

FAMILY TREATMENT COURT COLLABORATIVE FAMILY HANDBOOK

Denver Juvenile Court
The Honorable Melanie Gilbert



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Welcome to the Family Integrated Treatment Collaborative Court!

The Family Integrated Treatment Collaborative (FITC) is a special program designed to help you and your children get back together or stay together. To reach that goal, this program will help you recover from challenges you and your family may be facing. The team will refer you to services that will meet your family's needs and monitor your progress. The FITC team will also help to make sure that while you or your child are in treatment; you stay in contact with one another and plan for their future.

As you work through treatment at a community-based treatment program you will also progress through phases of participation at the Court. Each phase has specific requirements for advancement. The Court, TASC, Probation and Human Services will constantly monitor your progress and help you toward reaching those requirements. Each completion of a phase will be celebrated. Your biggest success will be to make a safe and happy home for your children.

Benefits of a Collaborative Court

Collaborative courts are also known as "problem-solving" courts. The goals of this type of court are to promote accountability by combining judicial supervision with behavioral health services to be monitored by the court, and focus on recovery. There is a coordinated effort among attorneys, law enforcement, probation, social services, TASC, community mental health and substance abuse treatment providers. Judicial leadership plays a significant role in the collaborative court. Your family will have one judge and they will play a part in motivating you and your family to complete treatment goals.

Admission Criteria

The following criteria will be used by the Judge to determine if you are appropriate for referral to the FITC program.

1. You have a Behavioral Health concern (substance use, mental health, trauma, etc), you are clinically appropriate for treatment services and you are amenable to those services.
2. You must admit to the allegations of the Petition for custody, which will be the basis of the Court's jurisdiction.
3. You must agree to sign the Program Participation Agreement form and abide by the conditions set therein.
4. You must be willing to cooperate with the joint case plan and all court-ordered services. These could include, but are not limited to: substance abuse/addiction treatment, parenting skills, vocational assistance, and health care for yourself and your family members.
5. You or your child has involvement with a delinquency, criminal matter or a truancy case.
6. You and your child must be willing to abstain from drugs and alcohol and be willing to submit to regular random urinalysis monitoring.
7. You are willing to participate in mental health services if you and your team decide this service is needed.
8. You must be willing to be completely honest in all communication with the Court.

How can FITC benefit my family?

- A Case Manager (TASC Specialist) will be assigned to you to assess your needs and help you as you go through the Court process.
- You will quickly be linked to an appropriate treatment program, parenting skills workshops and any other services needed.
- You will be linked to health care, educational and vocational training and other services.
- You will get ongoing support and assistance in staying connected to your children if they are placed out of the home.
- As you establish sobriety (if substance abuse was a concern) and become more stable in treatment, the Judge may consider increased visitation with your children.
- You will get ongoing support if you have problems getting or staying clean.
- You can participate in special support groups with other parents going through the same things you are going through.

FITC Program Rules

As a FITC participant, you will be required to abide by the following rules:

1. Obey all Court Orders.
2. Attend all court ordered treatment sessions. This includes treatment for mental health or substance abuse. Treatment may be residential, outpatient, sober living, individual and group counseling, educational sessions, drug testing, and AA/NA meetings.
3. Be on time. If you are late to any programs, you may not be allowed to attend and will be considered to not be complying with your Treatment Plan. This also includes any appointments you have for urinalysis testing. If you miss a urinalysis appointment, it will count as a positive test result.
4. Do not make threats towards other participants or staff, behave in a violent manner or disrupt treatment. Violent or inappropriate behavior will not be tolerated and will be reported to the Court. This may result in immediate termination from the FITC Program.
5. Do not bring drugs, alcohol, or weapons into any treatment program, meeting, appointment or event.

6. Dress appropriately for Court and treatment sessions. As a participant, you will be expected to wear a shirt or blouse, pants, dress, skirt or shorts of a reasonable length. Shoes must be worn at all times. If you have difficulty with this, we would be happy to help you. **Clothing bearing gang, drug or alcohol related language is considered inappropriate.**
7. Appropriate behavior during court proceedings is mandatory. Any disruptions during court will be viewed as disrespect towards the court and its participants.

I am accepted into FITC, now what???

Once accepted into FITC, the Court and FITC team will continue to monitor your case. You must continue to abide by all Court orders and expectations. As your case progresses, frequent Court appearances will allow the Court to make changes in your treatment and service plan, like new referrals or changes in visitation. You must comply with any changes in orders that the Court makes.

What happens if after the Court order, I fail to comply with FITC Court?

If you don't make progress in treatment following the Court order or fail to follow the rules, the Judge may impose sanctions on you. If you still fail to comply and use up all your chances, you could be discharged from the FITC Court. You will, at that time, return to the regular courtroom. This means that you and your child will still have to comply with all Court orders, but you will no longer have the special help of the FITC team.

FITC Phases

One of the FITC Court's goals is to get you into a treatment program, help you to stay in treatment until you successfully complete and to provide you with the skills needed to reunify your family.

To help you focus on meeting the requirements for graduation, you will pass through four Levels of FITC. This section explains what the phases are and what will be expected of you.

Phase Descriptions

The initial phase (**Phase 0**) is the **Engagement Phase**. Families must complete 80% of requirements to progress to Phase I, Foundation Phase. A family is not officially in the FITC program while on Phase 0; this phase is working to engage the family and prepare them for entry/acceptance into FITC. This phase lasts 2 to 4 weeks and includes:

- Assessment is completed (GAIN or Signal, CJRA, Mental Health if appropriate, etc)
- Urine Analysis (UA) - Client will drop UA's two times per week.
- Attend self help meetings (bonus stars will be earned)
- Obtain and maintain safe and stable housing

- Obtain and maintain employment (job search verification required)
- Regular school attendance
- Attend all treatment appointments
- Attend all regularly scheduled visitations with children
- Complete all goals on the checklist developed by your family and the FITC team

In order to move to Phase I, families must demonstrate an effort to follow through with all appointments and treatment requirements. If a family is unable to show consistency within this time frame, families will have to meet with the team to review efforts made to determine if an extension is necessary, or if this program is not appropriate for them. Working towards stability with housing, employment and/or school is strongly encouraged due to the fact that absences in these areas will be addressed in the Foundation Phase. Family members do not need to be clean to complete Phase 0, yet they need to be demonstrating a willingness to provide their UA's.

Phase I Foundation Phase: Families must acquire an average of 80% over a 12 week period to successfully complete Phase I. This is monitored by the use of checklists which are completed weekly with each client, TASC and Probation. These checklists are a compilation of the various responsibilities each family member must complete for Probation, DDHS, TASC, etc. Checklists are unique to each individual. If a client does not earn this average after 8 to 12 weeks on Phase I, the FITC team will staff the client to determine what services need to be put in place and eliminate barriers to ensure success in the program. Once services are re-evaluated, the FITC team and family will develop specific steps to help them move on to Phase II. Phase I will last 60-90 days and include:

- Acquisition of entitlements and health care
- Detoxification and abstinence
- Families will attend regular court hearings
- Evaluation for additional special needs or service (physical, mental, etc.)
- Identification of community supports
- Goal setting for parenting skills development
- Goal setting for education and employment, life skills, and independent living
- Improved interaction with children
- Weekly meeting with FITC team (PO, TASC, Case worker)

- Urinary Analysis (2 random UA's per week)
- Attend self help meetings(bonus stars will be earned)
- Obtain and maintain safe and stable housing
- Obtain and maintain employment (job search verification required)
- Regular school attendance
- Attend all treatment appointments
- Attend all regularly scheduled visitations with children
- Obtain location to complete community services hours and begin c.s. hours
- Set up payment schedule for court fines if applicable
- Complete all goals on the checklist developed by your family and the FITC team

*Family members must be clean to move to Phase II; ideally at least 30 days sobriety.

Requirements for Advancement from Phase I:

- Enrollment in classes or services determined by family and FITC team
- Regular attendance to classes or services (no unexcused absences)
- Attend all visitations with children
- Appointments for service plan requirements are made.
- A minimum of 90 days clean and sober.
- Maintain employment, or actively seeking employment and turning in weekly job search logs
- Weekly completion of goals on checklist

Phase II Framing: Families must acquire an average of 90% over a 12-13 week period to successfully complete Phase II. This continues to be monitored by the use of a “portfolio” which will be kept and monitored by both your family and the FITC team. This “portfolio” continues to be a compilation of the various responsibilities each client must complete for the expectations set out by through Probation, DDHS, TASC, etc. Each is unique to each family. Phase II lasts 90 days and includes:

- Urinary Analysis (2 random UA's per week, team may reduce frequency)
- Continued abstinence and development of recovery tools
- Significant progress toward attaining treatment goals established by your treatment program
- Continued and improved interaction with family and children
- Participation and progress toward goal achievement in educational, vocational, and life skills plans
- Identification of additional needs and linkage to services

- Development of sound parenting practices and strategies
- Continue regular payments towards court fines
- Continue regular visits with children
- Attend regular court hearings
- Continue to attend all scheduled treatment appointments
- Maintain safe and stable housing
- Attend self help meetings for bonus stars
- Weekly meeting with FITC team –team may reduce meetings to bi-monthly
- Complete all goals on the checklist developed by your family and the FITC team

**Requirements for Advancement from Phase II
(In addition to Level I requirements)**

- 180 days clean and sober
- Completion of classes or treatment services
- Attend all visitations with children
- Appointments for service plan requirements are made. .
- Maintain employment, or actively seeking employment and turning in weekly job search logs
- Attend monthly family nights
- Attend peer support groups
- Weekly completion of goals on checklist

Phase III Finishing Phase: Families must acquire an average of 90% over a 12-13 week period to successfully complete Phase III and graduate successfully from the FITC program. This continues to be monitored by the use of checklists which are completed twice per month with each family. These checklists continue to be a compilation of the various responsibilities each family must complete for Probation, DDHS, TASC, etc. Checklists are unique to each family. Phase 3 lasts 90 days and includes:

- Internalization of recovery tools
- Continued development of daily coping and parenting skills
- Stable living and financial arrangements
- Attend self help meetings(bonus stars will be earned)
- Preparation, in all respects, for reunification and continued drug-free living and parenting
- Monthly meeting with FITC team
- Attend regular court hearings
- Continue regular payments towards court fines
- Continue regular visits with children
- Family linkage with a positive community center, peer advocate or 12 step meeting.

- Complete all goals on the checklist developed by your family and the FITC team

Requirements for Phase III

(In addition to Phase I and II requirements)

- Obtain employment and/or sufficient financial support.
- Acquisition of sufficient housing.
- 270 days clean and sober.
- Sustained cooperation with visitations.
- Completed service plan requirements.
- Weekly completion of goals on checklist

There may be team consideration of termination at any phase based on the following:

1. New charges/continued criminal behavior
2. Lack of progress in phases in expected duration of time

**Each case, regardless of status, will be reviewed after nine months. **

Why is there a Phase 0 - Engagement Phase?

This phase is to determine your motivation to participate in this program. FITC requires a lot of work from families, but the family will benefit greatly from the coordinated case processing and the assertive case management. The FITC team will also work to identify motivating factors for the family to help you and your family engages in this program.

Why are there three phases?

Making life changes is a long process. Sometimes, setting short-term goals can help you feel less overwhelmed. Breaking down the specific requirements for graduation and/or reunification can also help you stay focused on success.

How will I move through phases?

Each phase has a set of specific requirements and this will be determined with your family through the creation of a checklist. While the categories listed above serve as a guide, there may be additional requirements laid out for you to complete each phase. Once all the requirements for the phase have been met, you will be eligible to advance to the next phase. When you advance a phase, you will receive a Certificate of Advancement in Court from the Judge.

How long will it take to complete all the phases?

It will depend on you and your family, but each phase can last anywhere from 60 to 90 days.

What happens if I fail to complete all the phases?

It will be up to the FITC Judge. The Judge can choose to give you more time to complete the phase or the Judge can also give you sanctions. The Judge can also discharge you from the program and give your case back to the originating courtroom. In some cases, the FITC Judge will keep your case and terminate your parental rights.

Permanency Planning Hearing

- *Who is present?*
 - Anyone entitled to who wishes to be there
- *Purpose:*
 - To determine the future status of the child
- *Notice:*
 - All parties, caregivers, and subject children are entitled to notice and an opportunity to be heard at the permanency hearing.
- *Timing:*
 - EPP: Must be held 3 months after dispositional hearing
 - Non-EPP: Must be held within 12 months of removal
- *Evidence:*
 - A written plan prepared by the Department and submitted to the court at least 3 days before the hearing.
- *Standard of proof:*
 - By a preponderance
- *Best practices:*
 - Specific, detailed findings
 - Specific plans for going forward
 - See Resource Guidelines, “Improving Court Practice in Child Abuse and Neglect Cases”, National Council of Juvenile and Family Court Judges, 1995

Adopting a Permanency Goal

- *What are the options? In priority order:*
 - Reunification with parent or parents
 - Adoption
 - Legal Guardianship
 - Placement with a fit and willing relative (APR)
 - APPLA (group care, long term foster care, independent living)

Concurrent Planning

- *What does it mean?*
 - The Children’s Code states that efforts for adoption or placing child with a legal guardian or custodian may be made concurrently with efforts to preserve and reunify parents. C.R.S. §19-3-508 (7).

- *What are the options?*
 - Some courts will combine any of the permanency goals in a concurrent plan, but notice that section 508 says only adoption or custody/guardianship can be combined with reunification.

Contesting Permanency Planning

- Parent not entitled to a permanency hearing. In re M.B., 70 P.3d 618 (Colo. App. 2003)
- C.R.S. §19-3-702 (2.5) EPP cases:
 - Court may order termination filing unless: Parent visiting regularly and child benefits OR termination criteria have not been met.
- C.R.S. §19-3-702 (3) Non-EPP cases:
 - Court first determines whether child shall be returned.
 - If applicable, date for return.
 - If child not returned, then court to determine whether substantial probability of return in 6 months.
- C.R.S. §19-3-702 (3.5):
 - Court must make findings as to whether procedural safeguards applied to preserve parental rights in regards to visitation and change of placement.
 - Court cannot delegate all decision making regarding visitation to the Department/GAL.
 - Court must make findings that reasonable efforts have been made to ensure the permanency goal.
 - Out of Court Advocacy
- Team decision-making
- Family group conferencing
- Other agency staffings for change of goal

Placement Decisions and Permanency Hearing

- *Continuing placement:*
 - EPP Cases:
 - Court can order the Department to show cause as to why it should not file for termination at the permanency hearing.
 - Exceptions : when parents are visiting regularly, to the child's benefit, or when the termination criteria have not yet been met
 - *Non-EPP Cases:*
 - Court first considers whether the child shall be returned to the parent.
 - Must address whether reasonable efforts to find a safe and permanent place for child have been made.
 - If the child is not to be returned, the court should address whether *there is* a substantial probability that the child will be returned to the parent within 6 months.

- *Required court findings:*
 - The question for deciding whether to return home is if the parent can provide reasonable parental care. *See In re A.W.R.*, 17 P.3d 192
- *Options :*
 - The court can set for further permanency hearings.
 - Court can also change the permanency goal at any time.

ICWA

- Governed by 25 U.S.C. § 1912(e)
- Standard of proof: Clear and convincing evidence
- Notice:
 - Notice to parents, Indian custodian, and tribes usually 10 days with 20 additional days if requested. 25 U.S.C. § 1912(a). Notice requirements can be found in at Fed. Reg. Vol. 44, Nov. 1979, B.5.
- Relevant issues:
 - Adoptive Placement Preferences. 25 U.S.C. § 1915(a).
 - Member of the child's extended family;
 - Other member of the Indian child's Tribe; or
 - Other Indian families.
 - Foster Care or Pre-adoptive Placement Preferences including a least restrictive setting requirement. 25 U.S.C. § 1915(b).
 - Member of Indian child's extended family;
 - Foster home licensed, approved, or specified by the Indian child's tribe;
 - Indian foster home licensed or approved by an authorized non-Indian licensing authority;
 - An institution for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child's needs.
 - Tribal law supersedes above placement preferences. 25 U.S.C. § 1915(c).

Rewards and Encouraging Achievements

If you do well in treatment and obey all Court orders, you will be rewarded.

What is a Reward?

A “reward” is an acknowledgment by the Court that you have reached a treatment milestone or accomplished a specific achievement. Rewards can be as simple as applause in the Courtroom and fewer Court reviews.

Why are Rewards given?

It is important to acknowledge achievements and progress in some tangible way. Receiving rewards can build self-esteem and help you set the stage for continued progress.

Are the Rewards the same for everyone?

There are several possible rewards that can be granted for each particular achievement or milestone. Since every case is a little bit different, the Judge decides which reward is most appropriate for each case. In some situations, the Judge may grant more than one reward. Also, all rewards are subject to the rules of the treatment program in which you are enrolled. The FITC Court won't overrule a program requirement regardless of your progress.

Are visits with my kids' rewards?

This is complicated. If you are doing well, you will be a better parent and will be able to see your kids more. But contact and visits with your children will not be used against you.

What are the Achievements and Rewards at the FITC Court?

The following is a list of achievements and the possible rewards that can be granted for each one. This chart is meant to be a framework, not a formula.

15 Achievements	Possible Rewards
30 days clean and in compliance with all aspects of Case Plan	30 day clean certificate Fishbowl prize In-Court acknowledgment by the Judge Consideration of increased visitation**
60 days clean and in compliance with all aspects of Case Plan	60 day clean certificate Fish bowl prize In-Court acknowledgment by the Judge Consideration of increased visitation**
90 days clean and in compliance with all aspects of Case Plan	90 day clean certificate Fish bowl prize Case called early in Court Increased frequency of supervised visits** Consideration of unsupervised visits**
120 days (4 months) clean and in compliance with all aspects of Case Plan	120 day clean certificate Fish bowl prize Case called early in Court with permission to leave Reduced Court appearances Unsupervised day visits **
Completion of Phase I of FITC Court	Phase advancement Certificate in Court

180 days (6 months) clean and in compliance with all aspects of Case Plan	180 day clean certificate Fish bowl prize Case called early in Court Overnight weekend visits ** Extended Holiday visitation ** Reduced frequency of urine testing Reduced Court appearance
240 days (8 months) clean and in compliance with all aspects of Case Plan	240 day clean certificate Fish bowl prize Case called early in Court Reduced Court appearances Reduced urine testing

**Department of Human Service will be able to make recommendations to the Court for any changes in visitation.

Responding to Problems with Sanctions

Just as it is important to recognize progress, it is also important to respond quickly to problems or shortfalls you may have in treatment participation. By imposing “graduated sanctions” on you if you do not comply with treatment, the Court hopes to help you learn that there will be swift consequences for your actions. The objectives, however, are not only to remind you that you need to comply fully, but to help you stay engaged in treatment and encourage you to continue working through the recovery process.

What is a sanction?

A sanction is a response to an infraction. The seriousness of the infraction determines the severity of the sanction imposed. Sanctions are “graduated.” Not only are more severe sanctions imposed for more serious infractions, but also as infractions accumulate, the sanctions become harsher.

How many Sanctions can I get before being terminated from the FITC Court? This is on an individual basis. There is some room for behavioral mistakes and adjustments. However, you will not get unlimited chances to change your behavior and succeed in treatment. When you run out of chances, you risk losing your parental rights to your children.

What are the Sanctions at FITC Court?

The following is a list of infractions and possible sanctions that can be imposed by the Judge. This chart is meant to be a framework, not a formula.

Infractions	Sanction Possibilities
<ul style="list-style-type: none"> • Involuntary termination from outpatient or residential program • Missed court appearance • Serious violations of treatment program rules or refusal to continue FITC Court participation • Tampered or substituted urine sample • Missed urine screen • Non-cooperation with treatment program rules • Missed visitation with children • Unauthorized visit with children at kinship foster home • Unauthorized person at a visitation or in respondent's home • Failure to cooperate with a referral for children • Failure to perform a sanction • Positive toxicology for drugs or alcohol • Unexcused missed appointment at any mandated service • More than 3 unexcused late appearances (combined) for Court, case management, visitation, treatment program or other mandated service 	<ul style="list-style-type: none"> • Bench warrant • Increased treatment program intensity or change modality including detox • Phase setback • Community service • Increased urine testing • Increased Court appearances • Reductions or limitations in visitation • Mandatory support group attendance • Increased Court appearances • Increased urine testing • Essay on impact of drugs or alcohol on your children, family or life (to be read in Court) • Mandatory support group attendance

How does one graduate one from FITC?

Graduation from FITC is based on performance towards completing agreed upon treatment goals established by your family, Probation, Department of Human Services and the FITC team. Each case is independent from any other case in FITC. The family is accountable only for their treatment goals. The average length of time a family is involved with the program is approximately 12 months. This length of stay may be shorter depending on the family's progress.

Treatment progress is monitored bi-weekly (twice a month) by the FITC team the Court and the FITC review team. Recommendations for graduation are decided by the FITC team and the review team with the understanding that graduation is at the discretion of the Presiding Judge.

Family members are encouraged to work on their treatment goals together to push one another to the finish line, graduation. A graduation ceremony will be held for the entire family

and they will be honored for their individual accomplishments and their accomplishments as a family.

Emergencies

FITC empowers parents and their children to assume responsibility for their actions. It is expected that families follow through with their commitments by attending all required meetings. At times emergencies occur. If there is an emergency that keeps you or your child from attending a meeting or dropping a UA you must notify one of the FITC team members or telephone the main office and leave a message for one of the FITC team members: **Telephone 720-913-4200. If you need support on weekends or after normal business hours you may contact your assigned law enforcement advocate and / or program director Lilas Rajae at 303-862-1761 or Jennifer Corvalan-Wood at 303-517-4332.**

Grievance Procedure

FITC believes that families have the ability to change and the skills to do so. The FITC team works in the best interest of the parents and their children by providing a safe, nurturing, supportive and respectful environment. Should you have an issue related to the program, treatment expectations or your interaction with team members you may discuss them with the FITC team or, if unresolved or unsatisfied with the outcome you may contact **Lilas Rajae Director of TASC & Drug Court Programs (720-913-4248.)**

Important Phone Numbers and Email addresses

Kira Gaines, Denver Juvenile Probation Officer: 720-913-4239, sadie.hill@judicial.state.co.us

Dawn Johnson, Denver Juvenile Probation, Supervisor: 720-913-4282, Dawn.Johnson@judicial.state.co.us

Lilas Rajae, TASC Program Director: 720-913-4248, Lilas.Rajae-Moore@judicial.state.co.us

Jennifer Corvalan-Wood, TASC Coordinator: 720-913-4227, Jennifer.Corvalan@judicial.state.co.us

Jackie Delong, TASC Specialist, 720-913-4222, jaclyn.delong@judicial.state.co.us

Lt. Steve Addison, Law Enforcement Advocate Supervisor: 303-961-1406, Steven.Addison@denvergov.org

Dr. Bill Betts, Kempe Center: 303-594-9843, William.Betts@childrenscolorado.org

Courtney Hysaw, Denver Department of Human Services, Caseworker, 720-944-2449

Sara Friend, Denver Public Schools, 720-423-8089 Sarah_Friend@dpsk12.org

Group schedule (subject to change; please see TASC Specialist for updated schedule)

All groups listed below will be held at 303 W. Colfax Ave, Denver, CO. 80204.

Juvenile Groups

Day	Time	Group	Location
Monday	11 am- 12 pm	MRT	14 th floor
Tuesday	4pm-5pm	MRT	14 th floor
Tuesday	5pm-6pm	MRT	13 th floor
Wednesday	4pm-5pm	Seeking Safety	13 th floor
Wednesday	4pm-5pm	MRT	Montebello office
Wednesday	5pm-6pm	Relapse Prevention	13 th floor
Wednesday	5pm-6pm	AOD	14 th floor
Thursday	4pm-5pm	Nurturing parent	13 th floor
Thursday	4pm-5pm	MRT	14 th floor
Thursday	5pm-6pm	Anger Management	13 th floor

Adult groups

Day	Time	Group	Location
Monday	9:30-10:30 am	Early Recovery skills	9 th floor
Monday	10:30 am-12pm	Relapse Prevention	9 th floor
Monday	5pm-6:30pm	Early Recovery Skills	13 th floor
Monday	6:30pm-8pm	Relapse Prevention	13 th floor
Tuesday	10:00am-11:30 am	MRT	9 th floor
Tuesday	11:30 am-12:30 pm	Early Recovery skills	9 th floor
Tuesday	12:30 pm-2pm	Relapse Prevention	9 th floor
Tuesday	5pm-6pm	Fatherhood group	15 th floor
Tuesday	5pm-6pm	Peer Support group	13 th floor
Wednesday	9:30am-11:30am	Seeking Safety	13 th floor
Wednesday	3:30pm-5pm	Matrix for men	15 th floor
Wednesday	5pm-6pm	Women employment group	12 floor
Thursday	9:30am-10:30am	Early Recovery skills	9 th floor
Thursday	10:30am-12pm	Relapse prevention	9 th floor
Thursday	10-11:30am	Job Readiness	9 th floor
Thursday	4pm-5pm	Nurturing parent	12 th floor
Thursday	5:30pm-7pm	Seeking Safety	14 th floor
Thursday	5pm-6:30pm	Early Recovery skills	13 th floor
Thursday	6:30pm-8pm	Relapse Prevention	13 th floor
Friday	11:30am-12:30pm	Early Recovery skills	9 th floor
Friday	12:30pm-2pm	Relapse Prevention	9 th floor
Friday	2pm-3:30pm	MRT	13 th floor

COMMONLY-USED ACRONYMS AND TERMS

<u>ABC</u>	Access Behavioral Care
<u>ACRA</u>	Adolescent Community Reinforcement Approach
<u>ACC</u>	Assertive Continuing Care
<u>ACSES</u>	Automated Child Support Enforcement System (pronounced ay-sis). ACSES provides automated support for the delivery of child support collections to families. It supports child support workers in the 64 county child support units with establishment, enforcement, location, monitoring and other duties necessary for them to perform their jobs.
<u>ADAPT</u>	American Drug Abuse Prevention Team
<u>ADC</u>	Alternative Defense Counsel
<u>ADDS</u>	Alcohol and Drug Driving Safety Program. ADDS provides programs in judicial districts for probation clients, and is financed by fees collected from persons convicted of Driving under the Influence (DUI) of alcohol or other substances.
<u>AFC</u>	Adult Foster Care. AFC provides residential care with supervision for client medications. While these services are not as extensive as those rendered in a nursing home, they represent an important component of a “continuum” of long term care. The AFC program is not a Medicaid program or service; however, many Adult Foster Care eligible are also Medicaid-eligible. The Department of Health Care Policy and Financing (HCP&F) administers this program.
<u>AFCARS</u>	Adoption and Foster Care Analysis Reporting System. Federal rules issued in 1993 mandate national data collection on children by the State agency responsible for child welfare and youth services clients.
<u>AFDC</u>	Aid to Families with Dependent Children. The AFDC program was a joint federal/state program designed to provide financial benefits to dependent children and their caretaker relatives in an amount determined sufficient to meet basic needs for a temporary time period. The AFDC program was replaced in 1996 by the enactment of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PL 104 -193).
<u>Aging Out</u>	Term used in reference to people with developmental disabilities who reach the age of 21 and are no longer eligible for services from the public schools or the child welfare system.

<u>AND-CS</u>	Aid to the Needy Disabled - Colorado Supplement. The AND-CS program provides financial benefits to individuals who also receive SSI payments and whose medically determined disability precludes securing or retaining employment for at least twelve months.
<u>AND-SO</u>	Aid to the Needy Disabled - State Only. The AND-SO program provides financial benefits to individuals whose medically determined disability precludes them from securing or retaining employment for a period of at least six months.
<u>ART</u>	Aggression Repression Therapy
<u>Assistive Technology / Adaptive Equipment</u>	Items or pieces of equipment that are used to increase, maintain, and/or improve the functional capabilities of individuals with disabilities.
<u>AOD</u>	Alcohol & Other Drugs
<u>BA</u>	Breath Analysis
<u>BAC</u>	Blood Alcohol Content
<u>BHO</u>	Behavioral Health Organization. These contractual agencies operate the Colorado Medicaid Mental Health Capitation and Managed Care Program. These agencies provide a wider array of Medicaid-reimbursable mental health services than are available through the Medicaid fee-for-service program, at a lower cost to the state.
<u>CAB</u>	Community Accountability Board
<u>CAC</u>	Certified Addiction Counselors. CACs are individuals certified by ADAD to provide alcohol and drug abuse treatment services.
<u>CATC</u>	Child and Adolescent Treatment Center. Serves children and adolescents ages 17 and under at the Mental Health Institutes.
<u>CASA</u>	Court Appointed Special Advocate
<u>CBMS</u>	Colorado Benefits Management System. This information system replaces several existing CDHS data systems which support the distribution of assistance payments, medical and food stamp benefits.

<u>CCCAP</u>	Colorado Child Care Assistance Program. CCCAP is the name given to the collection of Child Care programs located within the Division of Child Care Services in the Department of Human Services.
<u>CCW</u>	Carrying a Concealed Weapon
<u>CDE</u>	Colorado Department of Education
<u>CDHCP&F</u>	(Pronounced hick-puff) Colorado Department of Health Care Policy and Financing. Formed 7-1-94.
<u>CDHS</u>	Colorado Department of Human Services. Formed 7-1-94.
<u>CDPHE</u>	Colorado Department of Public Health and Environment. Formed 7-1-94.
<u>CHRP</u>	Children’s Habilitation Residential Program Waiver. A Medicaid-financed waiver program which provides residential care and treatment for children with developmental disabilities placed through child welfare services of the county departments of social services.
<u>CIC or CIP</u>	Court Improvement Committee or Project
<u>CJRA</u>	Colorado Juvenile Risk Assessment
<u>CMHC</u>	Community Mental Health Center. Organizations, defined in statute that deliver comprehensive mental health services for seriously mentally ill persons of all ages. CDHS’ Mental Health Services unit currently contracts with 17 CMHCs located throughout Colorado, as well as with six specialty clinics which provide more limited services than the CMHCs.
<u>CMHIFL</u>	Colorado Mental Health Institute at Fort Logan. Provides inpatient psychiatric treatment to residents of the Denver metropolitan area, as well as some patients from the north central and northeastern areas of the State. Additionally, the Institute operates a licensed Residential Treatment Center to provide comprehensive residential treatment for older children and adolescents with serious psychiatric and behavioral problems. The Institutes receives referrals statewide for children 10 years of age and younger. CMHIFL is organizationally located as part of CDHS’ Office of Behavioral Health and Housing.
<u>CMHIP</u>	Colorado Mental Health Institute at Pueblo. Provides inpatient psychiatric services seriously mentally ill clients in the southern and western regions of Colorado and

certain patients from the north central and northeastern areas of the State. The State Institute for Forensic Psychiatry and an acute care General Hospital, also located at the Institute receive referrals statewide. CMHIP is organizationally located as part of CDHS' Office of Behavioral Health and Housing.

CM Case Manager

COWD Colorado Office of Workforce Development. Entity in the Department of Local Affairs responsible for oversight of training and employment programs for Colorado citizens that are generally operated through local Workforce Centers.

CPA Child Placement Agency. An entity that places or arranges to place a child under 18 in the care of an institution, family or person unrelated to the child.

CRAFT Community Reinforcement Approach Family Training.

CSE Child Support Enforcement. The CSE program was established by federal and State law to locate ~~absent~~ parents and to obtain from them financial and medical support for their children. The State Division of CSE is part of the CDHS Office of Self-Sufficiency. It supervises the administration and operation of 64 county CSE units, which provide the following services: locate ~~absent~~ parents and their assets; establish paternity; establish and modify child and medical support orders; enforce child support orders; collect child support payments; and enforce medical support orders.

CSLA Community Supported Living Arrangements. CSLA is a Medicaid program for adults with developmental disabilities which were implemented in FY 1993. This program provides the supports necessary to allow individuals to live on their own. It links services and supports provided through the DD system with other generic community services so that these adults, who remain responsible for their own living arrangements, have the necessary supports to be included in typical community life.

CWP Colorado Works Program. This program is designed to provide assistance to needy families with or expecting children and to provide parents with job preparation, work and support services to enable them to leave public assistance programs and become self-sufficient.

CYF Children, Youth and Families.

DAAP Domestic Abuse Assistance Program. A program established in the Department of Human Services in 1983 to administer the Domestic Abuse Program Fund. This program provides funding for local programs statewide to serve victims of domestic violence and their families.

DBT Dialectical Behavioral Therapy

DCP Denver Collaborative Partnership

DD Developmental Disability or Disabilities. A disability manifested before a person reaches age 22 that constitutes a substantial handicap and is attributable to mental retardation or related conditions.

DDD Division for Developmental Disabilities. This unit is part of CDHS' Office of Health and Rehabilitation. DDS is responsible for managing State-funded services and supports for persons with developmental disabilities.

DDS Disability Determination Services. Formerly a part of Vocational Rehabilitation, DDS is now a separate division of the CDHS Office of Self-Sufficiency. DDS makes medical disability decisions for Colorado residents who apply for benefits under the federal SSDI and SSI programs.

DHS/DDHS Department of Human Services

DOC Department of Corrections

DOLE Colorado Department of Labor and Employment.

DPD Denver Police Department

DPS Denver Public School(s)

Dually Diagnosed Individuals who have more than one diagnosis or disability, for example, people with both a developmental disability and a mental health diagnosis, or individuals who have both a substance abuse problem and a mental health diagnosis.

DYC Division of Youth Corrections, formerly known as the Office of Youth Services (OYS). This CDHS Division is responsible for management and oversight of State-operated and privately contracted residential facilities, and for community alternative programs that serve and treat youth aged 10-21 years who have demonstrated delinquent behavior.

<u>DUI</u>	Driving Under the Influence. Refers to the court sentence imposed on driver convicted of driving vehicles under the influence of alcohol or other substances.
<u>DVR</u>	Division of Vocational Rehabilitation. DVR assists people who have disabilities to attain a level of functioning that will enable them to enter, reenter, or maintain employment and/or live independently.
<u>DWIA</u>	Driving With Impaired Ability
<u>EB</u>	Evidence Based
<u>EHM</u>	Electronic Home Monitoring
<u>EMDR</u>	Eye Movement Desensitization Reprocessing
<u>EPP</u>	Expedited Permanency Planning. Sets expedited timeframes for adjudicatory, dispositional and permanency hearings when a child on the petition is less than 6 years old.
<u>FAC</u>	Family Agency Collaboration
<u>FC</u>	Foster Care. Generally means out of home placement of children for reasons of abuse and neglect or delinquency. More specifically, means placement in family settings as opposed to residential settings, but is sometimes used for any out-of-home placement. While serving this population under Medicaid is a state option, Colorado Statute requires that health care services be provided to this group.
<u>FCC</u>	Family Crisis Center
<u>FCT</u>	Foster Care Transition. Refers to the movement of young adults with developmental disabilities from Child Welfare services to DD services when they reach age 21 and, thereby, “age out” of Child Welfare services.
<u>FFT</u>	Functional Family Therapy
<u>FIDC</u>	Family Integrated Drug Court
<u>FITC</u>	Family Integrated Treatment Collaborative
<u>FOP</u>	Female Offender Program
<u>FP/FS</u>	Family Preservation and Family Support. This program provides funding and technical assistance to selected communities for the development of early intervention/prevention services that strengthen families and alleviate the need for Child Welfare intervention.

- FSR Family Support Registry. FSR is the central child support enforcement payment receiving and disbursement center. Over ~~\$137~~ \$300 million in ~~IV-D~~ child support payments are received and subsequently disbursed to approximately ~~100,000~~ 125,000 families annually.
- FSSP Family Support Services Program. Within the DD service delivery system, this program provides in-home supports to families who have a dependent with DD in order to have that dependent remain at home.
- GAIN Global Appraisal of Individual Needs. Comprehensive assessment used for adolescent and juveniles to assist with service planning.
- GRASP Gang Rescue And Support Project
- HB1255 House Bill 1255 – Permancy Planning
- HHS Health and Human Services. Federal agency that provides oversight and funding for many CDHS programs and services.
- High Need Individuals with developmental disabilities who have very intensive service needs. They may have multiple disabilities, medically intensive conditions, or present challenging behaviors. The higher cost of providing services for these individuals includes higher staff: client requirements, specialized professional staffing requirements, and specialized medical expenses and/or adaptive equipment.
- ICF/MR Conditions of Participation. Refers to the eight specific conditions that must be met in order to qualify for funding under the Medicaid program (Title XIX).
- ICPC Interstate Compact for the Placement of Children. Establishes guidelines that must be adhered to when placing a

child in an out-of-state placement.

ICWA Indian Child Welfare Act. Requires specific procedures in cases where a child is eligible for membership in a Native American tribe.

IEP Individualized Education Plan (sometimes referred to as SIEP)

IRT Intensive Residential Treatment. A type of treatment for alcohol/drug clients which involves a residential stay averaging 21 days combined with intensive, daily therapy.

JAIBG (commonly pronounced Jay-big) Federal funding through the Juvenile Accountability Incentive Block Grant given to law enforcement agencies to address delinquency and youth offenders. Violations of the Juvenile Justice Delinquency Prevention Act (when juveniles are improperly detained in secure detention) may reduce the funding that the state and local jurisdictions receive through this source.

JISP Juvenile Intensive Supervision Probation

LEA Law Enforcement Advocate

LEAP Low-Income Energy Assistance Program. LEAP provides cash assistance to help low-income households meet the costs of winter home heating. Funding for LEAP is 100% federal.

MAYSI Massachusetts Youth Screening Instrument

MC Minor Child

MH Mental Health

MHCD Mental Health Center of Denver

MHI Mental Health Institutes. The Colorado Mental Health Institutes at Pueblo and Fort Logan that serve predominately Medicaid, forensics and indigent Colorado residents with serious mental illness. The Institutes are under the direction of the CDHS Office of Behavioral Health and Housing.

MHS Mental Health Services. This unit of the CDHS Office of Behavioral Health and Housing provides policy oversight and program monitoring for the integrated public mental health system, which delivers statewide services for mentally ill persons of all ages who meet service criteria.

MST Multi-Systemic Therapy

MSW Minimum Support Waiver. This program provides community-based services to persons with developmental disabilities who are eligible under the Intermediate Care Facility for the Mentally Retarded (ICF/MR) screen.

OCFS Office of Children, Youth and Families.

OCR Office of Child's Representative which oversees contracts with and training for attorneys who act as Guardians ad Litem

<u>OJJD</u>	Office of Juvenile Justice & Delinquency Prevention
<u>OPPLA</u>	Other Permanent Planned Living Arrangement (permanency goal not favored by the feds)
<u>PCS</u>	Possession of Controlled Substance
<u>PO</u>	Parole Officer/Probation Officer
<u>PPH</u>	Permanency planning hearing
<u>PPP</u>	Preliminary Protective Proceeding. D&N hearing to determine if child will be removed from the home or reunified with parent/guardian if the child has already been removed from the home.
<u>PRTF</u>	Psychiatric Residential Treatment Facility
<u>PSI</u>	Pre-sentence Investigation
<u>PYS</u>	Paramount Youth Services
<u>RCCF</u>	Residential Child Care Facility. RCCFs are facilities licensed to provide 24-hour group care and treatment for five or more children with behavioral problems.
<u>ROP</u>	Rites of Passage

RPC Respondent Parent's Counsel

RTCs Residential Treatment Centers. RTCs are licensed RCCFs that provide care and Medicaid-funded mental health treatment for children and youth with mental health diagnoses. Terminology no longer used.

SACWIS State Automated Child Welfare Information System. SACWIS is used to provide automated case management reporting tools to child welfare, juvenile justice, Medicaid, Child Support and child care programs on statewide basis.

SAMHSA Substance Abuse and Mental Health Services Administration.

SARB School Attendance Review Board

Senate Bill 91-94 Refers to the locally-based DYC programs, established by Senate Bill 91-94 (SB94), that care for delinquent youth in their own communities.

SO Sex Offender

SOMB Sex Offender Management Board

SRO School Resource Officer

SSA Social Security Act or Administration. The SSA is the set of Federal Laws, Titles I through XX, enacted by Congress to establish a system of Federal old-age benefits and to enable the states to make more adequate provision for aged persons, blind

persons, dependent children, maternal and child welfare, and public health. Also, “SSA” may refer to the Federal agency responsible for administering the Social Security Act.

SSDI Social Security Disability Insurance. SSDI payments are made under provisions of Title II of the Social Security Act to eligible individuals who are unable to engage in a substantial gainful activity due to a physical or mental disability.

SSI Supplemental Security Income. SSI payments are made under provisions of Title XVI of the Social Security Act to eligible individuals 65 years of age and over; eligible individuals who are blind; and eligible individuals 18 years of age and over who are permanently and totally disabled.

STIRRT Short-term Intensive Residential Remediation Treatment. This program, which is managed by the Alcohol and Drug Abuse Division, treats clients who have substance abuse problems and are at risk of incarceration.

SUS Substance Use Survey

TANF Temporary Assistance for Needy Families. TANF is the federal program established by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PL 104-193) which ~~replaces~~ replaced the AFDC, JOBS and Emergency Assistance programs.

TASC Treatment Alternatives to Street Crime. TASC is a federal program which provides funding for community programs to assist system involved juveniles and families focusing on substance abuse and co-occurring diagnosis.

TBI Traumatic Brain Injury. TBI is defined as damage to the brain caused by external physical force, including acceleration/deceleration injuries. This does not include

brain injury caused by a congenital causation, degenerative diseases, surgical interventions or anoxia.

TC Therapeutic Community

TDM Team Decision-making Meeting

TF-CBT Trauma focused cognitive behavioral therapy

Title IV-A Title IV-A of the Social Security Act. Refers to the ~~Aid to Families with Dependent Children~~ Temporary Assistance for Needy Families Program.

Title IV-B Title IV-B of the Social Security Act. Refers to the Child Welfare Services Program.

Title IV-D Title IV-D of the Social Security Act. Refers to the Child Support Enforcement Program.

Title IV-E Title IV-E of the Social Security Act. Refers to the Foster Care and Adoption Assistance Program.

Title IV-F Title IV-F of the Social Security Act. Refers to the Job Opportunities and Basic Skills Program.

Title XVIII Title XVIII of the Social Security Act. Refers to Medicare. This program funds health insurance for the aged and disabled.

Title XIX Title XIX of the Social Security Act. Refers to Medicaid.

Title XX Title XX of the Social Security Act. Refers to Social Services other than those included in the other Titles of the Social Security Act. This title is also referred to as the Social Services Block Grant.

TPR Termination of parental rights

TRCCF Therapeutic Residential Child Care Facility

UA Urine Analysis

YDC Youth Development (Drug) Court

YOS Youthful Offender System

**ACKNOWLEDGMENT OF TERMS AND CONDITIONS OF FAMILY INTEGRATED TREATMENT
COLLABORATIVE (FITC)- COURT PARTICIPATION**

- I have read and understand the FITC Family handbook.
- I understand the FITC program requirements.
- I have read the possible sanctions and understand I may receive sanctions if I fail to comply with program requirements.
- I have consulted with my attorney about my participation in the FITC Court Program.

Dated: _____

Signed: _____
Signature of Parent/Guardian

Signed: _____
Signature of Parent/Guardian

Signed: _____
Signature of Child