



JUDICIAL SERVICES DEPARTMENT  
SUPREME COURT OF VIRGINIA

# FAMILY DRUG TREATMENT COURT STANDARDS

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SUPREME COURT OF VIRGINIA

Adopted October 2008

## PREFACE\*

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

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

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

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

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

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

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

parents who participated in family treatment drug court experienced higher rates of treatment completion, which in turn was associated with higher rates of reunification. However, participating in the family treatment drug court also contributed to the likelihood of reunification *above and beyond* its effect on treatment.<sup>3</sup> It is not surprising that substance abuse and addiction are so frequently associated with the neglect and abuse of children. Parents battling substance abuse often put the needs created by their own alcohol or other drug dependency ahead of the welfare of their families. At the same time, they, and their children, often have complicating physical or mental health problems. Unable to maintain employment or provide a stable and nurturing home environment, they are unable to care for their children.

The U.S. Department of Health and Human Services, Administration for Children and Families has released a summary of the child maltreatment statistics for 2005. During Federal fiscal year (FFY) 2005, an estimated 3.3 million referrals, involving the alleged maltreatment of approximately 6.0 million children, were made to CPS agencies. An estimated 899,000 children in the 50 States, the District of Columbia and Puerto Rico were determined to be the victims of abuse or neglect. In fiscal year 2004 the Pew Commission reported there were 507,054 children in care nationally and 6,869 children in care in Virginia. In 2004, the combined total of money spent by federal, state and local governments on children in foster care was \$23,279,155,164. This amounts to \$45,910 per child when divided by 507,054. According to Child Trends, Virginia spent \$277,983,054 on foster care which averages out to \$40,469 per child based on 6,869 children in care.

Virginia was ranked #25 for foster care population. According to the Virginia Department of Social Services, On-Line Automated Services Information System, as of December 1, 2007, there were 7,977 children in foster care in Virginia.

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

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

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<sup>3</sup> Worcel, S., Green, B.L., Furrer, C., Burrus, S.W. & Finigan, M. (2007). Family Treatment Drug Court Evaluation: Executive Summary. Portland, OR: NPC Research.

Adult Drug Treatment Courts handle misdemeanor and felony cases involving drug-using offenders. These programs utilize a blend of court-ordered supervision, drug testing, treatment services, court appearances, and behavioral sanctions and incentives. Overarching goals of the adult model (in circuit court) are to reduce recidivism and drug use among drug-abusing offenders.

While similar in concept to the adult model, Juvenile Drug Treatment Court (in Juvenile and Domestic Relations District Courts), process substance-abusing juveniles charged with delinquency and status offenses. The juvenile model likewise incorporates probation services, drug testing, treatment, court appearances, and behavioral sanctions and incentives. These programs also address school attendance and parenting skills. The families of these juveniles play a very important role in the drug treatment court process. As with the adult model, the juvenile drug treatment court targets reduced recidivism and abstinence as primary outcomes.

Family Drug Treatment Court Goals include:

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

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

In 2004, in recognition of the growing number of drug treatment courts in the Commonwealth, the Virginia General Assembly enacted the Drug Treatment Court Act, Virginia Code §18.2-254.1.

Pursuant to Code §18.2-254.1, the Supreme Court of Virginia is specifically responsible for implementing the Drug Treatment Court Act. The Act requires the establishment of a state drug treatment court advisory committee to set standards for the planning and implementation of all drug treatment courts in the Commonwealth.

A group made up of the currently operational family drug treatment court coordinators and others initially drafted these standards. This group included: Ms. Mary Ellen Ruff, Alexandria Family Drug Treatment Court Coordinator; Mrs. Jana Glenn, Charlottesville Family Drug Treatment Court Coordinator; Ms. Phyllis Goodwin, Newport News Family Drug Treatment Court Coordinator; Linda Scott, Court Improvement Program, Supreme Court of Virginia; and Anna Powers, state Drug Treatment Court Coordinator, Supreme Court of Virginia. The draft Family Drug Treatment Court Standards were forwarded to the team members of each operational family drug treatment court. The final draft was submitted to the Honorable Catherine Hammond, Judge, as chair of the Operations Committee of the statewide Drug Treatment Court Advisory Committee.

## FAMILY DRUG TREATMENT COURT STANDARDS SUPREME COURT OF VIRGINIA

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### PURPOSE

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The purpose of these standards is to provide a general framework of common principles, policies and practices for the approval of new drug treatment courts in the Commonwealth of Virginia. The standards present a single orientation from which the judicial branch (including judges and all court personnel), the defense bar, guardians ad litem, Court Appointed Special Advocate (CASA), local government, law enforcement, social service agencies, and public and private treatment providers address problems of substance abuse which pervade the court system's criminal and abuse and neglect caseload. Each standard includes practices or recommended steps to be taken by courts in responding effectively to the toxic mix of child abuse and neglect and substance abuse. The steps are stated broadly in order to leave room for each drug treatment court to meet local needs. This structure of standards and practices will:

- Minimize duplication of efforts and ensure greater coordination among all court supervised drug treatment programs throughout the Commonwealth;
- Maximize coordination and sharing of scarce treatment resources;
- Strengthen efforts to obtain federal funding; and
- Facilitate development of coordinated long-range plans for financing drug treatment court operations.

In addition to the standards and practices set forth in this document, localities seeking to establish a drug treatment court must meet all requirements set forth in Va. Code §18.2-254.1. The two significant statutory requirements are: (1) local officials must form local drug treatment court

advisory committees composed of the persons specified in §18.2-254.1.G and set forth the means by which the local committees will ensure quality, efficiency and fairness in the planning, implementation, and operation of the program, and (2) local advisory committees must establish criteria for the eligibility and participation of participants in the programs, including screening for violent offenders, as required in §18.2-254.1.H., and the amount of contributions required of participants to pay for substance abuse treatment services.

These standards reflect the existing common characteristics outlined in Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model Monograph published by the Bureau of Justice Assistance, U.S. Department of Justice, Office of Justice Programs, December 2004. They have been modified for use within the Commonwealth of Virginia. There are and will continue to be differences among individual drug treatment court programs based on the unique needs and operational environments of the local court jurisdictions and the target populations to be served. However, there is also a need for overall uniformity as to basic program components and operational procedures and principles. Therefore, this document is an attempt to outline those fundamental standards and practices to which all family drug treatment courts in the Commonwealth of Virginia should subscribe.

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## **STANDARD I<sup>4</sup>**

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Family drug treatment courts (FDTCs) participate in a comprehensive and inclusive planning process.

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### **PRACTICE**

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- 1.1** FDTCs have participated in a planning process to ensure a coordinated, systemic, and multidisciplinary family-focused approach to protect children from abuse and neglect through timely decisions, coordinated services, judicial oversight and the provision of timely substance abuse treatment and safe and permanent homes.
- 1.2** New courts are encouraged, whenever possible, to participate in the Drug Court Planning Initiative (DCPI) through the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice, in collaboration with the National Drug Court Institute and to utilize the experience and expertise of the Virginia Drug Treatment Court Coordinator, and existing Family Drug Treatment Courts.
- 1.3** The planning group has determined that dependency court, child welfare and the substance abuse treatment community will be trilateral partners in their planning process. The FDTC

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<sup>4</sup> The attached GLOSSARY applies to all standards.

integrates the focus of permanency, safety, and welfare of abused and neglected children with the needs of the substance-abusing parents.

- 1.4** The planning group includes the judge(s); clerk of court in which the family drug treatment court is located; a local social services department legal representative; a representative of the local department of social services/human services; a guardian *ad litem* representative and a parent attorney representative from the local bar association; a local Court Appointed Special Advocate (CASA) representative; a representative from the local Community Services Board (CSB) and/or a representative of local drug treatment providers; representative of the local public school system; the drug court administrator/coordinator; and any other person selected by the FDTC planning committee.
- 1.5** The planning group has a written work plan addressing which program/agency that serves the jurisdiction(s) is designated as the lead agency in the planning, implementation, and operation of the FDTC. This written work plan addresses the program's need for operations, budget and resources, information management, staffing, community-relations, and ongoing evaluation. The work plan also has a written job description for the designated FDTC Judge(s) and each of the designated members of the FDTC team.
- 1.6** Management information systems are developed for court information and treatment information.
- 1.7** Graduated responses to the participant's compliance and non-compliance are defined.
- 1.8** Treatment requirements and expectations incorporate a gender-specific, culturally competent approach, and are agreed upon by the planning group with a provision for regular review and modification as indicated by the local Drug Treatment Court Advisory Committee.

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## STANDARD II

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Family drug treatment courts intervene early upon the filing of a petition<sup>5</sup> in juvenile court to involve parents and families in substance abuse treatment services for cases involving child abuse or neglect.

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## PRACTICE

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- 2.1** The FDTC has a program description defining the court's mission, goals, eligibility criteria, operating procedures and performance measures that have been collaboratively developed, reviewed, and agreed upon by the local advisory committee.

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<sup>5</sup> See attached Glossary.

- 2.2 Abstinence from drug and alcohol use and absence of abuse and neglect are goals for the parents. Safety, permanency and child and family well-being are the federally mandated measurable criteria that mark progress toward tangible, measurable and time specific outcomes for families. Criteria may also include compliance with program requirements, participation in treatment, employment and/or educational development, and permanency in the best interests of the child(ren).
- 2.3 The FDTC team, including social workers, treatment providers, court representatives, CASA volunteers and others as designated maintains ongoing internal communication, including frequent exchanges of timely and accurate information about the parents' overall performance.
- 2.4 The judge plays an active role in the team process, frequently reviewing the status of the family, the parent's behavior and compliance with treatment and services.
- 2.5 Interdisciplinary education is provided for every person involved in drug treatment court operations, in order to develop a shared understanding of the values, goals, and operating procedures of both the treatment and justice system components.
- 2.6 Mechanisms for sharing decision-making and resolving conflicts among drug treatment court team members, such as multidisciplinary committees, are established, emphasizing professional integrity.

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### **STANDARD III**

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Family drug treatment courts have published eligibility criteria that have been collaboratively developed, reviewed, and agreed upon by members of the family drug treatment court local advisory committee.

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### **PRACTICE**

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- 3.1 Persons with a prior conviction or adjudication of not innocent for a violent offense (as defined in Va. Code §17.1-805 or §19.2-297.1) within ten years are not eligible to participate.
- 3.2 Participation in a family drug treatment court is voluntary and requires a written agreement among the parent, their attorneys, local social services legal representative, the guardian ad litem and the judge.
- 3.3 While the parent is the primary focus of FDTC, the program seeks permanency for all children involved in cases of child abuse or neglect. The needs of children will be identified

and children may be referred for their own services as appropriate, and may be involved in family therapy, if clinically indicated.

**3.4** Family drug treatment courts have adopted a comprehensive approach to strengthening family function.

**3.5** 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.

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## STANDARD IV

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Family drug treatment courts incorporate a non-adversarial approach in which the judge, the parties, their attorneys, guardians ad litem, and the local social services legal representative promote safety, permanency and child and family well-being while protecting the rights of parents and children.

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## PRACTICE

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- 4.1** Guardians ad litem, parent(s)' attorney, local Social Services legal representative, and a local Court Appointed Special Advocate (CASA) representative and other members of the local advisory committee participate in the design of the family drug treatment court, including criteria for screening, eligibility, and policies and procedures, to safeguard due process and promote safety, permanency and child and family well being.
- 4.2** For consistency and stability in the early stages of family drug treatment court operations, the judge, parent(s)' attorney, CASA representative and department of social services legal representative are assigned to the family drug treatment court for a sufficient period of time to build a sense of teamwork and to reinforce a non-adversarial atmosphere.
- 4.3** FDTCs evaluate parents for program eligibility utilizing a comprehensive assessment.
- 4.4** FDTCs will have a Memorandum of Understanding (MOU) or other written agreement setting forth the terms of collaboration between trilateral partners, i.e. dependency court, child welfare and substance abuse treatment community and other agencies as appropriate. Individualized treatment and service plans are developed based on needs identified during the initial assessment. Services may include, but are not limited to, individual and/or group therapy, drug and alcohol testing, family therapy, parenting skills instruction, home-based services, employment counseling and educational assistance.
- 4.5** Interagency collaboration is important throughout the case planning process in order to ensure that the family's needs, as identified by all agencies involved, are represented and monitored.

- 4.6 Plans are reviewed and updated on a regular basis. Although programs may choose to review and update plans with greater frequency, plans will be reviewed quarterly, at a minimum.
- 4.7 Mechanisms for sharing decision-making and resolving conflicts among FDTC team members, i.e., multidisciplinary committees, will be established, emphasizing professional integrity.

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## STANDARD V

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Family drug treatment courts emphasize early identification and treatment of eligible parents while ensuring legal rights, advocacy and confidentiality for parents and children.

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## PRACTICE

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- 5.1 Eligibility screening is based on written criteria established by the local advisory committee. Department of Social Services staff are designated to screen cases and identify potential family drug treatment court parents.
- 5.2 All substance abuse and mental health treatment services are provided by programs licensed by the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services pursuant to Va. Code § 37.1-179, or persons licensed by the Virginia Department of Health Professions.
- 5.3 All members of the local advisory committee, the local social services legal representative, the parent attorney representative, and the guardian ad litem representative actively participate in the design and ongoing review of FDTCs in order to safeguard the legal rights of the parents and to promote and protect the best interest of the children.
- 5.4 Once accepted for admission, the parent is enrolled immediately in substance abuse treatment services and monitored for compliance by the FDTC team.
- 5.5 Each member of the FDTC team ensures advocacy, confidentiality, and legal rights, including due process, are maintained by advising the parents, children when age and developmentally appropriate, and their legal representatives of the guidelines for participating in the FDTC.
- 5.6 The FDTCs set forth the terms of the collaboration by the court and all participating agencies through a Memorandum of Understanding (MOU) or other written agreement.

- 5.7** The Consent to Release Confidential Information form used by the FDTC permits communication regarding participation and progress in treatment, complies with 42 CFR, Part 2, HIPAA regulations and applicable state statutes, and requires the signed consent of the participating parent.
- 5.8** The above-mentioned Consent form contains a provision that allows the FDTC to enter parent and program information into the drug treatment court database for evaluation purposes as prescribed by the Office of the Executive Secretary of the Supreme Court of Virginia for evaluation purposes.
- 5.9** FDTCs ensure the parent’s legal representative and the child’s guardian ad litem are informed they can participate in the FDTC staffings and hearings if they choose to attend.
- 5.10** While the decisions of the FDTC are always made in the best interests of the child(ren), the court maintains a parallel focus on the interests of the parents. The operating procedures, decisions and FDTC hearings, therefore, reflect this dual focus of integrating the needs of both children and parents.

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## **STANDARD VI**

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Family drug treatment courts provide access to a comprehensive continuum of substance abuse treatment and rehabilitation services and schedule regular staffings and judicial court reviews.

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## **PRACTICE**

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- 6.1** Participants are initially screened and thereafter periodically assessed by both court and treatment personnel to ensure that treatment services and parents are suitably matched.
- 6.2** All substance abuse and mental health treatment services are provided by programs licensed by the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services pursuant to Va. Code § 37.1-179, or persons licensed by the Virginia Department of Health Professions.
- 6.3** Treatment services are comprehensive.
- 6.4** Regularly scheduled FDTC hearings before the judge are used to monitor parental compliance with program expectations. Parents attend hearings in accordance with FDTC guidelines.
- 6.5** FDTC team members and service providers conduct regularly scheduled meetings to ensure ongoing and open communication regarding parents and their children.

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## STANDARD VII

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Family drug treatment courts monitor abstinence by frequent alcohol and other drug testing and will implement consistent, graduated responses, incentives and sanctions, for compliance or noncompliance.

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### PRACTICE

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- 7.1 FDTCs develop and document comprehensive guidelines regarding policy and procedures for the frequency of drug screening, sample collection, sample analysis, and result reporting and the imposition of incentives and sanctions.
- 7.2 The testing policies and procedures include a coordinated strategy for responding to noncompliance, including prompt responses to positive tests, missed tests, and fraudulent tests.
- 7.3 The testing policies and procedures address elements that contribute to the reliability and validity of a urinalysis testing process. The scope of testing is sufficiently broad to detect the parent's primary drug of choice as well as other potential drugs of abuse, including alcohol.
- 7.4 Each family drug treatment court program has breathalyzer capability.
- 7.5 Test results are available and communicated to the court and the parent within a brief period, recognizing that the family drug treatment court functions best when it can respond immediately to noncompliance.
- 7.6 Guidelines are based on sound behavioral health field treatment interventions agreed upon by the multi-disciplinary team including the judge.
- 7.7 FDTCs will advise parents of the drug testing protocol and the incentive/sanction system and provide them with written guidelines during their orientation.
- 7.8 During the case staffing, the multi-disciplinary team will recommend incentives to reward milestones or compliance, or will recommend sanctions to address noncompliance.
- 7.9 The FDTC Judge will take recommendations from the FDTC team regarding sanctions and incentives under advisement and, after hearing from the parent, the Judge will make a final decision regarding the sanction or incentive ordered.
- 7.10 Incentives and sanctions will take into account the needs of all family members.

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## STANDARD VIII

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A coordinated strategy using the mandates of the Adoption and Safe Families Act (ASFA) of 1997 and the Indian Child Welfare Act of 1979 governs responses from the family drug treatment court to each parent's performance and progress.

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### PRACTICE

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- 8.1** The parent's progress through the family drug treatment court experience is measured by his or her compliance with the treatment and social services regimen.
- 8.2** Treatment providers, the judge, department of social services staff and other program staff maintain frequent, regular communication to provide timely reporting of progress and noncompliance and to enable the court to respond immediately. Procedures for reporting noncompliance are clearly defined in the drug court's operating documents.
- 8.3** Responses to compliance and noncompliance (including criteria for expulsion) are explained orally and provided in writing to drug treatment court participants during their orientation. Periodic reminders are given throughout the treatment process.
- 8.4** Coordinated responses for compliance or noncompliance are graduated and consistent with the infraction or accomplishment.
- 8.5** FDTCs will educate the local advisory committee and FDTC team members on the provisions and mandates of the 1997 Adoption and Safe Families Act and the Indian Child Welfare Act of 1979.
- 8.6** Children of American Indian or Alaskan Eskimo heritage may be subject to the Indian Child Welfare Act of 1979. In the referral information provided for FDTC eligibility screening of a parent, the local DSS will assume responsibility for including notification whenever any affected child comes with the purview of the Indian Child Welfare Act of 1979 to insure that all relevant provisions of that Act are timely and consistently met.
- 8.7** If a child belongs to a Virginia tribe, the child is not subject to the Indian Child Welfare Act. However, when a child entering foster care is believed or known to have Virginia Indian heritage, the local DSS is encouraged to contact the Virginia Council on Indians and consider tribal culture and connections in the care and placement of the child.
- 8.8** While assuming the lead in the FDTC team effort, the Judge focuses on sobriety, lawful behavior, parental accountability and effective and consistent assessment and service

delivery for the parent and child. There is also a focus on insuring permanency for the child within the timelines established by ASFA.

**8.9** FDTCs focus on the progress to achieve the goal of reunification of a child in foster care with the parent. 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.

**8.10** In order to meet the ASFA mandated timelines, FDTCs will ensure close judicial supervision of the coordination and accountability among service providers.

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## STANDARD IX

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Ongoing judicial interaction with each parent in the family drug treatment court is essential.

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## PRACTICE

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**9.1** Regular status hearings are used to monitor parent performance:

*a. Frequent status hearings during the initial phases of each parent's program establish and reinforce the FDTC policies and ensure effective monitoring of each drug treatment court parent. Frequent hearings also give the parent a sense of how he or she is doing in relation to others.*

*b. Having the family drug treatment court participants appear together at a drug court hearing allows the Judge to educate all participants about the benefits of program compliance and consequences for noncompliance.*

**9.2** The court imposes appropriate incentives and sanctions to match the parent's treatment progress.

**9.3** The FDTC judge will be an integral part of the court planning group, and will participate on the local FDTC Advisory Committee.

**9.4** The FDTC judge has direct exchange of information with each parent at the hearings.

**9.5** The FDTC judge plays an active role in the multi-disciplinary team case reviews.

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## STANDARD X

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Family drug treatment courts have outcomes that are measured, evaluated, and communicated to the public.

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### PRACTICE

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**10.1** FDTC goals are concrete and measurable. Minimum goals are:

- a. To achieve permanency in the shortest time possible in order to minimize impact of out-of-home placement for children while meeting reasonable efforts guidelines;*
- b. To prevent out-of-home placement when possible through early intervention, giving priority to the safety and well being of the children;*
- c. To monitor parental sobriety, in order to promote health and effective parenting;*
- d. To eliminate abuse and neglect within FDTC families;*
- e. To promote effective planning and use of resources between the court system and community agencies.*

**10.2** The FDTC has an evaluation and monitoring protocol measuring progress in meeting operational and administrative goals, effectiveness of treatment, and outcomes.

**10.3** The information technology system will adhere to written policies consistent with state and federal guidelines that protect against unauthorized disclosure.

**10.4** The FDTC must use and maintain current data in an information technology system as prescribed by the Office of the Executive Secretary.

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## STANDARD XI

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Family drug treatment courts require continuing interdisciplinary education, training and program assessment.

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### PRACTICE

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**11.1** Key personnel have attained a specific level of basic education, as defined in staff training requirements and in the written operating procedures. The operating procedures define requirements for the continuing education of each family drug treatment court staff member.

- 11.2** In order to develop a shared understanding of the values, goals and operating procedures of the treatment, child welfare and court system (or “family drug treatment court”) components, multidisciplinary education will be provided for every person involved in FDTC operations.
- 11.3** All family drug treatment court personnel attend continuing education programs. Regional and national drug court training programs provide critical information on innovative developments across the nation. Sessions are most productive when family drug treatment court personnel attend as a group.
- 11.4** Continuing education establishes the family drug treatment court as a sustainable entity.
- 11.5** FDTCs will have a Memorandum of Understanding (MOU) or other written agreement setting forth the terms of collaboration among trilateral partners, i.e. dependency court, child welfare and substance abuse treatment community and other agencies as appropriate.
- 11.6** FDTCs will develop a plan for sustaining its operations without federal grants or other specialized funding.
- 11.7** The sustainability plan of FDTCs will be reviewed on a pre-determined basis by the local advisory committee.

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## **STANDARD XII**

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The local advisory committee interacts in a vital and meaningful way with the family drug treatment court team.

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## **PRACTICE**

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- 12.1** FDTC local advisory committee membership shall include individuals identified in Virginia Code section 18.2- 254.1.G., and because FDTCs are civil dockets, the criminal justice staff is replaced by child welfare staff, and criminal attorneys are replaced with parental agency attorneys with the addition of a guardian ad litem.
- 12.2** The local advisory committee conducts regular meetings attended by the family drug treatment court team.
- 12.3** Representatives of the court, community organizations, employers, parents’ counsel, guardians ad litem, CASA, treatment and rehabilitation providers, educators, health and social service agencies, and the faith community have opportunity to contribute to the ongoing improvement of the family drug treatment court program.

- 12.4** FDTC team engages in community outreach activities to build partnerships that will improve parent and family outcomes.

## **A GLOSSARY OF TERMS**

This section contains words or phrases used in the *A Family's Guide to the Child Welfare System* that may be unfamiliar to you. These are terms that you may be exposed to as you are involved with the child welfare system.

**Advocates:** People or groups that support or help parents or children (for example, parent advocate or child advocates). They may provide parents and children with information. They may be present with parents in court or at appointments with providers. They help to make sure the rights of the child and/or parent are looked out for.

**Adoption:** This is when children, who will no longer live with their biological parents, become full and permanent legal members of another family. Sometimes they also maintain contact with their birth family. This is called an “open adoption.”

**Adoption and Safe Families Act (ASFA):** Federal legislation mandating a coordinated strategy in response to each parent’s performance and progress.

**CASA (Court Appointed Special Advocate):** This refers to a specially trained person chosen by the juvenile or family courts. This person is usually a volunteer. The CASA’s job is to ensure that the needs and best interests of children who have been abused or neglected are addressed during the court process. The CASA usually meets with the child, his parents, and often others involved with the family. The CASA reports to the Court about how a child is doing. (For more information see the National CASA Association on the web)

**CFSR:** The 1994 Amendments to the Social Security Act (SSA) authorized the U.S. Department of Health and Human Services (DHHS) to review State child and family service programs to ensure conformance with the requirements in Titles IV-B and IV-E of the SSA. Traditionally, reviews had focused primarily on assessing state agencies' compliance with procedural requirements rather than on the results of services and states' capacity to create positive outcomes for children and families. Years later, On January 25, 2000, DHHS published a final rule in the Federal Register to establish a new approach to monitoring state child welfare programs. Under the rule, which became effective March 25, 2000, states will be assessed for substantial conformity with certain federal requirements for child protective, foster care, adoption, family preservation and family support, and independent living services. The Children's Bureau, part of DHHS, is administering the review system. The goal of the reviews is to help states to improve child welfare services and achieve the following outcomes for families and children who receive services. These new reviews, CFSRs, mark the first time federal officials have tried to measure how well children are faring across the state systems created to protect them.

**Child Abuse and Neglect:** There are four major types of maltreatment: **physical abuse, child neglect, sexual abuse, and emotional abuse.** While State definitions may vary, operational definitions include the following:

- ⇒ **Physical Abuse** is characterized by the infliction of physical injury as a result of punching, beating, kicking, biting, burning, shaking or otherwise harming a child. The parent or caretaker may not have intended to hurt the child; rather, the injury may have resulted from over-discipline or physical punishment.
- ⇒ **Child Neglect** is characterized by failure to provide for the child's basic needs. Neglect can be **physical, educational, or emotional.**

- **Physical neglect** includes refusal of, or delay in, seeking health care; abandonment; expulsion from the home or refusal to allow a runaway to return home; and inadequate supervision.
  - **Educational neglect** includes the allowance of chronic truancy, failure to enroll a child of mandatory school age in school, and failure to attend to a special educational need.
  - **Emotional neglect** includes such actions as marked inattention to the child's needs for affection; refusal of or failure to provide needed psychological care; spouse abuse in the child's presence; and permission of drug or alcohol use by the child. The assessment of child neglect requires consideration of cultural values and standards of care as well as recognition that the failure to provide the necessities of life may be related to poverty.
- ⇒ **Sexual Abuse** includes fondling a child's genitals, intercourse, incest, rape, sodomy, exhibitionism, and commercial exploitation through prostitution or the production of pornographic materials. Many experts believe that sexual abuse is the most under-reported form of child maltreatment because of the secrecy or "conspiracy of silence" that so often characterizes these cases.
  - ⇒ **Emotional Abuse** (psychological/verbal abuse/mental injury) includes acts or omissions by the parents or other caregivers that have caused, or could cause, serious behavioral, cognitive, emotional, or mental disorders. In some cases of emotional abuse, the acts of parents or other caregivers alone, without any harm evident in the child's behavior or condition, are sufficient to warrant child protective services (CPS) intervention. For example, the parents/caregivers may use extreme or bizarre forms of punishment, such as confinement of a child in a dark closet. Less severe acts, such as habitual scapegoating, belittling, or rejecting treatment, are often difficult to prove and, therefore, CPS may not be able to intervene without evidence of harm to the child.

Although any of the forms of child maltreatment may be found separately, they often occur in combination. Emotional abuse is almost always present when other forms are identified.

**Child Abuse Report:** The call that is received by the child welfare agency to report an incident of abuse or neglect or concern about risk of abuse or neglect of a child. The information is written down and some kind of follow-up takes place.

**Child Abuse Hotline (sometimes called ChildLine):** A toll-free line to report suspected child abuse or neglect. Anyone can report suspected abuse and neglect to this Hotline. It is available 24 hours a day, 7 days a week. All reports are confidential.

**Child Care Worker:** The term "child care worker" applies to an individual that works for a public or private agency or organization that works directly with children, provides supervision, and is responsible for helping to meet their daily care needs. The use of the term includes but is not limited

to individuals that work in child day care.

**Child Maltreatment:** This means the same thing as child abuse and neglect.

**CPS: Child Protective Services or Child Protection Services.** The designation for most public state or local agencies responsible for investigating reports of child abuse and neglect. The CPS response begins with the assessment of reports of child abuse and neglect. If it is determined that the child is at risk of or has been abused or neglected, then CPS should ensure that services and supports are provided to the child and his/her family by the public child protection agency and the community.

**Custody:** A judge grants this to an adult or an agency so that they have the legal right to care for a child. The custodian has the power to make major decisions regarding the child.

**Emergency Placement/Removal:** This is when a child is temporarily removed from his family and lives in a different place. This is done when the CPS worker has concerns about the safety of a child. The CPS worker is supposed to get an emergency protection order either before or immediately after the child is placed. The emergency protection order will then be reviewed in a court hearing to see if your child can return home. The type of place where your child can go on an emergency basis might be to a relative, foster home, or an emergency shelter.

**Emergency Shelter:** This is a type of out-of-home placement. It is a temporary, short-term place where children and youth who are taken into state custody stay. It may be a family home or a group facility. It is set up to provide an immediate safe environment while decisions are being made about where a child will live.

**Family Group Decision Making (sometimes called “family group conferencing” or “family team decision making”):** This approach is used to help ensure a child’s safety and care. It is based on the belief that:

- children do better when they have strong connections to their parents or primary caregivers
- services that keep the main responsibility for the care of children in the hands of the family are the most effective.

In this approach, a meeting is held with the family and extended family members to get them involved in planning for the safety and permanency of the child or youth. Information about the family’s situation is presented at the beginning of the meeting. Families are given time to consider the information presented to them and to make a plan. They decide how they can offer support to keep the child safe. They present their plan to the professionals and other people attending the meeting. The plan is reviewed and approved by this group. This family team helps create a network of support for the child and for parents. Family group decision-making meetings work differently in different communities. Many communities hold the meetings around a family meal.

**Foster Family Home:** This is a type of out-of-home placement. It is an essential child welfare service for children and their parents who must live apart from each other for a temporary period of time. This might be because of abuse or neglect or other special circumstances. This type of placement is a home setting. The foster parents are licensed, trained caregivers. The role of the foster parent is that of caregiver and nurturer.

**Founded:** a finding after the initial CPS assessment that there is believable evidence that child abuse or neglect has occurred. Another term that means the same thing is “substantiated.”

**Group Home:** This is a type of out-of-home placement. It is a homelike setting in which a number of unrelated children live together for different lengths of time. Group homes may have one set of house parents or may have rotating staff. Some therapeutic or treatment group homes have specially trained staff to assist children with emotional and behavioral difficulties.

**Guardian Ad Litem (GAL):** This is a person, usually a lawyer appointed by the court, who meets with a child and tells the court what the GAL believes is best for the child.

**Guardianship:** A legal way for an adult other than the parent to assume parental responsibility and authority for a child. This is done without ending the parental rights of the birth parents. Legal guardianship for a child is a relationship between the child and a caretaker that is created by the court. It is intended to be permanent. Sometimes the child welfare agency provides financial help in caring for the special needs of the child. This is called subsidized guardianship.

**Home- and Community-Based Services Waiver:** Federal Medicaid law allows certain Medicaid rules to be “waived” or set aside so that states can make changes to their Medicaid programs. The home- and community-based services waiver allows an expanded array of home- and community-based services for children or adults with physical or mental disabilities so that they don’t have to be placed in institutions. This waiver also allows states to provide Medicaid for some children who would otherwise not be eligible for Medicaid because their parent’s income is too high. To be eligible, the child must require care in a hospital or nursing home. The waiver allows the child to receive that high level of care in his home or community.

**Home Study:** This is the process of assessing and preparing families to determine their potential to become either foster parents or adoptive parents. It looks at the strengths and needs of families. It also helps families determine which children (for example, based on age and level of need) would benefit most from being in their care. A home study may also take place for a person being considered for kinship care (when a licensed provider) or guardianship of a child.

**Independent Living Placement:** This is a type of out-of-home placement, for example, an apartment. It is for older youth in foster care and those who leave the foster care system to live on their own. This includes youth who cannot return home to live, are not placed with relatives or guardians, and are not adopted.

**Independent Living Services:** These are services to prepare youth for adulthood. They may focus on developing skills in areas such as money management, job hunting, daily living skills, and communication skills. Services to prepare for living independently are most helpful when they are taught to youth at an early age.

**Individualized Education Program (IEP):** Federal Law 94-142 states that children with disabilities have the right to attend public schools with their peers. A team of school staff and parent(s) create a plan to identify areas the child needs help with in the current school year. The IEP also describes how the school will provide these services.

**Investigation:** This is the formal information gathering process used by a child protective service agency to determine whether or not child abuse or neglect has occurred.

**Kinship Care Placement:** This is a type of out-of-home placement where the full-time care of the child is provided by relatives, godparents, step-parents, or other adults who have a kinship bond with the child. This could include a close friend, a neighbor, or a member of a child's tribe. This is also called "relative placement." Children may be placed formally in homes of relatives by the courts. This is also known as kinship foster care. They also may be placed informally on a voluntary basis by the parent or guardian. A subsidy (or financial support) is generally not provided by the child welfare agency unless relatives are licensed foster parents. Relatives may also apply for TANF assistance.

**Local Community Advisory Committee:** Each locality operating a drug treatment court will establish a local advisory committee to include membership as defined in Virginia Code Section 18.2-154.1.G., and because family drug treatment courts are civil dockets the criminal justice staff are replaced by child welfare staff and criminal attorneys are replaced with parental agency attorneys and a guardian ad litem is added.

**Medicaid:** Medicaid finances health and mental health care for eligible people with low incomes. Medicaid is run and funded jointly by the federal government and states. Children normally qualify either because they live in a family with very low income or because they have a disability severe enough to qualify them for federal disability benefits such as Supplemental Security income (SSI).

**Open Adoption:** An adoption in which the adoptive parent and birth parent agree that the birth parent will maintain contact with the child. This type of agreement may not be legally enforceable. The contact may be done through telephone calls, in writing, or face-to-face. The type of contact depends on the individual situation.

**Parent:** **a.** the birth or adoptive parent or legal guardian unless such person's right to make decisions for the child or youth has been terminated or suspended by a court; or **b.** a person appointed by the court to make decisions for the child or youth. If the birth or adoptive parent or legal guardian's right to make decisions for the child or youth has been terminated or suspended, or if the birth, adoptive parent or legal guardian cannot be identified or located after reasonable efforts, is not available with

reasonable promptness to assist in enrollment or placement decisions, or is not acting in the best interests of the child, a court may appoint an individual to serve as the 'parent or guardian' of the child or youth for the purposes of making decisions.

**Permanency:** This is one of the goals established by federal law for children who are in out-of-home placement. When a child has been placed outside of the home, the child welfare agency must establish a permanent home for him. This means a place where the child will have safe and nurturing family relationships expected to last a lifetime. In most cases, the permanency plan for the child is to return to the birth family. This is not always possible, so a judge may decide that the child will live with relatives or with adoptive parents. Permanency also refers to the importance of continuing family relationships and connections while the child is in out-of-home placement.

**Permanency Planning:** This is the process through which planned and systematic efforts are made to ensure that children are in safe and nurturing family relationships expected to last a lifetime.

**Petition:** A formal application made to a court in writing that requests action on a certain matter. 1) Proceedings under this chapter must be initiated by the filing of a petition. A petition may include a request for the following relief:

- (i) Petition for Emergency Removal Order pursuant to Section §16.1-251, Code of Virginia;
- (ii) Petition for Preliminary Removal Order pursuant to Section §16.1-252, Code of Virginia;
- (iii) Petition for Preliminary Protective Order in cases of family abuse pursuant to section §16.1-253, Code of Virginia;
- (iv) Petition for Abused, neglected, or abandoned children or children without parental care pursuant to section §16.1-278.2, Code of Virginia;
- (v) Petition for Relief of Care and Custody pursuant to section §16.1-278.3;
- (vi) Petition for Child in need of services pursuant to section §16.1-278.4;
- (vii) Petition for Child in need of supervision pursuant to section §16.1-278.5; or
- (viii) Petition for Foster Care Plan pursuant to section §16.1-281.

**Prevention and Family Support Services:** These are services to support and strengthen families so children do not have to be placed out of their home. These may include services such as family education, respite care, voluntary visiting services, and family support programs.

**Public Child Welfare Agency:** Social service agency responsible for ensuring the safety of children in stable, permanent environments. These agencies provide a wide array of services to meet the individual needs of families and children.

**Reasonable Efforts:** These are the steps child welfare agencies must take to prevent children from being removed from their homes and to help children who have been removed to return home. States must also make reasonable efforts to help children find other permanent homes if they cannot return to their own families. Federal legislation requires that reasonable efforts be made, but it does not define what efforts or services are considered as “reasonable.” Individual states have the flexibility to define this.

**Registry (also known as Abuse Registry or Central Register):** If an allegation of child abuse or neglect is founded by the child protective services agency, the name of the person responsible for the abuse or neglect is usually placed in a registry. Most states have a central place for keeping track of reports of the results of child abuse and neglect investigations. The length of time that a name remains in the registry varies by state.

**Residential Treatment Center:** This is a type of out-of-home placement for a child. It may also be called residential group care. This is a state-licensed, 24-hour facility. Residential care programs offer intensive treatment services, including mental health services for children with special needs. Many children in residential care have emotional or physical conditions that require intensive, on-site therapy. Residential treatment centers are usually a temporary placement.

**Respite Care:** This is a service that gives a family a short break or relief by having someone else temporarily take care of a child. It can be for a few hours or a few days. Sometimes respite care occurs in a family's own home. It also may occur at a center or in someone else's home.

**TANF:** The Temporary Assistance for Needy Families (TANF) program is also known as "welfare." It might also be called "public assistance." This government program provides cash aid and other services to low-income families who are eligible. Recipients of this aid must meet certain work requirements or other activities set by their state to receive aid. There is a time limit of 5 years (or less in many states) that families can receive aid.

**Termination of Parental Rights (TPR):** A legally binding court decision made by a judge. TPR ends all parental rights of birth parents. The child is then legally free to be adopted.

**Therapeutic Foster Home (also called "treatment foster care"):** This is a type of out-of-home placement. It is a foster home in which the foster parents have received special training and have special skills to care for children and adolescents with significant emotional, behavioral, or medical problems. Treatment is provided within the foster home in a structured and active way. Treatment foster parents receive additional supports and resources to meet the special needs of the children in their homes. Therapeutic foster homes are considered an alternative to institutional settings.