



Section VIII

Family Drug Court Standards

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Section VIII Family Drug Court Standards

1. Family drug courts integrate substance abuse treatment services with deprivation/child welfare/child abuse and neglect case processing.

1.1 Pursuant to O.C.G.A. §15-1-15, each family drug court shall establish a planning group to create a work plan for the court. The work plan shall “address the operational, coordination, resource, information management, and evaluation needs” of the court and shall include all policies and practices related to implementing the standards set forth in this document. The family drug court shall rely on judicial leadership for both planning and implementation of the court.

1.2 The family drug court team should include, at a minimum, the following representatives: judge, special assistant attorney general (SAAG), parent attorney, child attorney, program coordinator, Department of Family and Children Services (DFCS), court appointed special advocate (CASA) or other child advocate, community policing officer/surveillance officer, and treatment provider/substance abuse professional.

1.3 The family drug court team shall collaboratively develop, review, and agree upon all aspects of drug court operations (mission, goals, eligibility criteria, operating procedures, performance measures, orientation, drug testing, and program structure guidelines) prior to commencement of program operations.

1.4 This plan is executed in the form of a Memorandum of Understanding (MOU) between all team members and updated annually as necessary.

1.5 Each of these elements shall be compiled into a written Policies and Procedures Manual which shall reflect current practices and shall be reviewed and updated as necessary no less than every two years.

- 1.6** The goals of family drug court programs shall be as follows:
- (1) the protection, best interests, and permanency of children
 - (2) the promotion of safe and stable families through abstinence from alcohol and illicit drugs
 - (3) the promotion of law-abiding behaviors in the interest of public safety while addressing the comprehensive needs of parents and children
 - (4) targeting permanency for children who have been exposed to parental substance abuse.

1.7 All members of the family drug court team are expected to attend and participate in a minimum of two formal staffings per month.

1.8 Members of the family drug court team are expected to attend all drug court sessions.

1.9 Evidenced-based treatments, programs, and practices, as recommended by Section VI: Family Drug Court Treatment Standards, shall be adopted by the family drug court to ensure quality and efficacy of services to guide practices.

1.10 Family drug courts should provide for a continuum of services through partnership with a primary provider to deliver substance abuse treatment. Additional services shall be provided to children, parents, and families, which may include child development, trauma, mental health, parenting, vocation education, or other ancillary services, as needed.

1.11 All service providers shall maintain ongoing communication with the family drug court. Treatment and other service providers should provide weekly written reports to the court on the progress of the children, participants, and families in the drug court. A reporting schedule shall be agreed upon by the family drug court team and established in writing as part of the family drug court’s operating procedures. Significant events should be reported immediately but no later than 24 hours after the event.

1.12 Participants should have contact with case management personnel (family drug court staff, treatment representative, or DFCS) at least once per week during the first twelve months of treatment to review status of treatment and progress.

1.13 Family drug courts shall operate within the mandates of all applicable state and federal laws.

2. Using a non-adversarial approach, the judge, prosecution, defense counsel, and others promote public safety while protecting the rights of participants.

2.1 State attorneys, parent attorneys, and child advocates shall be members of the family drug court team and shall participate in the design, implementation, and enforcement of the program's screening, eligibility, and case-processing policies and procedures.

2.2 The state attorney, parent attorney, and child advocate shall work to create a sense of stability, cooperation, and collaboration in pursuit of the program's goals.

2.3 Roles of family drug court team members:

- (1) **Judge:** The role of the judge is to ensure the safety, permanency, and well-being of children; provide leadership; serve as the public face of the family drug court; ensure children and participants receive appropriate services; oversee the progress of family members in treatment; lead the team in development of all protocols and procedures; encourage continuous education for all family drug court staff; make appropriate court orders at hearings; reward successes; sanction noncompliance; and facilitate team discussions. Judges are a vital part of the family drug court team. As a leader, the judge's role is paramount to the success of the family drug court program. The judge must also possess recognizable leadership skills as well as the capability to motivate team members and elicit buy-in from various stakeholders. The selection of the judge to lead the family drug court team, therefore, is of utmost importance.
- (2) **Coordinator:** The role of the coordinator is to jointly serve as the public face of the family drug court; serve as the chief administrator; coordinate drug testing and results; coordinate the referral process; develop and communicate agendas; provide notification of special meetings and dates; schedule and facilitate clinical staffing and pre-court staffing; participate with all team members in the development of the forms necessary to process cases in the family drug court; maintain files on all family drug court clients; act as liaison between the parents, attorneys, treatment providers, and others; monitor the provision of services; keep appropriate and current case files on clients; collect weekly progress information; prepare a consolidated weekly progress update on each client reporting for court; assist in identification and enrollment of potential participants; and coordinate additional services for family drug court participants.
- (3) **SAAG:** The role of the SAAG is to represent DFCS at staffings and family drug court hearings; prepare and file necessary pleadings; and participate as an active, engaged member of the family drug court team.
- (4) **Child Attorney:** The role of the child attorney is to represent children in the family drug court at staffing and required hearings; prepare for and file necessary pleadings; and participate as an active, engaged member of the family drug court team.
- (5) **Parent Attorney:** The role of the parent attorney is to represent parent participants of the family drug court at staffing and required hearings; prepare and file necessary pleadings; and participate as an active, engaged member of the family drug court team.
- (6) **CASA/Child Advocate:** The CASA /Child Advocate should advocate for the best interests of the children served by family drug court at staffings and hearings and participate as an active, engaged member of the family drug court team.
- (7) **DFCS Representative:** The role of the DFCS Representative is to protect children's health and safety; ensure the well-being of the children; ensure that children and their parents receive necessary services in addition to substance abuse treatment; assist in identifying potential participants and refer them to family drug court; inform the team immediately of any significant changes in the needs of children and parents; and attend and participate as an active, engaged member of the family drug court team in all staffings and required hearings.

- (8) **Treatment Provider:** The role of the treatment provider is to provide the parent with the appropriate level of substance abuse treatment as determined after evaluation and assessment, bring physical/mental health treatment needs of the parent to the attention of the family drug court team, provide services to address parents' needs or make appropriate referrals for services, provide weekly progress notes to the family drug court each week in a timely manner, provide random, observed drug and alcohol testing, and to provide a discharge plan for the parent and all parties involved.
- (9) **Community Policing Representative/Surveillance Officer:** The role of the Community Policing Representative/Surveillance Officer is to report observations made during random home visits; report observations regarding the children and the home environment; conduct random, observed drug screens; and report results of drug tests and any other information deemed relevant to the family's continued success.

2.4 All pending family drug court cases shall be scheduled for regular staffing and judicial court reviews in compliance with the standards set for each case's current phase in the program.

2.5 All family drug court team members shall agree to attend staffing and court as appropriate, participate in relevant training opportunities; continuously strive to improve the lives of children and families by providing support and services; and contribute to the team's efforts in community education, education of peers, colleagues, and the judiciary regarding the effects of generational substance abuse and neglect and the efficacy of family drug courts in addressing the problem.

2.6 All family drug court team members shall strive to work together as a collaborative, non-adversarial team which shall be supported by regular cross-training opportunities.

2.7 The family drug court shall employ a non-adversarial approach with all parties which shall promote public safety while protecting participants' due process rights.

2.8 Parents are eligible for family drug courts when they have unremediated substance abuse which adversely affects their ability to parent their children properly.

2.9 The family drug court shall focus on the permanency, safety, and welfare of abused and neglected children while addressing the needs of the parents, as well.

2.10 All participants shall receive a participant handbook. Receipt of the handbook shall be acknowledged through a signed form or through a signed contract, a copy of which shall be placed in the court file.

2.11 Each family drug court shall develop and use a form or contract to document that each participant has received counsel from an attorney prior to admittance to the family drug court, a copy of which shall be placed in the court file.

2.12 The decision to participate in a family drug court shall be made solely by the eligible participant with advice from counsel.

2.13 The judge must apprise a participant of all due process rights, rights being waived, and program expectations on the record or through signed contract entered into the record.

2.14 Parents may request a formal hearing on the issue of termination of the family drug court program.

3. Family drug courts emphasize early identification and placement of eligible participants.

3.1 Eligible participants shall be identified early and promptly admitted into the drug court program, should they elect to participate.

3.2 Participants' eligibility requirements/criteria (verified through legal and clinical screening) shall be developed and agreed upon by all members of the drug court team and included in writing as part of the program's policies and procedures.

3.3 Screening for program eligibility shall include the review of legal requirements and clinical appropriateness, including the administration of a risk and needs assessment.

3.4 The target population for family drug courts should be participants classified as moderate to high-risk and/or needs, as determined by a risk and needs assessment.

3.5 Members of the family drug court team shall screen cases for eligibility and identify potential family drug court participants.

3.6 Participants being considered for family drug court shall be promptly advised about the program, including the requirements, scope, and potential benefits and effects on their case.

3.7 Participants should begin treatment as soon as possible; preferably, no more than 30 days should pass between a participant being determined eligible for the program and commencement of treatment services.

3.8 Assessment for substance abuse and other treatment shall be conducted by appropriately trained and qualified professional staff using standardized assessment tools.

3.9 Family drug courts shall maintain an appropriate caseload based on their capacity to effectively serve all participants according to these standards.

3.10 No potential participant shall be excluded solely on the basis of sex, race, color, religion, creed, age, national origin, ancestry, pregnancy, marital status or parental status, sexual orientation, or disability.

4. Family drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.

4.1 The family drug court shall provide confidentiality for both parents and children.

4.2 Family drug court programs should last a minimum of 12 months and should not exceed 24 months.

4.3 Family drug court programs shall offer a comprehensive range of core alcohol and drug treatment services. These services include:

- (1) Group counseling
- (2) Individual counseling
- (3) Drug testing.

4.4 Family drug court programs should ideally offer:

- (1) Family counseling
- (2) Gender specific counseling
- (3) Domestic violence counseling
- (4) Health screening
- (5) Assessment and counseling for co-occurring mental health issues.

4.5 Ancillary services are available to meet the needs of participants. These services may include but are not limited to:

- (1) Employment counseling and assistance
- (2) Educational component
- (3) Medical and dental care referrals and assistance
- (4) Transportation
- (5) Housing needs
- (6) Mentoring
- (7) Alumni groups.

4.6 Case management plans shall be individualized for each participant based on the results of the initial assessment; ongoing assessment shall be provided according to a program schedule and treatment plans may be modified or adjusted based on results.

4.7 Treatment shall be comprised of standardized, evidence-based practices and other practices recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-Based Policies and Practices (NREPP).

5. Abstinence is monitored by frequent alcohol and other drug testing.

5.1 Participants shall be administered a drug test a minimum of twice per week during the first two phases of the program; a standardized system of drug testing shall continue through the entirety of the program.

5.2 Drug testing shall be administered to each participant on a randomized basis, using a formal system of randomization.

5.3 All family drug courts shall utilize urinalysis as the primary method of drug testing; a variety of alternative methods may be used to supplement urinalysis, including breath, hair, and saliva analysis.

5.4 All drug testing shall be directly observed by an authorized, same sex member of the drug court team, a licensed/certified medical professional, or other trained professional of the same sex as the participant being screened.

5.5 Urine specimens should be analyzed as soon as practical. Results of all drug screens should be made available to the court and action should be taken as soon as practical, ideally within 48 hours of receiving results of the screen.

5.6 In the event a single urine specimen tests positive for more than one prohibited substance, the results shall be considered as a single positive screen.

5.7 A minimum of 90 days negative drug testing shall be required prior to a participant being deemed eligible for graduation from the program.

5.8 Each family drug court shall establish a method for participants to admit to use or dispute the results of a positive drug screen through gas chromatography-mass spectrometry or liquid chromatography-mass spectrometry.

5.9 Evidence of adulterated urine specimens, diluted urine specimens, failure to timely produce, and violations of testing protocols (i.e. temperature anomalies) may be considered positive screens. Missed, unexcused (as determined by the presiding judge), or substituted urine screens will be considered a positive screen.

6. A coordinated strategy shall govern family drug court responses to participant's compliance.

6.1 A family drug court shall have a formal system of sanctions and rewards, including a system for reporting noncompliance, which shall be established in writing and included in the court's policies and procedures.

6.2 The formal system of sanctions and rewards shall be organized on a gradually escalating scale and applied in a consistent and appropriate manner to match a participant's level of compliance.

6.3 Family drug courts should implement a system for a minimum level of field supervision for each participant based on their respective level of risk. Field supervision may include unannounced visits to home or workplace and curfew checks. The level of field supervision may be adjusted throughout the program based on participant progress and any reassessment process.

6.4 Regular and frequent communication between all members of the family drug court team shall provide for immediate and swift responses to all incidents of noncompliance, including positive drug tests, among other transgressions.

6.5 There shall be no indefinite time periods for sanctions, including those sanctions involving incarceration or detention. Incarceration or detention should only be considered as the last option in the most serious cases of noncompliance.

6.6 Participants shall be subject to progressive positive drug screen sanctions prior to being considered for termination, unless there are other acts of noncompliance affecting this decision.

7. Ongoing judicial interaction with each family drug court participant is essential.

7.1 A designated juvenile court judge must preside over a family drug court program and should be committed to serving in this role long-term.

7.2 The presiding judge may authorize assistance from other judges, including senior judges and judges from other classes of courts, on a time-limited basis when the presiding judge is unable to conduct court.

7.3 The judge shall attend and participate in all pre-court staffings.

7.4 A regular schedule of status hearings shall be used to monitor participant progress.

7.5 There shall be a minimum of two status hearings per month in the first phase of family drug court programs and, dependent on participant needs, this minimum schedule may continue through additional phases.

7.6 Frequency of status hearings may vary based on participant needs and benefits, as well as judicial resources. Status hearings should be held no less than once per month during the last phase of the program.

7.7 Status review shall be conducted with each participant on an individual basis; to optimize program effectiveness, group reviews should be avoided unless necessary based on an emergency.

7.8 The judge, to the extent possible, should strive to spend an average of three minutes or greater with each participant during status review.

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

- 8.1** Each family drug court shall be committed to regular measurement of program outcomes.
- 8.2** Participant progress, success, and satisfaction should be monitored on a regular basis (including upon program entry and graduation) through the use of surveys.
- 8.3** Participant data should be monitored and analyzed on a regular basis (as set forth in a formal schedule) to determine the effectiveness of the program.
- 8.4** A process and outcomes evaluation should be conducted by an independent evaluator within three years of implementation of a family drug court program and at regular intervals as necessary, appropriate, and/or feasible for the program thereafter.
- 8.5** Feedback from participant surveys, review of participant data, and findings from evaluations should be used to make modifications to program operations, procedures, and practices.
- 8.6** Data needed for program monitoring and management are easily obtainable and shall be maintained in useful formats for regular review by program management.
- 8.7** If possible, family drug courts should use the preferred case management program, or compatible equivalent, as designated by the Judicial Council Accountability Court Committee.
- 8.8** Family drug courts shall collect, at a minimum, a mandatory set of performance measures determined by the Judicial Council Accountability Court Committee which shall be provided in a timely requisite format to the Administrative Office of the Courts as required by the Judicial Council Accountability Court Committee, including a comprehensive end-of-year report. The minimum performance measures to be collected shall include: recidivism (re-arrests and reconvictions), number of moderate and high risk participants, drug testing results, drug testing failures, number of days of continuous sobriety, units of service (number of court sessions, number of days participant receives inpatient treatment), employment, successful participant completion of the program (graduations), and unsuccessful participant completion of the program (terminations, voluntary withdrawal, death/other).

9. Continuing interdisciplinary education promotes effective family drug court planning, implementation, and operations.

9.1 Family drug court programs shall have a formal policy on staff training requirements and continuing education.

9.2 All members of a family drug court team shall receive training through the State of Georgia, national drug court organizations, and/or other approved training.

9.3 Existing programs should participate in Family Drug Court Operational Tune-Up as needed.

9.4 Court teams, to the extent possible, should attend comprehensive training on an annual basis, as provided by the Judicial Council Accountability Court Committee, the National Association of Drug Court Professionals (NADCP), and/or other professional organizations.

9.5 New team members shall participate in formal orientation and training.

10. Forging partnerships among family drug courts, public agencies, and community-based organizations generates local support and enhances family drug court program effectiveness.

10.1 Family drug courts shall provide for a planned program of sustainability which shall include establishment and cultivation of community partnerships, cooperation with other public agencies, and collaboration with other family drug courts.

10.2 Pursuant to O.C.G.A. §15-1-15, each family drug court shall establish a planning group to create a work plan for the court. The work plan shall “address the operational, coordination, resource, information management, and evaluation needs” of the court and shall include all policies and practices related to implementing the standards set forth in this document.

10.3 A local steering committee consisting of representatives from the court, community organizations, law enforcement, treatment providers, health providers, social service agencies, and the faith community should meet on a quarterly basis to provide policy guidance, fundraising assistance, and feedback to the family drug court program.

10.4 Family drug courts should consider forming an independent 501(c)3 organization for fundraising and administration of the steering committee.

10.5 Family drug courts should actively engage in forming partnerships and building relationships between the court and various community partners. This may be achieved through facilitation of forums, informational sessions, public outreach, and other ways of marketing.

10.6 Family drug court staff should participate in ongoing cultural competency training.