

POLICIES & PROCEDURES MANUAL

**TWENTIETH JUDICIAL DISTRICT
FAMILY INTEGRATED TREATMENT COURT**

TABLE OF CONTENTS

- I. Steering Committee
- II. Planning Team
- III. Mission Statement
- IV. Goals & Objectives
- V. Structure/Model
- VI. Disqualification & Acceptance Criteria
- VII. Entry Process
- VIII. Roles & Responsibilities
- IX. Program Phases & Treatment Protocols
- X. Termination Criteria
- XI. Graduation Criteria
- XII. Sanctions & Incentives
- XIII. Supervision Protocols
- XIV. Drug Screen Protocols
- XV. Prescription Drug Use
- XVI. Evaluation Design
- XVII. Memorandums of Understanding
- XVII. Ethics & Confidentiality Statement

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MISSION STATEMENT

The Family Integrated Treatment Court (FITC) is a collaborative effort of justice, treatment and social services in Boulder County to stabilize families impacted by drugs and alcohol and to ensure the protection of children, reduce substance abuse, and preserve families. The ITC partnership coordinates substance abuse and therapeutic interventions and provides consistent court interaction with a focus on accountability and community support to break the cycle of addiction, child maltreatment and crime in future generations.

GOALS & OBJECTIVES

Goal #1: Long-term sobriety

Objectives:

1. The multi-disciplinary team will integrate treatment, case management and court interaction.
2. Connect client to appropriate community supports to maintain sobriety and mental health.
3. Eligible clients are quickly identified, assessed and placed in treatment.
4. Abstinence is monitored by:
 - a. frequent alcohol and other drug monitoring,
 - b. frequent contact with members of the multi-disciplinary team,
 - c. frequent contact with judicial officer, and
 - d. administration of individualized and predictable incentives and sanctions.

Goal #2: Long-term stability, demonstrated by:

- Employment or other form of financial support and independence
- Housing that is safe, sober, clean, and long-term
- Resolve acute medical and dental care issues
- Access to transportation
- Healthy, non-abusive relationships

Objectives:

1. Assist client in locating and using appropriate community resources.
2. Improve self-sufficiency through life skills training, mentoring, and developing positive family and/or community support systems.
3. Provide therapeutic interventions regarding development of healthy relationships.

Goal #3: Enhance parental capacity and skills in order to increase reunification of families, decrease involuntary terminations, and utilize other permanent planned living arrangements.

Objectives:

1. Provide parenting skills enhancement through Life Skills, Community Infant Project, parenting classes, Genesis, or other appropriate parenting programs.

2. Provide frequent contact and visitation as appropriate.
3. Assist parents in making appropriate decision regarding the best interests of their children.

Outcome measures:

Reduce number of days in out of home placement.
Decrease terminations.
Early exploration of potential kinship resources with placement as appropriate.
Reduce number of founded child abuse or neglect incidents
Reduce re-entry into criminal or dependency and neglect system.
Reduce length of time between referral and onset of treatment.

STRUCTURE/MODEL

The Family Integrated Treatment Court shall be a unified court, in that the appearances for drug court will be at the same time as regular procedural matters, such as advisements, adjudications, dispositions and permanency planning hearings. Contested hearings will be scheduled at a separate time. Parties will be able to enter into the Family Dependency Treatment Track as early as their initial advisement.

DISQUALIFICATION & ACCEPTANCE CRITERIA

Disqualifying Criteria (To be used by DSS Supervisor):

1. Out-of-County Resident
2. Not represented by an attorney
3. Founded Sexual Abuse (non-offending parent is eligible)
4. Major Mental Illness in Active Psychotic State (untreated 27-10)
5. Arrested for Criminal Enterprise Drug Sales
6. Arrested for Child Abuse Involving Serious Bodily Injury or Death unless an appropriate treatment plan has been approved by the Court
7. Subject to an Immigration and Customs Enforcement Hold
8. Involvement in Adult Criminal ITC and the ITC Team decides that the parents' needs can be better met in the Adult Criminal ITC
9. Possesses an active medical marijuana certificate

NOTE: A prior Termination of Parental Rights or involvement in the FITC does not necessarily disqualify an applicant. Entry will be determined by the Court in consultation with the ITC Team.

Acceptance Criteria (To be used by Acceptance Review Team)

1. Citizenship or age is immaterial

2. Criminal history indicates that the parent is unlikely to successfully complete the FITC.
3. Substance abuse history indicates that the parent is unlikely to successfully complete the FITC.
4. Mental illness history indicates that the parent is unlikely to successfully complete the FITC.
5. History of inappropriate use of medication and of unwillingness to allow medication regimen to be managed appropriately
6. Meets Diagnostic Criteria for Substance Abuse or Dependency
7. Has at least one child under the age of 10 who has been removed or is at risk to be removed.
8. Eligible to Receive Substance Abuse and Mental Health Services
9. Other relevant factors

ENTRY PROCESS

Screening & Acceptance

Clients will enter the FITC program through the following process:

- Intake Worker interviews the client, reviews reports, and identifies substance abuse issues. Intake Worker gives the client the parent letter for the FITC and directs parent to make an appointment at Boulder County Public Health.
- Intake Worker refers case file to DSS Supervisor in charge of FITC Screens (Dusti Moats).
- DSS Supervisor screens the parent(s) for disqualifications from FITC.
- DSS Supervisor sends names and case numbers of all eligible parents to the ITC Coordinator (Harry McCrystal).
- Harry sends the names and case numbers to the Acceptance Review Team (Jen Sutton, Lesley Cunningham, and Dusti Moats) using the pre-acceptance distribution list.
- Acceptance Review Team meets to consider each parent and makes recommendations for acceptance or rejection. The team sends the names and case numbers of all referred parents back to ITC Coordinator (Harry McCrystal) using the Reply to All function.
- The ITC Coordinator sends the list of accepted parents to the pre-acceptance distribution list. The email will advise RPC to respond within 5 days with regarding the acceptance or rejection of the offer by his or her client. If RPC does not have an answer within 5 days, he or she will respond within 5 days stating the reason he or she cannot provide an answer. This will also be done on a Reply to All.
- RPC will offer the FITC to the parents and report the results within five days using the Reply to All function. In some cases, the ITC Coordinator or RPC may have difficulty

reaching the parents, in which case, they will report that problem within five days of receiving the ACA's email.

- In all cases in which the FITC has been accepted by the parents, the ITC Coordinator (Harry McCrystal) will notify everyone on the pre-acceptance and post-acceptance distribution list.
- The FITC Case Worker will call the Boulder County Public Health liaison (Diane Magliolo) to move up the substance abuse screen appointment if necessary.
- The ACA (Peggy Wallis) will notify the FITC Judicial Officer and her Court Judicial Assistant to put the parent on the Court Review docket for Pre-FITC Entry Hearing using the post-acceptance distribution list. The Pre-FITC Entry Hearing allows the parents to observe the FITC Court Review process. At times, the adjudication can also occur at the time of the Pre-FITC Entry Hearing
- All communication among members of the team will be done using the post-acceptance distribution list.

NOTE: If it is determined that the parent is not dependent on a substance, the parent may be rejected after acceptance. It is anticipated that this will rarely occur.

NOTE: It appears that either each team member will need to set up a post-acceptance distribution list on their Outlook Contacts or all emails will need to be sent to the ITC Coordinator (Harry) for resending.

NOTE: No Pro Se parents will be admitted into the program; however, comparable treatment and other support services will be offered.

ROLES & RESPONSIBILITIES

Magistrate
Division O Judicial Assistant
ITC Coordinator
Assistant County Attorney
Respondent Parent Counsel
Guardian ad litem
Treatment Providers (BCPH and MHCBBC)
Department of Social Services (DSS)

Substance Abuse Treatment Providers:

1. BCPH staff will deliver treatment pursuant to the Treatment Phase Protocols. (See Policies and Procedures). The substance abuse services offered by the ARC will provide for an accelerated intake process, enhanced and lengthened treatment, regular

communication with the court, and treatment staff participation in treatment reviews and court hearings.

2. Clients may choose to utilize private providers, but these providers must be approved by the court, have an ADAD license and be willing to adhere to the ITC protocols. Agencies other than ARC will be required to provide treatment in general accordance with the treatment phases, and will communicate regarding client progress and participation as indicated in the protocols.
3. ITC Coordinator (BCPH)/Intake Evaluator will appear for court hearings and for the treatment staffings.

Mental Health Center of Boulder County
MHCBC Therapist
MHCBC Director of Outpatient Services
Community Infant Program (CIP) Therapist

Department of Social Services
DSS Supervisor (assigned to ITC)
DSS Intake Worker
DSS Ongoing Caseworkers (assigned to ITC)
Intensive Family Therapy (IFT) Therapist

Other agencies that may be involved (though not necessarily part of the treatment team) include:

Community Justice Services (CJS)
20th Judicial District Probation Department
Court Appointed Special Advocates (CASA)

Court Proceedings

Temporary Custody/Initial Advisement Hearing:

Whenever possible, the ITC Caseworker will meet the BCDSS Intake Worker, family, and other providers at the first hearing. Respondent Parent Counsel will meet with the prospective participant(s) and discuss the option of the ITC program and the commitment required. If the parent is interested, the case will generally be set over for two weeks before formal acceptance. This allows sufficient time for the client to consult with their attorney, watch the video, review the handbook, and observe the court in operation before making the final decision to participate.

NOTE: If it is necessary to remove the child from the parent(s) at the first hearing, BCDSS will first attempt to place the child with an appropriate kinship caregiver. If no kinship caregiver is available, and ITC is known to be an option at the time of placement, the child will be placed in a BCDSS foster home rather than with a foster adopt provider, whenever possible.

Adjudication

Adjudication will generally take place at the second court appearance, two weeks (14 days) after the Temporary Custody/Initial Advisement Hearing. The County Attorney and Respondent Parent Counsel will propose an agreement regarding the adjudication, including a factual basis that specifically addresses the client's substance abuse issues. The Court will advise on adjudication, accept the admission, and find the child(ren) dependant/neglected. The Court will also address the non-ITC portion of the case.

Once formally accepted into the ITC, the Judge/Magistrate will welcome the client to the program and provide a brief overview that includes information regarding the use of incentives and sanctions (including the possibility of incarceration). The client will be given the date of their first ITC Status Review Hearing, generally in two weeks.

NOTE: The client is not officially deemed a participant in the ITC until the Court has received the signed ITC Agreement and Waiver.

Disposition

Disposition will generally take place at the client's first ITC Status Review Hearing, two weeks (14 days) after adjudication. The ITC Caseworker will provide the Court with a copy of the treatment plan no later than three days prior to the hearing, so that the parties and the Court have sufficient time to review the document. At this hearing the Court will address any treatment plan issues and order the treatment plan with any amendments deemed acceptable.

ITC Status Review Hearings

Participants will initially appear in court every two weeks, presently on Thursdays at 2:00 PM. As clients progress through the phase system, there will likely be longer intervals between court appearances, at the discretion of the Judge/Magistrate. At the status review hearing, the Judge/Magistrate will address the appropriateness of the current treatment regimen, phase advancement, incentives or sanctions, etc. Participants will receive a copy of the team's Status Review Summary and will be informed by the Judge/Magistrate of any specific tasks or behaviors that need to be addressed (i.e. "target behaviors.") They will also be given the date of their next Status Review Hearing.

Pre-court Staffings

The ITC team will meet prior to all ITC Status Review Hearings to evaluate each participant's progress in the program. Presently, these staffings occur on Thursdays at 12:30 PM, just before court. The ITC Caseworker and all involved treatment providers (BCPH, IFT, CIP, MHCBBC, etc.) will provide detailed information regarding the participant's status in the program, as well as recommendations to the Court regarding treatment, visitation, incentives or sanctions, phase advancement, etc. This information will have been compiled by the ITC Coordinator and documented on the ITC Status Review Summary. All team members will have received a copy. (A copy will also be given to each participant at the Status Review Hearing.) During the Pre-

Court Staffing, the team review the Status Review Summary and make any necessary changes prior to the court hearing.

Status Review Summary: Information Collection & Dissemination

Information for pre-court staffings and status review summaries will be collected and distributed in the following manner:

1. The ITC Caseworker and all treatment providers (BCPH, IFT, CIP, MHCBC, etc.) will e-mail or fax the Client Contact Report forms to the ITC Coordinator by 5:00PM of the Tuesday immediately preceding the court date. The reporting period will run from Tuesday to Monday. As such, the Client Contact Report will document all contacts the provider has had with the client from the Tuesday preceding the client's last court appearance up to and including the Monday preceding the upcoming court date.
2. The ITC Coordinator will collect all contact information for the reporting period and enter it onto the ITC Status Review Summary. The completed review summaries will then be faxed or emailed to all team members, including the Judge/Magistrate, County Attorney, ITC caseworkers, GAL and RPC attorneys, treatment providers, etc. by noon on the Wednesday preceding the client's Status Review Hearing.

Ongoing Case Management

1. The DSS Caseworker will make a referral for services to the BCDSS Intensive Family Therapy Program (IFT) and/or BCMH Community Infant Program (CIP), and any other necessary services. For children remaining in the home, BCDSS will assure that the minimum in-home service levels meet or exceed 6-10 hours per week from the combined provider sources. These service levels may be adjusted at the discretion of BCDSS subject to the approval of the treatment team.
2. DSS in-home services will begin within 24 hours of the child's return home, or within four days of the initial intake and acceptance into ITC at the Temporary Custody Hearing if removal of the child was determined to be unnecessary. In addition to the minimum in-home service levels, BCPH will provide substance abuse treatment and MHCBBC will provide outpatient mental health treatment as determined to be necessary and appropriate by the treatment team.
3. The participant's progress regarding the treatment plan will be reviewed at the regularly scheduled pre-court staffings that precede status review hearings. Any proposed recommendations or changes to the treatment plan can be made at that time. If a critical incident (including but not limited to missed or positive drug screens, unexcused absences from treatment, missed appointments with in-home providers, or an allegation of child abuse or neglect) occurs between court hearings, the ITC Caseworker will contact team members by phone to discuss the situation and make decisions regarding treatment, safety management issues, the need for an immediate response, etc.

PROGRAM PHASES & TREATMENT PROTOCOLS

INTEGRATED TREATMENT COURT OF BOULDER COUNTY/ FAMILY		
Duration	Treatment Expectations:	Court Requirements
2 weeks	Phase One/I Entry and Orientation	Phase One/I Entry and Orientation
	Complete drug/alcohol assessment and evaluation at Boulder County Public Health (BCPH) or other approved facility.	Attend all scheduled Court appearances
	Refer to appropriate level of care (detox, EOP, TRT, etc.)*	Develop Family Service Plan (FSP) with DSS case worker.
	Comply with treatment recommendations and drug screen requirements as indicated in drug/alcohol	Comply with Initial Protective Orders
	Attend Transitional Outpatient at the ARC (TOPA) and/or community support groups as recommended by BCPH.	Identify kin and/or family members who may be a possible placement option for your children.
	Minimum of 8 UA's per month and/or daily BA's (and any other monitoring required) **	Safe/sober living situation
	Develop treatment plan with ITC/substance abuse program staff	Comply with treatment and monitoring recommendations from the drug/alcohol assessment
		Attend all scheduled visitation, if applicable.
12 weeks	Phase Two/II Sobriety/stability	Phase Two/II Sobriety/stability
	Minimum of 4 hours of TOPA and/or community support groups per week	Comply with FSP, treatment evaluations and required monitoring
	Weekly individual therapy ***	Work/school/vocational programming
	Minimum of 8 UA's per month Daily BA's**	Establish sober /stable housing
		Sobriety requirement: At least 30 days continuous sobriety.

		Attend all scheduled visitation, if applicable.
16 weeks	Phase Three/III Sober Living Skills	Phase Three/III Sober Living Skills
	2 groups per week: Dialectical Behavior Therapy <i>or</i> Strategies for Self Improvement and Change <i>or</i> CBT and gender specific therapy group ***	Attendance at all scheduled Court appearances (Permanency Planning Hearing will occur during this time period)
	Minimum of 3 community support groups per week.	Comply with FSP, participate in adjunctive therapies, classes as outlined in Family Service Plan
	Weekly or bi- weekly individual therapy. ***	Work and /or school
	Parenting/Domestic Violence, Life Skills and/ or other therapeutic intervention as indicated ***	Maintain sober/stable housing
	Family or couples therapy as indicated ***	Attend all scheduled visitation, if applicable.
	1 – 2 UA’s per week, Random BA’s**.	Sobriety requirement: At least 30 days continuous sobriety.
10 weeks	Phase Four/IV Relapse Prevention	Phase Four/IV Relapse Prevention
	Weekly relapse prevention/therapy group. ***	Attendance at Court appearances as scheduled (Permanency Home Hearing will occur during this time Period)
	Individual therapy as indicated ***	Comply with FSP
	Minimum of 2 community support groups per week	Sober/stable housing
	Individualized programming as indicated ***	Work and /or school.
	1 – 2 UA’s per week/ Random BA’s**	Attend all scheduled visitation, if applicable.
	Begin mentoring of Phase I and II clients	Sobriety requirement: At least 30 days continuous sobriety.
8 Weeks	Phase Five/V Recovery Maintenance	Phase Five/V Recovery Maintenance
	Weekly Continuing Care group	Attendance at all Court appearances as scheduled
	Minimum of 3 community support groups per week.	Comply with FSP
		Attend all scheduled visitation, if applicable.

	Random UA's/ BA's as directed.	Sobriety requirement: At least 30 days continuous sobriety.
	Mentoring of Phase 1 and 2 clients.	Financial stability established with work or entitlement payments

* Detox, Transitional Residential Treatment, Enhanced Outpatient, etc. BCPH will recommend appropriate level of care based on assessment. (This is a clinical decision and is unrelated to phase system.) Relapse or instability may require detox or movement to a level of care higher than the one initially recommended. This is not considered a sanction, but rather a clinical intervention. While in Detox or TRT, clients will be expected to follow the guidelines of the Phase 2 (to the extent possible.)

** In addition to urine and breath testing, monitoring may also include saliva tests (swabs), hair tests, SCRAM, Antabuse, etc. You will be expected to comply with any monitoring ordered by the Court or your DSS Caseworker.

*** As determined by treatment/case plan.

TERMINATION CRITERIA

1. Participant requests termination from ITC.
2. Participant fails to complete assessment and evaluation prior to second ITC status conference.
3. Participant disappears from DSS supervision and fails to contact DSS and request participation in ITC within one month of last contact.
4. Participant is arrested for a disqualifying criminal offense.
5. Participant is no longer eligible to receive services from Boulder County Department of Social Services because of residence.
6. Participant is determined to have a condition that would prevent the participant from participating in or achieving benefits from the ITC's clinical program.
7. Participant has an untreatable mental illness or disability that would prevent the participant from meeting the obligations of the ITC.
8. Participant fails to progress through the phase system within a reasonable period of time.
9. Participant fails to attend status reviews (excluding exceptional circumstances.)

GRADUATION CRITERIA

All Graduates

1. Participant completes all treatment and court monitoring phases within 15 months of entry into the ITC.
2. Participant is emotionally regulated and stable.
3. Participant is able to assist in the decision concerning whether the child(ren)

- should be returned to his/her care, placed with kin, or placed in fost/adopt home.
4. Participant must not be subject to a new D&N filing.

Graduates Whose Child(ren) Have Been Or Will Be Returned To The Home

1. Participant is able to support his/her child(ren) by legal means.
2. Participant is able to provide safe and secure housing for the child(ren).
3. Participant is able to and does provide education for the child(ren).
4. Participant is able to and does provide medical, dental, and mental health care for him/herself and for his/her children.
5. Participant has sufficient supports available in the community to remain sober and stable.
6. Participant has good enough parenting skills to safely and healthfully parent his/her child(ren).
7. Participant is not engaged in an abusive relationship.
8. Participant has developed a long-term sobriety plan.

SANCTIONS & INCENTIVES

Substantiated child abuse or neglect events that occur during participation in the ITC will result in the appropriate response from the Department of Social Services and the Court. These responses could range from sanctions through the ITC to removal depending on the seriousness of the event and the participants progress in treatment.

Conduct that may be rewarded includes:

1. Consistently reporting for UAs
2. Consistently negative UA results
3. Appearing for treatment sessions
4. Progress in treatment
5. Complying with Family Service Plan including community-based support groups, parenting classes, etc.
6. Appearing on time for visitation
7. Appearing timely for court appearances
8. Making a good faith effort to pay fees
9. Obtaining and maintaining financial support by legal means
10. Obtaining and maintaining safe and sober housing

Incentives may include activity passes, gift cards/certificates, toys, gifts, photographs, bus passes/gas vouchers, applause/court recognition, fish bowl entry, reduced fines and costs, free substance abuse classes, reduction of a previous sanction.

Conduct that may result in sanctions includes:

1. Missing UAs
2. Submitting positive, flushed, or altered UAs
3. Failing to attend treatment sessions

4. Lack of progress in treatment
5. Failing to comply with Family Service Plan, i.e. not attending community support groups, parenting classes, etc.
6. Appearing late for visitation
7. Appearing late for Court
8. New arrest for non-disqualifying offense

Sanctions will include jail, work crew*, electronic home monitoring (EHM), day reporting, or community service.

*If the Judge imposes work crew as a sanction, the person can be taken into custody, booked at the jail, registered, and released to appear for Work Crew on whatever day or days the Judge orders. If the Judge wants the person to spend the night in the jail and start Work Crew the next morning, that can also be arranged.

SUPERVISION PROTOCOLS

Boulder County Department of Social Services Role

The Boulder County Department of Social Services will provide ongoing casework to families involved in ITC through the Longmont office ongoing child protection unit. This team, henceforth referred to as the ITC CW Team, will serve all Boulder County families regardless of city of residence. The team will be comprised of a Casework Supervisor (ITC Sup), two “B” level Caseworkers (ITC CWB), and a Caseworker “A” (ITC CWA).

The primary focus of the ITC CW Team will be to assure child safety and risk management; provide ongoing casework; facilitate parenting time; participate in collaborative treatment planning, service provision, and monitoring; and assure agency adherence to statutory and regulatory requirements.

At a minimum, the recommended case handling protocol and supervision levels are as follows:

Referral Received / Investigation Begins

D&N Intake Worker
 Investigation
 Assess risk level and safety management options
 Make initial removal decisions
 Complete initial safety assessment and plan
 D&N written / filed
 Staff with ITC Supervisor

Temporary Custody Hearing/Initial Advisement Hearing

DSS ITCCW will schedule Family Group Decision Making (FGDM)

DSS in-home services begin (day 4)

When the children are home:

Safety management contacts will need to occur in the home a minimum of five times per week with up to 10 hours weekly of face to face contact with parent and child. Effective in home safety management will depend on the collaborative efforts of local providers. Substance abuse and outpatient mental health will be provided in addition to the minimum in home service levels listed below.

Services provided through DSS and current providers:

ITC CWB meets with parents and children in home minimum of 3x per week

CIP meet with parents and children in home minimum of 1x per week

Life skills meet with parents and children in home minimum of 3 xs per week

By the 1st Status Review/Adjudication hearing (day 17/week 2)

ITC Caseworker will email a report to the ITC Court Coordinator regarding participant progress and recommendation regarding incentive/sanction. ITC Court coordinator will ensure that all agency reports are summarized and ready for the ITC pre-court staffing. ITC Caseworker and ITCC will meet with the family directly after Court to complete the Weekly Work Plan with the client, and the ITCC will assure all parties and treatment team members are provided a copy of the plan.

Monthly in home face to face contacts by caseworker with parents and children:

Cases where children remain in the home will have a minimum of 3 face to face contacts in the home with the parents and children.

Cases where children are out of home will have at least 1 one hour home visit between the parents and the case worker per week,

Children in Foster or Kinship care will be seen a minimum of 1 time per month by the ITC CWB in the foster home.

Parent's whose children are in foster or kinship care will have a minimum of 3 – 2hour visits supervised visits with their children per week.

The FITC Caseworker will attend bi-weekly court appearances including pre-court staffings on all FITC cases assigned to them, and will assist clients understanding the target behaviors that are identified on the FITC Review Summary.

Meetings among the treatment team will occur as needed.

Additional Ongoing ITC CWB responsibilities:

Establish positive relationship with family
Engage extended family and kin from the beginning of case for support and con-current planning
Serve as liaison for client and family with outside agencies
Continuously evaluate, monitor, and adjust safety plan
Coordinate / authorize / and closely monitor all services
Maintain open communication with the treatment team and keep them updated

Assess need for childcare
Monitor school progress
Prepare FSP, Legal documentation/treatment plan/Court reports, TRAILS entry, record of contacts
Identify and resolve self-sufficiency issues
Develop permanency plans for children
Attend Court / prepare Court reports / attend Court staffing Trainings
Staff meetings
Assure cultural connections are maintained and supported
Assure that medical and mental health needs are addressed
Support clients with their educational and employment plan
Assist clients with transportation needs
Crisis intervention
Maintain records according to agency standard
Establish aftercare plans

When children are not in the home:

Complete all necessary background and certification requirements for placement resources
Facilitate placement in foster care or kinship care
Provide necessary support services to kinship families
All of the above

DRUG SCREEN PROTOCOLS

Drug testing in the ITC consists of:

- Observed urine screens
- Oral swabs (instant and regular)
- Breathalyzers
- SCRAM*
- Antabuse*

The required number of drug test per month is listed in the table below. Each participant must submit at least half of the minimum number of tests as urine screens in each phase.

Phase 1-Orientation	3 UA's per week and/or daily BA's
Phase 2- Stability	3 UA's per week and/or daily BA's
Phase 3-Sober Living Skills	1 – 2 UA's per week and/or random BA's
Phase 4-Relapse Prevention	1 – 2 UA's per week and/or random BA's
Phase 5-Maintenance	Random UA's and BA's

*Participants on SCRAM or Antabuse must submit the required urine screens/swabs, but will not be required to do random BA's.

Since achieving and maintaining sobriety is one of the main goals of the ITC, participants will be tested frequently for drug use. Drug testing is generally done using urine screens, saliva samples, and breathalyzers. Other mechanisms used to monitor sobriety may include SCRAM, Antabuse, hair follicle tests, or other procedures approved by the court. *Urine screens will be observed to ensure results are valid.* Participants are responsible for the costs of testing, unless other arrangements have been made through probation or the treatment agency.

Positive, missed, altered or refused screens will be considered positive and subject to sanction. *Urine samples with creatinine levels below 20 mg/dl or above 400 mg/dl will be considered invalid and subject to sanction.*

Confirmation of Positive Urinalysis Tests

Participants who wish to have a positive urinalysis result confirmed (re-tested) should consult with their attorney. Those not represented by an attorney should inform their caseworker, using the appropriate DHHS form. The caseworker will forward this information to the Court.

DHHS will order the test at its expense only when formal oral or written requests for confirmation are made through the attorney or caseworker. Participants are free to have a confirmation test done at their own expense at any time.

Should the confirmation test come back positive, the participant will be charged for the test, and will be subject to court sanction as appropriate. If the result is negative, DHHS will absorb the cost of the test, and no sanction will be imposed.

PRESCRIPTION DRUG USE

All participants will be expected to inform their health care providers of their addiction issues so that informed decisions can be made when prescription medications are being considered. In the event that prescription medications are deemed necessary, participants should make every effort to obtain a non-narcotic alternative, if one is available. Participants will be expected to notify their caseworker within 24 hours of being placed on a prescription medication, or if any changes are made to existing prescriptions. Failure to do so will result in a sanction.

Participants with a history of abusing prescription drugs, or who have been prescribed potentially habit-forming medications, may be subject to additional requirements. These may include:

- Being restricted to one prescribing physician.
- Agreeing to work with your physician to discontinue use of a potentially habit-forming medication.

NOTE: Individuals may not possess a medical marijuana certificate while in the program.

EVALUATION DESIGN

Jim Tanner working on this section.

MEMORANDUMS OF UNDERSTANDING

See FITC Intake Procedures, Status Review Protocols, and Flow Chart.

ETHICS & CONFIDENTIALITY STATEMENT

See FITC Agreement & Waiver.