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|  | <b>GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES<br/>CHILD WELFARE POLICY MANUAL</b> |                           |                        |     |
|   | <b>Chapter:</b>   | (19) Case Management      | <b>Effective Date:</b> | TBD |
|   | <b>Policy Title:</b>  | Family Treatment Courts   |                        |     |
| <b>Policy Number:</b>   | 19.24   | <b>Previous Policy #:</b> | N/A                    |     |

### CODES/REFERENCES

O.C.G.A. § 15-11-2 Definitions  
 O.C.G.A. § 15-11-30 Rights and Duties of Legal Custodian  
 O.C.G.A. § 15-11-70 Family Treatment Court Division  
 O.C.G.A. § 15-11-212(f) Disposition of Dependent Child  
 O.C.G.A. § 15-11-101 Medical and Psychological Evaluation Orders When Investigating Child Abuse and Neglect  
 O.C.G.A. § 19-7-5 Reporting of Child Abuse and Neglect  
 O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services  
 O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records  
 45 CFR Parts 1355.38(a)(5), 1356.21(b)(3)(i), 1356.21(d), 1356.21(k), and 1356.67  
 Title IV-E of the Social Security Act Sections 471(a)(15)(D), 472(a)(1), and 472(f)  
 Child Abuse and Treatment Prevention Act (CAPTA)  
 Health Insurance Portability and Accountability Act (HIPAA)  
 J.J. v. Ledbetter-Release of Information of Confidential Records

### REQUIREMENTS

The Department of Family and Children Services shall:

1. In accordance with the Memorandum of Understanding (MOU) for the Family Treatment Court (FTC) Standards of the Council of Accountability Courts:
  - a. Protect children’s health and safety;
  - b. Ensure the well-being of the children;
  - c. Ensure that children and their parents receive necessary services in addition to substance abuse treatment;
  - d. Assist in identifying potential participants and refer them to FTC; and,
  - e. Inform the team immediately (within 24 hours) of any significant changes in the needs of children and parents as well as to attend and participate as an active, engaged member of the team in all staffings and required hearings.
  - f. Abide by the mission, goals, eligibility criteria, operating procedures, performance measures, orientation, drug testing, and program structure guidelines for the applicable FTC jurisdiction.
2. Determine through a comprehensive assessment, whether the caregivers and/or other adult household members’ substance or alcohol use impacts family functioning and child safety throughout the life of the case in accordance with policy **19.26 Case Management: Case Management Involving Caregiver Substance Use/Abuse**.
3. Identify whether parents or caregivers with moderate to high risk needs meet the minimum eligibility criteria for FTC participation (refer to the MOU in the applicable FTC

jurisdiction) including:

- a. A pending dependency petition or open Permanency case.
- b. Parent or caregiver substance or alcohol use as a contributing factor to child maltreatment.
- c. Parent or caregiver agreement to participate in FTC.

**NOTE:** 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. Determine the appropriateness of filing a dependency complaint based on a comprehensive assessment of the family's functioning and child safety.
5. File a dependency complaint/petition in the juvenile court with the appropriate jurisdiction and recommend FTC services for families impacted by parental/caregiver substance use and dependency concerns.
6. Discuss with eligible parents and caregivers the benefits and requirements of FTC participation, including that it is voluntary unless ordered by the court.
7. Ensure, in partnership with the FTC team, the following occurs:
  - a. A referral for a substance or alcohol use assessment for parents, caregivers or other adult household members is conducted by appropriately trained and qualified professional staff using standardized assessment tools.
  - b. A referral for culturally and evidence-based substance or alcohol use treatment for parents, caregivers or other adult household members is conducted by appropriately trained and qualified professional staff.
  - c. A "warm hand-off" is used to connect the parent, caregiver or other adult household members with service providers. When a warm hand-off is not possible, work with the caregiver to identify a responsible party to assist the caregiver with making and keeping appointments. Confirm that the responsible party has agreed to assist the parent, caregiver or other adult household members. (see Practice Guidance: **Warm Hand-off**).
  - d. The creation of coordinated substance and alcohol use disorder treatment and case plans for caregivers, children and other household members that is supported through court order which includes, as appropriate:
    - i. Clinical treatment when the assessment indicates the need for clinical treatment interventions (i.e. detoxification, crisis intervention, treatment planning, substance use counseling and education, prenatal care, medical care, mental health services and pharmacotherapy).
    - ii. Clinical supportive services (i.e. life skills training, parenting and child development education, employment readiness, housing support, legal services).
    - iii. Community supportive services (i.e. child care, transportation, TANF, vocational and education services, and connections to faith-based organizations).
  - e. The development and implementation of a Plan of Safe Care for families with infants identified as being affected by substance use (illegal and/or legal), or withdrawal symptoms resulting from prenatal drug exposure; or a Fetal Alcohol Spectrum Disorder (FASD) in accordance with policy **19.27 Case Management: Developing the Plan of Safe Care for Infants Prenatally Exposed to Substances of a Fetal Alcohol Spectrum Disorder (FASD)**.
  - f. The coordination of drug screens to assess and monitor progress and recovery

goals (i.e., The drug screen can be used as a tool to initiate a discussion with caregivers regarding positive screens and how that fits in with their goals, retaining or regaining custody of their children, and re-evaluating the treatment and family plans to make adjustments to enable the caregiver to overcome a lapse or relapse). Also, see policy [19:25 Case Management: Drug Screening: Practice Guidance: Obtaining Drug Screens for Parents/Caregivers in Treatment](#).

**NOTE:** Caregivers in Medication Assisted Treatment (MAT) programs will have positive drug screens for the medications used to treat the alcohol or substance use disorder (see Practice Guidance: Commonly used Medications for Medication Assisted Treatment).

- g. The commencement of treatment services occurs within 30 days of a parent or caregiver being determined eligible for the program unless documentation includes a compelling reason that treatment could not begin (i.e., incarceration, illness, lack of a provider, etc.) and the plan to ensure family safety and well-being.
- h. A celebration of the caregiver's progress towards their recovery goals.
8. A referral for infants prenatally exposed and other children in the home under the age of three to Children 1st/ Babies Can't Wait for a developmental screening in accordance with policy [19.28 Case Management: Children's 1st and Babies Can't Wait](#).
9. Provide to the FTC, upon request, access to all records relevant to the treatment of the parent or caregiver participating in the FTC, in accordance with Georgia law.
10. Obtain copies of the following and upload in External Documentation within 72 hours of receipt:
  - a. The Standard FTC Agreement form signed by the parent or caregiver
  - b. The court order from each hearing.
  - c. Screening, assessment and diagnosis of AUD/SUD records
  - d. Treatment records
11. Monitor the caregiver's participation in FTC:
  - a. Ensure that applicable assessments and orders are incorporated into the family or case plan.
  - b. Follow up with service providers to verify the caregiver's progress or lack of progress towards recovery goals.
12. Provide ongoing case management services to mitigate child safety concerns related to secondary caregivers or other household members who are not participating in FTC.
13. Continue all case management activities needed to ensure reasonable efforts are made to prevent removal, reunify the child or finalize the permanency plan throughout the oversight of the FTC (see policy [9.5 Eligibility: Reasonable Efforts](#) and Practice Guidance: Reasonable Efforts).
14. Adhere to confidentiality and HIPAA provisions outlined in policies [2.6 Information Management: Confidentiality](#) and [2.5 Information Management: Health Information Portability and Accountability Act](#). Obtain a signed Authorization for Release of Information (ROI) to facilitate sharing of information with others, when applicable.

## PROCEDURES

The Social Services Case Manager (SSCM) will:

1. Consult with the Social Services Supervisor (SSS) to:
  - a. Discuss the dependency issues in the case assessment due to parental or caregiver

- alcohol or substance use.
- b. Discuss the eligibility for referral to the FTC within the appropriate jurisdiction. Consult with other DFCS county offices when providing case management services across county lines.
  - c. Complete the DFCS internal FTC Screening Form.
2. File the dependency complaint recommending family treatment court for the caregiver in accordance with policy **17.1 Legal: The Juvenile Court Process**. Consult with the Special Assistant Attorney General (SAAG).
  3. Engage the parent/caregiver or other individual to build consensus regarding participation in FTC:
    - a. Discuss that DFCS filed a petition for dependency due to child safety concerns related to alcohol and substance abuse and that FTC was recommended.
    - b. Inform him/her of the behavioral and environmental indicators that support FTC participation (see Practice Guidance: Observing and Documenting Behavioral and Environmental Indicators of Substance Abuse in policy **19.26 Case Management: Case Management Involving Caregiver Substance Use/Abuse**).
    - c. Explain the purpose and process of FTC.
    - d. Explain that the FTC team makes the final decision for acceptance into the program.
    - e. Provide full disclosure regarding FTC participation (see Practice Guidance: Full Disclosure), including:
      - i. The parent or caregiver's right to receive counsel from an attorney prior to admittance to the FTC and signing the standard FTC agreement form.
      - ii. The requirement for judicial monitoring, weekly or bi-weekly court hearings, drug screens, etc.;
      - iii. Participation is voluntary unless ordered by the court;
      - iv. The implications of not participating; and
      - v. The benefits of participation in supporting their treatment and recovery (i.e., wraparound services, retaining or regaining of child custody).
    - f. If consensus cannot be reached regarding the need for and benefits of FTC:
      - i. Explore the reason for declining participation.
      - ii. Explore any fears and anxiety regarding the FTC. (i.e. fear of the child being removed, etc.). See the Practice Guidance in policy **19.26 Case Management: Case Management Involving Caregiver Substance Use/Abuse** for Enhancing Caregiver Motivation and Responding to Parent/Caregiver Resistance.
  4. Consult with the FTC team, after filing the dependency complaint/petition with the court, regarding the next steps for screening, assessments, and referrals for the caregiver and other household members, in accordance with the FTC MOU or policies for the FTC jurisdiction.
  5. Perform the following if the caregiver is accepted into the FTC:
    - a. Discuss with the caregiver what they feel is needed to successfully achieve long-term recovery and how services through FTC can support their goals.
    - b. Coordinate service provision with the FTC team
    - c. Participate in court hearings and FTC Team meetings
    - d. Update the case plan or family plan as needed to incorporate outcomes and tasks related to the services being provided through FTC that address caregiver recovery, child safety, permanency and wellbeing.
  6. Perform the following if the caregiver is not accepted or declines participation:

- a. Engage the caregiver to explore fears, ambivalence, etc., if the caregiver declines treatment,
- b. Discuss with the caregiver the benefits of participation in the FTC and other related services to mitigate safety threats to the child(ren) and to promote a lifestyle in recovery for the entire family.
- c. Consult with the Social Services Supervisor (SSS) regarding the impact on case assessment, case planning, assessing progress in treatment and recovery, and/or legal requirements.
- d. Refer to another substance use disorder program and any other services needed in accordance with policy **19.26 Case Management Involving Caregiver Substance Use or Abuse**.

**NOTE:** Caregivers may request a formal hearing if they are terminated from the program.

7. Support the caregiver and family in their recovery efforts and monitor participation and progress:
  - a. Ensure DFCS participation in all court hearings and FTC team meetings.
  - b. Observe for behavioral and environmental changes during purposeful contacts.
  - c. Discuss with the caregiver their progress towards the recovery goals.
  - d. Gather information from collateral contacts regarding behavioral changes.
8. Conduct a supervisory staffing to discuss next steps when a parent or caregiver fails to complete FTC and dependency issues remain.
9. Obtain copies of the following and upload in External Documentation within 72 hours of receipt:
  - a. The standard FTC agreement form signed by the parent or caregiver.
  - b. The court order from each hearing.
  - c. The screening and assessment of AUD/SUD records
  - d. Treatment records
10. Prior to case closing, see policy **19.26 Case Management Involving Caregiver Substance Use or Abuse** for guidance: Case Closure Involving Caregiver Substance Abuse.

The Social Services Supervisor will:

1. Consult with the SSCM to:
  - a. Discuss the dependency issues in the case assessment due to parental or caregiver alcohol or substance use.
  - b. Discuss the eligibility for referral to the FTC within the appropriate jurisdiction. Consult with other DFCS county offices when providing case management services across county lines.
  - c. Complete the DFCS internal FTC Screening Form to determine if the caregiver meets the criteria for FTC.
2. Review the dependency complaint and ensure timely filing. Consult with the SAAG (Special Assistant to the Attorney General), as appropriate.
3. Ensure that DFCS case management activities related to reasonable efforts to prevent removal, reunify families, and to finalize permanency continue throughout the caregiver's participation in FTC.
4. Discuss with the SSCM strategies to motivate caregivers to participate in the FTC process.
5. Discuss with the SSCM the impact on case assessment, case planning, assessing

- progress in treatment and recovery, and/or legal requirements, when caregivers decline to participate in the FTC process or do not complete the process.
6. Ensure DFCS participation in all court hearings and FTC team meetings.
  7. Review all screening and assessment forms related to the caregiver's substance or alcohol use and ensure that recommendations and modifications are incorporated into the family or case plan.
  8. Review all court orders.
  9. Ensure that all documents for the case are uploaded in External Documentation within 72 hours of receipt.
  10. Ensure that prior to closing a case the policy in **19.26 Case Management Involving Caregiver Substance Use or Abuse for guidance**: Case Closure Involving Caregiver Substance Abuse is followed, as applicable.

## **PRACTICE GUIDANCE**

Family<sup>1</sup> drug courts are a collaborative effort of the court, child welfare, substance use disorder treatment systems, and community partners. No single system or set of workers has the authority, capacity, resources, or skills to respond to the array of challenges faced by families affected by substance use disorders, but collectively, multiple systems and agencies do have those capacities and skills.

Agencies participating in the FTC must maintain ongoing communication with the FTC. Depending upon the FTC jurisdiction, case managers may be required to provide weekly reports and/or attend court hearings weekly or every two weeks. Additionally, agencies are required to participate in continuing interdisciplinary education to promote effective planning, implementation, and operations.

### **Family Treatment Court Division Code Section 15-11-15.**

The goal of a family treatment court division is to:

1. Reduce alcohol or drug abuse and addiction for respondents in dependency proceedings;
2. Improve permanency outcomes for families when dependency is based in part on alcohol or drug use and addiction;
3. Increase the personal, familial, and societal accountability of respondents in dependency proceedings; and
4. Promote effective intervention and use of resources among child welfare personnel, law enforcement agencies, treatment providers, community agencies, and the courts.

### **Family Treatment Court Services**

FTC's provide access to a continuum of alcohol, drug and other related treatment and recovery services using evidence-based treatment and practice.

1. FTC shall provide confidentiality for both parents and children in accordance with the law.
2. Participant involvement in FTC programs should last a minimum of 18 to 24 months.
3. FTC's will provide a validated assessment normed to the target population, including substance abuse and risk of recidivism/criminogenic needs
4. Programming shall include services for addiction and criminal risk or recidivism. These

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<sup>1</sup> National Center on Substance Abuse and Child Welfare (2015). Guidance to States: Recommendations for Developing Family Drug Court Guidelines. Children and Family Futures, 2015. Retrieved from <https://ncsacw.samhsa.gov/resources/resources-drug-courts.aspx>

services will be Evidence-Based/Evidence-Informed and include:

- a. Group counseling
  - b. Individual counseling
  - c. Drug testing
5. FTC programs should ideally provide:
- a. Family counseling
  - b. Gender specific counseling
  - c. Domestic violence counseling
  - d. Health screening
  - e. Behavioral health services
  - f. Trauma-informed care and counseling
  - g. Individual case management and treatment planning
  - h. Parenting services
  - i. Services for children
6. Ancillary services are available to meet the needs of participants. These services may include but are not limited to:
- a. Employment counseling and assistance
  - b. Educational components
  - c. Medical and dental care referrals and assistance
  - d. Transportation
  - e. Housing assistance
  - f. Mentoring
  - g. Alumni groups
  - h. Relationship counseling

#### **Roles of FTC team members<sup>2</sup>:**

1. The judge is to ensure the safety, permanency and well-being of children; provide leadership; serve as the public face of the FTC; 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 staff; make appropriate court orders at hearings; reward successes; sanction noncompliance and facilitate team discussions. Judges are a vital part of the team. As a leader, the judge's role is paramount to the success of the FTC 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 team is therefore of utmost importance.
2. The coordinator is to jointly serve as the public face of the FTC; 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 FTC; maintain files on all clients; act as liaison between parents, attorneys, treatment providers and others; monitor the provision of services (including adherence to best and Evidence-Based Practices (EBP) in the delivery of case management services;

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<sup>2</sup> Standards for Georgia Accountability Courts Family Drug Court Treatment Standards (2016, October). Available from <https://www.gaaccountabilitycourts.org/FTC-5.pdf>

behavioral modification [sanctions and incentives]; treatment dosage and responsiveness, and model fidelity); 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; report on state and federal grants and coordinate additional services for participants.

3. The SAAG is to represent DFCS at staffings and hearings; prepare and file necessary pleadings and participate as an active, engaged member of the team.
4. The child attorney is to represent children served by FTC at staffings and required hearings; prepare for and file necessary pleadings and participate as an active, engaged member of the team.
5. The parent attorney is to represent parent participants at staffing and required hearings; prepare and file necessary pleadings and participate as an active, engaged member of the team.
6. The CASA/Child Advocate should advocate for the best interests of the children served by FTC at staffings and hearings and participate as an active, engaged member of the team.
7. 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 FTC; inform the team immediately of any significant changes in the needs of children and parents as well as to attend and participate as an active, engaged member of the team in all staffings and required hearings.
8. The treatment provider is to provide the parent with the appropriate level of treatment to address their substance abuse and criminogenic needs (determined by evaluation and assessment), bring the parents' physical/behavioral health treatment needs to the attention of the team, either provide the services to address their needs or make appropriate referrals for others to provide the services, provide weekly progress notes to the FTC in a timely manner, provide random, observed drug and alcohol testing and to provide a discharge plan for the parent and all parties involved. Additionally, treatment providers will ensure adequate supervision, coaching and oversight practices to ensure model fidelity for EBP's and provide regular feedback to the team regarding program integrity elements.
9. 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.
10. The case manager, when available and funded, is to serve as the mandated official that ensures the client is following the court order and rules of the program; conduct case management reviews as deemed appropriate by the team; correspond with DFCS regarding case plans and progress of the clients; attend court hearings and reviews; maintain files of clients; coordinate drug testing and results; correspond with any pertinent community resources related to the clients' case.

### **Warm Hand-off**

Alcohol and substances cause significant changes in brain chemistry, which can affect a person's mood, thinking, behavior and perception, making it difficult for them to **follow through on** scheduling and keeping appointments; therefore, it is essential that the SSCM assist or



identify a responsible party to assist the caregiver with making and keeping appointments.

### **Full Disclosure / Informed Consent<sup>5</sup>**

The Social Services Case Manager has the responsibility to disclose all significant information about FTC and drug screening to parents/caregivers including the implications of participation. Also, the Social Services Case Manager should explain the benefits of participating such as to assist with evaluating their physical, psychological and social well-being and evaluating progress in substance use treatment and recovery. When discussing FTC participation or requesting a drug screen, avoid using statements that can be perceived as coercive or punitive. Unless FTC participation or drug screens are mandated by court order or other legal requirements, individuals have the right to choose whether to participate in FTC or the drug screens.

### **Commonly Used Medication for Medication Assisted Treatment**

Medication-Assisted Treatment<sup>3</sup> (MAT) encompasses treatment for drug and alcohol addiction with other medications and psychotherapies.

#### Medications for Alcohol Dependence

1. Naltrexone: (ReVia®, Vivitrol®, Depade)
2. Disulfiram: (Antabuse®)
3. Acamprosate: (Campral®)

#### Medications for Opioid Dependence

1. Methadone: Methadose®, Dolophine®;4
2. Buprenorphine: (Suboxone® and Subutex®)
3. Naltrexone: (ReVia®, Vivitrol®, Depade®)

### **Reasonable Efforts**

A caregiver's enrollment and participation in the FTC does not relieve DFCS of its legal responsibility to make reasonable efforts throughout case management to prevent removal, reunify families, and to finalize permanency. Due diligence in the provision of individualized services goes beyond referral and requires support of the caregiver and family, monitoring engagement, adjustment of services as needed, and constant communication between provider and SSCM. At each dependency hearing, a case manager will be required to testify to reasonable efforts made. It is essential that case management activities continue throughout the oversight of the treatment court. The caregiver and family should only benefit from the collaboration of systems designed to connect accountability with treatment. Please see policy **9.5 Eligibility: Reasonable Efforts** for additional information.

## **FORMS AND TOOLS**

3 Attorneys at the Legal Action Center authored, Know Your Rights: Rights for Individuals on Medication Assisted Medication Assisted Treatment. HHS Publication No. (SMA) 09-4449. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2009.

4 Drug Enforcement Administration Office of Diversion Control Drug & Chemical Evaluation Section (2014 March). Methadone. Available from [https://www.deadiversion.usdoj.gov/drug\\_chem\\_info/methadone/methadone.pdf](https://www.deadiversion.usdoj.gov/drug_chem_info/methadone/methadone.pdf)

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