



Section IX

Family Drug Court Treatment Standards

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Section IX

Family Drug Court Treatment Standards

1. Screening

1.1 Legal: Family drug court programs should work with interdisciplinary team to ensure systematic, early identification, and early engagement of target population.

1.2 Clinical: Family drug courts will enroll participants who meet diagnostic criteria for Substance-Related Disorder and whose needs can be met by the program. A brief screen for mental health problems should occur.

2. Assessment

2.1 Family drug courts will employ a variety of assessment tools that capture child safety, parental capacity and treatment needs. This should also include a short assessment for mental health needs.

2.1.1 Recommended tools: Level of Service Inventory-R (LSI-R).

2.2 Appropriate assessment instruments are actuarial tools that have been validated on a targeted population, are scientifically proven to determine a person's risk to recidivate and to identify criminal risk factors that, when properly addressed, can reduce that person's likelihood of repeating behaviors that lead to child neglect.

2.3 Assessment tools should also be suitable for use as a repeat measure. Programs should re-administer the tool as a measure of program effectiveness and parental progress.

3. Level of Treatment

3.1 Family drug courts will offer an appropriate level of treatment for the target population.

3.1.1 Recommended tools: ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders (PPC-2R).

3.2 Family drug courts will match participant risk of recidivism and needs with an appropriate level of treatment and supervision. The ideal length of program is 12-18 months.

4. Addiction Treatment Interventions

4.1 Family drug courts will use a manualized curriculum and structured [e.g. Cognitive Behavior Therapy (CBT)] approach to treating addiction.

4.1.1 Recommended tools: Relapse Prevention Therapy (RPT); Motivational Enhancement Therapy (MET).

4.2 Aftercare services are an important part of relapse prevention. Aftercare is lower in intensity and follows higher-intensity programming.

5. Treatment/Case Management Planning

5.1 Family drug courts will use treatment/case management planning that follows from assessment and systematically addresses core risk factors associated with relapse and recidivism.

5.2 Treatment and case management planning should be an ongoing process and occur in conjunction with one another.

6. Information Management Systems

6.1 Family drug courts will employ an information management system that captures critical court and treatment data and decisions that affect participants. The data management approach will promote the integration of court and treatment strategies, enhance treatment and case management planning and compliance tracking, and produce meaningful program management and outcome data. Measures of treatment services delivered and attended by participants should be captured.

7. Oversight and Evaluation

7.1 Family drug courts are responsible for oversight of all program components. Regular monitoring of judicial status hearings, treatment, and case management services should occur.

7.2 Meetings with and surveys of participants to assess program strengths and areas for improvement increase legitimacy of the process and lead to improved outcomes.