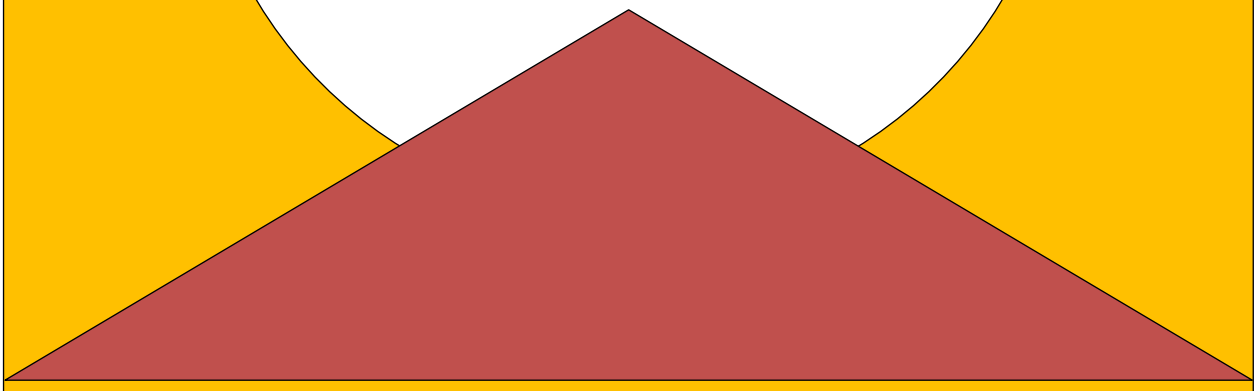
COLORADO PROBLEM SOLVING COURT STANDARDS

FAMILY DEPENDENCY TREATMENT COURTS



PROBLEM SOLVING COURTS

ADOPTED DECEMBER 2017

COLORADO COURTS

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OVERVIEW

FAMILY DEPENDENCY TREATMENT COURTS (FDTC) are one of the more complex problem solving courts that are based in the ADULT DRUG COURT MODEL, and are unique in that they combine the ADULT DRUG COURT MODEL with existing best practices for child welfare cases. Treatment agencies, child welfare agencies, and the courts must collaborate effectively if the goal of a safe and sober home is to be reached within the short timeframes required for compliance with permanency guidelines.

> *"A family dependency treatment court is a court devoted to cases of child abuse and neglect that involve substance abuse by the child's parents or other caregivers. Its purpose is to protect the safety and welfare of children while giving parents the tools they need to become sober, responsible caregivers. To accomplish this, the court draws together an interdisciplinary team that works collaboratively to assess the family's situation and to devise a comprehensive case plan that addresses the needs of both the children and the parents. In this way, the court team provides children with quick access to permanency and offers parents a viable chance to achieve sobriety, provide a safe and nurturing home, and hold their families together."* [1]

The combination of unsafe substance use and child abuse and neglect issues in the cases served by an FDTC defines the unique challenges that must be met in these programs. The FDTC team must be *comprehensive* in the scope of services provided to the family as a whole. While the child's parents or caregivers must achieve stable sobriety within permanency deadlines to be successful in an FDTC program, the mission of the program requires much more.

Comprehensive case planning must assess and provide services for the family's unique needs; these needs can arise from a range of challenges including (but not limited to):

- mental health;
- employment;
- parenting skills;
- housing;
- transportation;
- physical health;
- education;
- trauma (for both children and parents); and,
- any other identifiable issues that have contributed to the parents' substance use or mistreatment of the child(ren).

While FDTCs face these unique challenges, team members and other stakeholders should not let the challenges pull them too far afield from the 10 KEY COMPONENTS OF ADULT DRUG COURTS, and ADULT DRUG COURT BEST PRACTICE STANDARDS. Those key components and standards, when incorporated into and adapted for the FDTC context, are ultimately a roadmap for effectively responding to court-involved individuals who are struggling with behavioral health challenges. Individuals in an FDTC are different only in that they are not necessarily criminal justice involved.

[1] National Drug Court Institute and Center for Substance Abuse Treatment (2004). Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model.

These standards are intended to serve as a similar roadmap for the effective functioning of an FDTC. Many standards are aspirational, while others are necessary features of a problem solving court.

When the efficacy of a standard is supported by a robust body of research – in either the FDTC context, or in the drug court context – and the practice is considered to be a foundational feature of a problem solving court, it is a fundamental practice and will be notated with **"FP"**.

Other standards are aspirational or are common practice in family dependency courts but not supported by a robust body of research; these standards are considered best practices and are notated with **"BP"**. Teams are expected to strive to meet these best practice standards within a reasonable amount of time.

List of Fundamental Practices for Family Dependency Treatment Courts

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List of Best Practices for Family Dependency Treatment Courts

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STANDARD I

Family Dependency Treatment Courts integrate treatment services with dependency and neglect system case processing, incorporating the mandates of the Adoption and Safe Families Act (ASFA) of 1997 and the Indian Child Welfare Act (ICWA) of 1979.

1-1 The FDTC team shall include a judicial officer, a coordinator, a treatment provider, a case manager/case worker, parent attorney, child attorney (Guardian Ad Litem), and county attorney. **FP**

1-1-1 It may also be appropriate to include Court Appointed Special Advocates (CASA), a domestic violence advocate, and a mental health provider.[2]

1-1-2 The FDTC judicial officer and team are aware of all court proceedings involving family members and develop a system for coordinating overall treatment planning and case processing expectations throughout the duration of the FDTC case

1-2 The FDTC team has developed detailed policies and procedures, agreed upon by all team members, which address program operations and policy considerations. These policies and procedures should be collaboratively developed, reviewed, and agreed upon.[3] **FP**

1-3 The local Department of Human Services will assume responsibility for providing notification whenever any eligible or potentially eligible child comes within the purview of ICWA to ensure that all relevant provisions of that Act are timely and consistently met. **FP**

1-4 As the lead in the FDTC team effort, the judicial officer focuses on participants' sobriety, lawful behavior, parental accountability as well as effective and consistent assessment and service delivery for the parents and children. There is also a focus on ensuring permanency for the children within the timelines established by ASFA. **FP**

1-5 FDTCs focus on the goal of maintenance of the family, including parents, caregivers and children, in the healthiest manner possible. **FP**

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[2] Adult Drug Court Best Practice Standards, Volume II (NADCP, 2015), 38-50.

[3] Carey, S. M., Mackin, J. R., & Finigan, M.W. (2012) What works? The 10 key components of Drug Court: research-based best practices. *Drug Court Review, 8*(1), 6-42.

1-5-1 This may include a focus on preventing placement, achieving and maintaining reunification of a child or children in foster care with the parent, and supporting parents and caregivers in recovery regardless of whether full reunification with a parent is the best outcome for the child(ren).

1-5-2 A continuous focus is also maintained on the progress of achieving the designated concurrent permanency goal in the event that permanency through reunification cannot be achieved within the ASFA guidelines.

1-6 The treatment court team shall develop a written agreement (i.e., a Memorandum of Understanding) between all participating parties and review it annually. This agreement shall include the roles and responsibilities of all parties, as well as what information will be shared. There should be agreements and information-sharing policies for all systems.[4] **FP**

1-7 The FDTC has a written consent or release of information form; parents provide voluntary and informed consent about what information will be shared between team members. The release of information should contain a provision that allows the FDTC to enter parent and program information into the problem solving court database for evaluation purposes. **FP**

STANDARD II

Family Dependency Treatment Courts operate within the court system; attorneys and other professionals collaborate to promote child safety and protect parents' due process rights.

2-1 Team members, including those who would traditionally serve in an adversarial role, shall work collaboratively to meet the needs of children and parents, and shall participate in the design, implementation, and enforcement of the program's policies and procedures. **FP**

2-2 Policies and procedures of the FDTC are provided to each parent's attorney. Parents' attorney(s) must inform parents of their due process rights, review any contracts, waivers or agreements for entry into the FDTC as well as potential sanctions and incentives with the parent. **FP**

2-3 For consistency and stability of FDTC operations, team members should be assigned to the program for a minimum of two years.[5] **FP**

[4] Osterling, K. L. & Austin, M. J. (2008). Substance abuse interventions for parents involved in the child welfare system: Evidence and implications. *Journal of Evidence Based Social Work, 5*(1-2), 157-189

[5] Carey, S. M., Mackin, J. R., & Finigan, M.W. (2012) What works? The 10 key components of Drug Court: research-based best practices. *Drug Court Review, 8*(1), 6-42.

- Indefinite terms are preferable to frequent rotation of members to maintain program stability, increase team cohesion, and improve participant outcomes.

2-4 The FDTC will hold in-court reviews at a minimum of every other week in the early phases of the program. The entire FDTC team shall attend the in-court hearings.[6] **FP**

2-5 It is encouraged that due process duties are addressed primarily within the staffings, if possible, rather than during review hearings. Contested issues are scheduled for a separate time as needed. **BP**

2-6 The entire FDTC team attends pre-court staffings. The purpose of the pre-court staffing is to hear from all team members, ensure the treatment process is integrated into court process, and allow for a unified response to behavior from the FDTC team.[7] A pre-court staffing shall occur before every review hearing. **FP**

2-7 After the confidentiality protocols are in place to prevent the disclosure or re-disclosure of confidential information, treatment providers shall communicate – ideally via email – with the problem solving court team between court sessions to report on participant progress and/or concerns in treatment. **BP**

2-8 Procedures for reporting noncompliance are clearly defined in the FDTC's operating documents. **FP**

Eligible parents are identified early and promptly placed in the Family Dependency Treatment Court Program.

3-1 Appropriate FDTC program participants are those families for whom there is a high risk of continued dependency and neglect system involvement, and for whom the primary protective concern in the dependency and neglect petition is parental substance use. FDTCs evaluate parents for program eligibility using appropriate assessments – such as the Colorado Risk and Safety Assessments – in conjunction with clinical judgement. A parent's motivation for change shall not be a basis for denial of program entry. **FP**

[6] Adult Drug Court Best Practice Standards, Volume 2 (NADCP, 2015), 46.
[7] Adult Drug Court Best Practice Standards, Volume 1 (NADCP, 2013), 22.

3-2 Teams must incorporate a process of review of the parent(s) substance use assessment and diagnosis to confirm that the FDTC is appropriate, and to determine the intensity of services provided while in the FDTC. **FP**

3-3 The FDTC must facilitate prompt placement of a parent in necessary treatment services as identified by all screenings and assessments. At a minimum, this should include screening for mental health and trauma needs in addition to a substance use assessment.[8] **FP**

3-4 At a minimum, all assessments must include information from child protection services case worker to ensure the accuracy of the assessment and appropriate matching of services based upon child welfare risk[9] for maltreatment. **FP**

3-5 The program seeks permanency for all children involved in cases of child abuse or neglect. The needs of children will be identified and they may be referred for their own services as appropriate. Parents, children, caregivers, and other family members or persons could engage in family-specific services, as clinically indicated. All services for children and parents should be family-centered. **FP**

3-6 Participation in the FDTC should not be denied based upon race or ethnicity, sexual orientation, gender, gender identity, history of previous child welfare involvement, drug of choice/route of administration, or use of medication assisted treatment. **FP**

3-7 Participation in an FDTC is voluntary and requires a written agreement among the parent, their attorneys, local social services legal representative, the guardian ad litem and the judicial officer. **FP**

STANDARD IV

Family Dependency Treatment Courts provide access to an evidence-based continuum of substance use disorder and other treatment and rehabilitation services for the parents and children.

4-1 All parents have a comprehensive, individualized substance use disorder treatment plan based on evaluation and assessment results.[10] **FP**

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[9] Professionals should note that FDTCs are focused on addressing factors that contribute to a risk for a re-occurrence of child maltreatment; this is contrasted with the traditional Adult Drug Court model, where risk is considered to be "a substantial risk for reoffending or failing to complete a less intensive disposition." Adult Drug Court Best Practice Standards, Volume 1 (NADCP, 2013).

[10] Boles, S. & Young, N. K. (2010). *Sacramento County Dependency Drug Court year seven outcome and process evaluation findings.* Irvine, CA: Children and Family Futures. Retrieved from:

4-2 The FDTC develops a plan to assess and address the comprehensive health and wellness needs of every family member. **FP**

4-2-1 Mental health and trauma treatment needs are assessed and coordinated for parents and children.[11]

4-2-2 Domestic violence prevention services are included in all initial assessments, and incorporated into case plans of FDTC families if indicated.[12]

4-3 The FDTC team shall promptly assess, and continually reassess, children for treatment and developmental needs[13] **FP**

4-3-1 Children's medical and dental needs will be evaluated and monitored throughout their FDTC participation.

4-3-2 All children will be promptly evaluated for trauma; children will also be evaluated for mental health needs and possible substance use treatment needs.

4-3-3 Children's educational needs must be considered in the treatment planning.

4-4 Ancillary services should be made available to meet the needs of parents and children.[14] These services may include, but are not limited to:

- Education
- Housing
- Food security
- Transportation
- Domestic Violence Education Programming
- Educational component for parents
- Medical and dental care
- Employment counseling and assistance **BP**

4-5 The FDTC has developed or has access to an evidence-based parenting program.[15] **BP**

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http://www.cffutures.org/files/publications/Year%207%20Summary%20Report%20Final.pdf

[11] Powell, C., Stevens, S. Dolce, B. L., Sinclair, K. O., & Swenson-Smith, C. (2012). Outcomes of a trauma-informed Arizona family drug court. *Journal of Social Work Practice in the Addictions, 12*(3), 219-241.

[12] Marsh, J. C., Ryan, J. P., Choi, S. & Testa, M. F. (2006). Integrated services for families with multiple problems: Obstacles to family reunification. *Children and Youth Services Review, 28*(9), 1074-1087.

[13] Belcher, H.M.E., Butz, A.M., Wallace, P., Hoon, A.H., Reinhardt, Et. & Pulsifer, M.B. (2005). Spectrum of early intervention services for children with intrauterine drug exposure. *Infants and Young Children, 18*(1), 2-15.

[14] Belcher, H.M.E., Butz, A.M., Wallace, P., Hoon, A.H., Reinhardt, Et. & Pulsifer, M.B. (2005). Spectrum of early intervention services for children with intrauterine drug exposure. *Infants and Young Children, 18*(1), 2-15.

[15]Carey, S. M., Mackin, J. R., & Finigan, M.W. (2012) What works? The 10 key components of Drug Court: research-based best practices. *Drug Court Review, 8*(1), 6-42.

4-6 All treatment services are provided by programs or persons who are appropriately licensed or credentialed in Colorado and trained to deliver such services according to the standards of their profession. **FP**

4-7 Children and parents are initially assessed and continually reassessed by the FDTC treatment team to ensure that services are suitably matched for the individual parent, their child(ren), and the needs of the family. **FP**

4-8 Within the context of the dependency and neglect case, FDTC team members work to identify and address the treatment needs of all family members. Family progress is monitored throughout their involvement in the FDTC. **BP**

4-9 Decisions regarding the use of medication assisted treatment shall be made by a licensed medical provider. The use of medication assisted treatment shall not be denied by the FDTC or a contracted provider of the FDTC, nor shall the tapering off of a medication assisted treatment be a required element for program entry, progression, or graduation. Particular care should be taken to meet the needs of a pregnant woman who is currently on or could benefit from medication assisted treatment.[16] **FP**

4-10 Pregnant women in the FDTC will have access to appropriate prenatal care, inpatient treatment, and medication assisted treatment in an expedited fashion.[17] **FP**

Abstinence and the appropriate use of medications are monitored by random and frequent alcohol and other drug testing.

5-1 The FDTC shall implement a standardized system in which participants will participate in alcohol and other drug testing. **FP**

5-1-1 Testing shall be administered randomly.

5-1-2 Testing frequency should be no less than twice per week.

[16] National Institute on Drug Abuse. (2012). *Principles of drug abuse treatment for criminal justice populations: a research-based guide.* NIH publication no. 11-5316. Bethesda MD

[17] Dakof., G.A., Cohen, J.B., Henderson, C.E., Duarte, E., Boustani, M, & Hawes, S. (2010). A Randomized pilot study of the engaging moms program for family drug court. *Journal of Substance Abuse Treatment, 38*(3), 263-274

5-1-3 Testing should occur on weekdays and weekends.

5-1-4 As treatment dosage and supervision is reduced, drug testing should be maintained at least until the parent is in the last phase of the program and is preparing for graduation.[18]

5-2 Urinalysis shall be the primary method of substance testing; a variety of alternative methods may be used to supplement urinalysis, including breath, hair and saliva testing, and patch and electronic monitoring. All drug testing shall be directly observed by an authorized individual. **FP**

5-3 Test results, including confirmation testing, are available to the FDTC within 48 hours of sample collection.[19] **BP**

5-4 Plans for addressing parents who test positive, dilute, or who tamper with a test must be clearly established with outlined treatment guidelines and sanctions, that are enforced and reinforced by the judicial officer.[20] A reassessment of child safety should be included in the FDTC's response to parent use, relapse, or dishonesty. **FP**

5-5 Testing must include each parent's primary substance(s) of dependence, as well as a full range of other common substances. Randomly selected specimens are tested occasionally for a broader range of substances.[21] **FP**

5-6 FDTCs will clearly and comprehensively advise parents of the drug testing protocol, their rights and responsibilities regarding drug testing, and provide them with written guidelines and expectations upon their entry to the FDTC.[22] **FP**

5-7 FDTCs should maintain a relationship with administrators at the monitoring and testing agencies so that any monitoring and/or testing issues can be addressed promptly and thoroughly. **BP**

STANDARD VI

A coordinated strategy governs the Family Dependency Treatment Court's responses to parents' compliance.

[18] Adult Drug Court Best Practice Standards, Volume 2 (NADCP, 2015), 28.
[19] Adult Drug Court Best Practice Standards, Volume 2 (NADCP, 2015), 33.
[20] Id.
[21] Adult Drug Court Best Practice Standards, Volume 2 (NADCP, 2015), 30.
[22] Adult Drug Court Best Practice Standards, Volume 2 (NADCP, 2015), 33-34

6-1 Responses to both desirable and undesirable behavior will occur as close in time to the behavior as possible. **FP**

- While official sanctions and incentives should be imposed by the judicial officer in the courtroom, other members of the FDTC should consider responding between hearings as needed.

6-2 Adjustment in treatment services, as well as required participation in community-based mutual support meetings, should only be based upon the clinically-informed opinion of the treatment provider.[23] **FP**

6-3 Time between status hearings should be increased or decreased based upon progress with program requirements and the needs of the parent and family. **FP**

6-4 Jail sanctions are used judiciously and sparingly. **FP**

6-4-1 Less severe sanctions are used before jail sanctions are used.

6-4-2 Jail sanctions have a definite term.

6-4-3 Jail sanctions do not exceed six consecutive days.

6-4-4 Applicable due process rights are protected when jail is imposed.

6-5 Incentives and sanctions will take into account the needs of all family members. **FP**

6-5-1 The FDTC team should consider discussing the imposition of a jail sentence in advance to allow for appropriate childcare and other obligations such as employment arrangements to be made. **BP**

6-6 During the case staffing, the multi-disciplinary team will recommend incentives to reward milestones or compliance, or will recommend sanctions or therapeutic responses to address noncompliance. **BP**

6-7 The FDTC judicial officer will take recommendations from the FDTC team regarding sanctions and incentives under advisement and, after hearing from the parent, the judicial officer will make a final decision regarding the sanction or incentive ordered. **BP**

6-8 Responses to compliance and noncompliance (including criteria for expulsion) are explained orally and provided in writing to parents during their orientation. Periodic reminders of the responses and criteria for expulsion are given throughout the treatment process.[24] **FP**

[23] Adult Drug Court Best Practice Standards, Volume 2 (NADCP, 2015), 10, 55.

6-9 Coordinated responses for compliance or noncompliance are graduated and consistent with the infraction or accomplishment and take into account whether the target behavior is representative of a proximal or distal goal for that individual.[25] **FP**

6-10 Progression through the FDTC program is based upon the parent's progress in the following areas, as applicable: compliance with program requirements, treatment plan, the out-of-home placement plan, and/or child protective services plan. **FP**

Ongoing judicial interaction with each parent is essential.

7-1 Whenever possible, the same judicial officer shall preside over the FDTC and the dependency and neglect case, from filing through permanency.[26] **BP**

7-2 The judicial officer shall serve a term of at least 2 years.[27] [28] **FP**

7-3 Initial appearance in the FDTC occurs as soon as possible after the filing of the dependency and neglect petition. **FP**

7-4 The FDTC judicial officer speaks directly with each parent at the hearings and spends a minimum of three minutes engaging each parent.[29] **FP**

7-5 Regular status hearings are used to monitor parent performance: **FP**

7-5-1 Frequent status hearings during the initial phases of each parent's program establish and reinforce the FDTC policies and ensure effective monitoring of each FDTC parent.

7-5-2 Parents appear before the FDTC judicial officer at least once every other week during the initial phase of the program.[30]

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[24] Adult Drug Court Best Practice Standards, Volume 1 (NADCP, 2013), 29.
[25] Adult Drug Court Best Practice Standards, Volume 1 (NADCP, 2013), 30.
[26] Adult Drug Court Best Practice Standards, Volume 1 (NADCP, 2013), 22.
[27] Finigan, M.W., Carey, S.M., & Cox, A.A. (April 2007). The Impact of a Mature Drug Court Over 10 Years of Operation: Recidivism and Costs: Final Report. NPC Research; Portland, OR.
[28] Adult Drug Court Best Practice Standards, Volume 1 (NADCP, 2013).
[29] Carey, S. M., Finigan, M. W., & Pukstas, K. (2008) *Exploring the key components of drug courts: A comparative study of 18 adult drug courts on practices, outcomes, and costs.* Portland, OR: NPC Research. *Available at* http://www.npcresearch.com/Files/NIJ_Cross-site_Final_Report_0308.pdf.

7-6 The FDTC judicial officer shall attend and actively participate in pre-court staffings.[31] **FP**

STANDARD VIII

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

8-1 Withholding parenting time must not be used as a response to a parent's noncompliance.[32] **FP**

8-2 Decisions to increase or decrease parenting time must be based on identified safety concerns and well-being of the child(ren). **FP**

8-3 When a child or children cannot reunify with the parent(s), the parent(s) should be included in formulating the child(ren)'s permanent plan. **FP**

8-4 Parenting time should not be restricted or cease based solely on a parent's incarceration. **FP**

8-5 The court will consider parenting time for all biological and psychological parents. **FP**

8-6 Parents who will no longer have a primary permanency goal of return home should be allowed to remain in the FDTC if they so desire. **FP**

STANDARD IX

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

9-1 Specific and measurable criteria marking progress should be established for each treatment court parent. **FP**

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[30] Adult Drug Court Best Practice Standards, Volume 1 (NADCP, 2013), 22-23.
[31] Adult Drug Court Best Practice Standards, Volume 1 (NADCP, 2013), 22.
[32] Decisions regarding allocation of parenting time should hinge on the best interests of the child rather than the parent's noncompliance

9-2 Specific and measurable goals for the FDTC should be established and progress reviewed annually by its steering committee.[33] **FP**

- Goals should include: reduced drug use for parents, reduced child welfare involvement for families, connecting the children and parents with needed treatment and services within 50 days of case opening in addition to other program-specific goals.

9-3 Goals will be used as parameters for data collection and information. The FDTC has an evaluation and monitoring protocol, eg. measuring progress in meeting operational and administrative goals, effectiveness of treatment, and outcomes. **FP**

9-4 Evaluation results should be reviewed at frequent intervals and used to analyze operations, modify program procedures, gauge effectiveness, change therapeutic interventions, measure and refine program goals, and make decisions about continuing or expanding the program.[34] **FP**

9-5 The FDTC should utilize the ICON/Eclipse codes for Family Drug Courts provided by the State Court Administrator's Office. **BP**

9-6 The FDTC shall utilize the Problem Solving Courts: Data Drives Dollars (PSC3D) database to maintain current data regarding all FDTC parents, to include the collection and entering of all Intake and Discharge data elements.[35] **BP**

9-7 FDTCs will develop a plan for sustaining operations without federal grants or other specialized funding. **BP**

STANDARD X

Continuing interdisciplinary education promotes effective Family Dependency Treatment Court planning, implementation, and operations.

10-1 FDTC programs shall address staff training requirements and continuing education in their policy manual. **FP**

- Training shall align with Colorado Problem Solving Court and national standards and practices endorsed by the National Association of Drug Court Professionals (NADCP), the

[33] Carey, S. M., Macking, J. R., & Finigan, M. W. (2012) What works? The 10 key components of Drug Court: research-based best practices. *Drug Court Review, 8*(1), 6-42.
[34] Carey, S. M., Sanders, M. B., Waller, M. S., Burrus, S. W. M. & Aborn, J. A. (2010). *Jackson County community family court process, outcome and cost evaluation: Final Report.* Portland, OR: NPC Research. Retrieved from http://npcresearch.com/wp-content/uploads/Jackson_Byrne_06101.pdf
[35] Adult Drug Court Best Practice Standards, Volume 2 (NADCP, 2015), 66-67.

National Drug Court Institute (NDCI), the National Center on Substance Abuse and Child Welfare (NCSACW), and Children and Family Futures (CFF).[36]

10-2 Training and education should include topics such as: the drug court model; best practices; motivational interviewing, substance use disorders; treatment; co-occurring disorders; sanctions and incentives; drug testing standards and protocols; confidentiality and ethics; proficiency in dealing with participants' race, culture, ethnicity, gender and sexual orientation, and trauma histories; the impact of pre- and post-natal substance exposure on children; the responsibilities and mandates of child welfare workers; the Adoption and Safe Families Act[37]; and the Indian Child Welfare Act.

FP

10-3 Team members will assist in cross-training other team members in their specific disciplines.[38]

FP

Forging partnerships among Family Dependency Treatment Courts, public agencies, and community-based organizations generates local support and enhances Family Dependency Treatment Court program effectiveness.

11-1 The FDTC team shall meet periodically to oversee the operations of the court and to establish and review policies and procedures. The policies and procedures should address sustainability of the court's operation, resources, information management, and evaluation needs. The policies and procedures shall include implementation tasks and timeframes to ensure compliance with the Colorado Problem Solving Court Best Practice Manual. The policies and procedures should incorporate the goal of the parent's sobriety, and the promotion of child welfare and family maintenance. **FP**

11-2 The FDTC team shall organize a local Advisory Committee consisting of representatives from the court, attorneys, treatment and/or health providers, child welfare agencies, and other community partners as appropriate, such as members of the business community, media, and faith groups. The

[36] Adult Drug Court Best Practice Standards, Volume 2 (NADCP, 2015), 46-47.

[37] Green, B. L, Rockhill, A., & Burrus, S. (2002) What helps and what doesn't: Providers talk about meeting the needs of families with substance abuse problems under ASFA: Summary of Findings. Portland, OR: NPC Research, Inc. Retrieved from http://npcresearch.com/wp-content/uploads/Executive-Summary-what-works.pdf

[38] Osterling, K. L. & Austin, M. J. (2008). Substance abuse interventions for parents involved in the child welfare system: Evidence and implications. *Journal of Evidence Based Social Work, 5*(1-2), 157-189.

Advisory Committee should meet twice per year to provide guidance to the FDTC team.[39] If possible, the Chief Judge of the judicial district should be a member of the Advisory Committee. **FP**

11-3 FDTCs should consider whether the Advisory Committee should form an independent 501(c)(3) organization for fundraising purposes. **BP**

11-4 The sustainability plan of FDTCs will be reviewed on a pre-determined basis by the local advisory committee. **BP**

11-5 Child welfare leadership should work with court and treatment professionals to increase the quality and quantity of available services. **BP**

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