

OJJDP Family Drug Court Guidelines Self-Assessment 2016

FDC Name:

City/State:

Supporting the publication *Guidance to States: Recommendations for Developing Family Drug Court Guidelines*¹, this self-assessment is designed to assist FDC Practitioners to determine the alignment with FDC Guidelines of their own policies, procedures and operations. Assessment results may be used for action planning and discussion to identify program strengths and opportunities for improvement. Comments or details regarding the program's implementation of the key recommendations should be placed in the "Notes" section. For technical assistance on the administration of the tool or to download the FDC Guidelines please contact the National Family Drug Court Training and Technical Assistance Program² at fdc@cffutures.org.

Response Alternatives for FDC Guidelines Self-Assessment

- 1= Have not yet considered
- 2= Exploration (Court has identified the need to implement this guideline and begun to assess organizational capacity to do so)
- 3= Installation (An individual or team has been assigned to begin the process of implementing this guideline, ensuring that resources for implementation exist, engaging the stakeholders it affects, aligning systems and identifying and addressing barriers to implementation)
- 4= Initial Implementation (Behavior and processes have begun to change, new skills may be developing, and new practices are being incorporated into the court's operations)
- 5= Full Implementation (The guideline is integrated into the service, organization, and system settings. The processes and procedures to accomplish the activities associated with the guideline are now in place).
- 6= Recommendation Sustained (This guideline has been institutionalized and is adapting as needed to changes among stakeholders, funding streams, and organizational priorities.)

¹ Children and Family Futures (2013). *Guidance to States: Recommendations for Developing Family Drug Court Guidelines*. Retrieved from <http://www.cffutures.org/files/publications/FDC-Guidelines.pdf>. This OJJDP sponsored FDC publication is used to create systems change through the policies of the court, child welfare and treatment service systems, as well as the community-based organizations serving parents, children and families.

² The FDC TTA Program works to increase the effectiveness of FDCs by improving their program protocols and standards, cross-system collaborative relationships, cost-effectiveness and staff knowledge and training.

Recommendation 1: Create Shared Mission and Vision

FDC partners must have a shared mission and vision that defines how they work together. The discussion of values and agreement on common principles is an essential foundation for FDC collaborative relationships.

<p style="text-align: center;">Rating 1 = Not Yet Considered 2 = Exploration 3 = Installation 4 = Initial Implementation 5 = Full Implementation 6 = Sustained Practice</p>		
Criteria	Rating	Notes
1 Effective Judicial leadership drives the planning, implementation and operations of the FDC.		
2 Judicial leadership promotes teamwork and facilitates better working relationships among agencies.		
3 The FDC has included the judicial officers, attorneys, child welfare, substance use disorder treatment providers, and other service providers as partners in understanding shared core values and establishing a shared mission and vision.		
4 The FDC revisits its mission, vision and values, as well as policies and procedures, on at least an annual basis.		
5 The FDC has established priority access to substance use disorder treatment for child welfare clients.		
6 The FDC team has developed responses to address the conflicting time frames associated with child welfare/Adoption and Safe Families Act (ASFA), Temporary Assistance to Needy Families (TANF), substance use disorder treatment and child development. The entire team understands and balances child welfare mandates, parents’ recovery needs, and due process protections.		
7 The FDC has selected a model—either parallel or integrated—after considering the benefits and challenges of each, and with the understanding that both models require integrated information sharing.		
8 The FDC team has developed detailed policies and procedures, agreed upon by all, that cover program operations, eligibility, client participation requirements, discharge policies, and other fundamental operations. These policies and procedures reflect the team members’ core values and shared mission and vision.		
9 The FDC has decided whether jail can and will be used as a sanction and all team members understand the effect on the child and family reunification efforts. If jail is an available sanction, the FDC has protocols regarding circumstances, duration, and due process. The team understands for whom jail may be useful to motivate change.		
Create Shared Mission and Vision Total:		

Recommendation 2: Develop Interagency Partnerships

Family drug courts are structured within the legal framework of the court and child welfare systems and the restorative nature of treatment services. However, they require partnerships with additional agencies to provide a range of services and support for family stability, parents' recovery, and the permanency, safety and well-being of children and their families. To fully provide these services and supports, FDCs must form relationships with mental health, domestic violence, primary health, child development, and other agencies that result in collaborative practice.

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Criteria	Rating	Notes
1 The FDC has established a collaborative structure composed of stakeholders diverse in responsibilities including an Oversight Committee, Steering Committee, and a core operational team.		
2 Clinical services to address mental health and trauma issues for FDC participants and their children are coordinated. These services are also included in comprehensive assessments and case plans for all families in the FDC.		
3 Domestic violence prevention and intervention services are included in comprehensive assessment and case plans for all families in the FDC.		
4 The FDC ensures that primary healthcare, dental care, child care, and transportation are available for families in the FDC.		
5 The FDC ensures that parents with a substance use disorder have access to specialized health services regarding HIV/AIDS, Hepatitis C and other infectious diseases.		
6 The FDC has a multidisciplinary team that monitors the number of families referred to other programs and services and tracks how many families initiate and complete needed clinical and supportive services.		
7 The FDC monitors and responds to identified barriers that prevent families from accessing needed services.		
8 The FDC has a service linkage process that includes a "warm hand-off," in which the referring staff member makes an in-person connection with the service provider.		
9 The FDC has coordination agreements and information sharing policies with the child welfare system, criminal and juvenile justice systems, law enforcement, and community supervision professionals to meet the needs of participants and their children who are in the criminal or juvenile justice system (e.g., visitation for children with incarcerated parents, treatment while parents are incarcerated).		
Develop Interagency Partnerships Total:		

Recommendation 3: Create Effective Communication Protocols for Sharing Information

Effective, timely, and efficient communication, and information sharing dramatically improves individual case monitoring and provides the guideposts that gauge the effectiveness of the FDC. Shared information is the prerequisite to joint accountability that promotes child safety, parent engagement, and retention in treatment and recovery.

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Criteria	Rating	Notes
<i>The following questions address protocols for sharing information:</i>		
1 The FDC team has established protocols with collaborative partners for sharing clinical and case information about parents, children, and families in treatment. The protocols observe the confidentiality provisions of child welfare, substance use disorder treatment, and the dependency court.		
2 Child welfare, dependency courts and its substance use treatment partners have formal working agreements/memoranda of understanding outlining the type and level of information about participants’ progress that will be communicated, understanding applicable ethical and legal restrictions.		
3 The information that the FDC team provides to the judge and other partners includes positive performance and progress by the parent as well as areas warranting attention.		
4 Substance use treatment providers routinely ask about the status of children in the families they serve and coordinate their treatment plan with the child welfare case plan.		
5 Information sharing issues concerning judicial impartiality have been resolved.		
6 Information is shared with the parent as part of the case planning process. All FDC team members and the parent are aware of what information will be shared and with whom.		
7 The FDC has an established practice of staffing cases prior to court for an up-to-date exchange and discussion of information. Participants in the staffing regularly include the judge, coordinator, case manager, parent’s counsel, Guardian Ad Litem or children’s counsel, prosecuting attorney, treatment staff, child welfare case worker, and other representatives with information critical to the family’s overall well-being.		

Recommendation 3: Create Effective Communication Protocols for Sharing Information (CONTINUED)

Effective, timely, and efficient communication, and information sharing dramatically improves individual case monitoring and provides the guideposts that gauge the effectiveness of the FDC. Shared information is the prerequisite to joint accountability that promotes child safety, parent engagement, and retention in treatment and recovery.

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Criteria	Rating	Notes
8 The FDC shares data on individual participants in a timely manner to assure effective monitoring of progress and behavior. For instance, the team uses email to communicate and exchange information between scheduled staffing meetings.		
9 The FDC’s intake process identifies prior substance use disorder treatment episodes and prior reports of child abuse/neglect.		
<i>The following questions address data management:</i>		
10 The FDC has implemented an automated system to track, monitor, and use case-level data on parents, children and families in the FDC.		
11 The FDC has assessed its data systems to identify gaps in monitoring both child welfare and substance use disorder treatment systems and has used those results to modify and improve its data systems.		
12 The FDC has data on the characteristics and service outcomes of participants and compares the FDC’s outcomes to those of the larger child welfare and substance use disorder treatment systems.		
13 The FDC’s child welfare agencies have accurate data on the percentage of cases in which parental substance use is an identified problem.		
14 The FDC’s substance use disorder treatment agencies have reliable data on the percentage of families involved in child welfare.		
Create Effective Communication Protocols for Sharing Information Total:		

Recommendation 4: Ensure Interdisciplinary Knowledge

Ongoing cross-training of FDC team members and stakeholders at all levels is essential to ensuring collaboration and consistent, effective practice.

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Criteria	Rating	Notes
<i>1 All FDC team members receive training and education about:</i>		
<i>1a</i> Working with families in the child welfare system that are affected by substance use disorders, including gender-specific and trauma-informed training; the dynamics of addiction and recovery; and evidence-based treatment approaches, including medication assisted treatment.		
<i>1b</i> The effects of pre- and post-natal substance exposure on children and meeting children’s needs across the developmental stages.		
<i>1c</i> The effects of substance use disorders on family relationships.		
<i>1d</i> The responsibilities and mandates of child welfare workers, including ASFA timelines.		
<i>1e</i> The rules pertaining to the Indian Child Welfare Act (ICWA) and information on historical trauma.		
<i>1f</i> The responsibilities and mandates of the judge, attorneys, and other criminal and juvenile justice system practices.		
<i>1g</i> The use of effective engagement and retention strategies, such as Stages of Change and Motivational Interviewing, for parents with substance use disorders.		
<i>1h</i> Cultural issues to improve the team’s cultural competency in working with diverse client groups		
2 The FDC has developed ongoing, joint training programs for substance use disorder treatment, child welfare, court staff, and other service providers to learn about each other’s mandates, constraints, and goals.		
3 The judge pursues training opportunities (for himself/herself as well as the FDC team) on evidence- based practices in substance use disorder and mental health treatment.		
4 The FDC has established processes to effectively orient and integrate new team members.		
5 The FDC has a staff development plan that includes periodic updates to the cross-training and orientation received by all FDC team members and partners.		
Ensure Interdisciplinary Knowledge Total:		

Recommendation 5: Develop a Process for Early Identification and Assessment

FDCs identify participants early in the child welfare case. FDCs use screening and assessment to determine the needs and strengths of the parent, the child, and the family, and to determine the most appropriate treatment and services.

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Criteria	Rating	Notes
1 The FDC has developed a joint policy between substance use disorder treatment, child welfare and the dependency court on timely, standardized screening and assessment of substance use disorders among families in child welfare.		
2 The FDC has developed a formal process in which petitions are reviewed for substance use as a factor and the appropriate treatment engagement specialists are notified.		
3 Substance use disorder treatment providers work in tandem with child welfare workers or are out- stationed at child welfare offices and/or the dependency court to facilitate early screening and assessment of FDC participants.		
4 The FDC uses assessment results to create coordinated substance use disorder treatment and child welfare case plans that are reinforced through court order.		
5 The FDC’s substance use disorder treatment providers have sufficient information about the child welfare case to conduct quality assessments of families referred by child welfare to treatment.		
6 The FDC’s substance use disorder treatment providers routinely ask questions about children in the family, their living arrangements, and child safety issues and have standard protocols on responding to child safety risks.		
7 The FDC team has developed and implemented standardized legal and clinical eligibility criteria for FDC participation. The FDC re-examines the criteria at least annually to assure families that could benefit from the FDC are not being screened out.		
8 The FDC routinely monitors the timeliness and quality of its identification, screening, and assessment protocols to ensure they continue to address relevant issues including changing substance use trends, demographic shifts and participants’ cultural needs.		
9 The FDC recognizes the prevalence of co-occurring disorders and assesses for trauma, mental health issues, and family history (e.g., parents, siblings, grandparents) of substance use and mental health disorders.		
Develop a Process for Early Identification and Assessment Total:		

Recommendation 6: Address the Needs of Parents

FDC partner agencies encourage parents in the recovery process and assist them in meeting treatment goals and requirements of child welfare and the court. Judges respond in a way that supports continued engagement in recovery. Working toward permanency and using active client engagement, accountability and behavior change strategies, the entire team makes sure the parent has access to a broad scope of services.

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Criteria	Rating	Notes
1 The FDC provides an array of services and uses service matching to ensure that substance use disorder treatment and other services are based on family needs.		
2 Service providers use practices and curricula that are gender-specific and culturally-relevant, and have been specifically developed and tested with the population(s) being served.		
3 Services are geographically accessible; participants can easily reach them by public transportation or other means.		
4 The FDC has implemented integrated case plans that include the substance use recovery plan, the child welfare case plan, and other services the family is to receive.		
5 Substance use disorder treatment clinicians carry caseloads of no more than 50:1 if providing clinical case management, 40:1 if providing individual therapy or counseling, and 30:1 if providing both services.		
6 The FDC is trauma-informed; the team and partners use practices and curricula that assume the parent, child or family has experienced trauma and provides trauma-specific services to address those needs.		
7 The FDC asks if a parent identifies as Native or tribal member.		
8 The FDC has developed or is connected to an evidenced-based parenting program that is specifically designed to meet the needs of families affected by substance use disorders.		
9 The FDC participants have access to medication assisted treatment for substance use and mental disorders.		
10 The FDC uses a phase system with specified benchmarks and targeted behaviors that define progress. Phasing requirements are clearly explained to participants and included in a participant handbook.		

Recommendation 6: Address the Needs of Parents (CONTINUED)

FDC partner agencies encourage parents in the recovery process and assist them in meeting treatment goals and requirements of child welfare and the court. Judges respond in a way that supports continued engagement in recovery. Working toward permanency and using active client engagement, accountability and behavior change strategies, the entire team makes sure the parent has access to a broad scope of services.

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Criteria	Rating	Notes
11 The FDC team have realistic expectations for participants. The FDC team understand the neurological effects of substance use disorders and the specific challenges that are experienced by parents in early recovery.		
12 The FDC staff respond promptly to participant behavior through an established system of incentives and sanctions; responses take into consideration factors such as the parent’s underlying motivations and length of time in the program.		
13 The FDC uses drug testing effectively (frequent, random and observed) and in conjunction with a treatment program to monitor participants’ compliance with treatment plans.		
14 The FDC team, and particularly the judge, recognize the effectiveness of positive reinforcement and use it frequently, modeling it for parents.		
15 Responses to parent behavior are determined by the judicial officer after discussion with the team.		
16 The judge clearly explains to parents the reasoning behind all responses to behavior to communicate the principle of fairness.		
17 The FDC provides outreach to participants who do not keep their initial substance use disorder treatment appointment or drop out of treatment.		
18 The FDC uses a coordinated legal and clinical plan to respond when a parent fails to keep a court date.		
19 The FDC uses recovery coaches or substance abuse specialists.		
20 The FDC responds to participant relapse and other risk indicators by reassessing clinical needs and child safety, and by re-engaging the participant in treatment.		
Address the Needs of Parents Total:		

Recommendation 7: Address the Needs of Children

The physical, developmental, social, emotional, and cognitive needs of children in the FDC setting must be addressed through prevention, intervention, and treatment programs. A holistic and trauma-informed perspective must be in place to ensure children receive effective, coordinated, and appropriate services.

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Criteria	Rating	Notes
1 The FDC follows the rules of the Indian Child Welfare Act (ICWA) and assures that the rights of Indian children are protected.		
2 The FDC has implemented substance use disorder prevention and early intervention services for the children of parents in the FDC, using evidence-informed practice.		
3 Children under three years of age are provided services that include the parent/caregiver as an active participant (as opposed to individual therapies).		
4 Children of parents in the FDC have access to services and interventions that span all stages of children’s development from infancy to adolescence. Services address school readiness, educational support, adolescent substance use and mental disorders, and at-risk youth prevention and intervention.		
5 The FDC ensures that children of parents in the FDC have a comprehensive health assessment that includes screening for developmental delays and neurological effects of prenatal substance exposure. This assessment also includes the physical, social-emotional, behavioral, and psychological effects of removal from their home, their parents’ substance use, and exposure to trauma.		
6 The FDC has the appropriate frequency and quality of visits necessary to establish and maintain attachments and relationships with their parents, while assuring the safety of the child.		
7 The FDC identifies gaps in services for children and works to identify or develop services to fill those gaps.		
8 The FDC has established linkages to residential substance use disorder treatment that allows children to be placed with parents. Where those services do not exist, the FDC works with providers to develop a plan to create these services.		
Address the Needs of Children Total :		

Recommendation 8: Garner Community Support

FDCs connect with community-based organizations to support the multiple needs of parents, children, and families during program participation and to provide ongoing support for continued success after formal FDC services have ended. One of the most important components of an effective FDC is early engagement of stakeholders, which should include advocacy for sustaining the FDC.

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Criteria	Rating	Notes
1 The FDC team—and parents when appropriate—have developed and implemented a formal mechanism to solicit support and input from community members and consumers. Participation in regular advisory and other committee meetings and workgroups, as well as contributing dialogue toward program development, are examples of the role and responsibilities of consumers and community members.		
2 The FDC team identifies and links families with frequently needed support services (e.g., transportation, child care, employment, and housing). The FDC has established relationships and developed memoranda of understanding, agreements, or procedures with community providers to ensure families receive needed services.		
3 The FDC has policies and practices to better link parents to the full array of available family income support programs (EITC, Child Support, SCHIP, Supplemental Nutrition Assistance Program (SNAP), Housing Subsidies, etc.).		
4 The FDC team has access to and uses up-to-date community resource directories to locate family support centers and resources.		
5 The FDC has established alumni groups and alumni play an active advisory role in planning, developing, and providing feedback to the FDC.		
Garner Community Support Total:		

Recommendation 9: Implement Funding and Sustaining Strategies

The FDC must access the full range of funding, staffing, and community resources to develop long- term stability for its innovative approaches. The FDC must continually evaluate its outcomes and effectiveness and modify the program accordingly to assure its continued success. The FDC needs a governance structure that assures ongoing commitment by policy makers, management, community partners, and operational staff.

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Criteria	Rating	Notes
1 The FDC has identified items to be included in the FDC overall budget including:		
1a Substance use disorder treatment specialized for this population.		
1b Services for children, including universal developmentally appropriate screenings for the effects of substance use disorders.		
1c Services for families, including parenting skills training.		
1d Training for the FDC team and partners.		
1e Costs associated with regular process and outcomes evaluations.		
2 The FDC team has a long-range plan focused beyond the expiration of one-time project grant funding to sustain the FDC on an ongoing basis. This plan identifies and has an inventory of:		
2a Funds already directed to FDC participants and their families, including funds outside of the FDC budget.		
2b A full scope of services already available in the community for FDC participants and their families and a list of service gaps.		
2c Existing civil service positions that can be used or amended to focus on serving the FDC population.		
2d Various Federal, State and local funding streams available to assist the FDC population.		
2e The different funding sources that can support the various service components of a comprehensive family-centered treatment approach.		

Recommendation 9: Implement Funding and Sustaining Strategies (CONTINUED)

The FDC must access the full range of funding, staffing, and community resources to develop long- term stability for its innovative approaches. The FDC must continually evaluate its outcomes and effectiveness and modify the program accordingly to assure its continued success. The FDC needs a governance structure that assures ongoing commitment by policy makers, management, community partners, and operational staff.

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Criteria	Rating	Notes
3 The FDC has implemented a plan to fund substance use disorder treatment that leverages sources such as Medicaid, the Substance Abuse Prevention and Treatment Block Grant, child welfare funding streams and other community resources.		
4 FDC partners are aware of, share information about, and use the State and local budget process to support the FDC.		
5 The FDC’s partners (child welfare system, substance use disorder treatment agencies, and dependency courts) are able and willing to share information about each other’s budgets and staffing.		
6 FDC partners have implemented integrated funding strategies (i.e., braided/blended funding) to support the FDC.		
7 The FDC has created a non-profit 501c (3) corporation or worked with the local community foundation to establish a fund for the FDC so that it can receive contributions.		
8 The FDC partners work together to obtain external funding (e.g. grant funding, local levies). Partners jointly apply for and manage such funding.		
9 The FDC has sought funding to increase the scale of the program (over a multi-year period) to meet the demand for these services.		
10 The FDC is embedded in agency, court and treatment provider budgets rather than relying on one-time project grants.		
Implement Funding and Sustaining Strategies Total:		

Recommendation 10: Evaluate for Shared Outcomes

The FDC team must demonstrate that the FDC has achieved desired results across partner agencies. To do so, FDC partners must agree upon goals and establish performance measures for joint accountability. FDCs must develop and measure outcomes and use evaluation results to guide the work of the collaborative.

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Criteria	Rating	Notes
1 The FDC collects and uses referral and admission data to monitor engagement, and works with child welfare partners to assure all eligible families are referred.		
2 The FDC has identified and assessed common points where participants drop out of the FDC program. This information is used to modify program processes, requirements and services, and inform program benchmarks.		
3 The FDC has and uses outcomes data to determine provider effectiveness and is able to use those providers that are most effective in engaging and retaining FDC participants.		
4 The FDC has identified shared systems-level outcomes and developed methods to monitor them with the court, child welfare and substance use treatment partners.		
5 The FDC team shares accountability for successful treatment and child safety/permanency outcomes and ASFA compliance for their mutual clients.		
6 The FDC has allocated funds or secured agency resources to collect, analyze, report, and monitor process and outcomes data on a regular basis.		
7 The FDC uses process and outcomes data to regularly review progress and make program, practice, and policy modifications as needed.		
8 The FDC uses comparison group data to enhance the credibility of its evaluation results.		
9 The FDC has agreed on how to use information to inform policy makers and community leaders and to communicate those outcomes as part of the FDC’s sustainability plan.		
Evaluate for Shared Outcomes Total:		