



**MINNESOTA
JUDICIAL BRANCH**
FIFTH JUDICIAL DISTRICT

AND



FAMILY DEPENDENCY TREATMENT COURT

POLICIES AND PROCEDURES

Introduction

The Blue Earth County (BEC) Family Dependency Treatment Intervention Court (FDTC) provides an alternative to the traditional juvenile court process in abuse, neglect and dependency cases where identified parental substance abuse is a primary factor.

The current juvenile court system, with the traditional prosecutor and defense functions, coupled with standard court procedures and infrequent hearings, often reinforces the participant's denial of substance abuse issues. The FDTC model transforms the roles of those involved in the court process and establishes a coordinated systemic approach focusing on sobriety and accountability. The following are key components:

- More frequent court hearings with one judge
- A team approach to helping participants work toward treatment and parenting goals
- Focus on quick access to chemical health assessment, treatment and aftercare/continuing care
- Comprehensive case management and monitoring
- Rewards and sanctions used for progress in meeting chemical health and parenting goals
- Four program phases

Mission Statement

The mission of the Blue Earth County Family Dependency Treatment Court is to provide a judicially supervised collaboration to ensure families with chemical dependency issues have individualized and timely treatment and utilization of community based services; so they achieve recovery and children have a safe, stable and nurturing environment. **(3-11-08)**

Goals and Objectives

The complete list of goals, objectives and outcomes are listed in Appendix A

Goals:

1. A multi-disciplinary approach to assist chemically dependent parents involved in the child welfare system.
2. Establish timely permanency for children of parents with substance abuse issues with reunification as a preferred outcome.
3. FDTC participants reduce substance abuse.
4. Strengthen the capacity of families to provide guidance, structure and nurturance for their children.

5TH JUDICIAL DISTRICT
Blue Earth County Family Dependency Treatment Court

General Information

Mailing Address: Blue Earth County Family Dependency Treatment Court
Fifth Judicial District Administration
401 Carver Road
PO Box 3543
Mankato, MN 56002

Phone: 507-304-4726
Fax: 507-304-4710

District/County: Fifth Judicial District, Blue Earth County

Population base: 55,941

Family Intervention Court Team Members

Judge: The Honorable Kurt Johnson

Coordinator: Kevin D. Mettler

Prosecutor: Susan DeVos, BEC Assistant County Attorney

Defense Attorney: Michael Mountain

Child Protection Specialist: Tiana Iverson, BEC Human Services

Guardian ad Litem: Susan Kohls, 5th Judicial District

Treatment Provider: David Gillman, New Ulm Medical Center

Case Manager : Brady Schloesser , MRCI

Fifth Judicial District Liaison: Brenda Pautsch

Financial Worker: TBD

Mental Health Worker: Taren Seller, Sioux Trails Mental Health

STEERING COMMITTEE

The BEC Drug Court steering committee includes executive-level personnel or policy makers from each of the agencies involved in either or both the adult drug court and FDTC planning. There are also community members on the steering committee. This group is charged with overall policy development and implementation. They are called upon to resolve potential conflicts, facilitate cooperation and provide buy-in at the upper echelon of each participating agency. It is important to have these upper-level policy leaders involved, so that mid- and lower-level employees are confident that drug court is a priority mission. Members of the steering committee include, at a minimum the following individuals:

- Judge
- County Commissioners
- County Attorney
- Human Services
- Sheriff's Department
- Adult and FDTC Coordinators
- Chief Public Defender
- Community Leaders
- School Representative
- Treatment Providers
- Community Corrections

FISCAL MANAGEMENT

Fiscal Agent

The Fifth Judicial District will serve as the primary fiscal agent for expenses reimbursable through grants obtained by the District on behalf of the FDTC. Upon review and approval by the steering or staffing team, all participating entities agree to allow the Fifth Judicial District to serve as the signatory on any drug court contracts made with outside vendors.

Program Participation Fees: Minn. Stat. § 357.42 (2007). A \$120 fee is owed by the participant to offset the cost of the program. Program fees must be paid in full before graduation from the program.

Fee Alternatives:

- Up to ½ of the fee may be waived as an incentive for progress and positive behavior in the program.
- Community work service (CWS) to satisfy part or all of the drug court fee for those unable to pay, as appropriate. CWS is credited at the rate of \$6.00 per hour (9/09).

All program participation fees will be collected by Court Administration in Blue Earth county and deposited into a separate account for exclusive use by the program. Funds may be used to pay for program costs (copying, brochure development, etc.); incentives; local training needs; drug testing; chemical and mental health treatment services not covered by the Consolidated Chemical Dependency Treatment Fund and all other payment options (private insurance, PMAP, etc.) have been exhausted. In order for reimbursement to occur, contracts must be in place with the respective agencies and/or organizations.

Terminated participant fee policy: If an individual drops out or is terminated from the program they are responsible for paying the fee owed up until the time of their termination/withdrawal from the program, unless waived by the team.

Financial Assistance Fund: The annual amount of the Fund will be established prior to the beginning of each calendar year by the Steering Committee/Staffing Team and funds will be used to offset the client's direct self-pay costs for treatment services or other appropriate financial needs. Funds will be distributed on a "first come, first serve" basis until the established amount for the calendar is depleted. If funds remain in any given calendar year, the balance will be rolled into the following years' Financial Assistance Fund allocation unless prohibited by the funding source.

Criteria for Financial Assistance Fund - Drug Court Treatment

1. Candidate is without insurance coverage and does not have personal resources/assets to pay for drug court treatment.
*Documentation may be required to include: tax returns, pay stubs, health care benefit set, list of assets, banking documentation.
2. Candidate is above the income threshold to qualify for CD consolidated funds (CCDTF/Rule 24).
3. Using a currently adopted county sliding fee schedule as a guide, assistance will be provided on a graduated percentage basis to eligible candidates from the Financial Assistance Fund.

Criteria for Financial Assistance Fund – Other

1. Without assistance the candidate would be unable to complete drug court treatment or social services goals.
2. Candidate does not qualify for, or there is no other public funding available to provide the financial assistance needed in order to continue to progress in the drug court program.
3. Candidate may be required to repay a portion or all of the funding received, according to a payment schedule as determined by the drug court probation agent.
4. Funds will be distributed on a "first come, first serve" basis until the established amount for the calendar is depleted.

Review and Approval Procedure

1. All requests must be in writing. The FDTC Social Worker will, in most cases bring requests to the team for consideration and approval.
2. Once a participant has received a total of \$250 from the fund, any future requests must be approved by the Drug Court team.
3. One time requests for funding (other than treatment)
 - a. Under \$100 may be approved by the FDTC Social Worker. Drug Court Coordinator must be notified of decision.
 - b. Over \$100 – must be approved by the FDTC Staffing team.

Target Population

Families who are under the jurisdiction of the Blue Earth County District Court because their children are at risk due to parental involvement with substance abuse are eligible for participation in the FDTC. These families may be identified by the criminal activity of one or both parents, or by the removal of the children from the home due to child abuse or neglect. These families are normally referred to the FDTC by Blue Earth County Human Services or substance abuse treatment providers.

Eligibility Criteria

To qualify, the custodial parent (candidate) must meet the following criteria:

1. Resident of Blue Earth County
2. At least 18 years of age.
3. Priority will be to cases where one or more of the candidate's children are the subjects of a Child in Need of Protection or Services (CHIPS) petition and the child(ren) are removed from the home. The candidate has entered an unconditional admission (not conditioned on acceptance into FDTC) to the basis of the CHIPS petition.
4. Chemical dependency/abuse issues that impact the ability to parent the child(ren).
5. Voluntarily chooses to participate in FDTC*
6. Prior termination from FDTC or prior unwillingness to participate will not disqualify an individual from future participation.
7. Exceptions to the criteria will be at the discretion of the court including cases where voluntary termination is imminent . Factors to be considered by the team when making an eligibility determination include:
 - a. The ages of the children;
 - b. Parent's progress on any existing case plan and the reasons why it wasn't completed;
 - c. The level of contact the parent has maintained with the child(ren) over the past year;
 - d. Willingness of the parent (as opposed to the attorney) that s/he is ready to make changes and care for the child(ren) and why participating in FDTC would be effective;
 - e. The status of the other parent(s) and whether TPR would really free up the children for adoption.
8. For candidates with an active criminal file, they must be screened first for adult drug court participation, before they will be considered for FDTC. (1/8/09)

*The BEC FDTC is a voluntary program. Therefore, families may elect not to participate or to discontinue participation, at which time their cases revert to existing traditional court programs and procedures.

Disqualification Criteria

1. Prior conviction for a violent felony level offense (28 CFR 93.3(d))
2. Prior judicial determination of egregious harm to a child.
3. Personal factors which may disqualify a potential participant include:
 - a. Severe psychological problems (hallucinations, paranoia, anti-social personality disorders);
 - b. A medical condition requiring immediate attention
 - c. Transportation problems and no resources are available to remedy the problem
 - d. Unwilling to comply with the rules and procedures of the treatment program.

- e. No chemical dependency/abuse diagnosis.
 - f. Unable to physically participate in treatment activities (within the guidelines of the Americans with Disabilities Act).
 - g. Under 18 years of age
4. Unable to complete the requirements of FDTTC due to time constraints imposed by the Adoption and Safe Families Act (ASFA) or Minnesota Statutes and Rules relating to child protection.

Benefits of Participating in FDTTC

When potential FDTTC candidates are approached about participating, they should be reminded of not only the requirements but the benefits, which include:

- 1. Family reunification
- 2. Positive lifestyle change
- 3. Drug court as a support system
- 4. We want participants to get to where they want to be or have dreamed of being.

Admission Steps

Once substance abuse has been assessed and acknowledged by the parent(s), they are offered the possibility of participating in the FDTTC. After referral to FDTTC by the human services department, a client typically moves through the following admission steps.

REFERRAL PROCESS

- 1. The referring social worker submits a completed FDTTC referral form to the county attorney along with a CHIPS referral within 72 hours of placement.
- 2. Upon acceptance of the referral, the county attorney submits a CHIPS Petition and FDTTC referral form to Court Administration.
- 3. Court Administration sends a copy of the FDTTC Referral to the FDTTC, parents attorney and GAL.
- 4.

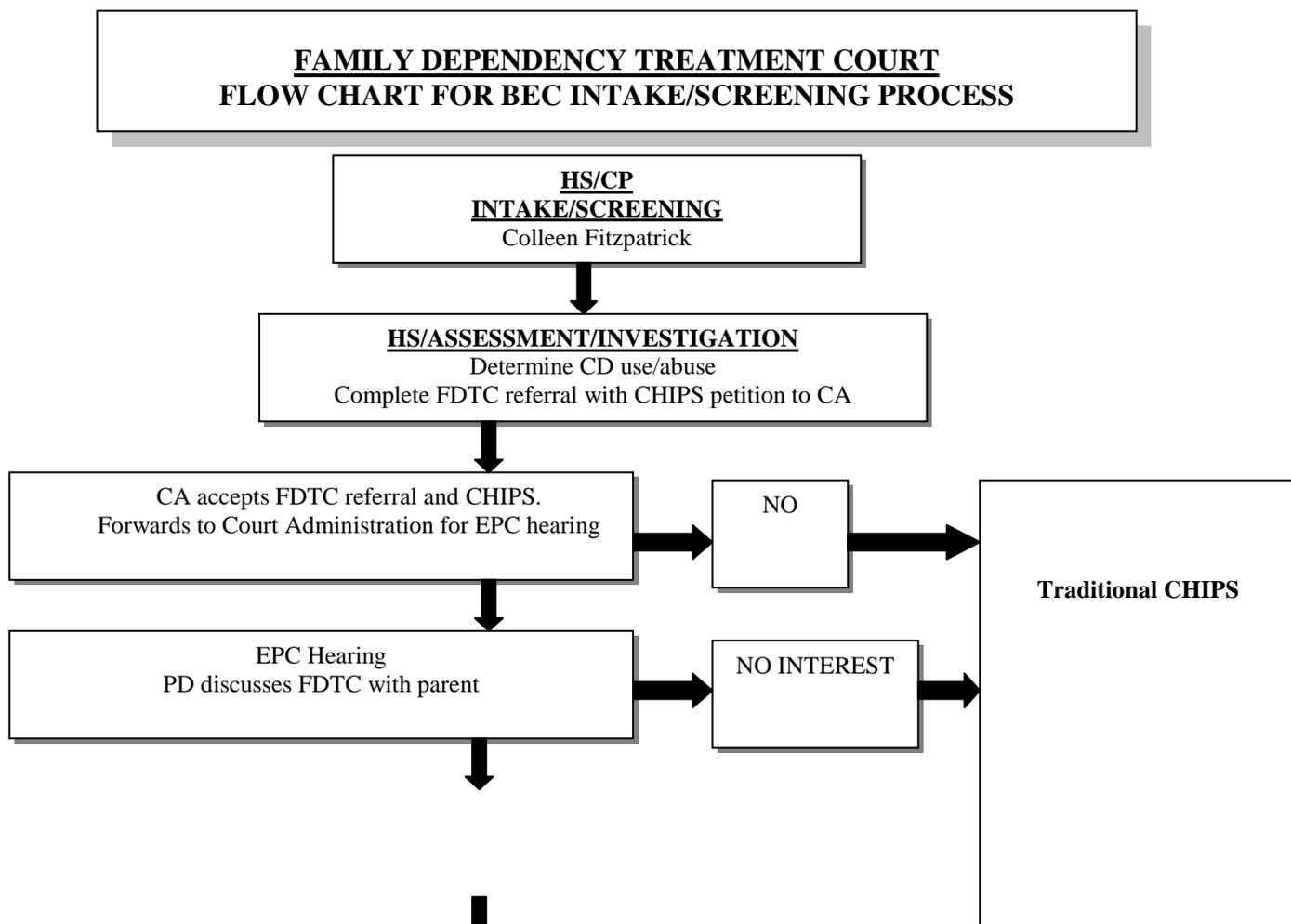
SCREENING AND INTAKE PROCESS

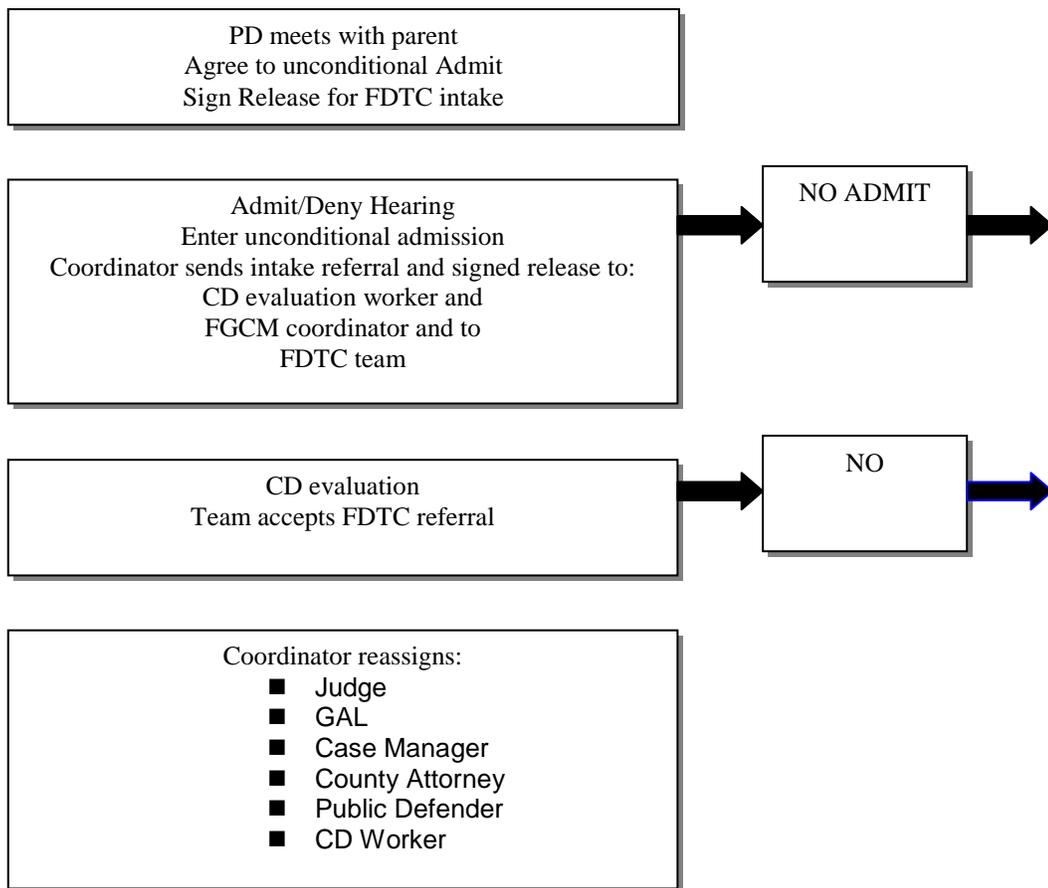
- 1) The parent attorney discusses the potential of FDTTC with the client prior to the EPC hearing.
- 2) The EPC hearing occurs within 72 hours of placement.
- 3) Following the EPC hearing and prior to the admission hearing, the parent attorney secures the client's signature on the FIC Participation Criteria and release of confidential information forms if the client is willing to be screened for admission into the FDTTC.
- 4) Upon unconditional admission to the CHIPS Petition, the parent attorney notifies the FDTTC Coordinator of the client's willingness to participate in FDTTC.
- 5) The FDTTC Social Worker makes a referral to the BEC chemical dependency assessor for a chemical use assessment.
- 6) The CD assessor completes the assessment or assists the individual to obtain an assessment for the appropriate insurance provider, within 7-10 days.
- 7) The FDTTC Social Worker/Coordinator gathers information from the following sources and provides it to the team:
 - a. Obtain criminal background information from the following court, corrections and social services systems (MNCIS, NCIC, and CSTS).
 - b. Gather social services information from SSIS and the assigned social worker. The information may include:
 - i. Mental health screening results on the children and/or diagnostic assessment information
 - ii. Timelines for each child in the family
 - iii. Special needs data on the children
 - iv. Structured Decision Making Tools
 - v. Prior child protection history and check of the statewide perpetrator list.
 - vi. Child protection assessment data, including questions/observations about chemical use.

- vii. Mental health and chemical dependency history on the candidate.
- c. Completed chemical use assessment
- d. Baseline urinalysis on the candidate.
- e. The FDTC Coordinator notifies the candidate of the date of the next FDTC hearing and requests they be present in the event the Team approves the referral for FDTC.
- f. The FDTC staffing team reviews the referral information and recommends approval or denial (7-21 days).
- g. The parent attorney and candidate are notified by the coordinator of the FDTC team determination.

ENTRY PROCESS

1. Upon acceptance by the team, the FDTC social worker explains the participant contract, program rules, rewards and sanctions and graduation criteria. The contract is signed by the new participant.
2. Court Administration is notified of the acceptance and reassigns the CHIPS juvenile court file to the appropriate parent attorney, GAL and FDTC Judge.
3. The human services file is transferred to the FDTC Social Worker who arranges for any needed assessments the participant may have such as: domestic violence, medical, dental, health, life skills, housing, anger management, etc.
4. The FDTC Social Worker arranges for any assessments the child(ren) may need such as: child-well being tool, medical/mental/dental health, diagnostic assessments, Child & Teen checkup, Early and Periodic Screening Diagnosis and Treatment (EPSDT), school assessment, relative search, methamphetamine exposure follow-up exams.
5. A referral is made for Family Group Decision making.





Court Session, Court Orders, and Beginning of Phase I

TEAM STAFFING:

Team Staffings will be held every Tuesday morning beginning at 9:00am. All team members or their back-up representatives are expected to be at staffings. Objective is to review the file of each participant that will be attending the review sessions that day. All team members have the right and obligation to discuss client conduct and to assist in the determination of imposition of a sanction or incentive. The team staffing must be completed by 10:00 am. If it appears that staffing will take longer, then staffing will be scheduled to begin earlier.

When the FDTC Judge or back-up Judge is unavailable and, a member of the Team may be designated to facilitate the staffing and preside over the FDTC session. When possible, participants will be given advance notice of planned absences of the FDTC Judge. Sanctions recommended by the Team that include jail time or community service will require approval and authorization by a District Court Judge following the FDTC session.

COURTROOM SESSIONS:

Family Dependency Treatment Court will be held bi-weekly on Tuesdays at 10:00am. Location is the designated Family Dependency Treatment Court Courtroom. FDTC and other drug court hearings are open to the public, although a departure from normal court proceedings. During court, the judge interacts directly with the participants. This close interaction communicates to participants that someone with authority cares about them and is closely watching what they do. Phase advancements are announced, achievements are celebrated, progress is monitored and sanctions are dispensed. In the event that the participant discloses

information that may impact a sanction or incentive decision made by the team at the staffing earlier in the day; the court will ask the participant to step back and call the team forward for discussion and decision. Participants describe their efforts toward sobriety to an audience of their peers, court staff and the judge. Hearings are used to reinforce the drug court's polices and ensure effective supervision. Hearings also give participants a sense of how they are doing in relation to others. Any sentencing hearings will normally be held after the weekly drug court review hearings. The Court will attempt to contact by phone, participants who are in inpatient programs, halfway houses, etc. and therefore unable to attend the bi-weekly court hearings in person.

Participant Sobriety Date:

The Judge will announce each participant's days of sobriety at the court sessions. The date of sobriety will be the day following the last day of use the participant reports to the chemical use assessor or treatment provider.

Children in the Courtroom:

Children under the age of ten (10) will Children of the age of ten (10) or over shall not be excluded from the courtroom in CHIPS hearings unless the Court determines, based upon the child's age, preference, disability (if any), the nature of the case, the issues to be addressed, whether removal or absence from school or treatment, and any other relevant factors, that the child's attendance would not be in the child's best interest. The ultimate decision will be made based upon the best interests of the child after considering all of the relevant factors in light of the circumstances in the case.

PROGRAM STRUCTURE

Phases

Phase Advancement Plan

Phases are the steps identified by the drug court team through which clients must progress to complete the drug court program . The FDTC has four phases. The length of time the participant spends in the program depends on individual progress and whether or not residential treatment had to be utilized. Each phase consists of specified treatment objectives, therapeutic and rehabilitative activities, and specific requirements for advancement into the next phase. The treatment phase of the program is determined by the participant's progress; however it will be no less than one year, followed by 6 months of mandatory aftercare.

Please note: The participant may be required to **perform all or a select portion of** the treatment requirements in each phase. Actual requirements will be determined and included in the treatment plan, so the participant has a clear understanding of what will need to be accomplished in order to advance to another phase of the program. In order to advance from one phase of the program to the next, the participant will be required to complete a Phase Advancement Tracking Sheet and submit a request to advance to the next phase.

Each phase has a recommended amount of time and participants move through the phases based on a successful completion of the requirements and the individual needs of the participant. As the participant progresses through the program, the treatment plan may be revised/updated as the participant's needs evolve. Keep in mind if non-compliance occurs during the later phases, the participant's supervision requirements may be increased and/or a participant may be moved back a Phase.

Each phase consists of specified treatment objectives, therapeutic and rehabilitative activities, and specific requirements for advancement into the next phase. Level of treatment may or may not coincide with the drug court program phases. Specifics include:

Supervision Contacts – number of times a participant meets with the social worker or other supervisory personnel (including law enforcement contacts). During the early phases, contact is usually three times per week and gradually decreases.

Parenting Time – Children generally fare best when they have the emotional and financial support and ongoing involvement of both parents. (*MN Supreme Court Advisory Task Force on Parenting Time and Child*

Support Enforcement, January 1999, 2001). A parenting time schedule will be incorporated into the FDTTC case plan. The frequency and consistency of the parenting time schedule will take into account the developmental needs of the child.

Court appearances – number of times a participant must appear in court. Persons in early phases will appear in court every other week.

Support group attendance (or other approved alternative) – attendance at support group meetings is monitored by attendance sheets and sponsors are verified by treatment personnel. Support groups can be organizations such as Alcoholics Anonymous, Narcotics Anonymous and SMART Recovery.

Length of time drug free – participants have a recommended number of days in each phase to be drug free (i.e., no positive tests for alcohol or drugs) before phase advancement and graduation.

Education/work – because of the holistic approach of FDTTC, participants are often given additional conditions completion of GED, attendance at ESL classes, high school attendance, vocational training, and/or full-time employment are often conditions of advancement and graduation. Participants are responsible for the payment of any training and educational related costs

Program Participation Fees – A \$20 monthly fee paid by the participant to offset the cost of the program; a portion of which may be waived by the judge for excellent program participation. Program fees must be paid before graduation. If a participant is terminated or withdraws from the program, they are responsible for the fee until the termination/withdrawal date (2/3/09).

Frequency of drug testing – the number of times a participant is tested will vary according to phase and compliance within program. Participants may be responsible for the cost of any confirmation tests.

Treatment – successful completion or engagement within treatment is required for phase advancement. Participants are responsible for paying for the costs of chemical dependency and mental health treatment services.

BEC FDTC Phase Description – 12 Month Program

Requirements Phase I 1-3 Months	Requirements Phase II 3-6 Months
<p>Attend Court 1x every other week & journal assignments Follow recommendations of treatment such as inpatient or outpatient treatment, halfway house or sober housing. Support group meetings minimum of 2x per week Develop social services case plan Drug testing 3x per week Visitation with children (consistency/appropriateness) Call FDTC social worker on a daily basis No unexcused absences from treatment/other services Family Group Decision making – if appropriate may occur during any phase of the program</p>	<p>Attend court every other week & journal assignments Follow treatment recommendations, and participate in family counseling sessions. Support group meetings per recommendation of treatment provider Drug testing 2x per week (minimum) Follow social services case plan Visitation with children (consistency/appropriateness). Classes/groups as needed or determined by team Call FDTC Social Worker on a daily basis</p>
Requirements Phase III 3-6 Months	Requirements Phase IV 3 Months
<p>Attend Court every other week & journal assignments Follow all treatment recommendations, Attend support group meetings 2x per week Obtain Sponsor Progress on social services case plan tasks Complete pro-social activities as recommended Volunteer at one recovery event Classes/groups as needed or determined by team Drug testing: 2x per week minimum Increased unsupervised visitation with children. Cooperate with case manager.</p>	<p>Court appearances at least monthly Complete aftercare plan Evidence of active involvement in recovery culture Attend support group meetings as required. Follow social services/child protection case plan Monthly involvement in recovery based social or recreational events. Maintain sponsor. Demonstrate appropriate, independent parenting Pursuing vocational or academic goals Random drug testing Cooperate with case manager.</p>
CONTINUING CARE: 3-6 Months	

PHASE ONE – 1 to 3 months

In this short term, approximately three months, the participant will be assigned a counselor who is a member of the Drug Court Team. The counselor will provide the participant with an orientation/overview of the treatment portion of the program and will monitor his/her participation in treatment. This is where the participant will have the opportunity to learn about addiction, the disease concept, recovery process and support group options. The participant's strengths, weaknesses, wants and needs will be assessed and a collaborative treatment plan developed. If the participant shows personal motivation, involvement and compliance with treatment, he/she will be advanced into the next treatment phase.

Minimum requirements of Phase One may include the following:

- 1) Orientation and overview of drug court treatment;
- 2) Develop individual treatment plan including personal goals;
- 3) Individual, group and family counseling sessions as determined by treatment provider (one to three times per week).
- 4) Support Group Meeting attendance (AA, NA or SMART Recovery) minimum of 2x per week
- 5) Develop social services case plan/Road Map
- 6) Random drug tests provided by participant (3x per week minimum)
- 7) Every other week court appearances and journal assignments.

- 8) Visitation with children as appropriate on a consistent basis
- 9) Family group decision-making – if appropriate. It may occur during any phase of the program.

Criteria for advancement to Phase Two:

1. No unexpected or unexcused absences from scheduled services.
2. Documented required minimum attendance at support group meetings.
3. Acknowledgment of a substance abuse problem and a commitment to a drug-free lifestyle.
4. Be employed or involved in vocational/educational goals.
5. No unexcused absences from treatment/other services for 30 days.
6. Stable/appropriate housing as determined by Team
7. Completed Phase Advancement Tracking Sheet submitted to the Team.

PHASE TWO – 3 to 6 months

The participant's treatment plan will be updated as needed by the participant and treatment counselor. The counseling in this phase will focus on continual development and maintenance of a lifestyle conducive to recovery; and strategies for self-improvement and change. The participant will continue to receive education as related to addiction and/or other recovery topics. In addition, the counselor will continue to assess and address issues related to the participant's individual and family needs. Minimum requirements of Phase Two may include the following:

1. Update treatment plan;
2. Individual sessions available on an as needed basis, determined by counselor, treatment team and/or client;
3. Group and family counseling sessions (one – three times per week);
4. Support group meetings (AA, NA, SMART Recovery or other support groups) as recommended by treatment provider (approximately 2x per week)
5. Have a sponsor or at least a temporary sponsor.
6. Visitation with children as appropriate on a consistent basis
7. Follow social services case plan
8. Begin vocational rehabilitation/education for those seeking employment;
9. 40 hours structured activity
10. Random drug testing (2x per week, minimum)
11. Every other week court appearances and journal assignments
12. Participate in pro-social/recreational/sober events.
13. Establish a payment plan for court and treatment costs.
14. Classes/groups as needed or determined by team

Criteria for advancement into Phase 3:

1. No positive drug test results within the last sixty (60) days.
2. Demonstrated progress in treatment.
3. Have a sponsor.
4. Employed or positive response to vocational/educational goals.
5. Documentation of required minimum attendance at support group meeting/social activities.
6. Actively making payments on court cost and treatment fees where applicable.
7. No unexpected or unexcused absences from scheduled services.
8. Stable/appropriate housing as determined by Team
9. Completed Phase Advancement Tracking Sheet submitted to the Team.
10. Must be current with drug court participation fee payments (1/8/09)

PHASE THREE – 3 to 6 months

In Phase 3 of the program the participant's treatment plan will be updated as needed and reflect new treatment goals and objectives for this phase. Counseling will continue to focus on individualized needs of the participant. Relapse prevention strategies will be an ongoing topic. The participant is encouraged to actively involve family

members in the recovery process so they can gain insight about the dynamics of addiction and the systemic aspects of recovery. Minimum requirements may include the following:

1. Update treatment plan;
2. Individual sessions available on an as needed basis, determined by counselor, treatment team and/or client;
3. Group and family counseling sessions (one – three times per week);
4. Support group meetings (AA, NA, SMART Recovery or other support groups) as recommended by treatment provider
5. Have a sponsor or at least a temporary sponsor.
6. Visitation with children as appropriate on a consistent basis
7. Follow social services case plan
8. Follow vocational rehabilitation/education plan.
9. 40 hours structured activity
10. Random drug testing (2x per week, minimum)
11. Every other week court appearances and journal assignments
12. Participate in pro-social/recreational/social events.
13. Establish a payment plan for court costs.
14. Classes/groups as needed or determined by team
15. Attend one alumni group meeting

Criteria for advancement to Phase 4:

1. No positive drug test results within the last ninety (90) days.
2. Children returned home or unsupervised visits have occurred, or; permanency plan filed with court for children not able to return home due to the time lines expired or a parent has determined that the permanency plan is the best option for their child/ren.
3. Employed or positive response to vocational/educational goals.
4. Documentation of required minimum attendance at support group meetings.
5. Actively making payments on court costs and treatment fees where applicable.
6. No unexpected or unexcused absences from scheduled services
7. Stable/appropriate housing
8. Completed Phase Advancement Tracking Sheet, submitted to Team.

PHASE FOUR - 4 to 6 months

The main focus of this phase will continue to be relapse prevention as well as developing a solid recovery maintenance plan. The participant will be encouraged to increase independent life styles, facilitate group discussions, provide support to members entering counseling, and to continue their own learning process. During phase four the participant receives support that helps his/her continued success in the community as a productive and responsible citizen. This phase is a minimum of eight (8) weeks long. Minimum requirements may include the following:

1. Update treatment plan;
2. Individual sessions – as determined by counselor, treatment team, and/or participant
3. Group and family counseling sessions as determined by treatment provider
4. Random drug tests provided by participant – minimum of two (2) times per month;
5. Support group meetings (AA, NA, or CA, SMART Recovery or other support groups)
6. Volunteer at one recovery event
7. Actively paying on court cost, Drug Court related fees and treatment fees where applicable;
8. Classes/groups as needed or determined by team.
9. Focus on full-time vocational skills, employment and/or education goal setting;
10. Recreation, fellowship, and weekly mentoring with treatment counselor's supervision to other phases of program; and
11. Court appearances at least monthly

Recommended Criteria for Advancing to Continuing Care

1. No positive urinalysis in the 8 weeks prior to continuing care
2. Following social services/child protection case plan.
3. Current with making payments on court costs, participation fees and treatment costs.
4. Meeting and maintaining all of requirements of phase 4.
5. Have maintained a stable living arrangements and healthy interpersonal relationships as determined by team.
6. Have obtained gainful, consistent employment or are sufficiently involved in a vocational/academic training program as determined by the Team.
7. Submission of a written request for graduation.

GRADUATION

Once the participant has successfully completed the criteria for each phase as described in the treatment phase's section, the participant will become a candidate for graduation from the Drug Court Program. Once the participant has completed the graduation process, the Assistant District Attorney and the Defense Attorney will initiate the appropriate paperwork to meet the guidelines for graduation.

1. Successful completion of treatment
2. Successful completion of all program plan goals
3. Stable and appropriate housing is approved.
4. Income or job verified, or career plan including any education completed
5. Successful completion of all program phases including a period of continuing care
6. Participant's recovery maintenance plan is approved.
7. Consistent court appearances
8. Criminal matters addressed to the satisfaction of the FDTC team.

INCENTIVES AND SANCTIONS

In applying incentives and sanctions, the ultimate goal is not punishment; it is to change behavior. Because addiction is a chronic condition, relapse is common and is part of the recovery process, particularly in the first several months following a participant's admission into the program. The early stages of treatment will focus on strategies to identify situations that stimulate cravings and relapse and help the participant develop skills to cope with these situations.

Although drug courts recognize that addicts have a propensity to relapse, *continuing use is not condoned*. The drug court will impose appropriate responses for continuing drug or alcohol use, and responses will increase in severity for continued failure to abstain. Graduated sanctions are used to discourage repetitive behavior and to maximize the effectiveness of the chosen intervention. The safety of children in the family is paramount in the decision-making process.

A participant's progress is measured not only by abstinence and compliance with treatment, but also with overall compliance with court rules. While cessation of drug use is a definitive goal, it is a long term or distal goal and can often seem overwhelming. Therefore, courts must also recognize the incremental or proximal progress, such as showing up at court, arriving at treatment on time, attending and participating in the treatment sessions, having regular visitation with children, cooperating with staff, and submitting to regular drug testing.

Small rewards for incremental successes have an important effect on a participant's sense of accomplishment. When people feel better about themselves, they are likely to make better choices. The FDTC may give entertainment or grocery gift certificates, family passes for entertainment venues, fee waivers, Other personalized incentives such as a haircut, beauty service, gym pass, or other small reward as incentives. Likewise, swift, short-term sanctions applied as a direct result of a prohibited or undesirable activity are effective tools in gaining a participant's attention and helping curb the behavior.

Fish Bowl: Participants who meet all of the requirements for the week will have their name put into the fishbowl for a random drawing. Minimum requirements include:

1. Attend required number of support group meetings
2. No unexcused absence from treatment or other services (including drug testing)
3. Negative drug test results

Some examples of incentives and sanctions are listed below:

Incentives	Sanctions
Weekly brick/frog award	Verbal reprimands from the judge
Toiletries and other personal use items	Increased drug testing
Free tickets to sporting events, movies	Move back a phase
Monthly activities	Essays and letters
Stickers	Penalty Box
Projects for kids at home	Curfew
Library trip	Community work service
Gift cards, gas cards, etc.	Call into social worker every day
Eat lunch with child at school	
Family portrait at graduation	

Sanctions must be predictable, controlled and consistent. Participant's ability to perceive fairness in sanctions and incentives is extremely important. The judge should articulate why different people are receiving different responses. **Sanctions should be imposed as close to the behavior as possible.**

Sanctions need not be painful, humiliating or injurious, but they must be of sufficient intensity, and they must be delivered as soon as possible after every infraction. Undesirable behavior must be reliably detected and sanctioned at every instance; otherwise the participant is effectively placed on an intermittent schedule and the perception of fairness is at risk. Confirmation drug testing is an important tool in resolving discrepancies and helping disrupt the user's denial.

Separate Judicial and Treatment Responses

Participants should perceive a difference between treatment responses and judicial/program responses to avoid negative associations with treatment. For example, a relapsing participant might require residential treatment, but this should be described and understood as a treatment response and not a punishment. To maintain the distinction, the participant should simultaneously receive a program sanction, such as community service or increased court contacts.

TERMINATION CRITERIA

Violation of any of the following criteria is reviewed for potential termination from the FDTC:

1. Phase I not completed within six (6) months of entry in FDTC
2. New criminal charges.
3. Sixty (60) day period of no meaningful participation in treatment, case management or other FDTC requirements.
4. Repeated positive or missed drug tests
5. Manipulation of a urine test
6. Ongoing unexcused absence from treatment or failure to complete treatment.
7. Repeated failures to appear for FDTC
8. Sufficient evidence of new neglect, 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 Life Plan by the end of Phase III (employment, education, vocational training, housing, relapse planning, parenting).
13. Conviction of an offense that results in a commitment to prison

PROGRAM SERVICES

Substance Abuse Treatment Services

Treatment is an integral part of drug court and is used to provide counseling and techniques of self-examination that promote continued abstinence from drugs and alcohol. The FDTC will primarily use one provider for intensive outpatient treatment: New Ulm Medical Center (NUMC), who has an office established in Mankato, MN. A potential participant will have a thorough assessment with the county assessor. If the candidate is found to be chemically dependent and eligible for FDTC, the FDTC treatment provider will conduct a comprehensive assessment in order to develop an individualized treatment plan. Plans will typically include individual and group counseling sessions, mental health therapy as needed, parenting classes, life skills training, recreation and physical fitness are also included. Referrals to additional services for co-morbidity and/or psychotropic medications will be completed as needed.

The treatment provider will assure immediate access to treatment, provide reports to the FDTC team and participate in pre-court staffings and hearings. In addition to the group treatment sessions, the provider will add group and individual sessions specific to families and children. The treatment provider will report on client's overall progress in treatment. Said reports will be based on a matrix of six dimensions including: acute intoxication and or withdrawal issues, bio-medical conditions and complications, status of emotional, behavioral, and cognitive conditions and/or complications, treatment acceptance and/or resistance, relapse concerns, and recovery environment progress.

Any treatment services should have a "toolbox" of strategies and approaches that can be matched with the patients. A further description of the approaches is explained below. The patient together with the counselor will determine the approaches that are best suited and acceptable for the patient, and these will be reflected in the patient's treatment plan.

12-Step Model: This model is based on the 12 Steps of Alcoholics Anonymous. The beliefs integral to this model are that the individual is powerless over chemicals, and that the only way for successful recovery is to turn to a Higher Power. This model, which is often part of formal treatment programs, has the advantage of having independent support groups all over the world, which offers ongoing support for persons striving for recovery. Potential limitations of this model for some may be the objection to the Higher Power concept, and issues regarding the position of powerlessness (a particular concern for women who may have been victimized, that are in need of empowerment).

Motivational Interviewing: This is a technique which can lend itself to any of the theoretical orientations. It is intended to emphasize the need to engage the patient, particularly early on in the assessment and treatment process. It helps to achieve the commitment of the patient to participate in treatment, and his/her ability to articulate the benefits of making behavior changes relative to their chemical use. This is a significant departure from the early days of treatment when strong confrontation was the norm for treatment programs.

Cognitive-Behavioral Therapy: A therapeutic approach which is present centered and forward looking, the emphasis is on altering the thoughts, beliefs, attitudes and assumptions of the patient, so as to prepare them to manage the challenges and opportunities that present in his/her life in a positive and constructive manner. This therapeutic approach is found to be effective in working with the substance abuse population, often in conjunction with other approaches.

The FDTC Social Worker and treatment counselor oftentimes have mutual interest in how referrals to other services and supports are contributing to the success of the client in reaching their goals. In the BNW Adult Drug Court the treatment counselor will have the following responsibilities to maintain contact and communicate participant progress at the weekly drug court team meetings:

- Weekly contact with staff and facilities providing other treatment services to FDTC participants (e.g., inpatient, halfway house).
- Regular, weekly contact with counseling services provided to FDTC participants.

- Contact with physicians or other medical personnel who are prescribing medications for use by a participant.

Road Map

Upon acceptance in FDTC, the client will be required to attend a joint meeting with the client's social worker, treatment provider, and coordinator and any others who have case plans involving participant. At this meeting, the client and Team members will complete a roadmap to be followed for the next ninety (90) days. The purpose of the roadmap is to give the client and the Treatment Team a documented plan of action to be followed by the client to meet the expectations and the goals of the FDTC, appropriate to his/her phase. The roadmap and roadmap meeting gives the opportunity for the client to participate in his/her own goal setting while giving the FDTC Team written expectations by which to measure the client's participation in the program. Incentives and sanctions can then be issued depending on the client's progress/lack of progress. The roadmap is reviewed every ninety (90) days to correspond with approximate timelines of the FDTC phases. In the event of an emergency/crisis, any member of the Treatment Team or the client may request a meeting prior to the ninety (90) day mark to revise the roadmap.

Family Group Decision-Making: A meeting between family members, friends and professionals. It is a process that starts with a referral, moves to a conference between family and professionals, and then private time for the family to come up with a plan to ensure the needs of the child's health, safety and well-being are met. The family and friends are involved in resolving the abuse rather than leaving the decision-making entirely in the hands of the legal authorities and service providers. The FGDM process includes the following steps:

1. A trained facilitator meets with the participant and makes a list of people they would like to invite to the meeting. The facilitator invites all participants and professionals, and arranges the meeting space.
2. Professionals and family members are brought together to discuss family strengths, goals, needs and concerns. Social workers, GAL, and attorneys will offer information regarding facts, ideas and community resources and options, but do not participate in the FGDM planning.
3. Once all of the information is brought to the table, the family is given privacy to discuss and determine their preferred choices for developing a plan for the care of the children and to enlist support from extended family and friends.
4. The professionals and family will reconvene to discuss the family's choices, answer questions and make suggestions and arrangements. Compromises are made.
5. Family members sign the plan for the social worker to present to the court for acceptance.
6. A follow-up FGDM meeting will occur in Phase IV to develop a transition plan.

Social Worker Supervision

There are five key functions provided by the social worker: assessment, planning, linking, monitoring and advocacy. Assessment is the initial and ongoing process of determining client needs, wants, strengths and resources. This information is then used in the planning process where goals and strategies are developed. A major responsibility of the social worker is to link participants with the services and resources they need in order to reach their goals. The investigative worker determines whether substance abuse has impaired the parents' ability to adequately provide safe care and protection for their children.

The Social Worker follows federal requirements for reasonable efforts to eliminate the risks to children. Reasonable efforts include: frequent announced and unannounced home visits; case management duties; information and referrals to therapeutic and basic needs services; payment sources; court reporting; monitoring the family's utilization of services; ensuring children's needs are met; attending all sessions of FIC and providing written and verbal updates to the court, and; coordinating all services to the family.

Social Workers work closely with treatment providers, family members, employers and other social service agencies to implement the team approach to each participant's recovery. The FDTC considers underlying issues which would impair an individual's success in treatment and may compromise compliance with program requirements. It is the social worker's role to make referrals for these and other needs:

- Family Group Decision Making sessions

- Skills testing and an educational assessment
- Job training and job-readiness training
- School or other educational services
- Job placement services
- Family counseling
- Life skills classes
- Public assistance/Medicaid

Once these linkages are made then the responsibility shifts to monitoring in order to see if the person is receiving and benefiting from the service. In the event a participant is being denied access to a service for which they are eligible, the social worker then takes on an advocacy role for the participant.

Making home visits is an important element. It is constructive to visit participants in their home situations to assess lifestyles, living arrangements and recovery. In the early phases of the program the social worker will have at least two contacts weekly with participants. Random drug testing can also be conducted during field visits. The size of the social worker's caseload will vary, but it is anticipated there will be no more than 12 participants supervised by one social worker at any one time.

ALCOHOL AND DRUG TESTING

Drug testing is designed to deter future usage, to identify participants who are maintaining their abstinence and those who have relapsed and to guide the court when making treatment and sanction decisions.

1. FDTC participants will be drug tested as phase requirements indicate or when there is a suspicion of drug use.
2. Drug testing will be completed by saliva or by urine. All positive drug screens will be confirmed by a urinalysis, unless there is an admission.
3. Policies and procedures for collecting and processing drug tests will be followed according to the already established county protocols.
4. All participants will be assigned a color code and required to call the drug court testing line on a daily basis to determine if their color has been called for testing. Testing will be conducted at the BEC jail. Random testing may also be conducted by the social worker or treatment provider.
5. The color codes are as follows:
 - a. Red – tested a minimum of 3 times per week
 - b. Green – tested a minimum of 2 times per week
 - c. Blue – tested a minimum of 1 time per week
6. Random negative field tests sent to a Lab for analysis will not be charged to the participant
7. Costs to analyze positive field tests sent to a Lab for analysis will be charged to the participant if they deny use and the confirmation test result comes back positive.

ROLES AND RESPONSIBILITIES OF THE TEAM MEMBERS

The Team meets prior to each drug court session and acts as a multi-disciplinary case management team with respect to individual participants. To the greatest extent possible, the Drug Court Team operates on the basis of consensus.

Family Dependency Treatment Court Judge

Judge Kurt Johnson maintains the responsibility for the overall performance of the FDTC and serves as the Team Leader. He provides leadership to the team through bi-weekly weekly staffings and review hearings to monitor participants' progress in treatment; and address obstacles encountered in the course of their participation. He has final approval of any changes in the client goals and actively solicits recommendations from all members of the team. The Judge reinforces, encourages, and celebrates program and participant successes (incentives). Challenges are addressed and dealt with creatively, with team input and assistance. Non-compliance and willful misconduct is handled by holding participants accountable for their actions (sanctions).

Coordinator

The Coordinator works with each specialty court (adult, family, truancy, mental health, etc.) to develop resources, provide grants management and evaluation services, conduct strategic planning and maintain client and program statistics. The Coordinator provides staff support to the FDTC steering committee, operations team and coordinates media and outreach activities and program planning services.

Child Welfare: Blue Earth County Department of Human Services

The agency provides intensive family reunification, maintenance and supervision services to FDTC participants. The Children’s Services Division provides the emergency response to allegations of child neglect, child abuse, sexual abuse and emotional abuse.

The county chemical dependency assessor will coordinate the funding for treatment services and make the referral. This individual is a liaison between the FDTC and the treatment providers.

Blue Earth County Attorney’s Office

The Blue Earth County Attorney’s office provides a part-time assistant county attorney to represent the Department of Human Services in the FDTC. The attorney attends all court hearings, FDTC hearings and pre-court staffings. The attorney recommends admissions to the FDTC, maintains a non-adversarial nature of hearings and ensures ASFA and timeframes under state law are met.

Defense Counsel

A private attorney volunteers their time to attend all FDTC hearings and pre-court staffing meetings. The attorney ensures the rights of the participant are protected, explains program policies and procedures, incentives/sanctions, informed consent and AFSA timelines.

Treatment Providers

The treatment provider conducts the initial chemical dependency assessment and works with the county assessor to determine eligibility for public funding. A thorough assessment is completed in order to develop an individualized treatment plan. Referrals to additional services for co-morbidity and/or psychotropic medications will be completed as needed. The treatment provider will assure immediate access to treatment, provide reports to the FDTC team and participate in pre-court staffings and hearings. In addition to the group treatment sessions, the provider will add group and individual sessions specific to families and children. For participants who are receiving treatment services from other providers (inpatient, halfway house), the FDTC treatment counselor will maintain contact with those providers and report back to the team on the progress of the participant.

Guardian ad litem

The guardian ad litem Represents the best interests of the child(ren); monitors the safety and permanency needs and monitors the service delivery.

ANCILLARY SERVICES

There needs to be a continuum of services to assist participants in recovery. Ancillary services include all of the community based organizations and other entities that are able to provide supportive services and address the recovery support needs of participants and their children. Some examples include:

- Foster care services
- Employment/Training agencies
- Local housing authority
- Schools, colleges, vocational training schools
- Arts

- Faith-based communities/Agencies
- Libraries
- Recreational facilities
- Private Therapists
- Locally owned businesses
- Mental Health Agencies or Support Services
 - Parenting assessments
 - Individual counseling
 - Anger management
- Gender Specific Support Services
- Dental services
- Life Skills Services (Lifeworks Planning)
- Childcare
- Transportation
- Peer support groups
- Mentoring
- Child and teen checkup

Many local business and foundations may be able to provide incentives for the program participants such as gift certificates, coupons for sporting or entertainment events, or assist a family in paying for necessities such as electricity or water bills. The FDTC will regularly invite other service providers to attend team meetings (prior to discussing actual cases) to inform the team about the services they provide, eligibility requirements and how to make referrals.

RECORD KEEPING AND EVALUATION

The FDTC will follow the guidelines for recordkeeping or program evaluation as required by any state or federal funding sources. At a minimum the following data gathering methods will be utilized:

The MIS for the state-wide court system is MNCIS. The MIS for social services is SSIS. Information from these systems will be utilized to track court outcomes of current cases. Data regarding treatment participation and outcomes will originate from the treatment facilities. The FDTC Coordinator will be responsible to ensure that information needed for evaluation is up to date and complete.

Monitoring and evaluating the achievement of program goals. The five primary domains to be assessed will include:

- The need for the program
- The design of the program
- The program implementation and service delivery
- The program impact or outcomes, and
- Program efficiency

CONFIDENTIALITY

FDTC requires highly sensitive and confidential information to be shared at the weekly staffings and in FDTC sessions. All Team members, participants, adjunct members, and FDTC observers must be pre-approved by the judge and sign a confidentiality agreement.

Cultural Awareness and Inclusion Policy

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.

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. The Team will actively seek and participate in training opportunities that offer the chance to enhance their knowledge of cultural diversity. Services will be designed and implemented in a manner that is tailored or matched to the unique needs of each participant. FDTC forms and information will be written, when possible, at a 7th 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. Translation of forms and information will be provided for participants with a primary language other than English. Certified interpreters will be provided during FDTC Session for participants with Limited English Proficiency and/or the hearing impaired.

Definitions

ASFA: The Adoption and Safe Family Act of 1997 establishes unequivocally that our national goals for children in the child welfare system are safety, permanency, and well-being. ASFA embodies a number of key principles that must be considered in order to implement the law: The safety of children is the paramount concern that must guide all child welfare services; Foster care is a temporary setting and not a place for children to grow up; Permanency planning efforts for children should begin as soon as a child enters foster care and should be expedited by the provision of services to families; The child welfare system must focus on results and accountability; Innovative approaches are needed to achieve the goals of safety, permanency and well-being.

Evidence-based treatment: Treatment which is based on the integration of (a) clinical expertise or experience, (b) best research evidence and (c) preferences of the patient.

Family Group Decision-Making: A particular kind of meeting between members of a family and members of their extended kinship group. It is a process that starts with a referral, moves to a conference, and involves monitoring and evaluation. The family becomes involved in making a plan to stop the abuse or other ill-treatment between its members. The family and friends are involved in resolving the abuse rather than leaving the decision-making entirely in the hands of the legal authorities and service providers.

Operations team: The group that carries out the daily tasks involved in operation of the FDTC. This group should, at a minimum consist of a judge, child welfare representative, parent attorney, prosecutor, child representative, coordinator, and treatment provider(s).

Permanency: Reunification, if possible, of the child with the parent or guardian from whom the child was removed or the finalization of a safe and legally permanent alternative home for the child.

Pro-social community activity: Voluntary actions that are intended to help or benefit another individual or group of individuals.

Reunification: The child is returned to the care of the parent or caretaker after they have been involved in a period of foster care placement outside their family home. This is the aspired goal in all cases where doing so is in the child's best interest. The County is required to provide reasonable efforts in the form of appropriate services to support the family in reunification attempts. The County is relieved of such obligation to attempt reunification only when it has been determined that such efforts would be futile. Reunification of the child with their caretaker must always be in the child's best interest. By statute and regulation, there are strict timelines for reunification; if reunification has not occurred in the time prescribed by law, then the County must pursue other options for permanency for the child.

APPENDIX A

Goal #1: A multi-disciplinary approach to assist chemically dependent parents involved in the child welfare system.

Objectives:

- 1) develop a closer working relationship between the courts, treatment and social services delivery systems;
- 2) weekly multi-disciplinary team meetings identify concerns and address participant needs;
- 3) comprehensive assessments to determine service needs of parents and children including substance abuse treatment, legal issues, health, employment, housing, domestic violence.

Outcomes: Number of families served (8-12 families estimated in the first year of operation and gradually increase until a maximum of 24 per year is reached). Effect on demand for staff and services including requirements to change procedures, barriers to participation based on agency mandates or funding.

Goal #2: Establish timely permanency for children of parents with substance abuse issues with reunification as a preferred outcome.

Objectives:

- 1) FDTC team members will quickly identify potential participants and enroll them in the program in a timely manner;
- 2) provide prompt assessments and treatment of parents and children to maximize the time to restore child safety and well-being under the Adoption and Safe Families Act (ASFA);
- 3) Reduce the length of time and frequency of out-of-home placements of participants' children.

Outcomes: Short term: Number of cases reviewed and number accepted into FDTC; length of time from referral to program entry; duration and number of foster care episodes and the final placement decision. Long-term: For those placed with their parents-the number of subsequent abuse or neglect petitions, and when parental rights are terminated, the number of children adopted.

Goal #3: FDTC participants reduce substance abuse.

Objectives:

- 1) increase the length of treatment participation of the FDTC participants;
- 2) Number of drug tests administered and number of relapses.
- 3) develop phase appropriate treatment plans for every participant;
- 4) Sanctions and incentives are delivered in a timely and appropriate manner to facilitate behavior change.
- 5) Participants attend community-based support group meetings and pro-social activities.

Outcomes:

Number of pro-social community activities attended. Number of support group meetings attended and number of participants who have an identified sponsor. Number of court ordered sanctions and incentives administered; number of treatment sessions attended; number and type of pro-social activities and support meetings attended.

Goal #4: Strengthen the capacity of families to provide guidance, structure and nurturance for their children.

Objectives:

- 1) All participants are able to access and receive as needed: home-based services, educational classes, job training, housing assistance, child care, transportation, etc.
- 2) one individualized treatment and social services case plan is developed and regularly reviewed.

Outcomes:

All parents reunified with their children will show improved parenting practices at graduation. All parents have stable housing and finances. The evaluation will include: a) number of clients who enter and successfully

complete the program; b) the number of treatment and court sessions attended; c) number of drug tests completed and number of clean tests; d) reduction in the number of substantiated child abuse or neglect reports during the program and 18 months after completing the program; e) number of participants employed fulltime or fulltime student; f) number and types of referrals made to other services and utilization of services.