDTC Judge, Prosecutor, Defense Counsel, Coordinator, Child Protection Social Worker, Treatment Provider and Court Personnel. The following rules and regulations for courtroom conduct must be followed in all FDTC Hearings:

1. Punctuality is a must. Each participant will be on time for all court appearances.
2. Do not speak when the Court is speaking.
3. Each participant will stand when addressing the Court or when addressed by the Court.
4. No participant shall approach the bench unless permission is obtained or if the Court invites the participant to do so.
5. No participant shall sit on counsel table in the courtroom.
6. Bare feet, the wearing of open toe sandals, flip flops, hats, ball caps, sunglasses, shorts, abbreviated shirts and blouses, tank or tube tops are prohibited in the courtroom.
7. It is forbidden to be under the influence of any intoxicating beverage and/or illicit drug when in court.
8. All weapons are banned from the courtroom.
9. All cell phones or pagers must be turned off.
10. No gum chewing, drinking, eating allowed while in the courtroom.

#### **Courtroom Sessions:**

1. Family Dependency Treatment Court will be held biweekly on Tuesdays at 1:30 p.m.
2. Location is the designated Family Dependency Treatment Court Courtroom
3. Children are allowed but parent and child may be asked to step outside if the child is too unruly or if it is determined to be in the best interest of the child to be outside the courtroom.
4. When the FDTC Judge is unavailable a member of the Operations Team will be designated by the Team to facilitate the staffing and preside over the FDTC session.
  - a) When possible, participants will be given advance notice of planned absences by the FDTC Judge.



b) A community service sanction would require approval and authorization by a District Court Judge following the FDTC session.

#### **D. EPC Hearings**

If a participant is subject to an EPC hearing once already a participant in FDTC, the EPC hearing must be held in the county the participant resides in. Contact the County Attorney's office in the participant's county of residence if a child is placed while the parent is enrolled in the FDTC.

# PROGRAM COMPONENTS

## A. Program Overview

The FDTC will be strength-based and agrees to approach the participant and/or his/her family with a greater concern for their strengths and competencies and to discover mutually how these personal resources can be applied to building solutions. The FDTC program will be post adjudication. The initial phases of the FDTC Court intervention are intensive, gradually transitioning into less intensive intervention as the participant progresses. Throughout the program participants are linked with appropriate specialized and ancillary services. The court may impose additional requirements.

## B. Description of Phases

FDTC has established minimum program elements for each treatment phase, based on the participant's progress towards reunification. Actual time in each phase will vary and estimated times are only included here for the purpose of program planning and budgeting and are not published for participant use. Some parents will finish the program quicker than others.

### Phase I – Supervised Visitation

**Objectives:** Parents in the first phase of FDTC are starting the path towards reunification by taking part in supervised visits with their children. Progression to the Phase 2 with unsupervised visits will take place when parents are ready for unsupervised visits. Typically before parents are granted unsupervised visits the following has taken place to ensure that the children will be safe when granted unsupervised contact in the next phase:

- Chemical Dependency treatment has begun.
- Mental health/trauma screening is complete. Diagnostic assessment has begun, if recommended.
- Parenting assessment is scheduled, if recommended.
- Family Group Decision Making conference scheduled.
- Attending biweekly court hearings.
- Meeting with child protection social worker once per week. Minimum social worker contact for FDTC participants in this phase is one scheduled visit per month, one random visit per month and two court contacts.
- Regular attendance at treatment and other required appointments, such as mental health and parenting classes, if recommended.
- Complying with drug testing – Phase 1 participants should be tested three times per week.
- Abiding by a 9 pm curfew.
- Attending sobriety support meetings.

- Abiding by a visitation plan.
- Submit to team proof of 30 hours of structured activity per week.
- No other safety concerns remain that would prevent unsupervised parental contact.

*Average Completion 30 days*

## Phase II – Unsupervised Visitation

**Objectives:** Parents in the second phase of FDTC have shown that they are able to follow their case plan and are working towards a trial home visit. Progression to Phase 3, trial home visit, typically takes place when the following has taken place:

- Continued compliance with the chemical dependency treatment plan.
- Follow the recommendations of a diagnostic assessment or parenting assessment, if applicable.
- Parent has means to support children (housing, income/assistance of some sort, plan for daycare).
- Stable housing is in place.
- Attending biweekly court hearings.
- Meeting with child protection social worker once per week. Minimum social worker contact for FDTC participants in this phase is one scheduled visit per month, one random visit per month and two court contacts.
- Regular attendance at required meetings (treatment, mental health, peer mentor)
- Complying with drug testing - Phase 2 parents will continue to be tested at least two times per week.
- Abiding by a 10 pm curfew.
- Attending sobriety support meetings.
- Abiding by a visitation plan.
- Completion of a safety plan with the social worker – no other safety concerns remain that would prevent returning the children to the home for a trial period.
- Submit to the team proof of 35 structured hours per week.
- Submit a manageable household budget to the FDTC team.

*Average completion 30-60 days*

## Phase III – Trial Home Visit

**Objectives:** In the third phase of the FDTC the children have returned to the parent(s) on a trial basis. The next goal for a parent in FDTC is to regain legal custody and end the trial home visit. For many parents this may be the most difficult phase in the program, maintaining sobriety and intensive program requirements while having the children home first time. In order to end the trial home visit, typically the following will be required:

- Continued compliance with chemical dependency treatment.
- Regular attendance at required meetings (treatment, mental health, peer mentor).
- Meeting with child protection social worker once per week. Minimum social worker contact for FDTC participants in this phase is one scheduled visit per month, one random visit per month and two court contacts.
- Maintain stable housing and a means to support children.
- Attending biweekly court hearings.
- Meeting with human services social worker as scheduled.
- Regular attendance at required meetings (treatment, mental health, peer mentor).
- Complying with drug testing - Phase 3 participants should be tested at least two times per week.
- Abiding by a 10 pm curfew.
- Submit to the team proof of 40 hours of structured activity per week.
- Attending sobriety support meetings.

*Average completion 60-90 days*

<h3><b>Phase IV- Reunification/Maintenance</b></h3>
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**Objectives:** The final phase of FDTC is a period of maintenance. Parents have reunited with their children and regained legal custody. They are likely done with the intensive portion of chemical dependency treatment. In order to graduate from the program, FDTC expects the following:

- Continued compliance with chemical dependency treatment plan, including aftercare.
- Regular attendance at required meetings (treatment, aftercare, mental health, peer mentor).
- Meeting with human services social worker as scheduled.
- Maintain stable housing and a means to support children.
- Attending monthly court hearings.
- Meeting with human services social worker at least once per month.
- Complying with drug testing – Phase 4 participants will be tested randomly at least two times per week.
- Abiding by an 11 pm curfew.
- Attending sobriety support meetings.
- Completion of a volunteer project.
- Completion of life plan.

*Average Completion 6 months*

## **C. FDTC Level Advancement**

Advancement from each phase will be determined by progress towards reunification and on the condition that the participant has satisfied the established minimum criteria for advancement.

## **D. Commencement Requirements**

The FDTC team reviews cases considered for graduation based on the established phase criteria. If the participant has achieved the status of phase 4 and completed tasks to the satisfaction of the team, the participant would then be eligible for graduation (opportunities available on a monthly basis).

The following criteria are standard for the successful participant:

1. Successful completion of treatment
2. Successful completion of case plan goals
3. Stable housing secured
4. Sustainable household budget
5. No remaining safety concerns
6. Six months consecutive clean time
7. A relapse prevention plan established
8. Consistent court appearances
9. Criminal matters addressed to the satisfaction of FDTC

## **E. Termination Criteria**

The FDTC team reviews cases considered for termination based on the established criteria listed below. If the participant is terminated from the FDTC program, the case is transferred to the traditional CHIPS court. Violation of any of the following criteria is reviewed for potential termination from FDTC.

1. Phase I not completed within 6 months of entry in FDTC
2. New charges filed that are not felony level controlled-substance related
3. A period of 60 days with no meaningful participation in treatment, case management or FDTC
4. Repeated positive or missed drug tests
5. Manipulation of a urine tests
6. Ongoing unexcused absences from treatment programs
7. Repeated failures to appear for FDTC
8. Sufficient evidence of new neglect or inappropriate parenting
9. Repeated failures to perform sanctions
10. Repeated unauthorized visitation
11. Receiving significant jail time in another proceeding
12. Failure to develop a reasonable, sustainable budget

Violation of any of the following criteria shall result in termination from FDTC:

- **Conviction of an offense that requires a commit to prison**
- **Failure to complete treatment**
- **Non-appearance for FDTC hearings/non-contact with FDTC Team:** a warrant is issued for participants who fail to appear for court. If the participant has not made contact with someone from the team for more than 30 days she will be discharged once picked up on the warrant.
- **Discharge for distribution of drugs:** any participant charged with dealing drugs will be suspended from drug court and if found guilty of said charges will be terminated. If the arresting or investigating police officer supports continued involvement by the participant in the program the FDTC Team will take that recommendation into consideration
- **Discharge for a new offense:** termination may also occur if a participant commits a crime. When a new offense is considered violent to person or property, involves the possession of a weapon or is related to the distribution of drugs termination is automatic. Such termination occurs at the first drug court hearing after the participant is found guilty.

All unsuccessful terminations from FDTC will return to district court CHIP's Calendar. The FDTC team will make recommendations to the Court. The FDTC case will be closed.

## **F. Program Fees**

All FDTC participants shall be required to pay a program fee, to increase their buy-in to the program. Reduction of program fees can be an additional incentive for compliance with program. A participant or family, depending on compliance, could be presented with a credit voucher to apply towards program costs at the completion of each phase. Full payment of fees must be satisfied prior to graduation unless waived by the FDTC Judge. The fee is \$30 per month with up to half available for waiver.

Progress on fees needs to be made prior to the start of the trial home visit. Payment of fees must be included in the budget submitted to the FDTC team by the end of Phase 2.

In cases of indigency participants may request further assistance with participant fees. Such requests will be reviewed by the FDTC team after receiving a copy of the participant's budget.

# CASE MANAGEMENT

## A. Case Management Overview

The Human Services Social Worker is responsible for providing case management services for each participant. Case management is a coordinated, collaborative effort to provide linkages with other services providers or between systems in an effort to assist families with their needs.

Case management will include: planning for intervention services and the fulfillment of criminal justice obligations; brokering of treatment and other services and assuring continuity as the participant progresses through treatment and program completion; monitoring and reporting the progress of the participant/family; support by identifying problems and advocating for the participant with legal, treatment, social services and medical and mental health systems. Cases will be monitored according to what phase the participant is in or on a case by case basis according to specific needs of the participant and their family.

The Child Protection Social Worker will:

- Complete referrals and submit to county attorney and coordinator
- Complete all screenings, referral forms, and intake forms as required
- Schedule appropriate meetings with participants including at least one home visit per month to assess the family situation
- Monitor the participant's progress in the program
- Provide biweekly progress reports to the team on each family
- Be responsible for all reports, case records and field notes related to the participant
- Collaborate with family in-home counselors to identify ancillary needs of participant and/or family and assist in referral to services
- Be responsible for compilation of employment information for each participant and also school when applicable
- Work in collaboration with the FDTC Coordinator

## B. Progress Reports

The Human Services Social Worker will provide progress reports to the FDTC team in coordination with the FDTC Coordinator. The progress report will address all aspects of the program including urinalysis results, compliance with treatment plan, attitude and behavior of both participant and family. The progress reports are reviewed at the FDTC Staff Team Meeting that is held prior to the review/status hearing.

All progress reports will identify both negative and positive accomplishments of both the participant and family. The team will compose their response for that week to any participant by

reviewing both compliments regarding accomplishments and suggestions/chastisements. The team will make a conscious effort toward achieving a balance and will understand that (in some weeks) the hunt for a compliment might be difficult and require an “innovative” attitude. If a team session becomes too negatively focused regarding a FDTC Court participant’s situation, any team member will feel obliged to turn the larger discussion back into balance. This could be accomplished by listing both views (positive and negative) in reports to ensure that the negative will not be allowed to dominate by simple omission.



# DRUG TESTING

Drug testing is central to FDTC to ensure participant compliance. The phases of FDTC and participant behavior determine the frequency of drug and alcohol testing. Law Enforcement (Sheriff's Department) administers most drug tests and has the discretion to test at any time. Minimum FDTC participant testing per phase will be as follows:

- Phase 1: 3 times per week (minimum 3 random)
- Phase 2: 2-3 times per week (minimum 2 random)
- Phase 3: 2-3 times per week (minimum 2 random)
- Phase 4: 1-2 times per week (minimum 1 random)

All participants will submit to an initial urinalysis during screening. The sample will be sent to the lab for confirmation. The Court can order urinalysis testing for the spouse of the participant. FDTC will adhere to the following policy in regards to drug testing:

- Contracted laboratories must be certified
- Laboratories will perform appropriate tests to detect diluted or adulterated urine samples
- The scope of testing must be sufficiently broad to detect the participant's primary drug of choice as well as other potential drugs of abuse including alcohol
- Agencies must have a documented chain of custody for each sample collected
- Agencies must have procedures for verifying accuracy when test results are contested
- Positive results, unexcused, missed or adulterated tests will result in court sanctions. Refusal and /or stalling (15 minutes or more) will be considered a positive test.

FDTC will utilize a two-step process for drug testing consisting of on-site testing and lab confirmation. The on-site testing provides immediate results and lab confirmation is ideally faxed within 24-48 hours or when available. Positive on-site testing will be confirmed through a written admission by the participant or confirmation testing at a certified lab.

The on-site testing will test for alcohol, marijuana, methamphetamine, synthetics, cocaine and other drugs as needed as well as adulteration. For quality assurance participants will have a minimum of one urine sample sent to the lab each month.

Urinalysis results will be only be used to determine if the participant is progressing satisfactorily, to determine if the treatment plan needs modifying or as an aid in determining whether the participant should be terminated or graduated from the FDTC. The FDTC will use SAMHSA/DOT established standards for initial screening and confirmation cut off levels. A negative test is a negative test. Levels below the cutoff will be interpreted as negative. The FDTC recognizes that urinalysis testing is not the only gauge of a participant's substance use and will consider other measures, such as a participant behavior, when considering progress in the program.

## **Adulteration and Dilution**

Urinalysis is the most cost effective and reliable means of drug testing, however it has its pitfalls, as do all types of drug testing, and those in a program such as FDTC are prone to take advantage of that. Dilution is the vulnerability that is most often exploited. In a 2005 study (Barr, D. B., et al) of 22,000 people in the general population less than 1% of participants had creatinine levels regularly in the abnormal, below 20 mg/dl, range. Interestingly, when a study looks at the criminal justice population, the levels of dilution skyrocket.

It is the policy of the FDTC that all diluted tests based on creatinine levels will be treated as a positive test and sanctioned. A dilute test indicates dishonest behavior that needs to be eliminated if the FDTC participant is to succeed. The first diluted test will be given a verbal warning with further education; however subsequent tests must be strongly sanctioned. FDTC will not accept creatinine levels below 20 mg/dl.

If a participant's creatinine level is approaching the dilution cutoff, in the range of 20 to 40 mg/dl, the participant is to be approached by a member of the FDTC team to share concerns about these levels. Concurrently, drug testing should be increased until the dilution behavior ceases. It must be clear to all participants from the moment they are admitted into the program that dilution and adulteration will not be tolerated. Many programs have heard complaints from participants stating that they cannot help but submit dilute specimens due to consuming a pot of coffee each morning. Consuming excess liquids is a lifestyle choice. The program requires a number of lifestyle changes in order to participate in the program, excessive consumption of liquids may be one more lifestyle change required of participants. A participant that calls the drug test call-in line in the morning and is told today is a testing day must know that day is not the day for her to consume a pot of coffee prior to testing.

Blood tests are a poor substitution for the participant struggling with dilution as the window of use it examines is so short. A participant that repeatedly submits diluted urine results must be referred to a kidney specialist to determine if there are unaddressed medical issues. Medical issues that interfere with creatinine levels are rare, muscle wasting disease and kidney ailments, and need to be addressed if they do in fact exist. While awaiting such analysis alternatives such as sweat patches should be considered.

## **Drug Testing Process**

The majority of drug tests will take place at the local jail, conducted by sheriff's department staff. The FDTC Coordinator will consult with local jails in making a monthly random testing schedule. All participants are required to call the testing line number seven days per week between 6 am and noon. The call-in line will tell participants if it is their day to submit to a UA. If one is told to submit a UA that day the participant is to report to their assigned testing location, usually the jail closest to them. Hours to report for testing at each jail may vary. Martin County test times are between 7 and 8 am, 1 and 2 pm and 5:30 and 6:30 pm. Those participants whose schedule makes it impossible to test at the local site's times will work out an alternative testing plan in consultation with their human services case manager and the FDTC coordinator.

If a participant tests positive or fails to show for a test, the jail has directions to follow. Law enforcement

will be notified of all such tests and asked to check on the parent and welfare of the children. The assigned social worker will be notified of positive or missed tests during business hours. The on-call worker will be notified of positive or missed tests after hours. These instructions will be on every testing calendar submitted to the jail.

Proper drug testing procedure is as follows under the direct supervision of an FDTC team member or member of law enforcement of the same gender:

1. Participant removes coat, jacket, hoodie, any bulky excess clothing and rolls up long sleeves.
2. Participant empties pockets.
3. Participant washes and thoroughly dries hands.
4. Collector blue's the toilet water with blue substance for females to prevent dipping of the specimen cup in toilet water. Nun's caps should be used occasionally and for cause to prevent female specimen tampering.
5. Participant is given specimen collection cup with temperature strip and instructed not to flush until told to do so. Collector should examine toilet for signs of any adulterants.
6. Collector of test maintains line-of-sight of collection of urine.
7. For chain of custody, the collection cup is to be kept in full view of the participant at all times.
8. Collector inspects specimen in the presence of the participant:
  - a. temperature must be between 90 – 100 degrees Fahrenheit to be considered valid
  - b. appearance (specimens of unusual color or appearing fizzy or bubbly indicate possible adulteration)
  - c. odor (bleach, sour apples, aromatics and vinegar should be suspect and a trigger to send the specimen to the lab)
  - d. solids or other unusual particles
9. Collector conducts urinalysis test. If a line is faint, it is treated no differently than a strong line. "A line is a line".

Positive Results: send all positive and suspected dilute or adulterated specimens to the lab for testing following a documented chain of command process. Complete and affix security seal in the presence of the participant. Document any suspected adulterants and excuses given on the chain of custody form. Follow instructions on the testing calendar for notifying law enforcement and human services.

Negative Results: if the specimen is negative, no adulteration or dilution is suspected and no lab test, such as ETG or synthetics, has been requested, the participant is instructed to flush the specimen and throw out the cup. If additional specimen testing was requested the collector is to complete and affix a security seal in the presence of the participant.

If the collector determines that a participant has brought in an adulterant it will be confiscated by the collector, the participant will be allowed to conduct a urinalysis that is sent to the lab for confirmation and a report will be made to the FDTC coordinator.

If someone of the same gender is not available to supervise the urinalysis a PBT will be conducted and a report will be made to the FDTC coordinator.

## **PRESCRIPTION & MEDICAL ISSUES**

The FDTC holds its participants accountable for the risks that prescribed narcotics present to their recovery. To that end participants are required by the FDTC Participation Agreement to follow the FDTC's Medication Contract. This contract clearly spells out the responsibilities participants hold in informing medical professionals of their chemical dependency diagnosis. It also delineates participants' responsibilities if a medical professional decides no other alternative exists but to prescribe a narcotic to a drug court participant. Participants will review and sign the FDTC Medication Contract during orientation. A copy of this contract will be added to the participant manual.

The Medication Contract informs participants that the FDTC reserves the right to limit them to one primary medical professional. This determination will be left to the FDTC team's discretion and will be enforced by court order and medical assistance restriction, if available.

Participants will also be provided copies of the FDTC Doctor Card to carry with them to ensure that they will be able, at all times, to provide a form to any medical professional they encounter for whatever reason that indicates they are chemically dependent and in an abstinence-based court program. Copies of the FDTC Doctor Card will be available at all court hearings. This will serve as a regular reminder to participants of their responsibility to inform all medical professionals of their participation in the FDTC and their diagnosis of chemical dependency.

Participants prescribed medication upon admission to the FDTC will be advised during orientation of their responsibility to complete the Medication Confirmation Form during the first phase of the program. Other participants will be required to complete the form as the need arises as determined by the staffing team.

Also, during orientation, participants will review the FDTC Alcohol Testing and Substance Exposure Contract in an effort to educate participants regarding the risks that over the counter medication and other substances they may come across pose.

# INCENTIVES AND SANCTIONS

Relapse and intermittent progress are part of most successful drug rehabilitation programs. There are immediate and direct consequences for all misconduct. Sanctions follow violations and are applied as close to the time of failure as possible by FDTC. Incentives and sanctions are applied at the participant's next scheduled review/status hearing, with the exception of serious violations (e.g. dirty UA, new crime, serious curfew violation) in which case the participant may be scheduled for a special review hearing, depending on where it is in the biweekly FDTC calendar.

Progressive sanctions and incentives are related to the goals of the FDTC and should be appropriately applied in response to program failure and success and/or applied incrementally to move the participant steadily toward completion of the program. This list is not inclusive and can include creative ideas and should reflect what participants and/or families perceive as sanctions and incentives based on initial interviews and assessments.

## **INCENTIVES: (See Appendix B)**

A. Incentives will be provided upon completion of:

1. Weekly goals: clean UAs, keeping appointments with social worker, FDTC, health, treatment, therapy, parenting education and visitation
2. Sobriety goals: clean UAs, completion of treatment phases, recognition of longevity of sobriety
3. FDTC Program Phase goals: meeting case plan objectives, such as educational, employment, housing, treatment, parenting, physical and mental health goals, and ultimately graduation from FDTC
4. Parenting goals: visitation, seeking parenting skills, compliance with a parenting assessment, demonstration of positive parenting skills, reunification or other permanency determination

B. Other goals and incentives will be case specific as determined by the FDTC team.

C. Incentives are delivered through a fishbowl system. Participants get one draw for meeting minimum criteria. They may earn up to two additional draws if they meet milestones or go above and beyond program expectations. This decision is at the discretion of the team.

## **SANCTIONS: (See Appendix A)**

A. Mandatory sanctions will be given for the following behaviors:

1. Positive or missed drug tests
2. Failure to attend an FDTC Hearing
3. Failure to bring required forms (journal, meeting proof)
4. New criminal offense
5. Failure to participate in treatment

B. Additional sanctions may be given as determined by the FDTC Team. This may include but is not limited to the following behaviors:

1. Missed appointments
2. Inappropriate parenting
3. Noncompliance with weekly goals/treatment plan
4. Negative courtroom behavior
5. Starting or continuing negative personal relationships
6. Disrespect shown toward team members or other participants
7. Dishonesty

**Goal #1: Best interest of Children: The Primary Goal of FDTC is to serve the Best Interest of the Children. *Language from Statute 260C***

**Objective:** FDTC will research and implement evidence-based treatment programming.

**Objective:** FDTC will verify that all treatment providers accepting referrals from the FDTC employ evidence-based practices.

**Objective:** FDTC will increase the length of treatment participation of the FDTC clients.

**Objective:** FDTC will reduce the number and duration of relapses of the FDTC clients.

**Objective:** FDTC will develop phase appropriate treatment plans for every participant.

**Objective:** FDTC will hold biweekly meetings with participants to address their needs.

- Positive Behavior: Clean UA, no new legal violation, no curfew violation.
- Incentive: Praise, progress through phases, gift cards, later curfew, toys, candy, pop, picture frame, gym memberships, limo rides, pool passes, phase advancement.
- Negative Behavior: Positive drug test, new crime or status offense.
- Sanctions: Admonishment in court, essay, pay for retest, Community Service, earlier curfew, house arrest, electronic monitoring, increased court appearances, or removal from program.
- Treatment Response: Increase in services and drug testing, referral to other services such as peer mentor

**Goal #2: Assist parents within the juvenile protection system in reducing their substance abuse issues through the use of evidence-based treatment approaches and innovative system change.**

**Objective:** FDTC will research and implement evidence-based treatment programming.

**Objective:** FDTC will verify that all treatment providers accepting referrals from the FDTC employ evidence-based practices.

**Objective:** FDTC will increase the length of treatment participation of the FDTC clients.

**Objective:** FDTC will reduce the number and duration of relapses of the FDTC clients.

**Objective:** FDTC will develop phase appropriate treatment plans for every participant.

**Objective:** FDTC will hold biweekly meetings with participants to address their needs.

- Positive Behavior: Clean UA, no new legal violation, no curfew violation.
- Incentive: Praise, progress through phases, gift cards, later curfew, toys, candy, pop, picture frame, gym memberships, limo rides, pool passes, phase advancement.

- Negative Behavior: Positive drug test, new crime, or status offense.
- Sanctions: Admonishment in court, pay for retest, increased testing, essay, Community Service, increased curfew, increased drug testing, house arrest, electronic monitoring, increased court appearances, or removal from program.
- Treatment Response: Increased in services, referral to other services

**Goal #3: Establish timely permanency for children of parents with substance abuse issues with reunification as a preferred outcome**

**Objective:** FDTC will quickly identify potential participants and enroll them in the program in a timely manner.

**Objective:** Provide prompt assessments and treatment of parents and children to maximize the time to restore child safety and well-being under ASFA guidelines.

**Objective:** FDTC will reduce the length of time and frequency of out-of-home placements of participants' children.

- Positive Behavior: Family involvement in support networks, improved family relationships, participant's success in job or new job.
- Incentive: Praise, family outings, or family picture.
- Negative Behavior: No improvement in use of resources or family relationships.
- Sanctions: Lecture from the judge, essay, goodbye letter
- Treatment Response: Mentoring/tutoring, educational assessment, referral to classes.
- Positive Behavior: Attendance at family sessions, attendance or completion of CD treatment, attendance at pro-social activities or involvement in the community.
- Incentive: Praise, gift certificates, movie passes for family, restaurant certificates, pizza/movie passes, family outings, later curfew for participant, coupons from local business.
- Negative Behavior: Missed treatment classes, no involvement in pro-social activities and association with negative peers.
- Sanctions: Community service hours, earlier curfew, house arrest, electronic monitoring, increased status hearings or removal from program.
- Treatment Response: Make-up missed classes.

**GOAL # 4 Utilize appropriate and prompt responses to facilitate behavior changes for parents with substance abuse issues.**

**Objective:** FDTC sanctions and incentives will be utilized in a timely and appropriate manner at frequent and regular court sessions within clearly defined phases to facilitate behavioral change.

**Objective:** Participants will work with the FDTC team to develop plans that will be reviewed by team and participant during each phase of the program and will strengthen families by addressing and promoting self-reliance, increase ability to problem solve and increase knowledge of available community services and support networks.

**Objective:** Reduce the number of relapses and the duration of those relapses.

**Objective:** FDTC participants will increase participation in pro-social community activities.

- Positive Behavior: employment attendance or increased academic performance.
- Incentive: Employment/School based incentives, recreational activities, new employment/school supplies or clothes, later curfew or gift certificates.
- Negative Behavior: No response to educational/employment goals or discipline referral.
- Sanctions: Community Service, earlier curfew.
- Treatment Response: Mentoring/tutoring, educational assessment, referral to classes.

**Goal #5: Strengthen the capacity of families to provide guidance, structure and nurturance for their children.**

**Objectives:** FDTC will provide intensive, home-based services to participants and families.

**Objectives:** The FDTC team will refer all participants to appropriate parenting programs.

**Objectives** FDTC will promote early assessment of physical, mental and dental needs to provide participants and their children assistance in obtaining services necessary to address those needs.

- Positive Behavior: Completion of parenting classes, attendance at family sessions, attendance at pro-social activities or involvement in the community.
- Incentive: Praise, gift cards, movie passes for family, restaurant certificates, pizza/movie passes, family outing, later curfew, coupons from local businesses.
- Negative Behavior: Missed parenting classes, non-compliance with in-home family counseling, non-compliance with family sessions.
- Sanctions: Community service, lecture from the judge, essay.
- Treatment Response: Increase in services.

See sanction grid in Appendix.



# MANAGEMENT AND EVALUATION OF INFORMATION

## A. Why Evaluate

1. To determine how the program or program elements are working.
2. To determine whether and how to improve program functioning
3. To meet accountability requirements
4. To assess costs relative to benefits of programs
5. To maintain or seek funding

Evaluation of the FDTC Court will be ongoing processes of gathering objective information that can be used by the FDTC Court Stakeholders, program administrators and the FDTC Team. The Evaluation schedule shall include quarterly reports, yearly reports and ongoing comprehensive output and outcome summary reports. Evaluation serves a dual purpose of monitoring program operations and examining program outcomes. Information gathered from process and outcome evaluation activities is used to modify program procedure, approaches or interventions and to justify continuation or expansion of existing services. The following section describes the Management Information System (MIS), Process Evaluation and the Outcome Evaluation Plan for FDTC's Court.

## B. Management Information System (MIS)

FDTC will utilize a publicly available web based drug court data collection program that is updatable to meet our needs [Buffalo Drug Court MIS] (Revised by the 9<sup>th</sup> Judicial District). This program will include a/an:

1. **Intake** portion that will be completed on everyone who is screened for possible participation in the FDTC and for everyone who is an identified member of a comparison group.
2. **Client** information portion to collect demographics, record identifiers and court information.
3. **Assessment** portion that allows users to record basic personal, medical, mental health and substance abuse information. Unless modified, specific assessment tools must continue to be done outside the system. FMJ Multi-County FDTC relies on treatment providers to assess clients and record and maintain information.
4. **Case Management** portion which includes a triage screen summarizing information from many parts of the system. Case management areas include: Provider/Treatment, Consents

or Releases of Information, Court processes and Supervision. Supervision type data includes a Treatment Form, a Drug Testing Form and a Violation Form.

5. **Discharge** portion which will be completed on all individuals who have been accepted and participate in the FDTC Program. Close reasons are included such that conclusions can be drawn regarding successful vs. unsuccessful exits.

## **C. Process Evaluation**

A process evaluation annual report will help to determine if the program is meeting administrative and procedural goals. The Evaluator will develop and assist in maintaining quality assurance for the FDTC by defining the necessary data elements for evaluation and monitoring of the internal Drug Court processes. The evaluator will oversee process evaluations and perform statistical analysis capabilities or provide consultation on analyses. Monitoring data will include activities, operations and performance in relation to goals and resource utilization. It will also identify potential problems which will allow the Team to make any necessary changes.

## **D. Key Items for Monitoring & Process Evaluation**

### **Implementation**

- Were all program components implemented as intended? If not which ones and why?
- Have there been any changes to the program design?
- What are the recommendations for improvement?

### **Target Population**

- To what extent is the population being reached and how does this compare to a comparison group not in FDTC with respect to current CHIPS prior record, nature and severity of substance abuse problems, race, age and gender?

### **Served, Screening & Assessment**

- Number of intakes and total enrolled in period.
- Number of offenders referred for screening/Number actually screened.
- Number and percent of screened offenders accepted into drug court.
- Reasons eligible participants are not accepted, i.e. refused to participate.
- Are assessments/reports completed on time?

### **Timelines**

- Number of days from CHIPS filing to referral and from referral to first FDTC appearance.
- Average length of stay in each phase.
- Average length of time from start to completion of treatment.
- Average length of stay from start to completion of the program.

### **Treatment**

- Are available services meeting client needs?

- Number expelled from treatment and reasons why.
- Number who graduate from treatment.

### **Drug Testing**

- Number of drug/alcohol tests completed.
- Average number of tests per participant.
- Percentage of all drug tests positive for any drug, by drug type.
- Number positive for alcohol use.

### **Ancillary Services**

- How many referrals/completions for ancillary services (Participant/Family)?

### **Sanctions and Incentives**

- Total number of sanctions and incentives in period.
- Percentage of participants who received sanctions.
- Average sanctions and incentives per participant.
- Hours of community service were assigned and completed in period.

### **Retention in Program**

- Number and percentage of graduates to total & number terminated from program and why.

### **Surveys**

- Yearly surveys for stakeholder, offenders, treatment providers, DHS and court personnel.
- Participant surveys at entry, every six months and graduation inform the shape of the program.

# Evaluation Outcome

The final component of the evaluation will focus on the benefits that FDTC families derive from the program and program impact. The actual achieved benefits (individual and group outcomes) will be compared against ideal outcomes the program hoped to obtain. An outcome evaluation analyzes the impact of the court on the behavior of its participants – both graduates and failures. In addition evaluations will compare the behavior of participants to the behavior of a “comparison group”. The comparison group should consist of similar families – similar child protection concerns, demographic characteristics and geography. Outcome measures will be used to help determine if the program is effective for participants and/or families and cost effective for FMJ Multi- County FDTC.

## A. Outcomes based on Goals and Objectives

The Outcomes are based on goals and objectives of FDTC. The following are the outcomes to be achieved by FDTC:

### *Goal # 1: Best Interest of Child*

**Objective:** The child(ren) will reside in an alcohol and drug free home.

Outcome	Targets
Participants will remain alcohol and drug free	95% - Children will be returned home
Participants will have no new child protection concerns	95% - No new non-drug related CP concerns
	70% - No new drug related CP concerns 70% - No new drug related CHIPS convictions

Evaluations will include a comparison of recidivism between program completers and non-completers as well as a comparison of those who were offered but chose not to participate in FDTC. Any new concerns will be compared to the original offense(s) and separated into violent/non-violent, drug related/non-drug related.

Outcome	Targets
Participants will complete the Drug Court program [Commencement]	60% - complete the program

Participants will successfully complete all court ordered dispositions such as treatment, fines, restitution, community work service and cognitive skills	70% - complete in full 30% - with at least partial completion while in the program
Participants will complete all assigned sanctions while in program	70% - successfully complete all sanctions
Participants will reduce program violations from Phase I to Phase III	Program violations will reduce by 25% as they advance from Phase to Phase

**GOAL # 2:** Assist parents within the juvenile protection system in reducing their substance abuse issues through the use of evidence-based treatment approaches and innovative system change.

**Objective:** FDTC will research and implement evidence-based treatment programming.

**Objective:** FDTC will verify that all treatment providers accepting referrals from the FDTC employ evidence-based practices.

**Objective:** FDTC will increase the length of treatment participation of the FDTC clients.

**Objective:** FDTC will reduce the number and duration of relapses of the FDTC clients.

**Objective:** FDTC will develop phase appropriate treatment plans for every participant.

**Objective:** FDTC will hold weekly meetings with participants to address their needs.

Outcome	Targets
<p>FDTC will serve at least 15 families between July 1 and June 30 each year.</p> <p>FDTC will conduct research regarding evidence-based practices by 12-31-12.</p>	<ul style="list-style-type: none"> <li>• 80% of participants will remain in FDTC for a minimum of twelve months.</li> <li>• All participants will attend 85 % of all treatment sessions.</li> <li>• All participants will attend 95% of all scheduled court review sessions.</li> <li>• 80% of participants will have 100% clean UAs in the final phase of FDTC participation.</li> <li>• 75% of all clients will graduate from the FDTC.</li> <li>• 90% of clients will have no substantiated child abuse or neglect while in the program.</li> <li>• 80% of FDTC graduates will have no substantiated child abuse or neglect within 18 months of graduation.</li> </ul>

Break-out analysis will be shown for FDTC Court program completers and non-completers as well as comparisons with offenders with a traditional sentence.

**GOAL # 3:** Establish timely permanency for children of parents with substance abuse issues with reunification as a preferred outcome

**Objective:** FDTC will quickly identify potential participants and enroll them in the program in a timely manner.

**Objective:** Provide prompt assessments and treatment of parents and children to maximize the time to restore child safety and well-being under ASFA guidelines.

**Objective:** FDTC will reduce the length of time and frequency of out-of-home placements of participants' children.

Outcome	Targets
Participants abstain from illegal drug use and alcohol abuse:	<ul style="list-style-type: none"> <li>• 75% of FDTC participants will be inducted into FDTC within 26 days of being identified as eligible.</li> <li>• 80% of participant's children will reach permanency within 12 months of parent's participation in FDTC.</li> <li>• 60% of children will be reunified with their parents within 9 months of entering FDTC.</li> <li>• 80% of participants will keep their scheduled visitations with their children.</li> </ul>
Participants successfully complete chemical dependency primary treatment	70% - successfully complete
Treatment completers will successfully complete an aftercare program	75% - will successfully complete
FDTC Court completers maintain abstinence at time of 12 month follow-up	75% - will maintain abstinence 12 months after completion
Indicator: follow-up call or survey-self-reports and family, support group reports and any new related arrests, and breath tests	60% - will maintain abstinence

**Goal #4:** Utilize appropriate and prompt responses to facilitate behavior changes for parents with substance abuse issues.

**Objective:** FDTC sanctions and incentives will be utilized in a timely and appropriate manner at frequent and regular court sessions within clearly defined phases to facilitate behavioral change.

**Objective:** Participants will work with the FDTC team to develop plans that will be reviewed by team and participant during each phase of the program and will strengthen families by addressing and promoting self-reliance, increased ability to problem solve and increase knowledge of available community services and support networks.

**Objective:** Reduce the number of relapses and the duration of those relapses.

**Objective:** FDTC participants will increase participation in pro-social community activities.

Outcome	Targets
Participants abstain from illegal drug use and alcohol abuse:	<ul style="list-style-type: none"> <li>• 100% of court ordered sanctions and incentives will be administered at the next scheduled court date.</li> <li>• 80% of participants in need of educational assistance will make meaningful progress toward completion of education.</li> <li>• 80% who are identified as needing job training will participate in training and will obtain employment by the time of completion of FDTC.</li> <li>• 100% will have adequate housing at graduation.</li> <li>• 80% will be involved in at least one pro-social community activity or graduation.</li> </ul>
Participants will gain or maintain full/part time employment	70%
Participant (with need) will complete job skills training, or other education	80% - of those with need
Indicator: Follow-up call or survey-self-reports and family, support group reports and any new related arrests, and breath tests	60% - will maintain abstinence after graduation
Participant will work towards obtaining a high school diploma or will complete their GED or maintain grade level appropriate for age.	50% - will improve on level of education 50% of those who should graduate from high school will
Participants will complete Cognitive Skills programming.	80% - complete

**Goal #5:** Strengthen the capacity of families to provide guidance, structure and nurturance for their children.

**Objective:** FDTC will provide intensive, home-based services to participants and families.

**Objective:** The FDTC team will refer all participants to appropriate parenting program.

**Objective:** FDTC will promote early assessment of physical, mental and dental needs to provide participants and their children assistance in obtaining services necessary to address those needs.

Outcome	Targets
Families gain stabilization	
Indicators: Number who begin or increase community services and support networks	70% - participate during the program
Number who show improvement in self-reliance: Obtain employment	75% - will be employed while in program 80% employed 12 months after completion of FDTC
Participants improve their pro-social activities	100% - of participants participate in a pro-social activity
No reports of domestic violence	50% - will have no reports of domestic violence while in program.

**Objective:** Strengthen families of participants by providing intensive, multi-systemic services, as needed

Outcome	Targets
Participants will complete a parenting class	90%
Children returned to the home from placement	70% - returned
Participants will increase the ability to follow structure and guidance - as determined by the case manager	70% - improve during the course of the program
Participants report increased positive family relations	75% - report an improvement during the course of the program
	<ul style="list-style-type: none"> <li>• Participants will attend 85% of all parenting class sessions.</li> <li>• 100% of participants who are reunified with their children will show improved parenting practices at graduation.</li> <li>• 90% of participants and children will have a physical and dental exam within 60 days of entrance into the FDTC.</li> <li>• 90% of participants and children will have a mental health screening within 60 days of entrance into the FDTC.</li> <li>• 90% of participants will obtain the necessary resources to follow up on recommendations of the physical and dental exam and the mental health</li> </ul>



	screening with 60 days of the exams and screenings.
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When individuals are identified that are involved in new CHIPS filings and relapse as part of the follow-up data collection the FDTC coordinator will attempt to schedule and conduct personal interviews with these individuals to determine if FDTC program policies or procedures need to be modified, enhanced or eliminated.

**B. Data to Be Collected**

1. Participants screened (including referral and screening dates)
2. Participants admitted to the program
3. Eligible persons not admitted. Why?
4. Race/Ethnicity
5. Sex
6. Marital status of participant
7. Highest grade completed (if applicable)
8. Pregnancy status
9. Number of children
10. Number of dependents
11. Participant’s primary residence
12. Date of CHIPS filing
13. Date of admission to the FDTC court
14. Employment status
15. Current Concerns
16. Criminal history (including status offenses)
17. School information (alternative, traditional, attendance, behavior) if applicable
18. Drug of choice (First, Second & Third)
19. Drug History
20. Services provided (treatment or ancillary for participant and family)
21. Information of program violations
22. Sanctions
23. Incentives
24. Commencement information
25. Participant and families survey results
26. Discharge reasons
27. Number of CHIPS filings for two year period (include type)
28. Fees, fines, costs and restitution paid by each participant
29. Attendance records at treatment classes, groups and family intervention meetings
30. Accomplishments for participants and/or family

**C. Additional Comparisons**

Comparisons can be made between graduates and non-graduates of FDTC based on: age, sex, race, education, change in education and employment status, family service history, usage

history, treatment history, drug of choice, marital status, parental status, risk assessment scores and new arrests/convictions.

# APPENDIX

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**Faribault, Martin and Jackson  
Family Dependency Treatment Court  
Memorandum of Understanding – Steering Committee**

**FARIBAULT, MARTIN AND JACKSON COUNTY FAMILY DEPENDENCY TREATMENT  
COURT**

AGREEMENT between the Faribault, Martin and Jackson (FMJ): County Police Agencies, the County Attorney, the Public Defender, Health and Human Services and the Fifth Judicial District Court.

The parties to this Agreement endorse the mission and goals of the Faribault, Martin and Jackson County Family Dependency Treatment Court (FMJ-FDTC) program in order for participants to eliminate future child abuse/neglect behavior and improve the quality of their lives. The parties recognize that for the FDTC mission to be successful, cooperation and collaboration must occur within a network of systems.

**The parties to this Agreement propose the following mission statement:**

Faribault, Martin and Jackson County District Court, in the Fifth Judicial District of Minnesota, will provide a Post-plea, Family Dependency Treatment Court Program to reduce chemical abuse and child abuse/neglect behavior of non-violent parents. FMJ- FDTC mission is to break the cycle of child abuse/neglect and addiction by providing chemically-addicted offenders with a multidisciplinary strategic response of treatment, support, and legal accountability, thereby enhancing the quality of life of the community. The Family Dependency Treatment Court provides strength-based interventions promoting healthy lifestyles, accountability for actions, and positive family relationships through a collaborative effort between the Juvenile Justice System and the community. This collaboration results in educated and productive adults, healthy families, and stronger, safer communities.

The parties agree that there are ten principles under which the respective agencies will work cooperatively. They are:

1. The FDTC integrates alcohol and other drug treatment services with criminal justice system processing.
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participant's due process rights.
3. Eligible participants are identified by social workers, county attorney staff, police agencies or the bench, and promptly referred to the County Attorney's Office for recommendation of eligibility under the federal guidelines.
4. The FDTC program provides access to a continuum of alcohol, drug and other related treatment and rehabilitation services.
5. Frequent alcohol and other drug testing monitors abstinence.
6. A coordinated strategy governs the FDTC responses to participant's compliance.
7. There is on-going judicial interaction with each FDTC participant.

8. A monitoring and evaluation plan measures the achievement of program goals and gauges effectiveness.
9. Continuing interdisciplinary education promotes effective substance abuse court planning implementation and operations.
10. Forging partnerships among substance abuse courts, public agencies and community-based organizations generates local support and enhances FDTC effectiveness.

## **INDIVIDUAL AGENCY RESPONSIBILITIES AND STAFF COMMITMENTS**

### **County Attorney**

1. A representative from one of the Tri-County Attorney's offices will be assigned to the FDTC program for the term of this Agreement, as funding permits, and will participate as an active member of the Staffing Team and the Steering Committee.
2. The County Attorney's Office representative will make appropriate referrals to the FDTC Program and will promptly review all other referrals for recommendation of eligibility.
3. The County Attorney agrees that a positive drug test or open court admission of drug possession or use will not result in the filing of additional charges based on that admission; and
4. The County Attorney's Office representative makes recommendations regarding the participant's continued enrollment in the program based on performance in treatment and in the FDTC program rather than on legal aspects of the case, barring commission of a new offense.

### **Defense Counsel**

1. A defense counsel will be assigned to the FDTC program for the term of this Agreement, as funding permits, and will participate as an active member of the Staffing Team and the Steering Committee.
2. The defense counsel advises the offender as to the nature and purpose of the FDTC, the rules governing participation, the consequences of abiding or failing to abide by the rules and how participating or not participating in the FDTC will affect his/her interests.
3. The defense council explains all of the rights that the offender will temporarily or permanently relinquish.
4. The defense counsel explains that because criminal prosecution for admitting to alcohol or other drug use in open court will not be invoked, the offender is encouraged to be truthful with the judge, the case manager and the treatment staff and informs the participant that he or she will be expected to speak directly to the judge, not through an attorney.
5. The defense counsel reviews the participant's progress in the program and advocates appropriately when the participant is facing sanctions for non-compliance, when seeking early termination of the CHIPS, or the out-of-home placement time tables should the participant be terminated from the program.

### **FMJ - FDTC – Case Manager**

1. One case manager will be assigned to provide field supervision of up to 10 FDTC participants for the term of this Agreement, as funding permits, and will participate as active members of the Staffing Team.
2. FMJ-FDTC will provide supervision and case management services to the FDTC participants.
3. FMJ-FDTC case manager will participate in weekly case reviews with the judge, treatment provider and FDTC staffing team.

4. FMJ-FDTC case manager will provide progress reports to the staffing team on a weekly basis.
5. FMJ-FDTC case manager will provide frequent, observed drug testing on a random basis.
6. FMJ-FDTC case manager will participate as active members of the Steering Committee.

**Faribault, Martin and Jackson County Law Enforcement Agencies**

1. The Law Enforcement agencies serve as a liaison between the Steering Committee and the community and provide information to the Steering Committee on community issues related to drug or alcohol abuse.
2. The Law Enforcement agencies disseminate information, including the referral process about the FDTC program to all police personnel.
3. Law Enforcement will assist FDTC by performing Knock-N-Chats (compliance checks) weekly on all participants and report to the team results using the MIS system and attending staffing.
4. Law Enforcement will assist FDTC by completing urinalysis testing and PBT testing during compliance checks and assisting Human Services when needed.
5. A representative from the Law Enforcement agencies will participate as an active member of the Steering Committee.

**Fifth Judicial Court**

1. The Court will make at least a one-year assignment of a judge to the FDTC to ensure consistency.
2. The Court assumes the primary role to motivate and monitor the participants of the FDTC program.
3. The Court actively represents the FDTC in the community and appears before governmental agencies, public commissions, legislative hearings, public forums and the media.
4. The Court ensures a cooperative atmosphere for attorneys, clerks, case managers, and treatment providers to stay focused on the task of providing substance abusers with treatment opportunities.
5. The Court provides the necessary reinforcements which the Court deems necessary.
6. The assigned judges will participate as active members of the Staffing Team and Steering Committee.

**FDTC Coordinator**

1. The Court Coordinator assists the FDTC team with monitoring and evaluation of the FDTC when necessary.
2. The Court Coordinator assists in seeking funding sources, responds to grant solicitations, implements and monitors grant funds and provides fiscal, narrative and statistical information as required by the funding source to ensure the on-going operation of the program.
3. The Court Coordinator provides or seeks on-going training of judicial officers.
4. The Court Coordinator provides monthly strategic planning for the Steering Committee to ensure stability, support and on-going accountability for the FDTC program.
5. The Court Coordinator is responsible for the preparation of the annual report setting the incidence of recidivism among FDTC graduates.
6. The Court Coordinator provides leadership and direction under the supervision of the Presiding Judge to ensure compliance with National Standards set fourth by the National Association of Drug Court Professionals.
7. The Court Coordinator participates as an active member of the Staffing Team and Steering Committee.

## **Guardian ad Litem**

- The Guardian ad Litem represents the best interests of the child(ren).
- The Guardian ad Litem monitors safety and permanency for child(ren).
- The Guardian ad Litem monitors service delivery.
- The Guardian as Litem participates as an active member of the Staffing Team and Steering Committee

## **Human Service and Treatment**

The primary purpose of the Family Dependency Treatment Court is to increase public safety by treatment of drug addicted persons who committed child abuse/neglect related to their use of alcohol or controlled substances. To that end, case processing is based upon the need to insure that chemical dependency treatment of addicted offenders is immediate upon entry into the family court system in order to increase its effectiveness and to insure the most efficient use of the public monies available for rehabilitation. It is the goal of FDTC to refer offenders for chemical use evaluations within hours of their first appearance before the District Court. Upon completion of the chemical health assessment those eligible for treatment will have a referral made on the same day and placement will begin as soon as a program has an available opening. To enable this process, Faribault, Martin and Jackson County Human Services is committed to providing sufficient staffing to assure expedited assessments and treatment referrals. Human Service Representative participates as an active member of the Staffing Team and Steering Committee

**FDTC will be governed under the guidelines of 42 C.F.R. and HIPAA with respect of sharing information, filing information and its information systems.**

## **Sharing of information (Pertinent Regulation: 42 C.F.R. § 2.12) and HIPAA**

### **1. Meetings:**

Discussions at FDTC staffing are confidential, not only for legal concerns but also to promote trust and fairness. If an outsider is permitted to attend a team staffing, they will be requested to sign FDTC agreement promising to abide by the confidentiality provision of the law and this MOU. Under 42 C.F.R. Section 290dd-2 FDTC will obtain participant's consent for an outsider to attend said staffing.

When staffing meetings are videotaped to be used for training purposes, the tape will be edited to eliminate any names or other participant-identifying information.

### **2. Redislosure Provision Section 290dd-2:**

All parties of Faribault, Martin and Jackson Counties FDTC are bound by the redislosure provisions of Section 290-2 which are congruent with the provisions governing initial disclosures. Consequently, any member of the team who receives covered information may only distribute that information in accordance with Section 290dd-2.

### **3. Prosecution:**

The County Attorney agrees that a positive drug test or open court admission of drug possession or use will not result in the filing of additional charges based on that admission. A participant who commits these crimes may lose eligibility for the drug court program (among other sanctions) but should not be prosecuted for those crimes based on information that the state acquired through FDTC.

### **4. Sharing and refusing to share information:**

FDTC encourages the free flow of information within the drug court team to promote our mission. Under Section 290dd-2 we acknowledge that members of FDTC may be subject to legal and ethical restriction on disclosure, which in some situations must be observed notwithstanding either the participant's Section 290dd-2 waiver or the likelihood that disclosure would benefit the court and the participant. Example: Mary tells FDTC's defense counsel that she has used drugs recently. That information is covered both by Section 290dd-2 and the defense counsel ethical duty of confidentiality as an attorney. Whether and to whom the FDTC defense counsel discloses that information is covered under the scope of FDTC consent signed by the participant and the applicability of various exceptions to those confidentiality requirements. FDTC acknowledges that these situations might occur and that it is not improper for members of the team to withhold information when they are required to do so.

### **5. File Storage and Information Systems Pertinent Regulations: 42 C.F.R.§ 2.16 & HIPAA**

#### **a. File Storage**

Participant's files and all written information concerning the participants will be stored according to 42 C.F.R. Section 290dd-2.16. All written records and information will be stored in a locked file cabinet within a secured room. All records will be kept separate from other court records and will be labeled indicating that they are confidential and may only be viewed by members of the FDTC team. All FDTC team members and Court Administration staff will be educated on these procedures and the rationale behind them. Only FDTC team members will have access to said records and all information within these records will be used for the purposes of:

1. Referral to FDTC;
2. Referral to treatment;
3. Incentives and sanctions within FDTC Court process;
4. Evaluation (appropriate court orders will be obtained at such time of need);
5. Termination from FDTC

#### **b. Information System**

FDTC MIS system is also regulated under Section 290dd-2.16 and will be used for the same purposes of all written information. MIS records will be maintained on the Faribault, Martin and Jackson County shared drive, password protected and access limited to **current** FDTC team members. All information needed for the expressed purpose of evaluation will be obtained through appropriate court orders.



Finally, all files, written information and MIS programs will have limiting access to as expressed in the participants' signed consent and will be evoked upon the expiration of said consent or when that consent is revoked or completion of FDTC either by commencement or termination. All paper records that can be accessed by FDTC team members during the duration of the participant's consent will be transferred to a more restricted storage facility as soon as the consent is terminated. All MIS records will be sealed by changing the password and/or access authorization.

**Adult Substance Abuse and Mental Health Initiatives Steering Committee**

All parties agree to be represented in this group. This committee will be responsible for modifying and amending this Agreement. The Steering Committee will address problems and issues as identified and develop policy and program modifications.

**AGREEMENT MODIFICATIONS**

Any individual agency wishing to amend/modify this Agreement will notify the Steering Committee of the issue(s). The Steering Committee will address the issue(s) for purposes of modifying/amending the Agreement. The issue will be decided by consensus (if possible) or by simple majority, if not.

**Exception: this excludes any modification to The Fifth Judicial District Court.**

**COURT TERMINATION OF AGREEMENT**

Individual agencies contemplating termination of their participation in this Agreement shall first notify the Steering Committee of their concern(s). The Steering Committee shall attempt to resolve the problem to ensure continuation of the FDTC program. If unable to resolve the problem the individual agency or department can exercise its right to terminate this Agreement by notifying, all other agencies in writing a minimum of 60 days prior to such termination.

IN WITNESS THEREOF, the parties have caused their duly authorized representatives to execute this Agreement.

\_\_\_\_\_  
Fifth Judicial District Court Judge  
Martin County

\_\_\_\_\_  
Fifth Judicial District Court Judge  
Jackson County

\_\_\_\_\_  
Fifth Judicial District Court Judge  
Faribault County

\_\_\_\_\_  
Public Defender

\_\_\_\_\_  
Martin County Attorney

\_\_\_\_\_  
Faribault County Attorney

Jackson County Attorney

Faribault/Martin/Jackson FDTC Coordinator

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Faribault County Sheriff

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Martin County Sheriff Department

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Jackson County Sheriff

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Substance Abuse Coordinator

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Martin County Commissioner

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Faribault County Commissioner

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Jackson County Commissioner

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Jackson County Human Services

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Martin /Faribault County Human Services

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Blue Earth Police Department

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Fairmont Police Department

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Jackson Police Department

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5<sup>th</sup> Judicial District Guardian Ad Litem



## Memorandum of Understanding-Agencies

### FMJ MULTI-COUNTY FAMILY DEPENDENCY TREATMENT COURT

Agreement between the FMJ Multi-County Family Dependency Treatment Court (FDTC) program and agencies providing treatment services, related housing, and case management services to FDTC participants.

**Policy:** It is the policy of the FMJ Multi-County Family Dependency Treatment Court to collaborate with treatment providers in assisting participants to stop the abuse of alcohol and other drugs as well as child abuse/neglect behavior. The partnership between the treatment community and the courts is the key to family dependency court success.

The parties agree there are twelve principles under which the respective agencies will work cooperatively. They are:

1. No one agency can address all the critical issues of a substance abusing population; all organizations with the purpose of providing social services or aiding recovery from substance abuse need to develop partnerships in order to provide comprehensive services to this population.
2. An alcohol or drug user is most vulnerable to successful interventions when he/she is in crisis, e.g. immediately after initial having their child(ren) removed from the home.
3. An alcohol or drug addiction is not created overnight and cannot be arrested overnight
4. Relapse and intermittent progress are part of most successful alcohol or drug recovery programs.
5. Parents will be held accountable for their behaviors and responsible for the development of their recovery plans.
6. Chemical dependency treatment should not be limited to “traditional” treatment — other forms of treatment can be therapeutic and one size does not fit all (e.g. methadone).
7. Early assessment and continued re-assessment is essential.
8. Treatment must be developmentally-based, gender-specific and culturally competent.
9. Specific attention should be paid to employment performance, peer relationships, self-esteem needs and family situation.

10. A plan for aftercare services beyond court sanctions must be developed.
11. Administration of regular (random) urinalysis will occur with immediate consequences for positive UA testing.
12. Relapse should trigger a therapeutic response.

Collaboration between monitoring staff and treatment providers is accomplished through the following:

1. The FDTC Coordinator will attend monthly Chemical Health Provider’s meetings at the site of the substance abuse treatment provider. The purpose of the Coordinator’s participation is to update providers on changes in the functioning of the program, address any court or provider concerns and to encourage networking among providers of different treatment modalities.
2. Supervision staff participates in case conferences with counseling staff at treatment provider agencies.
3. Progress reports are forwarded on a regular basis from treatment providers to court.
4. Treatment providers are encouraged to be present in FDTC and staffing meetings when appropriate or convenient.

I, \_\_\_\_\_, representative of \_\_\_\_\_ Treatment Program, agree to provide chemical dependency treatment, discharge planning and aftercare services to participants of the FDTC program who are placed in my program by FMJ Multi-County Community Human Services or another funder. I agree to provide all necessary information the court requires and to participate in client staffing as necessary.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

**EXAMPLES OF INCENTIVES**

Kid Appropriate Packs  
Clothes  
Welcome Pack  
Certificates  
Gift Cards from Local Businesses  
Overnights at Hotels  
Sobriety Coins/Chains, Certificates  
Laminated Pictures of Children  
Family Pack  
Weekend Activities with Children  
Health Club Access  
Family Portrait Framed  
Praise and Congratulations from the Judge  
Roses  
Movie Cards  
Food Certificates  
Credit off fees  
Graduation Ceremony  
Applause  
Decreased Supervision  
Increased Visitation

**EXAMPLES OF SANCTIONS**

Increased Testing  
Increased Supervision  
Additional Evaluations  
Drop in Phase Level  
Judicial Lecture (attached to behavior)  
Bench Warrant (for missing court)  
Community Service (to promote a way to gain skills)  
Increased Attendance at Support Groups  
Book Reports  
Review of Movies Associated with Behaviors  
Essays on Their Behavior  
House Arrest  
Forfeiture of Personal Property (t.v., computers, etc) for a Time  
Curfews  
Forfeiture of Drug Court Bucks  
Review for Continuing Eligibility in FDTC  
Termination from Drug Court

## FMJ FDTC Sanctions & Therapeutic Response Guideline based on Proximal & Distal goals

*\*\* All use resets sobriety date and increases UAs\*\*Remember this is a guideline and each case is to be handled on an individual basis\*\**

Behavior	Phase	Violation 1	Violation 2	Violation 3	Violation 4 or More
Positive Drug Test	1-2 or first 90 days	Therapeutic verbal warning Peer Mentor referral	4 hours CSW Update CD eval.	8 hours CSW Update CD eval. House arrest w/out monitor	Residential treatment FGDM on permanency
Positive Drug Test	3-4	16 hours CSW Relapse Panel or Anatomy of a Relapse	24 hours CSW Goodbye Letter FGDM on permanency Update CD eval.	File TPR Customize other responses	Termination/TPR
Dilute UA	1-2	Verbal Warning	4 hours CSW Increase testing	8 hours CSW Increase testing	16 hours CSW Increase testing
Dilute UA	3-4	Verbal Warning	8 hours CSW Increase testing	16 hours CSW Increase testing Essay Pros & Cons FDTC	16 hours CSW Increase testing Goodbye letter
Admit use prior to positive UA	1-2	Verbal warning	Update CD eval. Essay (ex. pros & cons of being in FDTC)	Daily UAs until admit to residential treatment FGDM on permanency	Customize response
Admit use prior to positive UA	3-4	Relapse Panel or Anatomy of a Relapse presentation	Update CD & MH eval. Goodbye letter	Permanency FGDM File TPR	Termination/TPR
Adulterated Test	1-4	Treat as positive test			
No-Show for Court (unexcused)	1-4	Verbal Warning	Bench Warrant Dust court room	Bench warrant Reduced curfew Peer Mentor referral	What is this behavior trying to tell us?
Late for Court - unexcused	1-4	Verbal warning	Written assignment on responsibility	CSW Present responsibility paper in court	What else is going on?
Failure to complete CWS	1-4	1 hour additional CWS for every hour not completed	What is this person trying to tell us with this behavior?		
Failure to complete assignment	1-4	4 hours CWS	What is this person trying to tell us with this behavior?		
No show treatment or other provider – unexcused absence	1-4	Verbal Warning Make up session CSW for each hour missed	Make up session CSW 2 hours for each hour missed	Make up session CSW 3 hours for each hour missed ARMHS/Peer Mentor referral or schedule & check-ins	What is this person trying to tell us with this behavior?
Missed Case Manager appointment	1-4	Verbal Warning	Assignment on responsibility	Reduced curfew ARMHS/Peer Mentor referral or schedule & check-ins	What else is going on?
Leaving FMJ w/out permission	1-4	Verbal Warning	Reduce curfew Increase Knock & Chats	7 days house arrest w/no enforcement. Continue reduced curfew and increased knock & chats.	14 days house arrest w/no enforcement aside from 24/7 call-ins.
Not meeting 40	1-4	Verbal Warning	Proof of 5 applications	CSW	What else is going

hours structured activity		Referral to Workforce Center	per week Order extra structured activities (ex. treatment work)	Proof of 5 applications per week ARMHS and Peer Mentor referral	on?
Not attending Support Meetings	1-4	Verbal warning Make up missed meeting	Make up missed meeting Paper on importance of support in sobriety	Keep in mind participants could fake attendance, what is this person telling us by refusing to go to meetings and telling us this?	
Missed Knock & Chat	1-4	Verbal Warning	Reduce curfew Increase Knock & Chats	7 days house arrest w/out monitor Increase Knock & Chats	14 days house arrest w/out monitor Increase Knock & Chats
Positive PBT or refusal during curfew check	1-4	Officer surveys situation. If children are present the officer determines if they are at risk and in need of a hold and placement. Officer notifies coordinator and Human Services ASAP.			

All sanctions will be assessed to determine if the desired behavior is Proximal (near) or Distal (far). For example, long-term sobriety in the first days/months likely is a distal behavior. Think about this – is the behavior easy or hard for the person now? If it is hard, be easy on the person. If it is easy for the person to do, sanction hard.

The staffing team will continue to remind participants that the sanction for admitting to a positive UA will be significantly less than getting caught. We understand that abstinence is a distal behavior, but that honesty is a proximal behavior that is encouraged, even required of drug court participants

**DEFINITIONS:**

**Relapse Panel:** Participant sits down with four people in recovery, ideally two graduates and two people from the AA or NA community. Panelists share their experience and dissect what likely led to the participant’s relapse.

**Anatomy of a Relapse:** exercise with recovery specialist or counselor to look back at what led towards a relapse (thoughts, feelings, behaviors) – participant should present this along with an updated relapse plan to the team.

**Schedule and Check-Ins:** each week the participant works out a schedule with social worker of everything she needs to do. Prior to taking part in each of these activities the participant calls to check-in with the recovery specialist.

**Pros & Cons essay:** participants are asked to weigh the pros and cons of remaining in FDTC. This should be done with a team member.

**Goodbye letter:** this letter is written by the participant when it is apparent the person isn’t getting it and isn’t complying in a variety of ways; the letter should be a heartfelt explanation of why the parent will no longer be in the child(ren)’s life any longer - intended only as a sanction for the parent, not something to be given to a child.

Other sanction ideas not listed on grid:

- \* rescind curfew/overnight
- \* write out program rules
- \* extra cog skills book assignment
- \* interview 3 team members (not case manager) about how they manage their schedules
- \* pay cost of denied positive UA
- \* book or video report
- \* essay – how compliance with FDTC will make me a better parent
- \* essay – how honesty is important in sobriety

Thank you to Fort Bend County, Texas, Family Drug Court, Saginaw County, Michigan, Family Drug Court and Minnesota Cornerstone Drug Court whose sanction policies were consulted in the making of this grid.

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IN THE MATTER OF: \_\_\_\_\_ COURT FILE: \_\_\_\_\_

**FDTC Court Order**

**THE FOLLOWING CONDITIONS APPLY:**

- Said adult shall follow all rules and regulations of the FMJ-FDTC.
- Said participant shall complete \_\_\_\_\_ hours/days of community service work by \_\_\_\_\_.
- Said participant shall be placed on electronic home alcohol monitor.
- Said participant is placed on House arrest under the following conditions \_\_\_\_\_.
- Said participant shall be held in secure detention at \_\_\_\_\_ until the next hearing. The County Sheriff's Dept. shall transport said adult to the facility and to the next hearing.
- Said participant's curfew shall be \_\_\_\_\_.
- Said participant shall attend Sobriety Support Meetings weekly.
- Said participant is ordered to complete a \_\_\_\_\_ program at \_\_\_\_\_.
- Said participant shall complete a psychological/chemical use assessment at \_\_\_\_\_ by \_\_\_\_\_.
- Said participant shall complete a treatment program at: \_\_\_\_\_.
- The recommendation of FDTC representing the Human Services of \_\_\_\_\_ County is that out of home placement of the children is in the best interests of the children and is the least restrictive alternative available at this time.
- There is prima facie showing that the children's health, safety and welfare would be immediately endangered if the children were released to the care of their parent(s).
- Continuation of the children in the custody of their parent(s) is contrary to their welfare, therefore out of home placement is necessary for the care and welfare of the children.
- Human Services of \_\_\_\_\_ County made reasonable efforts to prevent out of home placement, but out of home placement was necessary for the care and welfare of the children.
- Other: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
District Court Judge

MY SIGNATURE ACKNOWLEDGES THAT I HAVE READ THE FOREGOING AND UNDERSTAND THE TERMS AND CONDITIONS OF THE COURT ORDER. I UNDERSTAND THAT A VIOLATION OF THIS ORDER OR NON-APPEARANCE AT MY NEXT COURT DATE IS A CONTEMPT OF COURT AND WILL BE CAUSE FOR ARREST AND/OR FORFEITURE OF BAIL, AND MAY ALSO CONSTITUTE A CRIMINAL OFFENSE PURSUANT TO M.S. 609.49.

Date: \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature



## FMJ - FAMILY DEPENDENCY TREATMENT COURT TREATMENT TEAM/COURT APPEARANCE OUTCOME

Client: \_\_\_\_\_

Date: \_\_\_\_\_

UA Results	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
------------	---

Judge Walker noted that you were/were not **compliant** in the following way(s):

- Yes  Attending and complying with your CD treatment as required
- Yes  Completed 40 hours of structured time
- Yes  Attending Support meetings as required and providing proper verification
- Yes  Attending scheduled visitations with your child(ren)
- Yes  Attending all scheduled appointments and/or meetings
- Yes  Cooperating and providing UA's as required
- Yes  Attending any miscellaneous classes as required
- Yes  Other: \_\_\_\_\_

**You received the following REWARDS:**

Draws from the fishbowl: 1 2 3

Accomplishments: \_\_\_\_\_

### Children Information:

- Yes  No School attendance/meetings \_\_\_\_\_
- Yes  No Mental Health Services \_\_\_\_\_
- Yes  No Medical/Dental Appointments \_\_\_\_\_
- Yes  No Treatment attendance/meetings \_\_\_\_\_

Current functions and Behaviors:

Any suggestions from the child

**You received the following SANCTIONS:**

Misc. Court Notes:

Before your next court appearance, you must do the following:

Next court appearance: \_\_\_\_\_



**Faribault, Martin & Jackson County  
Family Dependency Treatment Court**  
201 Lake Avenue, Suite 243  
Fairmont MN 56031  
(507) 238-3226 / FAX (507) 238-1913

## **Courtroom Rules**

The FDTC approach involves a Judge, Prosecutor, Defense Counsel, Coordinator, Human Services Social Worker, Law Enforcement, Treatment Provider and Court Personnel. The following rules and regulations for courtroom conduct must be followed in all FDTC Hearings:

1. Punctuality is a must. Each participant will be on time for all court appearances.
2. Do not speak when the Court is speaking.
3. Each participant will stand when addressing the Court or when addressed by the Court.
4. No participant shall approach the bench unless permission is obtained or if the Court invites the participant to do so.
5. No participant shall sit on counsel table in the courtroom.
6. Bare feet, flip flops, hats, ball caps, sunglasses, short shorts, abbreviated shirts and blouses, tank or tube tops are prohibited in the courtroom.
7. It is forbidden to be under the influence of any intoxicating beverage and/or illicit drug when in court.
8. All weapons are banned from the courtroom.
9. All cell phones or pagers must be turned off.
10. No gum chewing, drinking or eating allowed while in the courtroom.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Judge

\_\_\_\_\_  
FDTC Coordinator

\_\_\_\_\_  
Date



**Faribault, Martin & Jackson County  
Family Dependency Treatment Court**  
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## **Prohibited Acts**

- Substance Abuse Court Participants shall not violate any city, state, or federal laws. Any arrest or contact with police must be reported to the FDTC Recovery Specialist within 24 hours.
- Participants shall not commit any acts of violence or threats of violence.
- Participants shall not have in their possession, use, sell, distribute or have under their control, any paraphernalia or drug except as prescribed for them by a licensed physician.
- Participants shall not use or possess any alcoholic beverage nor shall they frequent any establishment where alcoholic beverages are exclusively sold or used.
- Participants shall not attend any program under the influence of alcohol or any illicit drug.
- Participants shall not attend any program while in the possession of a weapon of any form including firearms or knives.
- Participants shall not refuse to comply with program requirement.
- Participants shall not miss any scheduled probation meeting, drug court appearance, or urine test, family sessions, or any other group, class or program.
- Participants shall not refuse to cooperate with Substance Abuse Court personnel at each level and they shall strive to progress through each level to the best of their ability.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Date

\_\_\_\_\_  
FDTC Coordinator



**Faribault, Martin & Jackson County  
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### **Required Acts**

- Attend all required meetings and be on time. In the event a participant is unable to attend the participant will call the Recovery Specialist at least two hours in advance.
- Submit to urine, alcohol or other tests as required. Refusal, stalling (15 minutes or more) or adulteration will be considered a positive test.
- Submit any required reports to the FDTC as ordered.
- Keep the FDTC Recovery Specialist informed of a current address, phone number and whereabouts. The participant shall not change address or phone numbers without notifying the Court in advance.
- Full-time employment or work on GED while maintaining employment; or an alternative plan pre-approved by FDTC team. Each participant will provide proof of employment or employment search to the FDTC team. Participants will report any changes of employment within 48 hours.
- Submit to any rehabilitative, medical or psychological program as directed by FDTC.
- Pay all FDTC Program fees and costs or fines as ordered by the Court.
- Shall comply with directives of the FDTC Judge, FDTC Team, CD Treatment Providers and FDTC Recovery Specialist.
- Make satisfactory progress in the program as measured by each level requirement.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Date

\_\_\_\_\_  
FDTC Coordinator



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**DRUG TESTING GUIDELINES & CONSENT**

**FREQUENCY AND TESTING LOCATION:**

You are required to call the Drug Testing Hotline on a daily basis. Please listen to the pre-recorded message for testing information for that day. *You must call the hotline each day between 6:00 am and 12:00 pm (noon) in order to check if you were randomly selected to provide a urine sample.*

**The testing hotline number is: 602-903-5250. Your code for the hotline is \_\_\_\_\_.**

When your code is selected, you must report to: Martin County Jail according to the following schedule:

**Martin County Jail = Monday through Sunday (7 days/week):**  
7:00 am – 8:00 am **OR** 1:00pm – 2:00pm **OR** 5:30pm – 6:30pm

*\*By appointment with case manager, if unable to make times listed above, ONLY if pre-approved by your case manager!*

**SCOPE OF TESTING (WHICH DRUGS TO SCREEN)**

Unless otherwise specified by the FDTC, the screening will normally be specific to, although not limited to: substances involved in the CHIPS case or indicated in the participant’s chemical use history, or; other information is received indicating the need to screen for a specific substance.

**REPORTING AND USE OF RESULTS**

Drug test results (positive and negative) will be reported to the FDTC team and your case manager. Drug testing results are to be used as an integral part of the program and may be released to the FDTC Team and other individuals or agencies only as designated in a consent to release information.

The following are considered Positive Tests and will be reported to the court as such: 1) Testing positive for any illegal substance; 2) Missing a test without permission; 3) Adulteration of any sort (including flushing/dilution); 3) Failure to provide a urine specimen of sufficient quantity will be considered a stall and treated as a positive test; 4) Failure to provide a urine specimen within a reasonable amount of time (usually 15 minutes). 5) Refusal to take a test.

I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations which govern the confidentiality of this report and patients records and that this information may be redisclosed only in connection with their official duties.

I have read and understand the information above, and agree to FMJ FDTC’s drug testing guidelines.

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**FDTC Coordinator Signature**

\_\_\_\_\_  
**Date**

## Drug Court FDTC Compliance Checklist

Please UA/PBT and check for compliance for curfews and specials conditions as listed. The standard chain of custody for UA's should be used: sample is taken. If a positive, contact Miranda Rosa at 507-702-9375.

<b>Participant Name:</b>	
Address:	
Phone:	
Curfew:	
<b><u>Officer Report</u></b> Date: _____  Officer Name: _____	UA <input type="checkbox"/> Pos _____ <input type="checkbox"/> Neg PBT <input type="checkbox"/> Pos _____ % <input type="checkbox"/> Neg <b><u>Comment:</u></b>  
<b><u>Officer Report</u></b> Date: _____  Officer Name: _____	UA <input type="checkbox"/> Pos _____ <input type="checkbox"/> Neg PBT <input type="checkbox"/> Pos _____ % <input type="checkbox"/> Neg <b><u>Comment:</u></b>  
<b>Participant Name:</b>	
Address:	
Phone:	
Curfew:	
<b><u>Officer Report</u></b> Date: _____  Officer Name: _____	UA <input type="checkbox"/> Pos _____ <input type="checkbox"/> Neg PBT <input type="checkbox"/> Pos _____ % <input type="checkbox"/> Neg <b><u>Comment:</u></b>  



**Faribault, Martin and Jackson  
FDTC Journal Sheet**

<b>NAME:</b>	<b>DOB:</b>	age
<b>CHIP's date:</b>		
<b>File:</b>		
<b>Children: (include ages)</b>		

Phase 1:      Phase 2 :      Phase 3:      Phase 4:  
(first drug court date)

<b>Sobriety date _____</b> (day of 1 <sup>st</sup> drug court appearance or two clean tests)
30 days sobriety _____ 60 days sobriety _____ 90 days sobriety _____
6 mo sobriety _____ 9 months sobriety _____ 180 day _____

**LSI Scores:**      Phase 1: date/score 5/18/07 / 30      Phase 3: date/score \_\_\_\_\_ / \_\_\_\_\_  
Phase 4: date/score \_\_\_\_\_ / \_\_\_\_\_

<i>Court Date</i>
<i>Short Term Goals:</i>
<i>Journal Notes</i>
<b>Next Court Appearance</b>





**FDTC**  
**Participant's Weekly Progress Report**

Name: \_\_\_\_\_ Judge: Robert Walker

Please describe your progress since your last court appearance:

Education: \_\_\_\_\_  
\_\_\_\_\_

Employment: \_\_\_\_\_  
\_\_\_\_\_

Family: \_\_\_\_\_  
\_\_\_\_\_

Friends/Recreation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Groups: \_\_\_\_\_  
\_\_\_\_\_

Meetings/Additional Program Requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Feelings about self: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Faribault, Martin & Jackson County  
Family Dependency Treatment Court**  
201 Lake Avenue, Suite 243  
Fairmont MN 56031  
(507) 238-3226 / FAX (507) 238-1913

**AUTHORIZATION FOR THE USE OR DISCLOSURE OF INFORMATION  
TO COUNTY HUMAN SERVICES**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Re: Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Address and phone number: \_\_\_\_\_

I hereby request and authorize you to disclose to the Family Dependency Treatment Court (FDTC) the following types of information you have pertaining to my status as a County Human Services client: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The purpose of this authorization is to allow the Faribault, Martin or Jackson County Department of Human Services to give the FDTC coordinator identifying information so that he/she may contact me regarding the FDTC and share my progress towards my case plan goals and reunification with my children.

I know and understand:

- Information about me is protected under state and/or federal privacy laws and generally cannot be disclosed without my consent, with certain exceptions specified by law.
- Information disclosed pursuant to this authorization may be re-disclosed to other parties only with a further release of information.
- Alcohol and drug treatment records are further protected by federal regulations and disclosure requires further authorization.
- I am under no obligation to sign this authorization. However, without the requested information FDTC may not be able to be of assistance.
- I may revoke this authorization at any time by giving written notice of revocation. Unless earlier revoked, this authorization expires twelve (12) months from the date I signed this form.
- Revoking this authorization does not apply to information already released under this authorization.

Information regarding alcohol and drug treatment has been disclosed from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

\_\_\_\_\_  
Client Signature\* Date

\_\_\_\_\_  
Witness Signature Date

\*If the client is a minor, consent must be given by the parent or guardian, unless not required by state or federal law. However, if chemical dependency information is to be released or obtained, the minor client's signature is required as well.



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**FDTc ELIGIBILITY REFERRAL FORM**

Date of Referral: \_\_\_\_\_ Assigned CP Social Worker: \_\_\_\_\_

**Parent Information**

Court File \_\_\_\_\_ Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Attorney: \_\_\_\_\_ GAL: \_\_\_\_\_

**Children Information**

Date of placement of children: \_\_\_\_\_  
 Timelines/previous placements: \_\_\_\_\_

_____	_____
Child(ren)'s Name, DOB, Gender	Other Parent Name
_____	_____
Child(ren)'s Name, DOB, Gender	Other Parent Name
_____	_____
Child(ren)'s Name, DOB, Gender	Other Parent Name

**CD Assessment**

Referred for CD assessment?  Yes  No If yes, assigned assessor: \_\_\_\_\_  
 If CD assessment is complete please answer the following:  
 Assessment Date: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
 Recommendations: \_\_\_\_\_  
 If residential, expected admission date: \_\_\_\_\_

**County Attorney**

Are disqualifiers present?  No  Yes, they are: \_\_\_\_\_  
 Are timelines sufficient to make FDTc appropriate? \_\_\_\_\_  
 Support referral?  Yes  No, if no state reason: \_\_\_\_\_

**Final Status Determination by FDTc Team:**

Accepted  Declined Date \_\_\_\_\_ Reason \_\_\_\_\_

*Please send this form to the county attorney in your county and the FDTc coordinator  
(miranda.rosa@courts.state.mn.us)*

## FMJ MULTI-COUNTY FAMILY DEPENDENCY TREATMENT COURT ELIGIBILITY EVALUATION SHEET

Client name: \_\_\_\_\_ Court File #: \_\_\_\_\_  
 Team member: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please locate your position below and denote whether the eligibility/ineligibility criteria statements apply to the client. A "false" criteria statement may result in disqualification of the applicant. If you learn that the potential client does not meet criteria under another team member's list, please check off the relevant criteria as well. Please give to Coordinator when complete.

### CP Social Worker

True	False	Criteria
		A resident of Faribault, Martin or Jackson County, Minnesota
		One or more of the parent's children is the subject of a CHIPS petition
		The child has been removed from the parental home and the parent(s) acknowledges the removal is due to substance abuse-related neglect
		The parent has substance abuse/use issues that impact the ability to parent the child(ren)
		Parent does not have a medical or psychiatric condition causing a degree of impairment or instability such that it would interfere with program participation and functioning
		Parent can effectively participate in FDTC within the time constraints imposed by the Adoptions and Safe Families Act (ASFA)

### County Attorney

True	False	Criteria
		Parent has been not been convicted of a deliberate homicide or murder, kidnapping, robbery, felony assault or other violent felonies, sex offenses
		Parent has no another charge pending for which (s)he would be deemed ineligible
		Parent is not the subject of a prior judicial determination of egregious harms to a child
		Parent is not a confidential informant in a controlled substance related criminal matter
		Parent has entered an unconditional admission (not conditioned on acceptance into FDTC) to the basis of the CHIPS petition

### Participant's Counsel

True	False	Criteria
		Parent is able to understand and willing to comply with the Participation Agreement and Informed Consent
		Parent has voluntarily chosen to participate in FDTC
		Parent is willing to sign release of information forms

### FDTC Coordinator

True	False	Criteria
		Parent has a medical or psychiatric condition causing a degree of impairment or instability such that it would interfere with program participation and functioning

### CD Social Worker

True	False	Criteria
		Parent has substance use/abuse issues that impact the ability to parent the child(ren)

		Parent is in need of intensive supervision to prepare for reunification with the child(ren)
		Parent can effectively participate in FDTC within the time constraints imposed by the Adoptions and Safe Families Act (ASFA)

**FDTC Judge**

<b>True</b>	<b>False</b>	<b>Criteria</b>
		Parent has entered an unconditional admission to the basis of the CHIPS petition
		Child(ren) have been adjudicated as youth in need of protection or services and temporary legal custody has been granted to SCHS.
		Parent has not been convicted of a deliberate homicide or murder, kidnapping, robbery, felony assault or other violent felonies, sex offenses
		Parent does not have another charge pending for which (s)he would be deemed ineligible

(Updated 1/1/2010)



**Faribault, Martin & Jackson County  
Family Dependency Treatment Court**  
201 Lake Avenue, Suite 243  
Fairmont MN 56031  
(507) 238-3226 / FAX (507) 238-1913

Authorization to Release Information

To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Re: Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

\_\_\_\_\_ I hereby request and authorize you to disclose to the Family Dependency Treatment Court (FDTC) the following types of information you have pertaining to my participation:

\_\_\_\_\_ I hereby authorize the FDTC to disclose to you the following information:

- |  |                                   |
|--|-----------------------------------|
| _____ Intake History/Admission Information   | _____ Medication Records          |
| _____ Psychological Testing                  | _____ Social Services Information |
| _____ Progress Notes/Reports                 | _____ Treatment Plans             |
| _____ Chemical Dependency Assessment Summary | _____ Discharge Summary           |
| _____ Mental Health Records                  | _____ Medical Records             |
| _____ Other (please specify): _____          |                                   |

Purpose Statement: The purpose of this release is to enable FDTC to be informed about my situation, to assist me in my recovery and reunification with my children. I know and understand:

- Information about me is protected under state and/or federal privacy laws and generally cannot be disclosed without my consent, with certain exceptions specified by law.
- Information disclosed pursuant to this authorization may be re-disclosed to other parties only with a further release of information.
- Alcohol and drug treatment records are further protected by federal regulations and disclosure requires further authorization.
- I am under no obligation to sign this authorization. However, without the requested information FDTC may not be able to be of assistance.
- I may revoke this authorization at any time by giving written notice of revocation. Unless earlier revoked, this authorization expires twelve (12) months from the date I signed this form.
- Revoking this authorization does not apply to information already released under this authorization.

Information regarding alcohol and drug treatment has been disclosed from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

\_\_\_\_\_  
 Client Signature\* Date

\_\_\_\_\_  
 Witness Signature Date

\*If the client is a minor, consent must be given by the parent or guardian, unless not required by state or federal law. However, if chemical dependency information is to be released or obtained, the minor client's signature is required as well.



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**CONSENT FOR THE RELEASE OF PRIVATE MENTAL HEALTH, ALCOHOL OR DRUG, LAW ENFORCEMENT AND DHS CASE INFORMATION**

I, \_\_\_\_\_, authorize the FMJ Multi-County Family Dependency Treatment Court (FDTC) team and representatives of the following agencies

- (1) Any of my alcohol or drug treatment providers,
- (2) Any of my mental health agencies or providers,
- (3) Any of my medical care provider(s),
- (4) County Human Services case managers,
- (5) Service provider for alcohol and drug testing,
- (6) County Sheriff's Department
- (7) Police Department
- (8) FMJ Multi- County Family Dependency Treatment Court (FDTC) Evaluator

to communicate with and disclose to one another the following information:

- \_\_\_\_\_ my name and other personal identifying information;
- \_\_\_\_\_ my status as a patient in alcohol and/or drug treatment;
- \_\_\_\_\_ my status as a client of DHS;
- \_\_\_\_\_ my status as a participant in the FDTC;
- \_\_\_\_\_ information pertinent to DHS child-removal, custody, and reunification issues;
- \_\_\_\_\_ my DHS treatment plan and summaries of my progress towards treatment goals;
- \_\_\_\_\_ initial and subsequent evaluations of my service needs by my medical provider;
- \_\_\_\_\_ summaries of alcohol/drug and mental health assessment results and history;
- \_\_\_\_\_ summary of alcohol/drug treatment and mental health services plan(s), progress

and compliance;

\_\_\_\_\_ attendance in alcohol/drug treatment and mental health services;

\_\_\_\_\_ discharge plan(s) for alcohol/drug treatment and mental health services;

\_\_\_\_\_ date of discharge from alcohol/drug treatment and mental health services and discharge status;

\_\_\_\_\_ contact with any law enforcement agency during my participation with the FDTC;

\_\_\_\_\_ information and data collected during and after my participation with FDTC to be used for research and evaluation purposes

\_\_\_\_\_ other:\_\_\_\_\_.

The purpose of the disclosures authorized in this consent is to enable the FDTC and its members to evaluate my need for services from the FDTC and its members and provide and coordinate the FDTC and its members' services to me.

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that records concerning mental health services I receive are protected by state law. I understand that I may revoke this authorization at any time with a written request. Otherwise, this consent will expire one year from the date listed below. I further understand that my records may be transmitted by fax or electronically to the above named individuals/agencies.

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of client

Dated \_\_\_\_\_

\_\_\_\_\_  
Witness

FMJ Multi- County Family Drug Treatment Court team member list:

FDTC Judge

Guardian Ad Litem

FDTC Coordinator

Chemical Dependency Treatment (Fountain Center)

Faribault & Martin or Jackson County  
Human Services Supervisor

FDTC Evaluator and Researcher

Faribault, Martin or Jackson County  
Attorney

Mental Health treatment (Sioux Trails)

Parent Attorney

Law Enforcement Officer

Other: \_\_\_\_\_





**Faribault, Martin & Jackson County  
Family Dependency Treatment Court**  
201 Lake Avenue, Suite 243  
Fairmont MN 56031  
(507) 238-3226 / FAX (507) 238-1913

## **ALCOHOL TESTING AND SUBSTANCE EXPOSURE CONTRACT**

Recent advances in the science of alcohol detection in urine have greatly increased the ability to detect even trace amounts of alcohol consumption. In addition, these tests are capable of detecting alcohol ingestion for significantly longer periods of time after a drinking episode. Because these tests are sensitive, in rare circumstances, exposure to non-beverage alcohol sources can result in detectable levels of alcohol (or its breakdown products). In order to preserve the integrity of the FDTC program it has become necessary for us to restrict and/or advise FDTC participants regarding the use of certain alcohol-containing products.

It is **YOUR** responsibility to limit your exposure to products and substances detailed below that contain ethyl alcohol. It is **YOUR** responsibility to read product labels, to know what is contained in the products you use and consume and to stop and inspect these product labels, to know what is contained in the products you use and consume and to stop and inspect these products **BEFORE** you use them. *Use of the products detailed below in violation of this contract will NOT be allowed as an excuse for a positive test result.*

**When in doubt, don't use, consume or apply.**

**Cough syrups and other liquid medications:** FDTC participants are prohibited from using alcohol-containing cough/cold syrups, such as Nyquil. Other cough syrup brands and numerous other liquid medications, rely upon ethyl alcohol as a solvent. FDTC participants are required to read product labels carefully to determine if they contain ethyl alcohol (ethanol). All prescription and over-the-counter medications should be reviewed with your case manager before use. Information on the composition of prescription medications should be available upon request from your pharmacist.

**Non-Alcoholic Beer and Wine:** Although legally considered non-alcoholic, NA beers (e.g. O'Douls, Sharps) do contain a residual amount of alcohol that may result in a positive test result for alcohol if consumed. FDTC participants are **NOT** permitted to ingest NA beer or NA wine.

**Food and Other Ingestible Products:** There are numerous other consumable products that contain ethyl alcohol that could result in a positive test for alcohol. Flavoring extracts, such as vanilla or almond extract (in raw, uncooked form), and liquid herbal extracts (such as Ginko Biloba), could result in a positive screen for alcohol or its breakdown products. Communion wine, food cooked with wine and flambé dishes must be avoided. Read carefully the labels on any liquid herbal or homeopathic remedy and do not ingest without approval from your case manager.

**Mouthwash and Breath Strips:** Most mouthwashes (Listermint, Cepacol, etc.) and other breath cleansing products contain ethyl alcohol. The use of mouthwashes containing ethyl alcohol can produce a positive test result. FDTC participants are required to read product labels and educate themselves as to whether a mouthwash product contains ethyl alcohol. Use of ethyl alcohol-containing mouthwashes and breath strips by FDTC participants is not permitted. Non-alcohol mouthwashes are readily available and are an acceptable alternative. If you have questions about a particular product, bring it in to discuss with your case manager.

**Hand Sanitizers:** Hand sanitizers (such as Purell) and other antiseptic gels and foams used to disinfect hands contain up to 70% ethyl alcohol. Excessive, unnecessary or repeated use of these products could result in a positive urine test. Hand washing with soap and water are just as effective for killing germs.

**Hygiene Products:** Aftershave and colognes, hair sprays and mousse, astringents, insecticides (bug sprays such as Off) and some body washes contain ethyl alcohol. While it is unlikely that limited use of these products would result in a positive test for alcohol (or its breakdown products), excessive, unnecessary or repeated use of these products could affect test results. Participants must use such products sparingly to avoid reaching detection levels. It is incumbent upon each participant to limit their use of topically applied (on the skin) products containing ethyl alcohol.

**Solvents and Lacquers:** Many solvents, lacquers and surface preparation products used in industry, construction and the home contain ethyl alcohol. Both excessive inhalation of vapors and topical exposure to such products can potentially cause a positive test result for alcohol. As with the products noted above, FDTC participants must educate themselves as to the ingredients in the products they are using. There are alternatives to nearly any item containing ethyl alcohol. Frequency of use and duration of exposure to such products should be kept to a minimum. A positive test result will not be excused by reference to use of an alcohol-based solvent. If you are in employment where contact with such products cannot be avoided, *you need to discuss this with your case manager.* Do not wait for a positive test result to do so.

**Poppy Seeds** – I will not eat foods that contain poppy seeds.

**Inhalants** – The FDTC reserves the right to prohibit possession of certain substances that could be used for inhaling/huffing, such as air duster and various solvents.

***Remember – when in doubt, don't use, consume or apply!***

**I HAVE READ AND UNDERSTAND MY RESPONSIBILITIES**

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

*Thank you to the Dearborn, Michigan Drug Court program and Paul Cary for the concept of and draft of much of this contract.*



**Faribault, Martin & Jackson County  
Family Dependency Treatment Court**

**Child Information Sheet**

Please fill out one sheet for each child whether or not you have custody of the child

Full Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Names of step-parents, if applicable: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Is the child in placement? \_\_\_\_\_

Is custody of children established by court order? Yes / No Explain: \_\_\_\_\_

Is this order followed? Yes/No Explain: \_\_\_\_\_

What is the custody agreement? Who has legal custody of the child? Who has physical custody of the child? What is the visitation agreement? \_\_\_\_\_

Is child support established? Yes/No

Name of Child Support Staff and County of case: \_\_\_\_\_

What school(s)/daycare(s) does the child attend: \_\_\_\_\_

How often/What days does your child attend these locations \_\_\_\_\_

What grade is your child in/Teachers Name(s): \_\_\_\_\_

Does your child have an IEP? \_\_\_\_\_

Does your child have any diagnosed learning disabilities: \_\_\_\_\_

Does your child have any difficulties in/with school? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

Does your child have any health/medical concerns/allergies?

Does your child have any mental health diagnoses or concerns?

Other things/information that will help me work with this child:

## FMJ MULTI-COUNTY FAMILY DEPENDENCY TREATMENT COURT PARTICIPATION CRITERIA

FDTC targets parents whose children have been placed into the child welfare system due to child abuse and/or neglect related to substance abuse, using the listed criteria to determine eligibility.

Client must meet the following criteria to be considered for participation in FDTC:

- Must be a resident of Faribault, Martin or Jackson County in Minnesota
- One or more of the participant's children are the subjects of a CHIPS petition
- One or more of the participant's children are in court-ordered out of home placement
- The participant has entered an unconditional admission (not conditioned on acceptance into FDTC) to the basis of the CHIPS petition
- The participant has substance use/abuse issues that impact the ability to parent the child(ren)
- Parent is able to understand and willing to comply with Participation Agreement and Informed Consent
- The participant has voluntarily chosen to participate in FDTC
- Treatment team approval

If client meets one of the following criteria, client will be **ineligible** for participation in FDTC:

- Parent is not a resident of Faribault, Martin or Jackson County, Minnesota.
- Parent has been convicted of a deliberate homicide or murder, kidnapping, robbery, felony assault or other violent felonies, including sex offenses (28 CFR 93.3(d))
- Parent is the subject of a prior judicial determination of egregious harm to a child
- Parent has a medical or psychiatric condition causing a degree of impairment or instability such that it would interfere with program participation and functioning
- Parent cannot effectively participate in FDTC because of time constraints imposed by the Adoptions and Safe Families Act (ASFA) or Minnesota Statutes and rules relating to child protection
- Refusal to sign release of information forms
- Confidential informant in a controlled substance related criminal matter

<p style="text-align: center;"><b>FINAL ELIGIBILITY WILL BE DETERMINED AT THE CONCLUSION OF SCREENING PROCESS</b></p>
---

Client understands the above criteria. Client also understands that he/she may be deemed eligible or ineligible for participation in the FMJ-FDTC Multi-County Family Dependency Treatment Court (FDTC) based on the above criteria. If the Court discovers that client meets one or more of the ineligibility criterion after admission into FDTC the client will be terminated from the program.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_



**Faribault, Martin & Jackson County  
Family Dependency Treatment Court**  
201 Lake Avenue, Suite 243  
Fairmont MN 56031  
(507) 238-3226 / FAX (507) 238-1913

Participant Name: \_\_\_\_\_ Court File #: \_\_\_\_\_

### PARTICIPANT CONTRACT AND INFORMED CONSENT

This contract is the FMJ Multi -County Family Dependency Treatment Court (FDTCT) contract regarding \_\_\_\_\_, hereinafter referred to as "I." For purposes of this contract "Team" refers to the FDTCT and includes any of the Team's individual members.

\_\_\_\_\_ 1. I have provided personal information to FDTCT to assess whether I am a suitable participant for FDTCT. For the duration of time that I am a participant I agree to provide any and all additional personal information that the Team might need to assess whether I am following the terms of this contract.

\_\_\_\_\_ 2. I understand that I may be deemed eligible or ineligible for participation in FDTCT based on the participation criteria. If the Court discovers that I meet one or more of the ineligibility criterion after admission into FDTCT I will be terminated from the program.

\_\_\_\_\_ 3. I hereby authorize the release of all information, either in written reports or verbal testimony, regarding my treatment, my child protective services case status, law enforcement involvement and my legal status to all members of the FDTCT team for the limited purpose of determining my progress in meeting my treatment plan goals. I authorize the Court and the FDTCT team to staff my case prior to court appearances. My authorization to release treatment information including alcohol and other drug test results is with the understanding that such information will not be used by the County Attorney for any prosecution of criminal charges against me. I further understand and agree, however, that such information can be considered by the Court in determining whether I should remain in the program.

\_\_\_\_\_ 4. I understand that my alcohol/drug treatment records are private and protected from disclosure by federal regulations (42 CFR, Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. Furthermore I understand that I have provided written consent for the release of private drug/alcohol treatment records for use by the FDTCT team. I also understand that no FDTCT team member is authorized to re-disclose my treatment information to parties or agencies outside the FDTCT team unless I have executed a separate release of information. I hereby allow the FDTCT team to discuss my treatment plan and progress among themselves, as well as disclose information about my case in open court. Furthermore I understand that Team members are obligated to report child abuse or cases of danger to self or others and may be required to disclose information to the proper authorities in cases of medical necessity.

\_\_\_\_\_ 5. I understand that I will be hearing private treatment and child protection information regarding other participants during FDTCT hearings and that this information is not to be disclosed or discussed with any other individuals outside the FDTCT Team or participants. I further understand that disclosing confidential treatment information is subject

to civil and criminal penalties under state and federal law and is grounds for termination from the FDTC program.

\_\_\_\_\_ 6. I agree to execute appropriate releases of health care information so that any and all of my health care and mental health care providers may provide written and/or oral reports of my progress to the Team.

\_\_\_\_\_ 7. I agree to personally appear for all required sessions of the FDTC. I understand that failure to appear could result in an assessment of sanctions and possible termination from FDTC.

\_\_\_\_\_ 8. I agree to start a treatment program at a level to be determined by the treatment provider and the FDTC team. I will begin attendance immediately upon acceptance into the treatment facility. I understand that failure to successfully complete the required treatment program is grounds for termination from the FDTC.

\_\_\_\_\_ 9. I understand that as part of my treatment plan I will be required to follow all of the rules, attend support meetings, attend all therapy sessions, subject myself to random testing of blood, breath or urine and follow any other treatment requirements set forth by my treatment provider, FDTC team and/or ordered by the Judge.

\_\_\_\_\_ 10. I agree to remain free of alcohol, illicit drugs and drugs not prescribed to me throughout the course of my participation in FDTC.

\_\_\_\_\_ 11. I understand that in addition to random blood, breath and urine testing by the treatment provider I will subject myself to random alcohol and other drug testing a minimum of two times per week as ordered by the Court. I further understand that a missed, dilute or adulterated urine specimen will be considered "positive" for purposes of the FDTC.

\_\_\_\_\_ 11. I agree to abide by the FDTC Medication Contract.

\_\_\_\_\_ 12. I agree to abide by the FDTC Drug Testing Contract.

\_\_\_\_\_ 12. I understand law enforcement will inform the Team about any contacts I have with law enforcement during my tenure with FDTC.

\_\_\_\_\_ 13. I understand a member of the FDTC team may ask at any point to do a search of an FDTC participant's person, vehicle or residence.

\_\_\_\_\_ 14. I understand that throughout the term of this contract the FDTC Judge will have personal knowledge of whether I am complying with this contract. I hereby expressly waive any right to disqualify or request recusal of the FDTC Judge, including disqualification for cause based on the Judge's personal knowledge, whether such knowledge was provided by the Team.

\_\_\_\_\_ 15. I understand that the FDTC Judge, upon receiving information from the Team that I am not complying with the contract, may impose sanctions. Failure to comply includes but is not limited to positive alcohol or other drug test results, missed alcohol or other drug tests, missed treatment appointments, or failure to appear in Court. Sanctions may include, but are not limited to, the following:

- a. Lecture or reprimand from the Judge
- b. Increased supervision

- c. Community service
- d. Increased testing
- e. Termination from the FDTC program
- g. Reinstatement of previous phase restrictions, such as earlier curfew

\_\_\_\_\_ 17. I understand that in the event I am terminated from FDTC my case may be reassigned to another Judge.

\_\_\_\_\_ 19. I understand that if I diligently perform my obligations under this contract, FDTC may approve incentives that include, but are not limited to the following:

- a. Praise and congratulations from the Judge
- b. Decreased supervision
- c. Release from community service
- d. Increased visitation
- e. Applause
- f. Gifts or gift cards
- g. Return of children to the home
- h. Graduation from the FDTC program.

\_\_\_\_\_ 20. I understand and agree that the treatment program is projected to be completed within a twelve (12) month period. However I further understand and agree that the Court may extend the treatment program for such an additional time as the Court deems necessary, including a period of time for aftercare.

\_\_\_\_\_ 21. I agree to keep the Court, my treatment provider, my case worker, the guardian ad litem and my defense attorney advised of my current address and place of employment at all times during. I also agree to apprise Human Services of all individuals residing in my house throughout my involvement in the FDTC.

\_\_\_\_\_ 22. I will not travel outside the FMJ Multi-County area without first receiving permission from my FDTC case manager/recovery specialist.

\_\_\_\_\_ 23. This contract is the only contract I have with the FDTC. There are no other deals, bargains, promises or understandings, whether written or otherwise, which change or alter this agreement.

\_\_\_\_\_ 24. I will make progress on my FDTC fees, to be paid in full by graduation. The cost for participation in FDTC is \$30 per month. Up to half this fee may be waived for excellent program participation.

\_\_\_\_\_ 24. I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically when I am terminated from or graduate from the FDTC. In the event that I revoke this consent before my termination from the FDTC I understand that such revocation will result in my termination from the FDTC.

**STATEMENT OF AGREEMENT BY PARTICIPANT:**

I, \_\_\_\_\_, have read this entire contract and I have read and initialed each paragraph of this contract. I have had adequate time to fully discuss this contract with my attorney. I understand the terms of this contract and what is expected of me. I freely and voluntarily agree to abide by all the contract's terms and conditions and I

understand the consequences of my failure to do so. I represent that at the time of execution of this contract I am not under the influence of drugs and/or alcohol.

DATED: \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Participant

**STATEMENT OF ADVISORY BY DEFENSE ATTORNEY**

As the attorney for the above Participant, I have fully advised her/him of all of the terms and conditions of this contract. To the best of my knowledge I believe that (s)he is entering into this contract intelligently, knowingly and voluntarily and that to the best of my knowledge no improper promises, threats or other inducements have been made by the Team to cause her/him to enter into this contract.

DATED: \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Attorney





**Faribault, Martin & Jackson County  
Family Dependency Treatment Court**  
201 Lake Avenue, Suite 243  
Fairmont MN 56031  
(507) 238-3226 / FAX (507) 238-1913

**Medication Contract**

1. I will inform all medical professionals that I am an FDTC participant and not permitted to take any narcotic medication unless the prescribing medical professional makes the decision to prescribe such a medication to me with full knowledge of my addiction and participation in FDTC. This will be proven through use of the Medical Confirmation Form.
2. If a narcotic is prescribed, I will contact my probation agent immediately.
3. I understand I am responsible for informing and providing documentation of all prescription medications I am taking or may take. I am also responsible for notifying my case manager if there are any changes to any and all prescriptions.
4. I understand the FDTC reserves the right to limit me to seeing one primary medical professional.
5. I will fill prescriptions at one pharmacy of my choosing, \_\_\_\_\_, unless an emergency were to arise and this pharmacy were not available to me. In that situation I will inform my probation agent by calling and leaving a message informing her of the situation.
6. I understand that I shall inform my case manager of any over-the-counter medications that I am using or may be using. The medications must be non-addictive and not contain alcohol (i.e. mouthwash, cough syrup, etc.). I am responsible for verifying with a pharmacy or medical professional that these medications are non-addictive and do not contain alcohol.
7. If I am given a prescription and decide against taking it or do not take the entire amount prescribed, I will ask my case manager or FDTC coordinator how to destroy the remaining amount of the prescription.
8. If directed by your case manager, treatment provider or the court I will make my prescription available in order to count the number of pills from the date the prescription was filled.
9. Once the prescription has expired or by the time all pills should have been used, none of the pills will be in my possession. A positive test after that time because I took "left over" medication will be considered a positive test and appropriately sanctioned.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Judge

\_\_\_\_\_  
FDTC Coordinator

\_\_\_\_\_  
Date



**Faribault, Martin & Jackson County  
Family Dependency Treatment Court**  
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## Medical Confirmation Form

This form is designed to create accountability between your physician or prescribing professional, the FDTC, and you. Open communication with your physician or prescribing professional about your chemical dependency and addiction issues will support long term recovery. Please complete this form and obtain your physician's or prescribing professional's signature below. Return this form along with a list of currently prescribed medications to FDTC staff.

I have made my physician/professional aware of my chemical dependency issue:

\_\_\_\_\_  
*Participant's signature*

As \_\_\_\_\_'s physician or prescribing professional, I have been  
*Participant's name*

informed of his or her chemical dependency issues and addictive behaviors.

Physician/prescribing professional's name:

\_\_\_\_\_

Physician/prescribing professional's signature:

\_\_\_\_\_

Date: \_\_\_\_\_

Please know that staff members from the Adult Substance Abuse Court (drug court) are available to attend medical appointments as necessary to assist with accountability and communications in regards to medical and medication needs.

If you have any questions or concerns, please contact Angela Sundeen, ASAC probation agent, at 507-399-7100. Thank you for your assistance in supporting the goal of accountability and long-term recovery for our participants.

**Faribault, Martin & Jackson County  
Problem Solving Courts**



I am a drug court participant

---

Name Date of Birth

I am a member of the FMJ Drug Court and am on probation. I have an addiction to drugs and/or alcohol and am responsible to acknowledge this to medical staff attending to me.

I am not permitted to take any **NARCOTIC** medication unless the Treating Medical Provider signs this form. That signature would indicate that no other medications could be used to treat this condition.

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Treating Medical Provider Signature Date

---

Treating Medical Provider Printed Name Date



**Faribault, Martin & Jackson  
County  
Problem Solving Courts**

FMJ FDTC Coordinator  
Miranda Rosa  
Ph: 507-238-3226  
Fax: 507-239-1913  
201 Lake Ave. Suite 243  
Fairmont MN 56031

Please feel free to the FDTC Coordinator, 507-238-3226, if there are any questions or concerns.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Family Drug Court: Phase Description

← Average time: 12 months →

Phase	Goals	Expectations
Phase 1 1-3 months	<p>Drug and alcohol assessments.                      Enrolled and participating in treatment.                      Detoxification and abstinence.                      Psychological assessment (as required).                      Psychiatric evaluation (as required).                      Assessment of parenting skills (as required).                      Assessment/referral for other services (as required).                      Assessment of children’s needs.                      Assess permanency needs (as necessary).                      Initial plan to stabilize lifestyle, housing, and employment.</p>	<p>Weekly court appearance.                      Attend treatment consistently.                      Negative UAs.                      Compliance with Court order.                      Progress with service plan goals.                      Visitation with children (consistency &amp; appropriateness)                      Cooperate with case manager.</p>
Phase 2 3 – 6 Months	<p>Continued abstinence.                      Development of recovery tools/relapse plan.                      Development of education and/or vocational plans.                      Progress towards stabilizing lifestyle, housing and employment.                      Assessment of job readiness.                      Improved parenting skills (if applicable).                      Improved interaction with children (if applicable).                      Continue or begin other services as recommended (e.g., individual therapy).                      Assess reunification (if necessary).</p>	<p>Court appearances weekly                      Attend treatment including support meetings (AA/NA etc.).                      Negative UAs.                      Compliance with Court order.                      Progress with service plan goals.                      Visitation with children (consistency &amp; appropriateness).                      Cooperate with case manager.                      Cooperate with UA testing.</p>
Phase 3 3 – 6 Months	<p>Continued abstinence.                      Practicing recovery tools.                      Relapse plan clearly defined.                      Completion of aftercare plan with treatment/counselor.                      Educational and vocational training or employment.                      Stable parenting skills.                      Increased visitation with children (if applicable).                      Improved interaction with children (if applicable).                      Reunification/permanency.</p>	<p>Court appearances at least every two weeks..                      Attend treatment including support meetings (AA/NA etc.).                      Secure sponsor.                      Negative UAs.                      Compliance with Court order.                      Progress with service plan goals.                      Increased unsupervised visitation with children.                      Cooperate with case manager.                      Cooperate with UA testing.</p>
Phase 4 6 months	<p>Continued abstinence and recovery.                      Participation in aftercare plan.                      Established relapse plan.                      Educational or vocational training and/or employment.                      Housing secured.                      Stable parenting skills.                      Improved interaction with children (if applicable).                      No positive UAs.                      Graduation.</p>	<p>Court appearances at least monthly                      Attend community meetings as recommended.                      Maintain sponsor.                      Negative UAs.                      Compliance with Court order.                      Progress with service plan goals.                      Cooperate with case manager.                      Cooperate with UA testing.</p>

**FMJ MULTI-COUNTY FAMILY DEPENDENCY TREATMENT COURT  
CONFIDENTIALITY AGREEMENT FOR COURT OBSERVERS**

I \_\_\_\_\_ understand that I am an invited guest of the FMJ – FDTC Multi-County Family Dependency Treatment Court (FDTC) Team for the purpose of observing the Court’s process and procedures. I understand that these proceedings are confidential and that information from the County Human Services case and treatment provider records will be discussed and that these records are used for the purpose of assessing the needs of the FDTC family members, creating treatment plans, and monitoring family members’ participation.

I further understand that I may hear information that is highly sensitive and legally protected information under Federal Rule 42 CFR, Part 2, 45 CFR. Parts 160-164, Minnesota Statutes, §13.46, and other federal and state laws.

I understand that unauthorized release of this information is punishable as a criminal offense. I agree to keep all information about the FDTC cases, caseworkers, and any/all discussion of the clients of FDTC strictly confidential at all times, even after termination of my observation of FDTC proceedings.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Witness Date

**FMJ MULTI-COUNTY FAMILY DEPENDENCY TREATMENT COURT  
MEMBER CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_, understand that I am a participating member of the FMJ–FDTC Multi-County Family Dependency Treatment Court (FDTC) Team. I understand that County Human Services and treatment provider case records of the FDTC may be used for the purpose of assessing the needs of the FDTC family members, formulating treatment plans, and monitoring participation in the FDTC.

I further understand that I may hear information that is highly sensitive and legally protected information under Federal Rule 42 CFR, Part 2, 45 CFR. Parts 160-164, Minnesota Statutes, §13.46, and other federal and state laws.

I understand that unauthorized release of this information is punishable as a criminal offense. I agree to keep all information about the FDTC cases, caseworkers, and any/all discussion of the clients of FDTC strictly confidential at all times, even after termination of my participation in FDTC.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**FMJ MULTI-COUNTY FAMILY DEPENDENCY TREATMENT COURT  
CONFIDENTIALITY AGREEMENT FOR ADJUNCT MEMBERS**

I, \_\_\_\_\_, understand that I am an adjunct member of the FMJ FDTC- Multi-County Family Dependency Treatment Court (FDTC) Team for the purposes of advising the District Court and the FDTC Team of contact with FDTC participant and their family members. I understand that providing FDTC and the FDTC Team with information about law enforcement contacts of its clients and participating members will necessarily require me to know the identity of the FDTC participants and their family members.

I understand that Faribault, Martin or Jackson County Human Services and treatment provider case records of the FDTC may be used for the purpose of assessing the needs of the FDTC participants and their family members, formulating treatment plans, and monitoring the participant's and their family members' participation in the Court. I further understand that during the term of my invitation, limited to a single session of FDTC, I may hear highly sensitive and legally protected information under Federal Rule 42 CFR, Part 2, 45 CFR, Parts 160-164, Minnesota Statutes, §13.46, and other federal and state laws.

I understand and I agree to keep all information about the names, identities, and case information of the FDTC participants and their family members and any and all discussion of the participants of FDTC strictly confidential and shall only release such information to the FDTC Coordinator, the County Attorney's Office, and the District Court.

I understand that unauthorized release of this protected information to any other person/agency is punishable as a criminal offense. I will maintain the strict confidentiality of this information even after termination of my participation in FDTC.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Witness Date

# **FMJ MULTI-COUNTY FAMILY DEPENDENCY TREATMENT COURT FACT SHEET**

## What is the FMJ FDTC-MULTI- COUNTY Family Dependency Treatment Court?

- ★ The Family Dependency Treatment Court (FDTC) is an alternative program available to parents and guardians whose children have been removed from the home because of abuse or neglect due to substance abuse. It has been developed to restructure judicial participation in Faribault, Martin or Jackson County Human Services abuse and neglect cases. We commenced operation of the Family Dependency Treatment Court on January 31, 2010. We are seeking funding for a variety of client service areas and some of the FDTC staff.
- ★ All agencies concur that a more efficient, structured, balanced and centralized system should be developed to meet the needs of minors residing in homes where chemical dependency issues have precipitated Child Protection Service intervention. The purpose of FDTC is to direct parents seeking reunification into a comprehensive and more intensive program of drug treatment and related ancillary services.

## What are the goals of the FDTC?

- ★ Assist parents within the juvenile protection system in reducing their substance abuse issues through the use of evidence-based treatment approaches and innovative system change.
- ★ Establish timely permanency for children of parents with substance abuse issues with reunification as a preferred outcome.
- ★ Utilize appropriate and prompt responses to facilitate behavior changes for parents with substance abuse issues.
- ★ Strengthen the capacity of families to provide guidance, structure and nurturance for their children.

## Who is involved in FDTC?

- ★ Many agencies and individuals are involved with the oversight and direction of the FDTC. Members of our Steering Committee providing support for this project include, but are not limited to, the Stearns County district court judges and administration, treatment providers, Faribault, Martin & Jackson County Human Services, County Attorney's Office, law enforcement, the Fifth District Public Defenders, the guardian ad litem and other community leaders.

## Unique Characteristics of FDTC

- ★ A unique feature of the FDTC is the intensive client case management. Before every court appearance, a team of professionals including the judge meets to discuss the client's progress. Using this approach the treatment team can immediately identify obstacles facing the client and quickly intervene to provide direction.
- ★ The FDTC also utilizes incentives and sanctions as part of its move toward behavior modification. For clients complying with FDTC requirements, the judge awards incentives such as praise and congratulations, decreased FDTC appearances, increased visitation and financial incentives (i.e., movie or grocery certificates). In contrast, the judge also issues sanctions for non-compliance. Sanctions can include a lecture or reprimand from the judge, increased FDTC appearances, an increase in AA/NA attendance or possible termination from the program.
- ★ Clients are held accountable through frequent and random urinalysis testing.



## FDTC STRUCTURED ACTIVITY IDEAS

CD Treatment  
 Employment and job search  
 Meetings with social worker, peer mentor, guardian ad litem, Dori (Love & Logic)  
 Any other parenting classes or parenting assessment  
 Probation meetings  
 STS  
 Volunteer work  
 Church, teaching Sunday school, other religious activities approved by social worker  
 Recovery Support Meetings  
 Sponsor meetings  
 Appointments with mental health providers (therapist, psychiatrist) for parent and children  
 Intensive in-home family therapy  
 Adult Mental Health Rehabilitative Services (ARMHS)  
 Medical and dental appointments  
 School – actual time in class, homework, time with advisor, work getting enrolled (i.e. FAFSA)  
 Attending children’s school activities, school conferences  
 Attending children’s sporting events  
 Attending children’s other extra-curricular activities (boy/girl scouts, 4-H activities)  
 GED – classes and testing  
 ECFE/ECSE  
 Doctor and dentist visits for participant and children  
 Visits – up to three hours per visit can be counted towards structured hours  
 Parent Head Start involvement  
 Volunteering (Salvation Army, animal shelter, Heaven’s Table, etc.)

### Example of a beginning participant’s structured hours in FDTC:

Monday: Treatment 3 hours Job Search 2 hours 5 hours	Friday:	Support Meeting 1 hour           3 hours Job Search & follow up calls 2 hours
Tuesday: Treatment 3 hours Visit 3 hours Job Search 1 hour Love & Logic 1 hour 8 hours	Saturday:	Support Meeting 1 hour           4 hours Visit 3 hours
Wednesday: Therapy for self & son 2 hours Job Interview 30 minutes Social Worker 45 minutes 3 ¼ hours	Sunday:	church 1 ½ hours                   5 ½ hours met with sponsor 1 hour Visit 3 hours
Thursday: Treatment 3 hours Peer Mentor 1 hour Job Search 1 ½ hours Son’s football game 2 hours 7 ½ hours	Total Hours: 36.25	

FDTC Structured Hours Log Sheet

Tuesday – \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wednesday – \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thursday – \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Friday – \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Saturday – \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sunday – \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Monday – \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Hand in at court Tuesday:**  
Participant’s weekly progress report  
Journal for the judge  
Meeting book  
Structured hours



# FARIBAULT, MARTIN AND JACKSON MULTI-COUNTY FAMILY DEPENDENCY TREATMENT COURT

## LIFE PLAN PACKET



**FARIBAULT, MARTIN AND JACKSON MULTI-COUNTY  
FAMILY DEPENDENCY TREATMENT COURT  
LIFE PLAN PACKET**

This packet is designed to assist you and the FDTC Staffing Team with assessing your readiness for commencement from FDTC. We want you to have this packet well in advance of discussion of a commencement date because there are many things to be considered and resources to be put in place. A **COMMENCEMENT DATE WILL NOT BE DISCUSSED BY THE TEAM** until this packet has been completed and reviewed with your Recovery Specialist.

This is called a **Life Plan Packet** because we want you to keep in mind that commencement from FDTC is not the end of anything, but is simply a different environment for you to maintain your sobriety. You will be expected to continue to provide for UA's, follow your after care plan, and have visits from your Social Worker. You will continue to have an open case in Human Services and Family Court. We do this so we can monitor how you do as the accountability to FDTC is lessened and you depend more on your individual support system.

We have asked parents in the past to reflect on their change process. They have identified the following thoughts about change:

*Things I did that were unproductive and/or defeated me:*

“Not taking responsibility; haste, impulsivity, panic; procrastinate, not facing my fear of change and addressing my feelings directly; not trusting myself, not asking for help; fleeing and/or escaping the stress through drugs/alcohol, acting out and awfulizing the situation.”

*Things I can do that will help me make a change productive and healthy:*

“Trust my decisions; have a detailed plan and make lists, plan not panic, and be aware of what makes me stuck; ask for help, act-don't react, have self-esteem, be assertive.”

Making changes is especially difficult for recovering addicts and we encourage you to think about the difficult aspects of making changes you may have experienced, as well as think about what works for you and helps you with change. For many who grew up in dysfunctional families, change was never good. It always meant change for the worst and we continue to carry that baggage with us when we face a transition in our adult lives. We give you the following exercise to help you begin to think about the transition you are making.

FARIBAULT, MARTIN AND JACKSON MULTI-COUNTY  
FAMILY DEPENDENCY TREATMENT COURT  
LIFE PLAN PACKET

**Your Change Process**

When I think about making a change in my life I feel:

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In the past when I had to make changes, I made mistakes by doing the following:

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Now that I am in recovery and I have been making many changes, I have learned that if I do the following things, I make a healthy and productive change:

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Taking adequate time to plan a major transition is essential. The following checklists will assist you in the planning process. You should complete each list that applies to your situation, and as you complete the packet, remind yourself of what you are accomplishing. Remember, in the future, as you are confronted with changes, planning and list-making are helpful tools.

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FAMILY DEPENDENCY TREATMENT COURT  
LIFE PLAN PACKET

**CHECKLIST**

Below is a checklist that will assist you in accomplishing the tasks identified for assisting with long-term sobriety. If a task does not apply to you, simply mark NA. If you have questions, or find you need assistance with a task, please ask your Recovery Specialist or another Staffing Team member.

Checklist:

- \_\_\_\_\_ Housing applications completed and submitted
- \_\_\_\_\_ Section 8 housing has been updated and/or voucher received
- \_\_\_\_\_ Driver's license obtained (if eligible) and car is licensed and insured
- \_\_\_\_\_ Public transportation schedules obtained, familiarity with using the bus, bus pass purchased
- \_\_\_\_\_ Childcare applications updated and daycare plan is in place; school schedules and necessary transportation are in place
- \_\_\_\_\_ Applications submitted to \_\_\_\_\_ County Human Services for MFIP, food support and medical assistance are updated
- \_\_\_\_\_ Adequate housing has been obtained
- \_\_\_\_\_ Education plans are in place including GED completion, vocational or job skills training or higher education, including funding sources
- \_\_\_\_\_ Legal issues are resolved or there is a plan to resolve the issue, such as payment plan on outstanding fines; this includes credit history issues
- \_\_\_\_\_ Parenting plans are created/filed (in the case of absent parents)
- \_\_\_\_\_ Relapse prevention and response plan completed and necessary people contacted
- \_\_\_\_\_ Family Group Decision Making meeting scheduled

Transition planning checklist has been reviewed and all tasks completed on \_\_\_\_\_.

\_\_\_\_\_  
Recovery Specialist

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

FARIBAULT, MARTIN AND JACKSON MULTI-COUNTY  
FAMILY DEPENDENCY TREATMENT COURT  
LIFE PLAN PACKET

**CHILDCARE PLAN**

When you are arranging for daycare for your children, you will need to consider those times when your daycare is closed or when your child cannot attend due to illness. You will also need to make arrangements for childcare on the evenings that you will be attending meetings and/or treatment. In addition, you need to consider that you may be required to work on weekends, and while some daycares are able to accommodate those hours, the cost of care is generally higher.

\_\_\_\_\_ Childcare application submitted for childcare assistance (copies of birth certificates of parent(s) and child(ren) have been obtained and provided with the application).

\_\_\_\_\_ Daycare provider is in place, child is familiar with the daycare, all paperwork is completed, and child's immunization record and birth certificate have been provided. Specific daycare policy and rules have been reviewed with daycare provider and are understood, drop off and pick up times and procedures are understood.

\_\_\_\_\_ Arrangements have been made for childcare for evening meetings, groups, etc.

My child will attend daycare at \_\_\_\_\_.

My child will be at daycare on (days) \_\_\_\_\_ from (times) \_\_\_\_\_.

Transportation will be done by \_\_\_\_\_.

Transportation to and from school will be done by \_\_\_\_\_.

In the event my child is ill and the daycare cannot take him/her, my plan is:

\_\_\_\_\_  
\_\_\_\_\_.

My sitter for evening times will be \_\_\_\_\_.

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**INCOME PLAN**

Whether you will be pursuing higher education or planning to work, you will need to have a plan to support yourself and your children. The following is a list of things to complete and to consider when planning your future.

\_\_\_\_\_ \_\_\_\_\_ County Human Services has been contacted and MFIP eligibility has been confirmed.  
(County name) All the required information, such as address, members in the household, and employment status is correct.

\_\_\_\_\_ A monthly budget has been developed.

\_\_\_\_\_ I have opened a checking/savings account.

I have \_\_\_\_\_ months of eligibility remaining with MFIP.

I will lose my MFIP assistance once I earn \$\_\_\_\_\_ per hour.

I will/will not be eligible for food stamps. If eligible, I receive \$\_\_\_\_\_ per month.

In order to maintain MFIP eligibility, I need to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

I plan to be off public assistance once I:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

If I plan to attend school, my MFIP benefits will:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Medical Assistance is available to me and my children under the following conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.



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FAMILY DEPENDENCY TREATMENT COURT  
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**HOUSING PLAN**

Depending on whether or not you are eligible for Section 8 housing, or where you are on that waiting list, housing is going to be one of the largest obstacles to overcome.

\_\_\_\_\_ All housing options have been explored. I have either been denied or am on a waiting list for low income housing.

\_\_\_\_\_ Applications have been completed and submitted to all public housing agencies available.

\_\_\_\_\_ Available schools in the area of potential housing have been explored, and transportation to and from daycare has been arranged.

\_\_\_\_\_ Bus routes or public transportation is available.

\_\_\_\_\_ If housing application is denied, letters of recommendation and verification of rehabilitation has been obtained, submitted and a request for a hearing has been made.

\_\_\_\_\_ Utility companies have been contacted and payment arrangements have been made to cover any hook up charges or deposits if needed.

\_\_\_\_\_ Application for energy assistance has been completed and submitted.

Housing options available to me are \_\_\_\_\_.

I can afford \_\_\_\_\_ for rent each month.

Utilities are or are not included in the rent each month: \_\_\_\_\_. How much: \$\_\_\_\_\_?

I would like to find housing near \_\_\_\_\_ school.

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TRANSPORTATION PLAN

\_\_\_\_\_ Bus schedules have been obtained, needed bus routes have been established with pick up and drop off times and locations.

\_\_\_\_\_ More than one appointment or obligation has been taken care of by using the bus system.

\_\_\_\_\_ Bus pass has been obtained either through purchase of a pass or with assistance from public agency.

\_\_\_\_\_ Minnesota driver's license is current.

\_\_\_\_\_ Vehicle is licensed and insured. My car is insured through \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_ Individuals who have agreed to assist me with transportation when possible are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_ To attend evening groups and meetings during the week, my transportation will be:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_ To travel to and from work, as well as taking my children to and from Daycare and/or school, my transportation will be: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

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FAMILY DEPENDENCY TREATMENT COURT  
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**SCHOOL PLAN**

\_\_\_\_\_ My child will be attending \_\_\_\_\_ school. A request to transfer records has been submitted and all required paperwork has been completed. Birth certificate and immunization records have been provided.

\_\_\_\_\_ A meeting has been arranged and faculty members have been provided with a copy of my child's mental health assessments and I have met with them to discuss recommendations.

\_\_\_\_\_ I have taken my child to visit the school and meet the teacher.

\_\_\_\_\_ I know the school day beginning and dismissal times and have daycare and transportation arranged for my child.

My child has the following school related needs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

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**EDUCATION OR EMPLOYMENT**

\_\_\_\_\_ I have obtained a GED or am in the process of earning my GED.

\_\_\_\_\_ I have obtained funding to support higher education and my family while I attend school.

\_\_\_\_\_ I have obtained gainful employment which will adequately provide for me and my children.

\_\_\_\_\_ I will need to earn \$ \_\_\_\_\_ per month (take home pay) to cover my expenses.

\_\_\_\_\_ I will receive \$ \_\_\_\_\_ a month in food stamps.

\_\_\_\_\_ I will not be eligible for food stamps.

My medical expenses will be covered by \_\_\_\_\_ and my children's medical expenses will be covered by \_\_\_\_\_.

My medication co-pays are \$ \_\_\_\_\_ and I am/am not able to pay these each month.

**FARIBAULT, MARTIN AND JACKSON MULTI-COUNTY  
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**RELAPSE PREVENTION & RESPONSE PLAN**

To maintain my sobriety I am committed to continuing participation in the following activities:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

The support system that I have are people that I have contact with regularly and can contact if I feel like I need support or might be headed for a relapse. They are people who will see a change in my behavior and **will confront me**, and, if I do not respond to their concerns, **will contact** \_\_\_\_\_ **County Human Services or a member of the Staffing Team** about the welfare of my children. They are people that I can trust will help me through difficult times. I have talked to them about what I want and need from them and they have agreed to be part of my support system and hold me accountable in my plans for ongoing sobriety.

These people and their phone numbers/addresses are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

I have identified the following behaviors/activities that might demonstrate I am at risk for relapse or that I am not following through with my relapse prevention plan.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

My relapse triggers are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

I know that if any of my support system confronts me with concerns about my behavior and/or calls someone for assistance that this will be out of concern for my children. I also understand that a call to \_\_\_\_\_ County Human Services or a member of the Staffing Team does not mean automatic removal of my children, but that I will be expected to address concerns and get back on track to sobriety. If I choose not to address concerns and continue to put my children at risk, removal may be necessary.

If I should relapse at any time I have the following SPECIFIC response plan in place. (This should include a detailed list of steps taken to ensure IMMEDIATE support and assistance in returning to services that will aid in getting back on track to sobriety. It should include the name and contact information of who you would contact first, who would assist in ensuring your children's safety and at least two "back-up" contacts in case your first contact is unavailable or unable to assist you):

- It is recommended you "post" your response plan somewhere easy to find so it can be used if necessary.



# FMJ Multi-County FDTC Founding & Coordinating Committee

<b>Honorable Robert Walker</b>	<b>Judge of District Court</b>
<b>Honorable Doug Richards</b>	<b>Judge of District Court</b>
<b>Del Ellis</b>	<b>Fairmont Police Department</b>
<b>William Grogin</b>	<b>Substance Abuse Court Defense Counsel</b>
<b>Joe Smenteck</b>	<b>County Attorney's Office-Prosecutor</b>
<b>Darcy Bentz</b>	<b>Parent Attorney</b>
<b>Tiana Iverson</b>	<b>Recovery Specialist</b>
<b>Terry Viesselman</b>	<b>County Attorney</b>
<b>Roger Hawkinson</b>	<b>Jackson Sheriff Department</b>
<b>Vicki Savick</b>	<b>Health &amp; Human Services</b>
<b>Richard Odom LADC</b>	<b>Treatment Provider</b>
<b>Brian Roverud</b>	<b>County Attorney</b>
<b>Carrie Hemiller</b>	<b>Health &amp; Human Service</b>
<b>Jaime Bless</b>	<b>Fairmont Law Enforcement</b>
<b>Beverly C. Snow LSW</b>	<b>Substance Abuse Coordinator</b>
<b>Sherry Haley</b>	<b>Acting Jackson County Attorney</b>

## **Current Steering Committee Members**

1. All three FMJ judges – Robert Walker, Douglas Richards, Linda Titus
2. County Attorney’s Office – Pete Odgren, Sherry Haley and Troy Timmerman
3. Coordinator – Miranda Rosa
4. Jackson County Human Services – Craig Myers, Julie Hendrickson and Shelley Stevermer
5. Faribault/Martin County Human Services – Kathy Werner, Brenda Lubenow, Vickie Savick
6. Board Members – John Roper, Bill Tusa and Steve Flohrs
7. Law Enforcement – Mike Gormley, Greg Broolsma, Roger Hawkinson and Gene Austin
8. Treatment – Richard Odom
9. GAL – Joli Heinitz
10. Public Defender – Darci Bentz

## **Current Staffing Team Members**

1. Honorable Robert Walker
2. County Attorney’s Office – Pete Odgren, Sherry Haley and Troy Timmerman
3. Treatment – Fountain Centers – Hope Alcott
4. Coordinator/Recovery Specialist – Miranda Rosa
5. Brenda Lubenow, Social Services Supervisor Martin/Faribault County Human Services
6. Julie Hendrickson, Rule 25 Jackson County / Tracy Henning, Rule 25 Martin/Faribault Counties
7. Darci Bentz – public defender
8. Brandon Haley, Jackson County Sheriff’s Department and Gene Austin, Fairmont Police Department
9. Jolie Heinitz – GAL
10. Becky Mensing – mental health provider – Sioux Trails



## FMJ Multi-County FDTC Community Resources

<p><b>Mental Health</b></p> <ul style="list-style-type: none"> <li>A. County Mental Health</li> <li>B. Sioux Trails</li> </ul>	<p><b>Adult Volunteer Service</b></p> <ul style="list-style-type: none"> <li>A. Salvation Army</li> <li>B. Court Services Community Service Work Crew</li> <li>C. Local Libraries</li> <li>D. Local Cities</li> <li>E. Humane Societies</li> <li>F. Food Shelves</li> </ul>
<p><b>Athletics</b></p> <ul style="list-style-type: none"> <li>A. CER</li> </ul>	<p><b>Law Enforcement</b></p> <ul style="list-style-type: none"> <li>A. Sheriff’s Dept.</li> <li>B. Local Police Departments</li> </ul>
<p><b>Family Treatment/Therapy</b></p> <ul style="list-style-type: none"> <li>A. Fountain Center - Fairmont</li> </ul>	<p><b>Spiritual</b></p> <ul style="list-style-type: none"> <li>A. Local Churches (35+)</li> <li>B. Local Church Groups</li> <li>C. Yoga</li> </ul>
<p><b>Arts</b></p> <ul style="list-style-type: none"> <li>A. Red Rock Center</li> <li>B. Fairmont Opera House</li> <li>C. CER</li> </ul>	<p><b>Service Organizations</b></p> <ul style="list-style-type: none"> <li>A. MADD/SADD</li> </ul>
<p><b>Informal Relationships</b></p> <ul style="list-style-type: none"> <li>A.</li> </ul>	<p><b>Health</b></p> <ul style="list-style-type: none"> <li>A. Mayo Clinic</li> <li>B. Local Dentists</li> <li>C. Local Chiropractors</li> </ul>
<p><b>Literacy</b></p> <ul style="list-style-type: none"> <li>A. Faribault, Martin and Jackson School Districts</li> <li>B. Community Education Departments</li> <li>C. Sylvan Learning Center</li> <li>D. CER</li> </ul>	<p><b>Alcohol and Drug Treatment</b></p> <ul style="list-style-type: none"> <li>A. Fountain Center – Albert Lea and Fairmont</li> <li>B. Keystone</li> <li>C. House of Hope</li> </ul>
<p><b>Employment/Job Training</b></p> <ul style="list-style-type: none"> <li>A. Local Rotary Clubs</li> <li>B. Local Lion’s Clubs</li> <li>C. Chamber of Commerce</li> <li>D. Workforce Center</li> </ul>	<p><b>Formal Mentoring</b></p> <ul style="list-style-type: none"> <li>A. Each county has its own Mentor Program</li> </ul>
<p><b>Housing</b></p> <ul style="list-style-type: none"> <li>A. MVAC in Faribault and Martin</li> <li>B. Southwestern Action Council - Jackson</li> </ul>	<p><b>Social Services/Child Welfare</b></p> <ul style="list-style-type: none"> <li>A. Faribault and Martin County Human Services</li> <li>B. Jackson County Human Services</li> </ul>
<p><b>Other Adult Justice</b></p> <ul style="list-style-type: none"> <li>A. Faribault, Martin and Jackson County Jails</li> <li>B. Sentence to Service Crew</li> </ul>	

**Insert flow sheet here**

Appendix F

# Faribault, Martin & Jackson County FDTC



# Participant Handbook





# Welcome to Family Dependency Treatment Court!

We hope this handbook answers your questions about FDTC, provides you information about the program and explains what we expect of you. We encourage you to take control of your life by quitting drugs and alcohol and entering recovery. We hope to see positive changes in your life as you progress through the FDTC Program. The program is committed to providing you with support and encouragement as you find your way to a clean and sober life.

## **Do Not Lose This Book!**

You must take this book with you to all appointments and court dates. We encourage you to share this handbook with your family and friends for their support and encouragement.

### FDTC Team Phone Numbers

Coordinator	507-402-9375
Coordinator FAX	507-238-1913
Social Worker	
Treatment	507-238-4382
County Attorney	
Defense Attorney	
Human Services	
Law Enforcement	

## Prohibited Acts

I shall not violate any city, state, or federal laws. I will report any arrest or contact with police to my Recovery Specialist within 24 hours.

I shall not commit any acts of violence or threats of violence.

I shall not have in my possession, use, sell, distribute or have under my control, any paraphernalia or drug except as prescribed for me by a licensed physician.

I shall not use or possess any alcoholic beverage nor shall I frequent any establishment where alcoholic beverages are exclusively sold or used.

I shall not attend any program under the influence of alcohol or any illicit drug.

I shall not attend any program while in the possession of a weapon of any form including firearms or knives.

I shall not miss any scheduled probation meeting, court appearance, or urine test, family session or any other group, class or program.

*"There is no mountain too high to climb and no task too hard to handle when you're supported by others."*

## **Required Acts**

I shall attend all required meetings and be on time. In the event I am unable to attend I will call the Recovery Specialist at least two hours in advance.

I shall submit to urine, alcohol or other tests as required. Refusal, stalling (15 minutes or more) or adulteration will be considered a positive test.

I shall submit any required reports to the FDTC as ordered.

I shall keep the FDTC Recovery Specialist informed of my current address, phone number and whereabouts. I shall not change my address or phone number without notifying the Court in advance.

I recognize that full-time employment, work on GED while maintaining employment; or an alternative plan pre-approved by FDTC team is required. I will provide proof of employment or employment search to the FDTC team. I will report any employment changes within 48 hours.

I shall submit to any rehabilitative, medical or psychological program as directed by FDTC.

I shall pay all FDTC Program fees and costs or fines as ordered by the Court.

I shall comply with directives of the FDTC Judge, FDTC Team, CD Treatment Providers and FDTC Recovery Specialist.

I shall make satisfactory progress in the program as measured by each level requirement.

## **Courtroom Rules**

The FDTC Court approach involves a Substance Abuse Court Judge, Prosecutor, Defense Counsel, Substance Abuse Court Coordinator, Recovery Specialist, Law Enforcement, Treatment Provider and Court Personnel. The following rules and regulations for courtroom conduct must be followed in all FDTC Hearings:

- Punctuality is a must. You will be on time for all court appearances.
- Do not speak when the Court is speaking.
- You will stand when addressing the Court or when addressed by the Court.
- You shall not approach the bench unless permission is obtained or if the Court invites the participant to do so.
- You shall not sit on the counsel table in the courtroom.
- It is forbidden to be under the influence of any intoxicating beverage and/or illicit drug when in court.
- All weapons are banned from the courtroom.
- All cell phones or pagers must be turned off.



## **Court Dress Code**

### **Tops:**

- Must cover shoulders. Halter tops, tube tops and spaghetti straps are not allowed.
- Men cannot wear muscle shirts or undershirts.
- Must cover waist of the bottom apparel. The abdominal area shall not be exposed. There can be no gap, front or back, between the pants and top.
- Cannot be transparent.

### **Bottoms:**

- Must fit and be worn at the waist (i.e., sagging is not permitted)
- Must be at or below the knee. No short shorts or miniskirts allowed.

### **Shoes:**

- Footwear must be worn at all times.
- No flip flops.
- No bedroom slippers.

### **Hats and Headwear:**

- Baseball hats, stocking caps and knit caps must not be worn in the courtroom.
- Sunglasses may not be worn unless the individual suffers from a visual disability.

### **General Prohibitions:**

Clothing must not display inappropriate writing or pictures, including references to violence, alcohol, drugs or sexual matter.

**Items to be submitted for each Court appearance:**

- Judge's Journal
- Participant's Weekly Progress Report
- Participant Handbook with Support Group attendance
- School report (if applicable)
- Proof of completed CSW (if applicable)
- Other assignments as ordered

**All advancements, incentives, sanctions, commencement and terminations are subject to the discretion of the Court!**



**“There are no excuses, only choices!”**  
Judge Bernard E. Boland

## Children Learn What They Live

By Dorothy Law Nolte

- ❖ If a child lives with criticism, she learns to condemn.
- ❖ If a child lives with hostility, he learns to fight.
- ❖ If a child lives with ridicule, she learns how to be shy.
- ❖ If a child lives with shame, he learns to feel guilty.
- ❖ If a child lives with tolerance, she learns to be patient.
- ❖ If a child lives with encouragement, he learns confidence.
- ❖ If a child lives with praise, she learns to appreciate.
- ❖ If a child lives with fairness, he learns justice.
- ❖ If a child lives with security, she learns to have faith.
- ❖ If a child lives with approval, he learns to like himself.
- ❖ If children live with acceptance and friendship, they learn to find love in the world.

## Program Phases

The program is divided into four phases. Listed in each phase are the expectations you will be asked to meet before moving to the next phase. Phases in FDTC are based on your progress towards reunification.

### Phase 1-Supervised Visitation

**Objectives:** begin abstinence and chemical dependency treatment, develop trigger awareness and identify outside support system.

- Chemical Dependency treatment has begun.
- Mental health/trauma screening is complete. Diagnostic assessment has begun, if recommended.
- Parenting assessment is scheduled, if recommended.
- Family Group Decision Making conference scheduled.
- Attending biweekly court hearings.
- Meeting with child protection social worker once per week.
- Regular attendance at treatment and other required appointments, such as mental health and parenting classes, if recommended.
- Complying with drug testing – generally three random tests per week.
- Abiding by a 9 pm curfew.
- Attending sobriety support meetings.
- Abiding by a visitation plan.
- Submit to FDTC team proof of 30 hours of structured activity per week.
- No other safety concerns remain that would prevent unsupervised parental contact.



## **Phase 2-Unsupervised Visitation**

**Objectives:** Continued abstinence, establishment of recovery and development of educational and/or vocational goals.

### **Requirements:**

- Continued compliance with the chemical dependency treatment plan.
- Follow the recommendations of a diagnostic assessment or parenting assessment, if applicable.
- Parent has means to support children (housing, income/assistance of some sort and plan for daycare).
- Stable housing is in place.
- Attending biweekly court hearings.
- Meeting with child protection social worker once per week.
- Regular attendance at required meetings (treatment, mental health, peer mentor)
- Complying with drug testing – generally two random tests per week.
- Abiding by a 10 pm curfew.
- Attending sobriety support meetings.
- Abiding by a visitation plan.
- Submit to the FDTC team proof of 35 structured hours per week.
- Submit a manageable household budget to the FDTC team.
- Completion of a safety plan with the social worker – no other safety concerns remain that would prevent returning the children to the home for a trial period.

## **Phase 3-Trial Home Visit**

**Objectives:** In this phase human services retains legal custody however you have physical custody of your children for a trial period. This is the phase you've been working so hard for, but for many it is also the hardest. Be careful, take care of yourself and please do not be afraid to ask for help.

### **Requirements:**

- Continued compliance with chemical dependency treatment.
- Regular attendance at required meetings (treatment, mental health, peer mentor).
- Meeting with child protection social worker once per week.
- Maintain stable housing and a means to support children.
- Attending biweekly court hearings.
- Meeting with human services social worker as scheduled.
- Regular attendance at required meetings (treatment, mental health, peer mentor).
- Complying with drug testing – generally two random tests per week.
- Abiding by a 10 pm curfew.
- Submit to the team proof of 40 hours of structured activity per week.
- Attending sobriety support meetings.

**“I’m worth being sober!”**

Submitted by Lindsay, Adult Drug Court Graduate

## **Phase 4-Commencement** – typical length 6 months

**Objectives:** The final phase of FDTC is a period of maintenance. In this phase you will have reunited with your child(ren) and regained legal custody. In order to **graduate** from the program, FDTC expects the following:

- Continued compliance with chemical dependency treatment plan.
- Regular attendance at required meetings (treatment, aftercare, mental health, peer mentor).
- Meeting with human services social worker as scheduled.
- Maintain stable housing and a means to support children.
- Attending monthly court hearings.
- Meeting with human services social worker at least once per month.
- Complying with random drug testing – generally two random tests per week.
- Abiding by an 11 pm curfew.
- Attending sobriety support meetings.
- Completion of a volunteer project.
- Completion of life plan.



## Goals throughout the Program



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“Although the world is full of suffering, it is also full of the overcoming of it.”

Helen Keller





## Compliance and Consequences

The Judge shall order progressively increasing sanctions and incentives. The table below summarizes compliant and non-compliant behavior and the corresponding incentives and sanctions.

Achievements	Incentives
<ul style="list-style-type: none"> <li>➤ Attending Court</li> <li>➤ Periods of sobriety</li> <li>➤ Treatment attendance</li> <li>➤ Compliance with treatment plan</li> <li>➤ Securing employment and/or housing</li> <li>➤ Completing phases</li> <li>➤ Completing treatment</li> <li>➤ Educational achievements</li> <li>➤ Pro-social events</li> </ul>	<ul style="list-style-type: none"> <li>➤ Praise from the judge</li> <li>➤ Less restrictive curfew</li> <li>➤ Candy/pop/toys</li> <li>➤ Gift cards</li> <li>➤ Money off of fees</li> <li>➤ Less frequent court appearances</li> <li>➤ Food coupons</li> <li>➤ Photo frames</li> <li>➤ Increasingly less supervised time with your child(ren)</li> <li>➤ Graduation ceremony</li> </ul>
Infractions	Sanctions
<ul style="list-style-type: none"> <li>➤ Use of mood-altering substance</li> <li>➤ Refusing to submit to a test or tampering/diluting a test</li> <li>➤ Unexcused absence</li> <li>➤ Failure to follow Court order/comply with sanction</li> <li>➤ Failure to report address or employment change</li> <li>➤ Leaving the three county area without permission</li> <li>➤ Not turning in required paperwork to court</li> <li>➤ Uncooperative behavior</li> <li>➤ Failure to attend support group meetings</li> </ul>	<ul style="list-style-type: none"> <li>➤ Verbal reprimand</li> <li>➤ Essay on a topic related to violation</li> <li>➤ Community service</li> <li>➤ More restrictive curfew</li> <li>➤ Daily check in</li> <li>➤ Increased testing</li> <li>➤ Pay for positive test</li> <li>➤ End unsupervised visitation or trial home visit</li> <li>➤ Goodbye letter</li> <li>➤ Termination from FDTTC</li> </ul>

## Termination

The FDTC Judge makes the final determination if a participant is to be terminated from the program or not. Repeated violations for any of the following can result in termination (this is not the complete list):

- Positive urine tests
- Missed or refused urine tests
- Failure to attend court
- Failure to participate or cooperate in family intervention
- Failure to participate or cooperate in counseling
- Failure to report to social worker
- Failure to attend outside programs
- Failure to attend school or work
- Failure to cooperate at home

The serious violation of new child protection allegations does not automatically terminate a participant from the program. If the charge is of a violent nature and the prosecutor files charges, the participant will be unsuccessfully terminated and referred to the prosecutor's office for further proceedings.

## **FDTC Fees**

FDTC charges \$30 per month for participation in the program. As much as half the monthly fee may be waived for excellent program participation and completion of program milestones.

Please be sure to make progress towards payment of your fees throughout the program. You will be required to include repayment of this fee in your budget submitted to the FDTC team by the end of Phase 2.

Fees must be paid in full by the time of graduation.

## **Medication Contract**

- I will inform all medical professionals that I am an FDTC participant and not permitted to take any narcotic medication unless the medical professional makes the decision to prescribe such a medication to me with full knowledge of my addiction and participation in FDTC. Remember to use the Doctor Card!
- If a narcotic is prescribed, I will contact my social worker immediately.
- I understand I am responsible for informing and providing documentation of all prescription medications I am taking or may take. I am also responsible for notifying my case manager if there are any changes to any and all prescriptions.
- I understand the FDTC reserves the right to limit me to seeing one primary medical professional.
- I will fill prescriptions at one pharmacy of my choosing, \_\_\_\_\_, unless an emergency were to arise and this pharmacy were not available to me. In that situation I will inform my social worker by calling and leaving a message informing her of the situation.
- I understand that I shall inform my social worker of any over-the-counter medications that I am using or may be using. The medications must be non-addictive and not contain alcohol (i.e. mouthwash, cough syrup, etc.). I am responsible for verifying with a pharmacy or medical professional that these medications are non-addictive and do not contain alcohol.
- If I am given a prescription and decide against taking it or do not take the entire amount prescribed, I will ask my social worker how to destroy the remaining amount of the prescription.
- If directed by your social worker, treatment provider or the court I will make my prescription available in order to count the number of pills from the date the prescription was filled.
- Once the prescription has expired or by the time all pills should have been used, none of the pills will be in my possession. A positive test after that time because I took "left over" medication will be considered a positive test and appropriately sanctioned.

**Medication:**  
**Important Points To Remember**

- **Personal Responsibility**

You alone are responsible for what goes in your body. Do not come to drug court with an explanation that illegal or prohibited drug use is anyone's fault but your own. You are responsible for that.

- **Other People's Medications**

Never take medication that has been prescribed for someone else (your mother, brother, boyfriend, girlfriend, etc...). Using medication prescribed to another person is in violation of the law and drug court rules.

- **When You Are Not Sure**

When in doubt, DON'T TAKE IT. Ask your doctor, treatment provider or drug court personnel. If you have any questions at all about any medication you are taking or are planning to take, contact a member of the FDTC team.

- **Read the Label**

Read the label when you buy cough syrup, cold medicine, mouthwash or other over-the-counter liquids. MAKE SURE THEY DO NOT CONTAIN ALCOHOL. Listerine contains alcohol. Dayquil and Nyquil contain alcohol. There are over-the-counter products that do not contain alcohol.

- **Poppy Seeds**

Never eat poppy seeds or "everything bagels" because they can give you a false positive for morphine. Don't even try to explain away a positive drug test by saying you ate poppy seeds. It will not work!

- **Making Recovery More Difficult**

Taking prohibited drugs can only make your recovery harder.

- **In Case of Emergency**

Carry your drug court doctor signature card with you in your wallet or purse and show it to any medical personnel in the case of an emergency.

## Support Group Meetings

<b>Day and Time</b>	<b>Location</b>	<b>Phone Number</b>
<b>Monday</b>		
Noon AA Fairmont	Big Book 214 Downtown Plaza	Bonnie 507-238-9299
6:30 pm AA Worthington	Discussion Group 1127 Sherwood St.	Rick or Kathie 507-372-2455
7 pm AA Blue Earth	United Hospital 515 S. Moore St.	Kathy 507-653-4386
7 pm AA Fairmont	Fevered Brains 214 Downtown Plaza	Barb 507-236-8259
7 pm AA Jackson	Ashley House 308 W. Ashley St.	Tom P. 507-847-4242
7 pm AA Lakefield	Sparks Park. N. Hwy 86	Stan 507-662-6704
7:30 pm AA Windom	Fire Hall across from Post Office	Lorri C. 507-831-6107
8 pm AA Bricelyn	210 N. State St.	Nathan B. 507-553-5210
8 pm AA Fairmont	One-to-One 214 Downtown Plaza	Jeff K. 507-235-3399
<b>Tuesday</b>		
Noon NA Fairmont	Ties That Bind 214 Downtown Plaza	Cindi C. 507-236-9373
6 pm AA Windom	Hispanic Speaking , Fire Hall by Post Office	Dave R. 507-831-2843
7 pm NA Fairmont	House of Addicts House of Hope 1100 Indus St.	Kim R. 507-399-9754
7:30 pm AA Wells	Wells Alano Group United Methodist Church	Bill 507-553-5871
8 pm NA Windom	American Lutheran Church, 906 Prospect Ave.	Kelly 507-832-8184
8 pm AA Fairmont	Big Book 214 Downtown Plaza	Bonnie 507-238-9299
<b>Wednesday</b>		
9:30 am AA Windom	Fire Hall across from Post Office	Lorri C. 507-831-6107
Noon AA Fairmont	Big Book 214 Downtown Plaza	Bonnie 507-238-9299
6 pm NA St. James	Midweek Serenity 202 Armstrong Blvd S.	Dan Z. 507-621-0613

6:30 pm NA Worthington	Sanford Hospital 1018 6th Ave.	Wendy H. 507-329-5273
7 pm NA Bricelyn	Wild Side NA 407 N. 3rd St.	Mike K. 507-525-1536
8 pm NA Fairmont	Wonders of Recovery 214 Downtown Plaza	Cindi C. 507-236-9373
8 pm AA Fairmont	Big Book 214 Downtown Plaza	Bonnie 507-238-9299
8 pm AA Truman	Truman Community Bldg 313 N. 1st Ave W.	Duane 236-1154 or Jim 380-6590
<b>Thursday</b>		
Noon AA Worthington	Downtown Group 1127 Sherwood St.	
5:30 pm AA Windom	Sisters in Sobriety 41445 US Hwy 71	507-831-1619 Assembly of God
7 pm NA Fairmont	Adolescents in Recovery	Lakyn 507-236-2188
7 pm AA Fairmont	House of Hope	
7 pm AA Sherburn	Sherburn Community Bldg on Main St.	Dianne P. 507-236-7487
7:30 pm AA Heron Lake	Sacred Heart School 800 9 <sup>th</sup> St.	Joe 507-793-2353
8 pm AA Fairmont	Big Book	Bonnie 507-238-9299
8 pm AA Worthington	Moving Forward 1127 Sherwood St.	Tom H. 507-360-3173
<b>Friday</b>		
Noon AA Fairmont	Big Book 214 Downtown Plaza	Bonnie 507-238-9299
6:30 pm NA Fairmont	True to Ourselves 214 Downtown Plaza	Al J. 507-236-0908
7 pm AA MN Lake	Trail's Group 103 Main St.	Jill 507-317-8987
8 pm AA Fairmont	One-to-One 214 Downtown Plaza	Dan 507-236-4049
8 pm AA Windom	Fire Hall across from Post office	Lorri C. 507-831-6107
<b>Saturday</b>		
9 am AA Worthington	Step Study 1127 Sherwood St.	Scott H. 507-372-2353
11 am AA Windom	Sat. Morning Live Fire Hall by post office	Lorri C. 507-831-6107
Noon NA Worthington	1720 N. Burlington Ave. American Ref. Church	Wendy 507-329-5273

2 pm AA Fairmont	House of Hope	
6:30 pm NA Bricelyn	Wild Side NA 407 N. 3 <sup>rd</sup> St.	Mike K. 507-525-1536
7 pm AA Jackson	Step Meeting Ashley House	Tom P. 507-847-4242
8 pm – AA Bricelyn	Bricelyn Alano Group 210 N. State St.	Nathan B. 507-553-5210
8 pm – AA Fairmont	Speaker Meeting 214 Downtown Plaza	Jerry S. 507-236-8259
10 pm – NA Fairmont	Candlelight Meeting 214 Downtown Plaza	Al J. 507-236-0908
<b>Sunday</b>		
7 pm NA Fairmont	Hopeless to Dopeless 214 Downtown Plaza	Al J. 507-236-0908
7 pm AA Blue Earth	Afflicted & Fearless, Sr. Citizen Center 118 W 7 <sup>th</sup> St.	John M. 507-893-3535 or 520-6676
8 pm AA Fairmont	Big Book 214 Downtown Plaza	Darrell D. 507-399-9330
8 pm AA Worthington	Worthington AA 1127 Sherwood St.	Clarence 507-372-5809



*“May I have the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference!”*







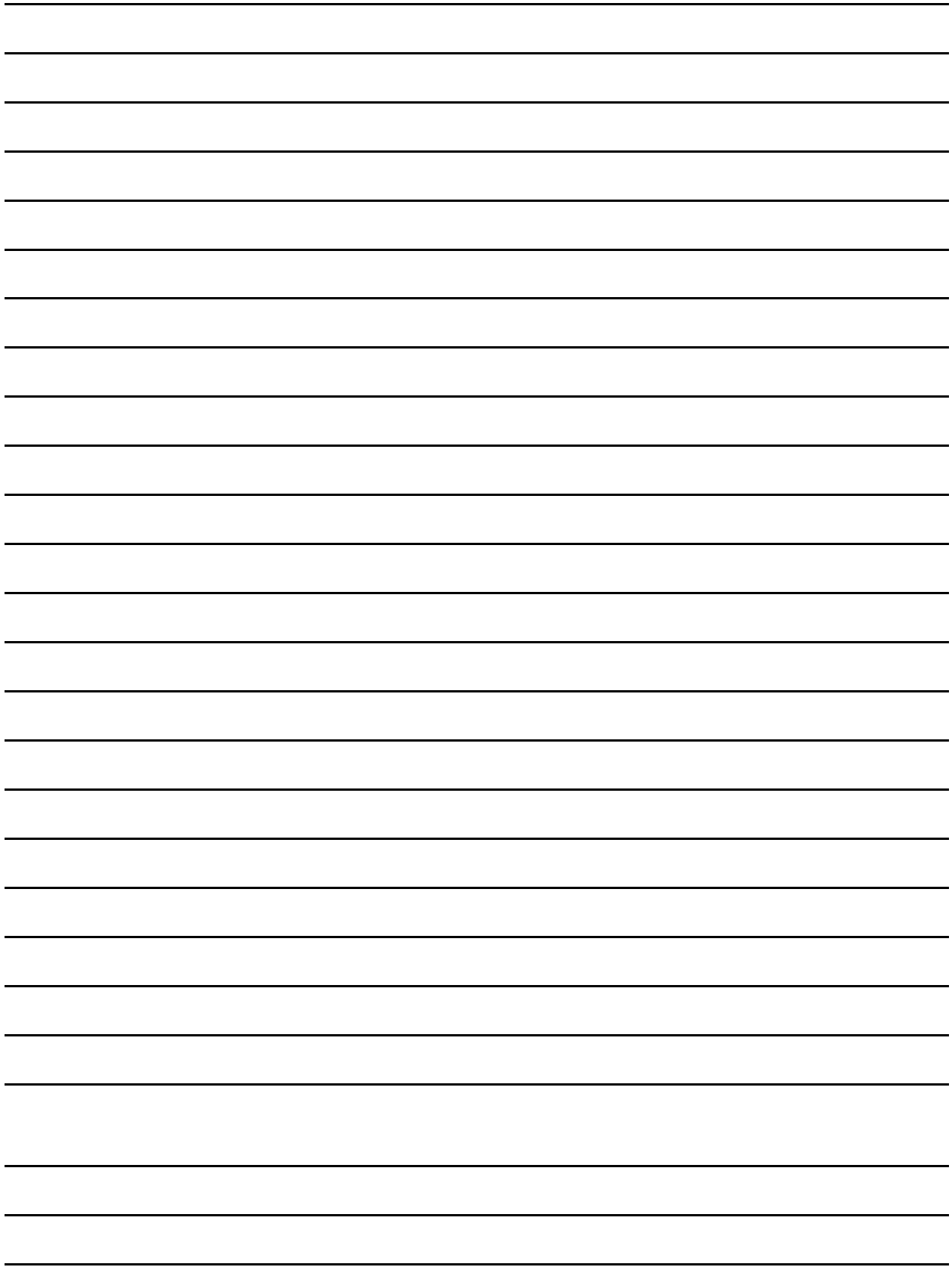














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### **Commitment**

Today I will do whatever it takes to stay off drugs  
and be there for my family!

