



**FIRST JUDICIAL DISTRICT
FAMILY TREATMENT COURT**

Policies and Procedures



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MISSION STATEMENT

First Judicial District Family Treatment Court – Lewis and Clark County

Our mission is to promote health and stability for children and families involved with the Child and Family Services Division through individualized support, structure, and accountability for those with substance use and behavioral health disorders.

Statement of Empowerment

It is Family Treatment Court's primary treatment viewpoint that participants are best served when the Treatment Team members and service providers work together with participants in accessing services and responding to social and treatment requirements. Long-term success is dependent on the participants' ability to be self-sufficient, empowered, and be enabled to make decisions both in their services and the services their children require.

Goals and Objectives

It is FTC's goal that participants will:

- have significantly more success in parenting safely while participating in Family Treatment Court
- experience increased duration of recovery
- see the number of cases reduced where parental rights are involuntarily terminated.
- increase participants' skills in order to have a productive and meaningful life

The Policy and Procedure Manual for the operation of Family Treatment Court is under the sole discretion of the Family Treatment Court Steering Committee and the presiding Family Treatment Court Judge. The document contained herein is the current adopted Policy and Procedure Manual.

Program Organization

It is expected that each Treatment Team member will embrace and promote the Family Treatment Court (FTC) mission and goals. It is also expected that each Treatment Team member will embrace and promote the drug court diversionary philosophy and is fully committed to the 10 key components of drug courts.

Steering Committee

The Steering Committee offers guidance and advice as the program works to establish and maintain a strong community base. It is comprised of agency representatives, public officials, and community representatives committed to further developing and enhancing the goals and objectives of the program, as well as ensuring program sustainability.

The Steering Committee meets quarterly. The Judge and the Coordinator develop the meeting's agenda. Steering Committee members wishing to add to the agenda may submit items to the coordinator up to the week before the meeting. The Coordinator is also responsible for providing members with the necessary materials related to any agenda items.

Depending on current program projects, the Steering Committee should at the Judge's invitation, have representation from the following community providers/representatives/members:

- District Court Judiciary
- County Attorney Lewis and Clark and/or Broadwater County Attorney
- Office of Public Defender, Region 4/designee
- Department of Public Health and Human Services – Child and Family Services Division (CFSD)/designee
- Mental Health and Substance Abuse Treatment Agencies, MAT Providers
- Community Service Organizations
- Participant/Graduate (Program Consumer)
- Vocation/Educational Services
- Housing Services
- Program Evaluator
- Court Appointed Special Advocate (CASA)/Guardian *ad Litem* (GAL)

The Judge and/or Coordinator shall preside over the Steering Committee meetings, encouraging open discussion on program policy matters. These meetings not only provide guidance and support for the program, but also provide a broad community perspective regarding available services and financial resources, while identifying potential gaps in services.

Treatment Team

The Treatment Team meets on a weekly basis to staff the progress of individual participants and their children. The Treatment Team is responsible for providing direct support to participants, which demands collaboration from each team member and integration into the justice system. Various individual team members are responsible for mapping the progress of the participants and their children and reporting back to the team.

Team meetings are led by the Judge/Coordinator, input from all team members is encouraged and required. Any team member can raise issues or share concerns regarding any participant. Final collaborative team decisions on participant matters will depend on the issue and the agency with the most expertise; however, the Judge will make final determinations. CFS will have the final say in any child safety issues. Team members should attend weekly team and court meetings. This includes, but is not limited to, participation in “special” events such as exercise, movies, and events outside court sessions.

Specific issues and discussions held in Treatment Team meetings are confidential. Treatment Team members are not to discuss these specifics with participants at any time. The Judge will advise the participant in court, unless the Judge issues specific instructions. In addition, Treatment Team members should avoid being “ambushed” by participants between the Treatment Team meeting and court appearances. Treatment Team decisions are *final*.

If a participant has new information that is so significant it would change a team decision, the participant is responsible for notifying the Judge at the time of his/her appearance, and the Judge will decide as to whether to move forward. Advocacy for participants (including that usually done by defense counsel) is to be done in staffing, not before. It is essential to the effectiveness of the team approach that participants see a united front/singular voice when team members meet with them or discuss issues with them. This alleviates participant’s ability to team split or manipulate various team members.

In addition to the weekly participant progress meetings, the Treatment Team also meets monthly/or quarterly to discuss conduct educational training, and policy issues.

The Treatment Team consists of the Judge, Coordinator, Montana Child and Family Services Division (CFSD) Child Protection Specialist(s) (CPS)/Supervisor, a representative of the Substance Abuse treatment provider(s), Defense Counsel, Deputy County Attorney, Court Appointed Special Advocate (CASA/GAL), a representative of the community partners/agency providers as needed to meet participant needs. Other professionals who provide direct treatment and/or ancillary services to the participants or their children may also join the weekly team meetings as adjunct members. The addition or removal of a team member is allowed only by the Judge.

Treatment Team Descriptions

Judge

The Judge is available on a part-time basis (approximately eight hours/week) to lead the FTC. The Judge provides necessary staff and equipment to manage the court's operations, and assists in developing operational standards and policies, in conjunction with the Steering Committee members. The Judge is the team leader for both the Steering Committee and the treatment team. The Judge is the coordinators direct supervisor. In absence of the ability to come to a consensus, the Judge has final decision-making power.

Family Treatment Court Coordinator

The Coordinator is a full-time staff member who is responsible for overall program administration including preparation of program materials, program development, and public speaking engagements. The Coordinator prepares and submits quarterly budget reports to the Steering Committee, organizes weekly/monthly Treatment Team meetings, maintains FTC files, contributes as needed to weekly participant status reports, assists with treatment planning, manages and maintains funding for the program as well as seeks and obtains additional funding as needed, acts as a liaison between the FTC and various community providers and coalitions, and works with the Steering Committee to implement policies and procedures. The Coordinator attends Treatment Team staffing and Family Engagement Meetings as appropriate and related to current participants as well as potential participants. The Coordinator uploads participant data into the Montana Drug Court Case Management System (DIMS) and participates in monthly statewide Coordinator conference calls/meetings. The Coordinator works in conjunction with the Program Evaluator and the Treatment Team/Steering Committee to review evaluations and make recommended programmatic changes.

FTC Child Protection Specialist Supervisor (CPSS)

Employed through the CFSD, Child Protection Specialist Supervisor is responsible for supervision of the CPS who provide child protective services to families. This includes case staffing, providing input for case activities and family treatment plans, paperwork review, making decisions regarding placement of children, working with community professionals, handling case work in the absence of the CPS and reporting to upper management. It also involves payment approval and community education. Supervision of the CPS also includes identifying needs and resources, assisting in accessing needed services, ongoing feedback and support for intensive case management and regular attendance at FTC meetings and court proceedings.

FTC Child Protection Specialist (CPS)

The Child Protection Specialist is responsible for monitoring placement and welfare of children in out-of-home and in-home placement, arranging family visits, monitoring parents' progress through treatment, maintaining contact with all professionals involved with the family, providing services as needed (such as health care, transportation, and education) through referrals to resources, and exploring and securing resources for participants. The FTC CPS is responsible for case documentation and paperwork for court, fiscal, and administrative purposes. They are responsible for court testimony through written reports and

oral testimony and are also responsible to the FTC Treatment Team to provide timely written/verbal reports on participants' progress. The FTC CPS supports efforts for family reunification, develops treatment agreements with treatment providers, and documents supportive data as needed by the Coordinator/Program Evaluator. They are responsible for submitting participant information to DIMS in a timely manner.

FTC Court Appointed Special Advocate (CASA) / Guardian *ad Litem* (GAL)

A CASA/GAL will be appointed to advocate for the best interest of the child(ren). The CASA/GAL is expected to visit with the children a minimum of once every four weeks. The CASA/GAL will communicate regularly with CPS, foster parents, day care providers, parents' employers, probation and parole officers, treatment providers, counselors (parent and child), teachers and extended family. CASA/GAL Treatment Team member will provide information to the Treatment Team and recommendations as to what is in the child(ren)'s best interest. CASA/GAL is also responsible for submitting reports to the court in advance of Status, Review, Permanency and other hearings.

Substance Use Treatment Provider/Licensed Addiction Counselor(s)

The Licensed Addiction Counselor (LAC) is employed by agencies in the community. This position provides substance use disorder treatment with agency case management services to FTC participants and families. The LAC also assists participants in accessing community services and tracks participant progress by maintaining accurate and timely records. The LAC is responsible for intake/orientation for the substance abuse disorder treatment programs and for performing various prevention and education services. This position also involves coordinating community services for participants, advocacy, attending weekly Treatment Team meetings, and working with other professionals in the community to assist participants.

Mental Health Provider(s)

This is a position employed by agencies in the community, and in accordance with the state regulated licensure. This position provides mental health therapy sessions to FTC participants. The Mental Health provider also assists participants in accessing community services and tracks participant progress, maintaining accurate and timely records. The provider is responsible for intake/orientation for the Mental Health programs and for performing various prevention and education services. This position also involves advocacy, attending weekly Treatment Team meetings, and working with other professionals in the community to assist participants. The Mental Health provider is responsible for submitting participant information to the DIMS in a timely manner.

Medication Assisted Treatment (MAT) Provider(s)

This is a community-based position, who is a physician, or advanced practice registered nurse (APRN) who may prescribe, dispense, and administer specialized medications to aid clients in reducing craving from substances and who may be certified to provide this service in accordance with state and federal law. The provider may use medications in combination with counseling and behavioral therapies for the treatment of substance use disorders.

Family Therapy and Child Therapy

This is a qualified, licensed Child/Family Therapist, who provides services to children of participants who do not already have established care with mental health services, and are three years and older, and who need to be assessed for mental health services by a mental health professional. Caregivers, including parents and foster parents, will participate in the assessment and follow-up recommendations.

Deputy County Attorney

This part-time position represents CFSD at all DN proceedings, participates in Steering and Treatment Team meetings, provides input in the creation and implementation of FTC forms and legal procedures, prepares proposed orders for the court, and is responsible for adhering to all statutory and FTC designed time frames in strict accordance with the state law and FTC requirements, assuring compliance with Adoptions and Safe Families Act (ASFA) mandates. This position also assists the Coordinator in ensuring incoming participants have no exclusionary criminal issues and may assist in resolving existing criminal concerns for participants.

Defense Counsel

This part-time position is appointed by the Office of Public Defender for FTC and is a member of the Treatment Team. The defense attorney participates in Treatment Team meetings to assess program and participant progress and to relay any participant concerns. In addition, this person communicates as needed with participants. The defense attorney shall develop a relationship with the participant that promotes long term success in the program. The defense attorney will monitor the participant's progress to support full participation and ensure the appropriate provision of treatment and other services. The defense attorney will effectively advise the participant of legal options, treatment options, and program conditions. The defense attorney will advocate for effective incentives and therapeutic responses for behavior modification and program compliance. The defense attorney assigned to the Treatment Team has the following obligations:

1. Ensure the participant's constitutional and statutory rights are protected;
2. Ensure due process in the drug court setting;
3. Help the participant remain drug and crime free;
4. Aid the participant in finding resources to develop and increase life skills and become a productive citizen;
5. Solicit information from Team Members regarding the participant and share relevant information with Team Members when appropriate and ethical;
6. Follow ethical rules of professional responsibility unless waived by the participant;
7. Encourage the participant to be honest and forthcoming regarding the recovery process; and
8. Be honest and forthcoming with the participant to develop trust between the defense attorney and participant.

Drug Testing Representative

This representative, at the Court and/or Coordinator's request, may participate in Treatment Team meetings and staffing to provide information and input regarding drug testing, testing procedures, urinalysis and other testing results, and to provide information as to interaction with participants in relation to drug testing. The individual is an employee of the contracted agency providing drug testing services to the FTC.

Program Evaluator

This is a part-time team member who oversees all evaluation services and submits reports as specified in the state contract. The evaluator may produce statistical reports for funding sources at the Judicial Branch's request as schedules and budgets allow. The evaluator also trains all FTC Steering Committee and Treatment Team members in program evaluation and drug court best practices. The evaluator provides regular reports regarding the status of the court with respect to national drug court standards to ensure the team maintains state and national standards.

Orientation/Training for New Treatment Team Members

It is required that new Treatment Team or Steering Committee members review the policy/procedure manual thoroughly. Should questions arise, these can be discussed with the Coordinator or Evaluator.

In addition, each team member is encouraged to participate in meetings like the “screening” process that incoming participants would undertake during admission. This will include meeting with the coordinator to review initial screening, as well as to meet with the defense attorney, and observe court prior to formally being accepted on the Treatment Team or Steering Committee. When appropriate, the Judge will take the responsibility for introducing new team/committee members to the team and the participants, and to briefly explain their role in the court/program.

First Judicial Family Treatment Court Policies and Procedures	From Coordinator
First Judicial Family Treatment Court Participant Handbook	From Coordinator
Family Treatment Court Best Practice Standards	https://www.nadcp.org/wp-content/uploads/2019/09/Family-Treatment-Court-Best-Practice-Standards_Final2.pdf
Drug Court Ten Key Components	https://www.ndci.org/wp-content/uploads/Key_Components.pdf
What You Need to Know To Be a Trauma-Informed FDC (webinar)	https://www.cffutures.org/webinar/becoming-a-trauma-informed-fdc/
Parent Child Relationships: Supporting Families in FDCs for Recovery, Reunification, Permanency	https://www.cffutures.org/2016/parent-child-relationships-supporting-families-in-fdcs-for-recovery-reunification-permanency/
DIMS (Database Training)	Coordinator will provide
Meet other team members in their agencies	Coordinator can help set up

Policies and Procedures

Treatment Team and Court Observation Policy

The very nature of the FTC requires that information of a highly sensitive and confidential nature is often shared both in Treatment Team meetings and in court sessions. As a result, members, participants, adjunct members, and court observers are required to sign confidentiality agreements that outline the kind of information being shared, who is allowed to have this information, and legal ramifications should confidentiality be broken. **(See Appendices F and J).**

Confidentiality

It is imperative that the Treatment Team dynamic and related confidentiality always be maintained as much as possible. Sporadic appearances and visitors often compromise the team's ability to address issues in an open but confidential environment. To that extent, when possible, any visitors should be screened and are strongly encouraged to attend a short orientation in advance with the Coordinator. In addition, defense attorneys and service providers outside the team will be allowed to sit-in for their participants case but will be asked to leave staffing/court prior to any additional cases. A confidentiality agreement must be signed prior to his/her appearance.

Court observers, Treatment Team members, and adjunct members must renew their confidentiality agreement with the court annually. **(See Appendices F and J).**

Cross Training

Cross-training occurs quarterly. The Coordinator acquires suggestions or recommendation from the Program Evaluator, Steering Committee, and the Treatment Team, then organizes training utilizing outside experts if/when necessary. When possible, training is video and/or audio taped so that Treatment Team members who are unable to attend the meeting can review the training materials later. The FTC Treatment Team is committed to operating based on evidence-based practices. It is important for Treatment Team members to receive training in drug court philosophy, operation, and best practices on an initial and continuing periodic basis. The FTC shall arrange for Treatment Team member training as reasonably practical under the program budget.

It is anticipated individual team members will be selected by the Judge for participation at the State and National Drug Court Conferences or other educational/training programs and conferences at the expense of the FTC.

Members of the Treatment Team will actively seek and participate in training opportunities that offer the chance to enhance their knowledge of drug court, treatment and addiction, cultural diversity and other topics which are of importance in participating on a drug court team.

Training Expense Reimbursement/Payment Protocol

For selected team members to have travel and/or per diem expenses paid by the FTC operating budget, team members must adhere to the following:

1. Individual Treatment Team members may be invited or selected by the Judge to attend educational/training programs or conferences.
2. If a Treatment Team member accepts the invitation or selection to attend a particular educational/training program or conference, travel and hotel arrangements shall be made by the Coordinator.
3. If a Treatment Team member attends a particular educational/training program or conference, it is expected that the Treatment Team member will attend the entire program or conference and interact and confer with other Treatment Team members attending the program or conference.
4. All requests for travel and/or per diem reimbursement or payment shall be submitted to the FTC Coordinator for review and approval. Failure to do so shall result in denial of the requested reimbursement or payment. **(See Appendices N and O).**
5. If a Treatment Team member's program or conference related expenses are being shared or split with another drug court or entity, any reimbursement or payment sought from the operating budget of the FTC shall be submitted to the FTC Coordinator for review and approval in a timely manner. Failure to do so shall result in denial of the requested reimbursement or payment.
6. If a Treatment Team member attends a particular educational/training program or conference at the expense of the FTC, the Treatment Team member must be willing to share information gained at the program or conference with other Treatment Team members.

Cultural Awareness and Inclusion Policy

FTC recognizes that it serves a population with diverse ethnic, cultural, and spiritual background. The program seeks to provide equal services for all participants and will not discriminate in admitting or in treatment services based on race, color, national origin, age, physical or mental disability, marital status, religion, creed, sex, sexual orientation, or political beliefs.

In addition, the FTC works to empower the participants and honor their individual cultural background by utilizing treatment programs and/or community providers that support and encourage their participation in cultural, ethnic or spiritual celebrations or ceremonies available to them throughout their treatment process. If any participant has an identified cultural attribute, the Coordinator will notify the Treatment Team.

FTC forms and information, when possible, are at a reading level appropriate to the participant's ability, most typically at the 7th grade level. If the document cannot be written at a 7th grade level, the document must be reviewed with the participant by the appropriate Treatment Team member to ensure informed understanding of written material. Treatment Team members will keep an open mind, recognizing cultural competency is not a point arrived at, but rather is always evolving as participants continue to present varied cultural needs.

Admission Criteria

FTC targets parents whose have an active dependent neglect proceeding in the First Judicial District that has been active for 12 months or less, and the child has been placed into the child protection system due to child abuse and/or neglect related to parents with substance abuse. CFSD, Office of Public Defender, and County Attorney's office shall refer all potentially eligible participants to the FTC with their permission.

Screening Criteria:

The following criteria are utilized to determine program eligibility:

- Prospective Participant has an open First Judicial District Court DN Case (typically no more than 12 months) and there are allegations of substance abuse.
- Prospective Participant can understand and is willing to comply with Participation Contract and Informed Consent.
- Prospective Participant is willing to participate in the FTC (the program is voluntary). Prospective Participant has signed a treatment plan (if applicable) in their active DN case and is willing to comply with their DN proceeding treatment plan.
- Prospective Participant has or will schedule a Substance Use Disorder Evaluation and or a Mental Health Evaluation at the FTC Treatment Team's consensus.
- FTC may admit other individuals and or families that do not meet all elements of FTC Screening Criteria.

Conversely, if a potential participant meets **one or more** of the following criteria, he/she will be considered **ineligible** for participation in FTC:

- Parent does not have an open First Judicial District Court DN case.
- Parent has been convicted of a sexual offense. Violent offenders will be considered on an individual basis.
- Parent has a charge pending for a sexual or violent offense.
- Parent has a medical or psychiatric condition causing a degree of impairment or instability such that it would interfere with program participation and functioning.
- Parent cannot effectively participate in FTC because of time constraints imposed by the Adoptions and Safe Families Act (ASFA).

Referral and Screening

It is the program's goal to screen potential participants and determine eligibility within two weeks of receiving a completed application. The potential FTC participant's counsel is welcome to attend the application intake. If temporary investigative authority has been granted, CFSD shall recommend potential participants to observe FTC.

The process is as follows:

1. Referral Applications are submitted to the Coordinator. **(See Appendix A)**.
2. The referring party is to obtain a signed release authorizing and giving the Coordinator permission to contact potential participant.

3. Participant will submit Application. **(See Appendix D)**.
4. If there is no DN treatment plan, the Participant's treatment provider will make recommendations if none have already been made.
5. The Coordinator will assist in arranging Substance Use Disorder Evaluation and/or Mental Health Evaluation, and if indicated MAT provider. A potential participant who already has completed a substance use disorder evaluation within 30 days will provide a copy to the Coordinator.
6. The Coordinator will notify the county attorney who will run a criminal background check on the candidate and provide a list of future court dates and notify the Coordinator of the results and recommendations.
7. Coordinator will notify CFSD Supervisor to see if participant meets ASFA guidelines.
8. Coordinator sets an appointment to meet again to sign necessary releases and to complete the initial application process.
9. If potential participant clears CFSD and County Attorney, the Coordinator will advise the Judge and Treatment Team. The Team will make decision to accept or deny participant.
10. The Coordinator will notify the potential participant and DN defense attorney of Treatment Team's decision in writing.
11. Accepted participants will meet with the participant's DN defense attorney and FTC defense attorney to review the legal issues of the program and to thoroughly review the Participation Contract and Informed Consent prior to signing. If the applicant is not interested in FTC, the FTC defense counsel shall notify the Coordinator. **(See Appendix M)**.
12. The participant will be advised of Court hearing date and will be inducted into FTC on that date. The Judge makes the final review of the DN case and final eligibility.
13. During the scheduled induction hearing, the Judge formally welcomes the participant to court and reviews the Participation Contract and Informed Consent and the Judge signs it on the record. The Coordinator shall enter the information into DIMS, provide a copy of the contract to the participant, then ensure the original is filed into the Participant's DN case, through the Clerk of District Court.
14. Directly after the Participant's first formal Court appearance, the Coordinator will provide the participant with an Acceptance Letter. **(See Appendix K)**. outlining the basic Court requirements and a participant handbook. The Coordinator will have the participant sign that he/she has received and reviewed the handbook with the Coordinator.
15. If the Participant is denied, the Coordinator will send the DN attorney and Prospective Participant a Rejection Letter. **(See Appendix L)**.

File Management

The Coordinator is responsible for maintaining participant files for the program. Original FTC documents and paperwork are secured in a locked filing cabinet in the Coordinator's office. FTC hard-copy files include, but are not limited to, information related to screening, Substance Use Evaluations, treatment progress, Mental Health evaluation reports, CFSD court reports/affidavits of custody, family group conferencing reports, weekly status reports, and weekly court outcome copies. FTC computer files

(DIMS) are password protected. Participant files are kept for five (5) years after the date of program graduation or termination. After five years, official participant files and all FTC information will be destroyed. Those files kept by individual Treatment Team members will follow individual agency or professional protocols.

Phase Components¹

Phase 1: Goal: Stabilization (up to 60 days)

- Attend treatment court sessions weekly.
- Fully comply with DN Treatment Plan.
- Fully comply with Family Treatment Court assignments and/or tasks.
- Call 1-888-200-0571 daily to check in for urine drug testing or more frequently at your treatment provider's recommendation.
 - Fully comply with testing process
 - No missed urine testing
 - No dilute urine
- Contact CFSD case worker one time per week.
- Meet with Family Treatment Court Coordinator one time per week.
- Complete Substance Use Disorder Evaluation with Licensed Addiction Counselor.
 - Follow the recommendations
- Obtain or identify your primary care provider and submit Family Treatment Court participation medical clearance to Coordinator.
 - Obtain a physical examination and provide a medical verification form, completed by your provider, to Coordinator
- Complete Mental Health Assessment if recommended by Licensed Addiction Counselor.
- Fully comply with Mental Health and Substance Use Disorder Provider recommendations.
 - Provide copy of treatment plan to Family Treatment Court
- Fully comply with any therapeutic response recommended by your Licensed Addiction Counselor.
- Submit a written Relapse Prevention Plan approved by your In-Patient Treatment Provider to Coordinator, if applicable.
- Follow all recommendations from Licensed Addiction Counselor.
- Attend at least two AA/NA (or other support group) approved by Family Treatment Court, weekly.
 - Provide weekly attendance verification card to Court.
 - Find a Self-Help Sponsor or Mentor who is approved by the Family treatment court team.
- Make an appointment with Defense Attorney for Driver's License if unlicensed or under driver license suspension or restrictions.
- Report to Probation Officer, as required.

¹ In order to graduate from FTC, Phases 1-4 must be completed within one year from date the FTC Judge signs the participant's FTC contract. Failure to timely complete Phases 1-4 shall result in involuntary dismissal from FTC. The FTC Judge will advise each participant of their applicable starting phase.

- Remain law abiding.
- Start process of obtaining safe and secure housing.
- Attend all appointments, visits, court proceedings, and meetings for child(ren).
- Provide a statement of support from Licensed Addiction Counselor to phase up.
- Complete all required phase-up Family Treatment Court paperwork.
- Must have 10 days of continuous substance-free urine samples to phase up.

Questions for Completion of Phase 1:

1. What have you learned about yourself during Phase 1?
2. What are some skills you learned in Phase 1 to help with your recovery?
3. What changes have you made in your life since entering Treatment Court?
4. What are 5 things your child(ren) lost due to your use and how would you like to change them?
5. What treatment plan goals did you work on?
6. What has to happen for you to trust yourself enough to be completely honest with FTC? Have you been completely honest with the FTC? Explain each.
7. What are 5 goals you would like to achieve while in Phase 2?
8. List 3 goals/plans for Phase 2.
9. Do you have any needs in the following areas? If so, please list. (Housing, Education, Employment, Support Systems, Other).
10. What is your current address?
11. What is your current phone number?

Phase 2: Goal: Stabilization Progression (up to 90 days)

- Attend treatment court sessions weekly.
- Fully comply with DN Treatment Plan.
- Fully comply with Family Treatment Court assignments and/or tasks.
- Call 1-888-200-0571 daily to check in for urine drug testing or more frequently at treatment provider's recommendation.
 - Fully comply with testing process
 - No missed urine testing
 - No dilute urine
- Contact CFSD case worker every two weeks.
- Meet with Family Treatment Court Coordinator every two weeks.

- Fully comply with Mental Health and Substance Use Disorder Provider recommendations.
 - If treatment plan has been updated, provide copy of treatment plan to Family Treatment Court
- Fully comply with any therapeutic response recommended by your Licensed Addiction Counselor.
- Attend at least two AA/NA (or other support group) approved by Family Treatment Court, weekly.
 - Provide weekly attendance verification card to Court.
 - Find a Self-Help Sponsor or mentor that is approved by the Family Treatment Court Team.
- Identify employment or educational goals and submit a written plan to achieve those goals to Coordinator.
- Report to Probation Officer, as required.
- Remain law abiding.
- Submit a Self-Care Plan (i.e., exercise, physical/mental health well-being activity) to Coordinator.
- Begin trial home visit.
- Attend all appointments, visits, court proceedings, and meetings for child(ren).
- Continue making progress in recovery environment (housing, employment).
- Report progress in obtaining driver's license to Coordinator.
- Provide a statement of support from your Licensed Addiction Counselor to phase up.
- Complete all required phase-up Family Treatment Court paperwork.
- Must have 30 days of continuous abstinence/substance-free urine samples to phase up.

Questions for Completion of Phase 2:

1. What efforts are you making to manage your stress and learn new coping skills rather than using?
2. How are you able to recognize warning signs such as triggers, high-risk situations, and relapse behavior?
3. What changes have you made in your life since entering Phase 2.
4. In In Phase 3, treatment sessions, court appearances, and supervision requirements are reduced. How do you plan to spend your "free" time that would have been spent doing these activities?
5. List 3 goals/plans for Phase 3.
6. How much do you currently owe for the following fees? (Treatment Court Fees/Supervision Fees).
7. What social, educational, and employment progress have you made?

8. What are 5 things the community lost due to your use and how would you like to change it?
9. What does integrity mean to you, and how do you apply integrity in your life?
10. Are you experiencing any problems for which you'd like help?
11. Did you achieve the goals you identified at the end of Phase 1? Describe.
12. What are 5 new goals you would like to achieve during Phase 3?
13. What is the biggest lie or mistruth you told yourself in the previous phase?
14. Do you have any needs in the following areas? If so, please list. (Housing, Education, Employment, Support Systems, Other).
15. What is your current address?
16. What is your current phone number?

Phase 3: Goal: Action (up to 90 days)

- Attend treatment court sessions every two weeks.
- Fully comply with DN Treatment Plan.
- Fully comply with Family Treatment Court assignments and/or tasks.
- Call 1-888-200-0571 daily to check in for urine drug testing or more frequently at treatment provider's recommendation.
 - Fully comply with testing process
 - No missed urine testing
 - No dilute urine
- Contact CFSD case worker every two weeks.
- Meet with Family Treatment Court Coordinator every three weeks.
- Fully comply with Mental Health and Substance Use Disorder Provider recommendations.
 - If Treatment Plan has been updated, provide copy of treatment plan to Family Treatment Court
- Fully comply with any therapeutic response recommended by your Licensed Addiction Counselor.
- Attend at least two AA/NA (or other support group) approved by Family Treatment Court, weekly.
 - Provide weekly attendance verification card to Court.
 - Find a Self-Help Sponsor or Mentor that is approved by the Family Treatment Court Team.
- Follow through with educational/employment goals by accomplishing one of the following:
 - Obtain and maintain employment
 - Enroll in high school equivalency course (GED/HISET)
 - Enroll in college or trade school

- Meet with employment agency to assist with employment search, skill building activities, etc.
- Report to Probation Officer, as required.
- Remain law abiding.
- Maintain self-care program, and report progress to Coordinator.
- Maintain in-home parenting and report progress to Coordinator.
- Attend all appointments, visits, court proceedings, and meetings for child(ren).
- Obtain a Montana Driver's License if there are no legal impediments.
- Provide a statement of support from Licensed Addiction Counselor to phase up.
- Complete all required phase-up FTC paperwork.
- Must have 60 days of continuous abstinence/substance-free urine samples to phase up.

Questions for Completion of Phase 3:

1. Have you made steady progress in learning the adverse consequence of substance abuse?
2. Please describe your support system within the community.
3. If you did not have 100% compliance in Phase 3, what led to this, and how will you make changes to have 100% compliance in Phase 4?
4. Have you obtained steady housing, income, and positive relationships? Please explain.
5. Do you have any needs in the following areas? If so, please list. (Housing, Education, Employment, Support Systems, Other).
6. List 3 goals/plans for Phase 4.
7. Are you currently working or going to school? If so, please describe (where and how often).
8. From the 10 things in Phase 1 and 2 that your children and the community lost due to your use, what is your detailed plan to give back and make those changes?
9. What are the goals you would like to achieve during Phase 3?
10. When you look back over your time with FTC so far, what has been the hardest obstacle and what have you learned about yourself in trying to overcome that obstacle?
11. What is your current address?
12. What is your current phone number?

Phase 4: Goal: Maintenance (up to 90 days)

- Attend treatment court sessions one time monthly.
- Fully comply with DN Treatment Plan.
- Fully comply with Family Treatment Court assignments and/or tasks.
- Call 1-888-200-0571 daily to check in for urine drug testing or more frequently at treatment provider's recommendation.
 - Fully comply with testing process

- No missed urine testing
 - No dilute urine
- Meet with Family Treatment Court Coordinator one time, monthly.
- Meet with CFSD case worker every two weeks.
 - Review your CFSD treatment plan with case worker for compliance monitoring
 - Attend Family Engagement Meetings and Foster Care Review Committee court review hearing
- Fully comply with Mental Health and Substance Use Disorder Provider recommendations.
 - Provide updated treatment plan from your Licensed Addiction Counselor that demonstrates progress toward therapeutic goals.
- Fully comply with any therapeutic response recommended by your Licensed Addiction Counselor.
- Submit updated Relapse Prevention Plan to the Court.
- Prepare Recovery Management Plan.
- Attend at least two AA/NA (or other support group) approved by Family Treatment Court, weekly.
 - Provide weekly attendance verification card to Court.
 - Find a Self-Help Sponsor or mentor that is approved by the Family Treatment Court Team.
- Report to Probation Officer, as required.
- Remain law abiding.
- Maintain self-care program.
- Maintain stable education, employment, and housing.
- Maintain in-home parenting and report progress to coordinator.
- Attend all appointments, visits, court proceedings, and meetings for child(ren). Continue care with medical provider and appointments for self and children.
- Provide a statement of support from licensed addiction counselor to phase up.
- Follow through with educational/employment goals by verifying to the Coordinator, the following:
 - Verify employment
 - Verify high school equivalency courses
 - Verify college or trade school
 - Meet with employment agency to assist with employment search, skill building activities, etc.
 - Verify mental health plan progress, if applicable
- Submit the following assignments to coordinator:
 - **My Accomplishments:** A hand-written statement outlining your accomplishments in Family Treatment Court;
 - **My Children and I:** A hand-written statement explaining how your relationship with your child(ren) has grown and long-term parenting; goals and supports, as well as hopes and dreams for your child(ren);

- **Ten Takeaways:** A hand-written statement with ten things you have learned in Family Treatment Court; and
 - **My Plan:** A statement outlining your aftercare plan, including Family Treatment Court support.
- Provide Coordinator with a copy of your Montana Driver's License if there are no legal impediments in obtaining license.
 - Provide update on status of Relapse Prevention Plan compliance at monthly Family Treatment Court coordinator meeting.
 - Must have 90 days of continuous abstinence/substance-free urine samples to phase up.
 - Submit aftercare plan developed with Licensed Addiction Counselor.
 - Submit graduation request to coordinator.
 - Begin Recovery Management meetings with the Coordinator.
 - Complete all required graduation paperwork.
 - Graduate from Family Treatment Court.

Questions for Completion of Phase 4:

1. Describe where you were at in your life before you began Treatment Court and what positive steps have you made since entering Treatment Court?
2. What are the two most important things you have learned while in Treatment Court?
3. What triggers are most difficult for you to handle and what you do when you are faced with those triggers? Please be specific.
4. What are your current treatment goals for addressing your mental health?
5. What are your current treatment goals for addressing your substance use disorder?
6. What is challenging for you right now?
7. What are your strengths as an individual? As a parent?
8. What is something you have learned at a self-help group?
9. Other than your children, what is keeping you sober right now?
10. What are some of the skills you have learned in Treatment Court that will help you stay clean and sober? What life skills have you learned that will help you to better your life?
11. How have you continued to rebuild and strengthen your relationship with your child(ren)?
12. What has been good about in-home parenting time?
13. What has been challenging about in-home parenting time?
14. When do you see any medical providers and when are your next appointments?
15. Describe your accomplishments in Phase 4?
16. Describe what you will do to celebrate important milestones in your life?
17. What are three goals you have for yourself in Phase 5?

18. What are 3 new goals you have for your family in Phase 5?
19. Is there any additional information you would like to share with the Treatment Court Team?
20. Are you willing to serve as a mentor for new participants in the program, and why?
21. Would you be interested in joining a Treatment Court Alumni Group?

Phase 5: Goals: Recovery Management (up to one year)

- Attend Treatment Court sessions one time monthly.
- Fully comply with Recovery Management Plan.
- Fully participate in Family Treatment Court Recovery Management Check-In Program, when requested.
- Provide Peer Support to current Family Treatment Court participants.
- Provide a Self-Care update to Family Treatment Court Coordinator.
- Participate in Family Treatment Court group activities.
- Participate in fun, pro-social activities with current and/or Phase 5 Family Treatment Court participants.

Family Treatment Court Graduation Requirements and Post-Graduation Services

The FTC Treatment Team will assess the participant's progress and determine whether he/she has satisfactorily met the respective phase requirements. A Participant's completion of all required phases will not automatically result in Family Treatment Court graduation. The final determination shall be made by the Family Treatment Court Judge after consulting with the Family Treatment Court Team in order to determine that the Participant has not only completed the tasks required in their required phases, **but, most importantly, has internalized and incorporated their learning into being a responsible and safe parent while living and maintaining a sober lifestyle.**

Family Treatment Court and DN cases may not be closed concurrently. The CPS will determine when the DN case will be closed. Family Treatment Court has no authority to recommend when a DN case should be closed.

Should a participant graduate from Family Treatment Court and then, at some point in the future, become reinvolved with CFSD, he/she can apply to re-enter Family Treatment Court in the same manner any new participant would apply.

Post-Graduation Services

If graduates need assistance with referral to services, direct services, or financial services, he/she is eligible to access FTC for these needs at any time. To request assistance, FTC graduates can contact the Coordinator or CFSD.

If a graduate becomes re-involved legally with CFSD and chooses not to re-enter Family Treatment Court, graduate services will be temporarily discontinued for the duration of CFSD legal involvement. Graduate services will be re-assessed when/if the graduate's case is dismissed again based on individual need and what is in the best interest of permanency for the child/ren.

To keep graduates engaged at some level and to keep in contact with them, all graduates receive invitations to ongoing graduations and the quarterly social/community events sponsored by FTC.

The Treatment Team will make determinations as to appropriateness and availability of services to graduates each Monday during regular Treatment Team meetings. The Coordinator has discretion between weekly Treatment Team meetings for assisting with service referrals and for financial requests with approval from judge.

Phase 5 treatment is strictly for the benefit of graduated participants and is to help them maintain sobriety and positive parenting skills. The Coordinator will call graduates and/or set up monthly meetings. This phase is to help graduates solve any problems they may have after formally leaving treatment court. The Treatment Team may also ask graduates some questions to help improve treatment court.

Checkups by telephone will occur for 3 years following graduation; monthly during first 6 months after graduation; every 2 months for the next 6 months and quarterly for the next 24 months.

Participants agree to continue participation in the Family Treatment Court Recovery Program for a minimum of 1 year after graduation.

Community Outreach Requirement

Each participant is encouraged to complete a Community Outreach Project of their choice. This is an opportunity to give back to the community in a meaningful way. Participants should begin working on this early in the process, having an idea in Phase 3, planning the project in Phase 4, and completing the project in Phase 5. This requirement is designed to teach participants a sense of responsibility to the community as well as empowerment and contribution outside themselves. These community hours are exclusive of therapeutic response hours and activities normally involved with treatment. Outreach hours must be approved by the Treatment Team.

Graduation Ceremonies

Graduation ceremonies will be conducted individually/or in groups. The number of invitations for guests will be determined on an individual basis and with the Participant's input in mind. A formal minute entry will be made in the court record at the time of graduation in the event the County Attorney should file again in the future. In addition, a graduation certificate will be provided.

Parent and Child Mental Health Assessments

Evaluations for parents and children are, in general, initiated within forty-five (45) days of entry into the program. The assessment is completed within ninety (90) days and entered into DIMS. A report is generated within ninety (90) days of completion of the assessment. Full reports, including recommendations, are provided to Coordinator. Evaluations are always reviewed with participants to ensure their understanding of the process, the outcomes, and any implications of the report and recommendations for their treatment and service programming. Follow-up evaluations are available as needed to participants and their child/ren every six (6) months after initial evaluation until the participant either chooses not to participate or it is deemed no longer necessary.

Mental Health and or Co-Occurring Assessments are completed for all adult participants in the FTC, and their children as indicated. Areas assessed include a comprehensive biopsychosocial assessment of the participant's status and functioning, which is conducted following trauma informed principles and evaluates the dynamics of how the participant's personal and social history have impacted current functioning, as well a focus on the trauma history, history of previous interventions and outcomes (including psychiatric interventions), current risk factors, mental status and risk of harm status, protective factors, developmental status, substance use assessment, medical history and current medical needs and medication, religious/cultural/ethnic factors, financial resources and residential situation, education and work history, legal history regarding issues that affect functioning and parenting, family functioning, and mental health treatment recommendations.

Evaluations provide valuable information regarding adult's strengths, needs abilities that can drive therapeutic interventions. For instance, if an individual has significant difficulty with executive functioning and memory, those working with the individual need to realize that tasks such as keeping track of appointments, being able to make alternate plans when unexpected changes happen, and problem solving are difficult for the individual and is likely not related to lack of motivation or non-compliance, but more related to possibly trauma, cognitive deficits and/or an inability to comply.

Case Management and Participant Status Reports

Case Management

Addiction treatment providers and CPS provide most of the case management for participants. The Court Coordinator provides most of the administrative case management, including case management during screening and post-graduation.

Treatment Team members may also assist with case management if they volunteer or are assigned to follow-up on designated tasks. Although case management may be provided by a variety of sources, all Participants are considered part of the FTC program, allowing the Treatment Team as a whole, to offer professional insight and discussion on each case.

Participant Status Reports

Participant Status Reports (PSR) are documents submitted to either the FTC Coordinator or ancillary service providers for review by the Treatment Team regarding participant's status in the program since their last court appearance. Each Treatment Team Staffing, the FTC Coordinator submits a list of those participants scheduled to appear the following Staffing. Treatment Team members are responsible for submitting pertinent participant information into the DIMS by Friday at 12:00 p.m. After various Treatment Team member and provider reports are received, the FTC Coordinator compiles the information and resubmits an accumulated report for each participant to the Treatment Team by e-mail.

It is the responsibility of each Treatment Team member to review the PSR in the DIMS system prior to the Treatment Team meeting. The purpose of the PSR is to track the participant's progress and to map their activity on the goals set forth in their treatment plan. Discussion on a participant's progress is derived from the written comments in the report or verbal updates as provided in the Treatment Team meetings each week.

Participant Status reports are for Treatment Team member use only. Reports are not to be provided directly to participants or to providers outside the Treatment Team without the Judge's prior consent. Reports are for use only as guidelines for discussion within weekly Treatment Team meetings and to assist in decisions regarding compliance and related incentives and therapeutic responses.

Support Meeting Requirements

The Court and the Treatment Team recognize that the strongest and most accessible source for sober support in the community is AA/NA support meetings. It is, however, important to recommend and require services individually to meet the specific needs of each participant and their family, and to utilize a variety of community programs most useful for long-term sobriety and development of life skills. The Treatment Team requires participants to actively engage in self-help programming regularly. The nature of that programming and frequency of attendance will be at the recommendation of the treatment provider and approval of the Treatment Team. Self-help programs may include AA/NA, Al-Anon, Celebrate Recovery, and Bible studies.

Alcohol and Drug Testing

Substance Testing

A key component of monitoring participants in the FTC is their participation in random urinalysis and EtG testing to assist in ascertaining abstinence from substances. Result of a positive test is directly linked to the Participant's Licensed Addiction Counselor's therapeutic response, the Court's determination to provide incentives and therapeutic responses, and to the Treatment Team's decision to modify treatment or provide ancillary services necessary to assist the participant in meeting the goal of long-term sobriety and permanency for their children.

It is the goal of the Treatment Team to adhere to a "zero tolerance" policy. As a result, participants who are taking prescription narcotics and/or other prescriptions (including prescriptions for medical marijuana) will be expected to work with the Treatment Team to find alternate medical and psychiatric alternatives to these medications. The Coordinator will arrange for MAT assessment.

In accordance with this, testing is done randomly and, in a manner, consistent with national guidelines for SAMHSA accredited testing providers. "Cut-off" levels for testing are pre-determined by federal standards and by the certified testing provider.

Regarding EtG testing, the Treatment Team agrees that positive EtG tests indicate contact with alcohol. Each test will be examined individually to determine any necessary clinical or environmental responses. The objectives and criteria of this service, regardless of the agency providing the service are:

- To provide FTC participants with consistent sample providing and "call-in" times and clear guidelines for compliance/non-compliance (this includes creating and maintaining a protocol for weekend and holiday testing and testing for participants unable to provide during pre-scheduled provide times).
- To provide the Treatment Team testing results in a timely, consistent, reliable, and uniform manner, allowing for appropriate and consistent response in treatment guidelines (including incentives/therapeutic responses).
- To establish protocol for immediate response should testing samples be positive for substances or adulteration (including protocol for utilizing the MRO-Medical Review Officer).
- To outline current billing and invoicing procedures, expected compensation for services, to expedite and produce greatest efficiency according to DPHHS, the FTC, and the UA/EtG testing provider.
- To establish protocol and a forum for addressing concerns specifically related to participants and concerns in protocol for testing.

Duties and Expectations of Participating Agencies/Departments

Following formal induction into FTC, the Coordinator provides the participant with written instructions and obtains a signed Substance Use Testing Contract (**See Appendix P**), a copy of which will be sent to the testing agency. The contract will include the testing call-in number, the participant's letter or number assignment, the hours during each day designated to provide a sample, and a list of those instances regarding testing that will be considered non-compliance by the Treatment Team.

Participants are instructed by the Coordinator to call into the testing number EVERY day (including weekends and holidays) and to provide a sample during designated provide times on any day their assigned letter, number, or color is called. Participants are to provide during designated hours unless the Treatment Team provides permission to provide during an alternate time. This is at the Treatment Teams' discretion and must also be approved by the agency conducting testing.

The Treatment Team reserves the right to add testing dates the participant must test within 1 hour of notification. If any member of the Treatment Team feels a participant needs additional testing to ensure abstinence/compliance. The number of tests required monthly/weekly, or specifics as they relate to random letters/numbers assigned will not be disclosed to participants.

A contact person at the providing agency will be designated and responsible for reporting of results, non-compliance, and testing questions. The Coordinator is the primary contact for FTC. FTC will be solely responsible for determining criteria for compliance and non-compliance in UA testing as it pertains to participants.

Sample Collection/Chain of Custody

Although the specific protocol for testing and sample collection will be established by the providing agency, it is the policy of the FTC to utilize the agencies policy who are certified collectors and who utilize SAMHSA/NIDA certified labs. In accordance with those guidelines, the following minimum testing protocols must be utilized:

- Random testing schedule
- Verification of participant identity (picture identification required at the time of testing)
- Verification and documentation of time and date of testing
- Request for information and documentation by testing staff of all current medications, prescriptions, and substances being taken by the participant
- Request for information and documentation by testing staff of any current medical conditions or illnesses that might affect testing results
- Participant instructed to leave all purses, extra outer clothing (including hats) and other items outside the provide area (restroom)
- Observed testing (with same-sex observation staff)
- Utilization of SAMHSA-certified required verification reports and transport materials if necessary
- Clear reports to the court including name of participant, date, time of testing, substances tested for, results (negative, positive, dilute, adulterated), and when appropriate, MRO confirmation reports.

Confidentiality in Testing

It is understood that all information disclosed to the testing staff by any FTC participant is protected by Federal Confidentiality rules [42CFR, Part 2]. Federal rules prohibit further disclosure of information unless expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42CFR, Part 2. Any testing agency utilized by the FTC will agree to abide by the federal regulations in communications with and regarding participants.

Incentives and Therapeutic Responses

Family Treatment Court Best Practice Standard 7

Therapeutic Responses to Behavior: The Family Treatment Court’s operational team applies therapeutic responses (e.g., child safety interventions, treatment adjustments, complementary service modifications, incentives, and sanctions) to improve child, parent, and family functioning, ensure children’s safety and well-being, support participant behavior change, and promote participant accountability. The FTC recognizes biopsychosocial and behavioral complexities of supporting participants through behavior change to achieve sustainable recovery, stable reunification, and resolution of the child welfare case. When responding to participant behavior, the FTC team considers the cause of the behavior, the effect of the therapeutic response on the participant, the participant’s children and family, and the participant’s engagement in treatment and supportive services.

In all FTC phases, the participant is held to standards set forth in the participation contract and their DN Treatment plan. Compliance and noncompliance are monitored by the FTC Team, and it is, with the Judge’s consent, responsible for determining appropriate responses set forth in the Incentive and Therapeutic Response Guidelines (See **Appendix CC**). The Judge is responsible for the final determination of behavior responses and for notifying the participant of those decisions. The Judge will conduct a Due Process Hearing with a participant after any presumptive positive test report.

Program Termination or “Opting Out” of the Program

There are no specific guidelines determining what actions lead to termination. This decision is made by the Treatment Team on a case-by-case basis and is considered the last resort when all previous attempted interventions, incentives, and therapeutic responses have failed to create a lasting behavior change. Participants are advised that continued non-compliance with their treatment plan tasks, or court orders can lead to termination from participation in the program.

Although participants are asked to commit to the FTC for one year, it is a voluntary program. As a result, participants can resign from or “opt-out” of the program at any time.

In the event of either involuntary termination or voluntary resignation of a participant, in general, the underlying DN case will continue on “regular” DN track.

If a participant is involuntarily terminated or if he/she chooses to opt-out from FTC, he/she is eligible to re-apply to the program in the future. The exception to this is if permanency has already been established with the children in the original case, and a former participant who has been terminated or voluntarily terminated has additional child/ren who become involved with CPS with a new case. These cases are reviewed on a case-by-case basis by the FTC Treatment Team to determine eligibility.

Court Jurisdiction/Permanent Custody

In the event CFSD is awarded parental right termination or guardianship in the underlying DN, the participant will be terminated from FTC since the DN case will be closed at that permanency level.

Management Information Systems

The Montana Drug Court Case Management System (DIMS) is used to manage, track, and calculate statistics for and in the program.

Program Evaluation

FTC will contract with a qualified program evaluator who will supervise any additional research Coordinators, develops quality assurance procedures for data collection, assists in defining the necessary statistical analysis capabilities, and oversees the process and outcome evaluation plans and cost benefit analysis. The evaluator is responsible for preparation of quarterly and yearly reports to the Treatment Team and Steering Committee, and for assisting the Coordinator with various requests for statistical data by outside agencies and funding sources. Collection of data into the FTC data base is collected and entered from three sources: A control group (a random sample of families involved in the child welfare system with identified issues with substance abuse and characteristics similar to the existing Family Treatment Court population); Ineligible participants (families assessed by the program who, for whatever reason do not meet eligibility criteria); and participants of FTC (families who have completed the screening process, been accepted and formally inducted into the program).

Process Evaluation

A process evaluation documents program development, implementation, and specific elements of the program. It further targets program areas in need of improvement and recommendations for those improvements.

Specific areas in each process evaluation include, but are not limited to, target population, screening and assessment protocol, case processing, program length, implementation/incorporation of drug/alcohol testing, treatment and ancillary services, utilization of incentives and therapeutic responses, consistency of judicial supervision, graduation/termination/opting-out processes, Treatment Team coordination/functioning, program retention, impact on criminal behavior, impact on participants/extended families, and implementation of original program protocol and enhancements to programming.

Outcome Evaluation

An outcome evaluation documents program outcomes, specifically focusing on the performance of the participants and their families who have participated in the FTC. Collecting comprehensive information as it pertains to behavior, cognitive and emotional state, risk factors, and parent's progress in these areas greatly increases the success of the program.

Examples of behavioral, social, and emotional measures include information on such items as how the participant is progressing in relation to employment, education, family life, peer network, self-esteem, social skill development, impulse control, and sobriety/ongoing substance abuse. Outcome measures are used to determine if the program is effective for participants and/or family and for the program at large.

Outcome data is based on the goals and objectives of FTC. The following are the long-term and consistent goals FTC hopes to achieve and are reported on as part of the outcome evaluation:

1. FTC participation promotes children's safety by reducing substance abuse, improving mental health and reducing subsequent child abuse and neglect among participants.
2. FTC will attempt to serve a minimum of twenty (20) adult participants annually (between October 1st and September 30th of each year).
3. FTC will assist in establishing permanency for children in the child welfare system, reunifying children with parents whenever possible.
4. FTC will address the family's social and economic needs by identifying the needs and strengths of the family that will aid them in leading a substance free life.
5. FTC will strengthen the capacity of families to promote structure, guidance and nurturance for their children.
6. Participation in FTC will increase participants' overall physical and mental health status.
7. FTC will develop and evaluate an operational model for family treatment courts that can be replicated in other jurisdictions.

There are several goals and objectives that are related to each of the outlined overall objectives. These are also monitored as part of the outcome evaluations and modified as necessary to accommodate changes in programming, funding, and participant needs. The FTC Coordinator, with the assistance of the Program Evaluator, is responsible for maintaining the list of current goals/objectives and in making these available as necessary/requested to Treatment Team members, steering committee members, and the community at large.

When individuals are identified that involve new abuse/neglect referrals, re-arrests and/or relapses as part of the follow-up data collection, the Program Evaluator will attempt to schedule and conduct personal interviews with these individuals to determine if program policies or procedures need to be modified, enhanced, or eliminated.

Data to Be Collected

Specific data collected and entered also includes, but is not limited to:

- Screening information (dates referred, screening outcomes, etc.)
- Characteristics of participants/potential participants (including age, sex, ethnicity, marital status, level of education, employment status, criminal history, mental health diagnosis, previous/current treatment episodes, and some indication of level of current drug use)
- Children's data (including age, sex, ethnicity, current placement, length of time in placement, and any special needs)
- Current services/providers in place for participants and children
- Information as to status of current services (i.e., compliance in attendance in treatment, counseling, school, and other programmatic tasks)

- Graduation/termination information (dates these events occur and under what circumstances, disposition of the DN case post-graduation, services in place at the time, and circumstances surrounding exit from the program)

Policy Review

Full policy manual and form review will be conducted every-other year (at the beginning of the applicable fiscal year). A subcommittee of the Treatment Team and the Coordinator will review the manual and related program forms/materials comprehensively for legal issues, editing concerns, and inclusion of new policy/programmatic changes that have been made between full manual reviews. This committee will make recommendations as necessary to the Steering Committee for approval.

In addition to quarterly Treatment Team meetings for education and programmatic discussion, the Treatment Team will also meet twice annually for the specific purpose of general program review which will include discussion of current process and outcome issues. Any member of the Treatment Team can present an issue at any of these meetings, and programmatic/outcome suggestions that the Treatment Team agrees are pertinent, will be implemented as soon as possible. These will be formally added to program materials and the policy manual at least every-other year as previously noted.

Public Relations & Community Outreach

The long-term viability of the court is dependent on community response and knowledge of the program. To this end, although the Court Coordinator is the central point of contact for public presentations and requests for information, members of the Treatment Team are committed to acting as presenters as necessary as well. “Standard” presentation materials will be made available, and it is recommended that a graduate or participant be included as a co-presenter when appropriate/available. Presentations are well documented for the purposes of ongoing evaluation. Presenters will also be expected to provide community members and organizations the opportunity to contribute financially or with in-kind donations at presentations. The evaluator and Coordinator will maintain necessary statistics, information, and a financial “needs” list for presenters to access at their request.

Technical Assistance/Mentoring of Courts

The FTC is considered a mentor court and the Treatment Team is happy to share any/all information possible with other courts and teams. A “blank” file and forms have been established for sharing record/form format without compromising individual participant confidentiality. In addition, outside court personnel can participate in treatment plans, initial interviews, court appearances, and Treatment Team meetings after signing the necessary releases, obtaining participant permission when appropriate, and attending various orientations. The amount of time set to accommodate these requests will be at Treatment Team members’ discretion.

Acknowledgment

I have read and understand the First Judicial District Family Treatment Court Policies and Procedures, in its entirety:

Hon. Michael F. McMahon
Family Treatment Court Judge
First Judicial District Court

Date

Bridgette Beach
Family Treatment Court Coordinator
First Judicial District Court

Date

Leo J. Gallagher
County Attorney
Lewis and Clark County

Date

Krista Westerhold
Child Protection Specialist Supervisor
DPHHS Child and Family Services Division

Date

Christine Hutchison
Defense Attorney
Office of State Public Defender, Region 4

Date

Sara Hess
Interim Executive Director
CASA of Lewis & Clark and Broadwater Counties

Date

Amy Tenney
Chief Executive Officer
Boyd Andrew Community Services

Date

Eric Gilmore
Clinical Director
Helena Valley Addiction Services

Date

Andrea F. Holmes
Director of Strategic Growth and Programs
Florence Crittenton Family Services

Date

Jayne Hill
Outpatient Therapist
Shodair Children's Hospital

Date

Kyle Johnson
Licensed Addiction Counselor
Helena Indian Alliance / Leo Pocha Memorial Clinic

Date

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APPENDICES

APPENDIX A



Family Treatment Court Participant Referral Application

First Judicial District Family Treatment Court – Lewis and Clark County

Date Submitted: _____

Applicant:

Name: _____ Date of Birth: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Referral Information:

Name: _____ Phone Number: _____

Email: _____

Applicant's Children:

1) _____ Age _____ DN Case Number _____ 2) _____ Age _____ DN Case Number _____
Name Name

3) _____ Age _____ DN Case Number _____ 4) _____ Age _____ DN Case Number _____
Name Name

5) _____ Age _____ DN Case Number _____ 6) _____ Age _____ DN Case Number _____
Name Name

Criminal Case History (if any):

Criminal Case Number(s): _____

Prosecutor: _____ Defense Attorney: _____

Sentencing Judge: _____

Is applicant currently on probation/parole? YES / NO If yes, who is applicant's PO? _____

Is applicant currently incarcerated? YES / NO If yes, where? _____

Has applicant ever been convicted of or pled guilty to a crime? YES / NO If yes, were any deferred? _____

Has applicant ever been convicted of or pled guilty to a sexual or violent offense? YES / NO

Has applicant ever been required to register as a sexual or violent offender? YES / NO

Substance Use/Abuse History (if any):

1st Drug of Choice: _____ 2nd Drug of Choice: _____

Is applicant currently in treatment? YES / NO If yes, provider name? _____

Pertinent Information/History of Applicant:

ATTORNEY AUTHORIZATION

I _____ hereby give my client, _____, authorization to communicate with
Attorney Family Treatment Court Applicant
Family Treatment Court, and its related personnel.

Attorney Signature Date

APPENDIX B



Participation Criteria

First Judicial District Family Treatment Court – Lewis and Clark County

The Court targets parents whose have an active dependent neglect proceeding in the First Judicial District that has been active for 12 months or less, and the child has been placed into the child protection system due to child abuse and/or neglect related to parents with substance abuse. CFSD, Office of Public Defender, and County Attorney's office shall refer all potentially eligible participants to the FTC with their permission.

Prospective Participant must meet the following criteria to be considered for participation in the First Judicial District Family Treatment Court.

Check the box next to each criterion met by the Prospective Participant.

- Prospective Participant has an open First Judicial District Court DN Case (typically no more than 12 months) and there are allegations of substance abuse.
- Prospective Participant can understand and is willing to comply with Participation Contract and Informed Consent.
- Prospective Participant is willing to participate in the FTC (the program is voluntary). Prospective Participant has signed a treatment plan (if applicable) in their active DN case and is willing to comply with their DN proceeding treatment plan.
- Prospective Participant has or will schedule a Substance Use Disorder Evaluation and/or a Mental Health Evaluation at the FTC Treatment Team's consensus.

FTC may admit other individuals and or families that do not meet all elements of FTC Screening Criteria. If Prospective Participant meets **one or more** of the following criteria, the Prospective Participant will be **ineligible** for participation in the First Judicial District Family Treatment Court.

Check the box next to any criterion met by the Prospective Participant.

- Prospective Participant does not have an open First Judicial District Court DN case.
- Prospective Participant has been convicted of a sexual offense. Violent offenders will be considered on an individual basis.
- Prospective Participant has a charge pending for a sexual or violent offense.
- Prospective Participant has a medical or psychiatric condition causing a degree of impairment or instability such that it would interfere with program participation and functioning.
- Prospective Participant cannot effectively participate in FTC because of time constraints imposed by the Adoptions and Safe Families Act (ASFA).

FINAL ELIGIBILITY WILL BE DETERMINED AT THE CONCLUSION OF SCREENING PROCESS

Prospective Participant understands the above criteria. Prospective Participant also understands that he/she may be deemed eligible or ineligible for participation in the First Judicial District Family Treatment Court based on the above criteria. If the Court discovers the Prospective Participant meets one or more of the ineligibility criteria after admission into the First Judicial District Family Treatment Court, the Prospective Participant shall be terminated from the program.

Prospective Participant Signature

Date

Signature of Defense Counsel or CPS

Date

APPENDIX C



Initial Request for Candidate Acceptance
First Judicial District Family Treatment Court – Lewis and Clark County

Applicant Name: _____

- | | | | |
|------------------------|----------------------|------------------------|----------------------|
| 1) _____
Child Name | _____ DN Case Number | 4) _____
Child Name | _____ DN Case Number |
| 2) _____
Child Name | _____ DN Case Number | 5) _____
Child Name | _____ DN Case Number |
| 3) _____
Child Name | _____ DN Case Number | 6) _____
Child Name | _____ DN Case Number |

For FJDFTC Team Only

Recommended Level of Treatment: _____

Acceptance Recommendations:

_____	_____	ACCEPT REJECT
CPSS / CPS	Date	
_____	_____	ACCEPT REJECT
Deputy County Attorney	Date	
_____	_____	ACCEPT REJECT
FTC Coordinator	Date	

FAMILY TREATMENT COURT JUDGE HEREBY _____ THIS PARTICIPANT'S INITIAL
Approves / Denies

REQUEST FOR FAMILY TREATMENT COURT ACCEPTANCE.

Reason for Denial (if applicable): _____

Michael F. McMahon
Family Treatment Court Judge

Date

APPENDIX D



Family Treatment Court Application
First Judicial District Family Treatment Court – Lewis and Clark County

Application Date: _____

Referral Information:

Name: _____ Phone Number: _____

Email Address: _____ Place of Birth _____

Applicant:

Name (Last, First, Middle): _____ DOB: _____ SSN# _____

Alias(es): _____

Phone Number: _____ Email: _____

Gender: _____ Age: _____ Are you a US Citizen? YES / NO Primary Language: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Race: _____

Identifying Characteristics: _____

Marital Status: Single Cohabiting Married Common Law Separated Divorced Widowed

Current living arrangement: (circle one) Own / Rent / Hotel/Motel / Transitional Housing /

With Friends/Relatives/Significant Other (not your own home) / Other: _____

DN Information:

DN Case Number(s): _____

Allegation(s): _____

Drug(s): _____ Child(ren)'s Removal Date: _____

CPS Worker(s): _____ County Attorney: _____

Probation and Parole:

Are you on Probation / Parole? YES / NO

Where are you reporting? _____ Who is your officer? _____

Do you have a history of probation violations? YES / NO If yes, what? _____

Case Information:

Eligible program change: _____ Related Case Number: _____

Offense(s) related to participation: _____

How many law enforcement contacts have you had? _____ Are you currently incarcerated? YES / NO

Have you ever been arrested? YES / NO If yes, list number of charges: Misdemeanors _____ Felonies _____

Have you ever been convicted of a crime? YES / NO If yes, list number of charges: Misdem. _____ Felonies _____

Are you wanted or have active warrants in any other jurisdiction? YES / NO If yes, for what charges and where? _____

Are you released on bond? YES / NO / Own Recognizance Bond Amount: \$ _____

Have you ever been charged or convicted of a violent or sexual offense? YES / NO If yes, what? _____

Family Treatment Court Application
First Judicial District Family Treatment Court – Lewis and Clark County

Medical:

Do you have current Medical Insurance coverage? YES / NO

Medical Insurance Name: _____ ID Number: _____

Have you had a medical conditions screening? YES / NO

Do you have any medical conditions? YES / NO If yes, what? _____

Do you have a medication intervention for substance abuse? YES / NO If yes, what? _____

Have you been prescribed any medication in the last 12 months? YES / NO

List your current medications and their purpose: _____

How many psychiatric medications are you taking? _____ Prescriber Name: _____

Previous medical history: _____

Have you been tested for HIV? YES / NO If yes, list test date: _____

Did you receive your results? YES / NO Were you provided any HIV Education? YES / NO

Identification:

Driver's License Status: (circle one) Current / Suspended / Revoked / No Driver's License

If you circled anything other than "No Driver's License," above, list DL Number: _____

Do you have a current State ID? YES / NO If yes, list State ID Number: _____

Military History:

Are you currently serving in the United States Armed Forces or Military? YES / NO

Education:

Did you receive a high school diploma or GED? YES / NO If yes, from where? _____

Graduation date: _____ (month and year)

Are you currently a student? YES / NO If yes, where? _____

Do you have a learning disability? YES / NO If yes, explain? _____

Do you have any other educational difficulties? YES / NO If yes, explain? _____

Income:

Primary source of income: _____ Gross monthly income: _____

Employment:

Are you currently employed? YES NO

1) Employer: _____ Address: _____

Start Date: _____

Supervisor's Name and Title: _____ Phone Number: _____

Is this job currently being held for you for any reason? YES / NO If so, why? _____

2) Employer: _____ Address: _____

Start Date: _____

Supervisor's Name and Title: _____ Phone Number: _____

Is this job currently being held for you for any reason? YES / NO If so, why? _____

Family Treatment Court Application

First Judicial District Family Treatment Court – Lewis and Clark County

Skills:

What kind of vocational skills do you have, if any? _____

Financial Information:

ASSETS:

Cash on Hand \$ _____
 Checking Acct. Balance \$ _____
 Savings Acct. Balance \$ _____
 Value of Owned Vehicles \$ _____
 Life Insurance \$ _____
 Real Estate \$ _____
 Other \$ _____

LIABILITES:

Public Utility Debt \$ _____
 Personal Property \$ _____
 Mortgage(s) \$ _____
 Other Loans \$ _____
 Other Debt \$ _____

MONTHLY INCOME:

\$ _____

MONTHLY EXPENSES:

Rent \$ _____
 Utilities \$ _____
 Court Payments \$ _____

TOTAL ASSETS \$ _____

TOTAL LIABILITES \$ _____

TOTAL \$ _____

Are you currently receiving any Public Assistance? YES / NO If yes, when did you start receiving it? _____

Indicate the following benefits you are currently receiving:

____ None ____ WIC ____ Child Support ____ SNAP
 ____ TANF ____ SSI/SSD ____ Medicaid ____ VA Assistance
 ____ Voc. Rehab ____ Housing Assist. ____ LIEAP ____ Unemployment

Other Assistance: _____

Substance Use/Abuse History:

Are you currently receiving substance abuse treatment? YES / NO

If yes, where? _____

Have you ever received substance abuse treatment? YES / NO If yes, when? _____

Primary Drug of Choice: _____ Age of first use: _____ When did you last use? _____
 Amount: _____ Frequency of Use: _____

Secondary Drug of Choice: _____ Age of first use: _____ When did you last use? _____
 Amount: _____ Frequency of Use: _____

Tertiary Drug of Choice: _____ Age of first use: _____ When did you last use? _____
 Amount: _____ Frequency of Use: _____

Quaternary Drug of Choice: _____ Age of first use: _____ When did you last use? _____
 Amount: _____ Frequency of Use: _____

Have you ever used drugs intravenously? YES / NO

What is your perspective of your drug problem? No Problem / Mild / Moderate / Severe

What are your main triggers to continue using drugs? _____

Family Treatment Court Application
First Judicial District Family Treatment Court – Lewis and Clark County

Contact:

Name of Reference/Contact Person in the Community: _____

Company/Business (if applicable): _____

Family Information:

Are either of your parents alive? YES / NO

Name Relationship to you Where they live

Name Relationship to you Where they live

Name Relationship to you Where they live

Do you have any siblings? YES / NO

If yes, list their name(s) and where they live _____

With what family member(s) are you most in contact with? _____

Can they be contacted? List address and/or phone: _____

Would any of your family members be willing to participate with your treatment? YES / NO

Child/Dependent Information:

Child 1

Child's Name Date of Birth Mother Father

Who has custody of this child? _____ Where does this child live? _____

DN Case Number: _____ Presiding Judge: _____

Child 2

Child's Name Date of Birth Mother Father

Who has custody of this child? _____ Where does this child live? _____

DN Case Number: _____ Presiding Judge: _____

Child 3

Child's Name Date of Birth Mother Father

Who has custody of this child? _____ Where does this child live? _____

DN Case Number: _____ Presiding Judge: _____

Child 4

Child's Name Date of Birth Mother Father

Who has custody of this child? _____ Where does this child live? _____

DN Case Number: _____ Presiding Judge: _____

Reason(s) for Application:

Family Treatment Court Application
First Judicial District Family Treatment Court – Lewis and Clark County

For FJDFTC Coordinator Only

Interview Checklist:

- Did Applicant cooperate during the interview? YES / NO
- Does Applicant have an open DN Case in the First Judicial District? YES / NO
- Are/Is Applicant’s child(ren) adjudicated Youth(s) in need of care? YES / NO
- Does Applicant have a court-ordered treatment plan? YES / NO
- Is Applicant charged with an alcohol and/or other drug offense? YES / NO
- Has Applicant ever been charged with a violent/sexual offense? YES / NO
- Does Applicant have a prior violent/sexual conviction? YES / NO
- Does Applicant accept responsibility for his/her involvement with CPS? YES / NO
- Does Applicant appear to have a substance abuse problem? YES / NO
- Does Applicant have any medical conditions that may prohibit their acceptance? YES / NO
- Is applicant currently taking any non-compliant medications? YES / NO

Interview Notes:

Bridgette Beach
Family Treatment Court Coordinator
First Judicial District Court

Date

APPENDIX E



Intake Checklist

First Judicial District Family Treatment Court – Lewis and Clark County

Applicant Name: _____

Referred by: _____

**DATE
COMPLETE:**

Deputy County Attorney received referral and screened _____

Coordinator received referral and called applicant _____

Intake Schedule for _____

Participant Completed Application _____

Coordinator completed RANT Assessment _____

FSNS Completed _____

Applicant signed Releases of Information and Consents _____

Applicant signed Waivers of Confidentiality _____

Initial Recommendation: Acceptance | Denial _____

Initial Request for Candidate Acceptance signed _____

Applicant Completed SUD Evaluation with _____

Coordinator Received SUD Evaluation _____

Applicant Completed Mental Health Evaluation with _____

Coordinator Received Mental Health Evaluation _____

Meet with Defense Counsel _____

Initial Discussion by FTC Team _____

Team Recommended: Acceptance | Denial _____

Final Request for Candidate Acceptance Signed _____

Participant Notified of Acceptance or Denial _____

Participant Read and Signed Contract _____

Participant Received Date Book/Journal _____

Participant Received and Read Handbook _____

Participant Completed Surveys _____

Coordinator Notified FES _____

Entered into DIMS _____

Case Plan _____

APPENDIX F



Confidentiality Agreement for Court Observers

First Judicial District Family Treatment Court – Lewis and Clark County

I, _____, understand that I am an invited guest of the First Judicial District Family Treatment Court for the purpose of observing the Court's processes and procedures. I understand that these proceedings are confidential and that information from DPHHS-CFSD cases and treatment provider records will be discussed, and understand that these records are used for the purpose of assessing the needs of the Treatment Court participants, creating treatment plans, and monitoring participant participation. Audio and/or video recording of any kind, shall not be permitted during any Court session, staffing event, or other confidential meeting.

I further understand that during the court observation session's/term of my invitation to the First Judicial District Family Treatment Court, I may hear information that is highly sensitive and legally confidential information, pursuant to Federal Rule 42 CFR, Part 2.

I understand that release of this information is punishable as a criminal offense and swear that I will keep all information about the cases, case workers, and any/all discussion of the clients/participants strictly confidential.

Observer Name (Print)

Observer Signature

Date

Witness Name (Print)

Witness Signature

Date

Date of Observation: _____

This Agreement shall expire 365 days after being executed.

APPENDIX G



Authorization for Electronic Communication

First Judicial District Family Treatment Court – Lewis and Clark County

I _____, as a participant of the First Judicial District Family Treatment Court (FTC), duly recognize my responsibility in and during communication with the Family Treatment Court Coordinator and/or any program affiliates, and hereby give authorization to the following:

1. Communication through phone calls, text messaging, and/or electronic mail with exclusive regard to my participation, success, and journey throughout the FTC program.
2. All communication listed above will remain confidential in the FTC program and will be disseminated to FTC team members and FTC participants only, if necessary.
3. Participant is individually responsible for any and all charges and fees associated with the communication listed above.
4. Participant shall communicate with the FTC Coordinator, directly. In the event **group** communication occurs with participant, fellow FTC participants, and any FTC team members, the participant may not use team member or fellow participant's contact information to contact them individually or directly.
5. **Contact with fellow FTC participants is permitted ONLY in group settings, through electronic communication. Participants shall NOT contact fellow FTC participants individually, directly, or in any other form except as outlined above.**

The undersigned participant agrees and understands each of the above and authorizes approved **group** electronic communication with the FTC Coordinator, team members, fellow participants, and any program affiliates.

Participant Name (Print)

Signature

Date

Witness Signature

Date

APPENDIX H



Authorization for Release of Confidential Information

First Judicial District Family Treatment Court – Lewis and Clark County

I, _____, whose Date of Birth is _____, authorize the First Judicial District Family Treatment Court to disclose and/or obtain information from _____.

The following information:

- | | |
|-------------------------------------------------|----------------------------------------------------------|
| _____ Intake History / Admission Information | _____ Medical / Medication Records |
| _____ Psychological Testing | _____ Social Information |
| _____ Progress Notes / Reports | _____ Treatment Plans |
| _____ Substance Use Disorder Assessment Summary | _____ Discharge Summary |
| _____ Mental Health Assessment | _____ Photographs |
| _____ Therapeutic Notes | _____ Community Solutions/Millennium Health Test Results |

for the purpose(s) of: _____.

Purpose Statement: Photographs for the purpose of outlining progress/successes in the Family Treatment Court Program and providing material for public presentations and grant compliance.

First Judicial District Family Treatment Court Members:

District Court Judge, Coordinator, Child Protection Specialist Supervisor, Child Protection Specialist, Deputy County Attorney, Defense Attorney, Boyd Andrew Community Services Supervisor, Boyd Andrew Community Services Licensed Addiction Counselor, Helena Valley Addiction Services Representative(s), Helena Indian Alliance Representative(s), Shodair Children’s Hospital Representative(s), and Florence Crittenton Representative(s).

I understand that I may revoke this authorization at any time with a written request, except to the extent that action has been taken in reliance on authorization (42 CFR Part 2). This consent shall expire three hundred sixty-five (365) days from the date signed if no expiration date is written. This consent shall also expire at any such time I decline continued screening/participation in screening for the Court and any of its related assessments.

The following statement is for clients involved in Substance Use Disorder counseling services:

Prohibition of Redisclosure: This release accompanies records concerning a client in alcohol/drug abuse treatment. This information has been disclosed to you for records protected by federal confidentiality rules (42 CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. a federal authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. I understand that there is a potential for the information disclosed pursuant to this authorization to be subject to redisclosure by the recipient, and the information may no longer be protected by the federal confidentiality rules.

THIS AUTHORIZATION EXPIRES 365 DAYS AFTER PARTICIPANT’S TERMINATION OR GRADUATION

Participant Signature

Date

Witness Signature

Date

APPENDIX I



Authorization for Release of Confidential Information

First Judicial District Family Treatment Court – Lewis and Clark County

I, _____, authorize **Boyd Andrew Community Services** to disclose and/or obtain the following information from the **First Judicial District Family Treatment Court**:

The following information:

- | | |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Intake History / Admission Information | <input type="checkbox"/> Medical / Medication Records |
| <input type="checkbox"/> Psychological Testing | <input type="checkbox"/> Social Information |
| <input type="checkbox"/> Progress Notes / Reports | <input type="checkbox"/> Treatment Plans |
| <input type="checkbox"/> Substance Use Disorder Assessment Summary | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Mental Health Assessment | <input type="checkbox"/> Photographs |
| <input type="checkbox"/> Therapeutic Notes | <input type="checkbox"/> Community Solutions/Millennium Health Test Results |

Purpose Statement: Photographs for the purpose of outlining progress/successes in the Family Treatment Court Program and providing material for public presentations and grant compliance.

First Judicial District Family Treatment Court Members:

District Court Judge, Coordinator, Child Protection Specialist Supervisor, Child Protection Specialist, Deputy County Attorney, Defense Attorney, Boyd Andrew Community Services Supervisor, Boyd Andrew Community Services Licensed Addiction Counselor, Helena Valley Addiction Services Representative(s), Helena Indian Alliance Representative(s), Shodair Children’s Hospital Representative(s), and Florence Crittenton Representative(s).

I understand that I may revoke this authorization at any time with a written request, except to the extent that action has been taken in reliance on authorization (42 CFR Part 2). This consent shall expire three hundred sixty-five (365) days from the date signed if no expiration date is written. This consent shall also expire at any such time I decline continued screening/participation in screening for the Court and any of its related assessments.

The following statement is for clients involved in Substance Use Disorder counseling services:

Prohibition of Redisclosure: This release accompanies records concerning a client in alcohol/drug abuse treatment. This information has been disclosed to you for records protected by federal confidentiality rules (42 CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. a federal authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. I understand that there is a potential for the information disclosed pursuant to this authorization to be subject to redisclosure by the recipient, and the information may no longer be protected by the federal confidentiality rules.

THIS AUTHORIZATION EXPIRES 365 DAYS AFTER PARTICIPANT’S TERMINATION OR GRADUATION

Participant Signature

Date

Witness Signature

Date

APPENDIX J



Confidentiality Agreement

First Judicial District Family Treatment Court – Lewis and Clark County

I _____, as a team member or participant of the First Judicial District Family Treatment Court (FTC), duly recognize my responsibility to the confidentiality of the Family Treatment Court program and its participants and hereby agree to the following:

1. Any information discussed at a FTC team meeting and/or a FTC Court session, shall remain confidential and will not be revealed to anyone not involved in the FTC program.
2. FTC participant's and their children's names will be shared to team members only.
3. FTC files will remain confidential and are to be used by FTC team members only, unless otherwise authorized by the FTC Judge, in writing.
4. FTC warrants are not confidential.
5. Audio, photo, and/or video recording of any kind, shall not be permitted during any Court session, staffing event, organizational gathering, or other confidential meeting.

Note: This form is necessary in order to comply with Title 42 of the Code of Federal Regulations Governing Confidentiality of Alcohol and Drug Abuse Patient Records.

Name (Print)

Signature

Date

Affiliation

APPENDIX K

First Judicial District Family Treatment Court



Lewis and Clark County Courthouse
228 Broadway, Room 304
Helena, MT 59601
Phone: (406) 457-8809

Date

Participant's Address

RE: Family Treatment Court Acceptance

Dear Participant:

Congratulations on your acceptance into the First Judicial District Family Treatment Court. As you know, your journey will be strenuous and challenging, but the rewards of a clean and sober lifestyle are well worth the effort. It is the intention of the Family Treatment Court to provide you with every assistance available to support you in your efforts and success.

You have been provided a copy of the Family Treatment Court handbook. This handbook will assist you in your daily interaction with the Family Treatment Court. I strongly recommend that you read it cover-to-cover, make notes, and ask any questions. You will be responsible for following the rules and regulations, each of which are covered in detail, in our handbook.

If I may be of assistance in any way, please do not hesitate to contact me at the number listed below.

Sincerely,

Bridgette Beach
Family Treatment Court Coordinator
First Judicial District Court

APPENDIX L

First Judicial District Family Treatment Court



Lewis and Clark County Courthouse
228 Broadway, Room 304
Helena, MT 59601
Phone: (406) 457-8809

Date

Participant's Address

RE: Family Treatment Court

Dear Participant:

The First Judicial District Family Treatment Court has determined that you do not meet the criteria for Family Treatment court at this time. As you know, your journey will be strenuous and challenging, but the rewards of a clean and sober lifestyle are well worth the effort. It is the desire of the Family Treatment Court that you succeed in your sobriety journey.

If I may be of assistance in any way, please do not hesitate to contact me at the number listed above.

Sincerely,

Bridgette Beach
Family Treatment Court Coordinator
First Judicial District Court

APPENDIX M



Participation Contract and Informed Consent

First Judicial District Family Treatment Court – Lewis and Clark County

Cause No(s). _____
For Office Use Only

This “Contract” is the First Judicial District Family Treatment Court contract regarding _____, hereinafter referred to as “I”. For purposes of this Contract, “Team” refers to the First Judicial District Family Treatment Court Team, comprised of the Team’s individual members.

_____ 1. I understand that I am expected to be completely honest and to tell the truth to the Team and its members. Overcoming alcohol/drug addiction is not easy, but I understand the Team is here to help me in this process and that to do so requires absolute truthfulness on my part. I understand the Team will be honest with me and that I am required and expected to be honest in return.

_____ 2. I have provided personal information to the Team to permit them to determine if I am a suitable participant for Family Treatment Court.

_____ 3. For the duration of time that I am a participant, I agree to provide all additional personal information that the Team might need to assess whether I am following the terms of this Contract.

_____ 4. I understand that I may be deemed eligible or ineligible for participation in Family Treatment Court based on the participation criteria. If the Court discovers that I meet one or more of the ineligibility criteria after admission into Family Treatment Court, I will be terminated from the program.

_____ 5. I hereby authorize the release of all information, either in written reports or verbal testimony, regarding my treatment, my child protective services case status, law enforcement involvement and my legal status to all members of the Team for the limited purpose of determining my progress in meeting my treatment plan goals.

_____ 6. I authorize the Court and the Team to staff my case prior to court appearances. My authorization to release treatment information including alcohol and other drug test results is with the understanding that such information **will not** be used by the County Attorney for any prosecution of criminal charges against me. I further understand and agree, however, that such information can be considered by the Court in determining whether I should remain in the program.

_____ 7. I understand that my alcohol/drug treatment records are confidential and protected from disclosure by federal regulations (42 CFR) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. Furthermore, I understand that I have provided written consent for the release of confidential drug/alcohol treatment records for use by the Team. I also understand that no Team member is authorized to disclose my treatment information to parties or agencies outside the Team unless I have executed a separate release of information.

_____ 8. I hereby allow the Team to discuss my treatment plan and progress among themselves, as well as disclose information about my case in open court. Furthermore, I understand that the Team is obligated to report child abuse or cases of danger to self or others, and the Team may be required to disclose information to the proper authorities in cases of medical necessity.

Participation Contract and Informed Consent

First Judicial District Family Treatment Court – Lewis and Clark County

_____ 9. Because the Family Treatment Court is based on a team model, you will be giving up some rights, specifically the right to attorney-client privilege. You are free and encouraged to speak to your attorney and defense counsel about all issues. Please be aware, however, that if your issue is with a specific provider, your attorney and defense counsel will encourage you to share your thoughts with that provider. Your attorney and defense counsel will help you brainstorm a solution, and that solution will include you speaking to your provider directly. Defense counsel will also discuss your concerns in Team meetings. Your attorney and defense counsel are there to help you through the legal process as well as the healing process from your addiction but will not keep secrets from the Team.

_____ 10. I understand that I will be hearing confidential treatment and child protective services information regarding other participants during Family Treatment Court hearings and that this information is not to be disclosed or discussed with any other individuals outside the Team or participants.

_____ 11. I further understand that disclosing confidential treatment information is subject to civil and criminal penalties under state and federal law and is grounds for termination from the Family Treatment Court program.

_____ 12. I understand that the Family Treatment Court will sometimes have guests of families, treatment providers not necessarily on the team, and public graduations. I understand that as part of their observation, they will be hearing confidential treatment and child protective services information regarding the participants and that this information is not to be disclosed or discussed with any other individuals outside the Team. I further understand that all observers are required to sign appropriate confidentiality statements, that disclosure of confidential information is subject to civil and criminal penalties under state and federal law, and that observers can be prosecuted for release of any such information.

_____ 13. I agree to execute appropriate releases of health care information so that all of my health care and mental health care providers may provide written and/or oral reports of my treatment progress to the Team.

_____ 14. I agree to personally appear for all required sessions of the Family Treatment Court. I understand that failure to appear could result in a charge of contempt of court, potential jail time, assessment of sanctions, and possible termination from Family Treatment Court program.

_____ 15. I agree that I will start a treatment program at a treatment level to be determined by the treatment provider, and that I will begin attendance immediately upon acceptance into the treatment facility. I understand that failure to successfully complete the required treatment program is grounds for termination from the Family Treatment Court program.

_____ 16. I understand that as part of my treatment plan, I will be required to follow all the rules, attend all meetings, attend all therapy sessions, subject myself to random drug testing of blood, breath, or urine, and follow all other treatment requirements set forth by the treatment provider, the Team, or ordered by the Family Treatment Court Judge.

_____ 17. I agree to remain free of alcohol, illicit drugs, and prescription drugs that have not been prescribed to me, throughout the course of my participation in Family Treatment Court. I further agree to use prescription medication only as directed by the prescribing physician. I agree that when I am being treated by a medical professional who needs to prescribe medications, I will advise the medical professional that I had/have a substance use disorder.

Participation Contract and Informed Consent

First Judicial District Family Treatment Court – Lewis and Clark County

_____ 18. I understand that in addition to random blood, breath, and urine testing by the treatment provider, I will subject myself to random alcohol and drug testing as ordered by the Family Treatment Court. I agree to refrain from use of poppy seeds and all adulterants that might impede collection of an accurate urine specimen.

_____ 19. I agree not to use over-the-counter medications and herbal remedies containing ephedrine or pseudoephedrine, unless I have received prior approval from my treatment provider.

_____ 20. I further understand that a missed, dilute, or adulterated urine specimen will be considered “positive” for purposes of the Family Treatment Court.

_____ 21. I understand law enforcement informs the Team about any contacts I have with law enforcement during my tenure with Family Treatment Court.

_____ 22. I understand that my assigned worker may visit my residence on a random basis, with or without law enforcement personnel. I agree to open the door for that person and speak with him/her when he/she visits my residence.

_____ 23. I understand that throughout the term of this Contract, the Family Treatment Court Judge will have personal knowledge of whether I am complying with this Contract. I hereby expressly waive any right to disqualify or request recusal of the Family Treatment Court Judge, including disqualification for cause based on the Judge’s personal knowledge, whether such knowledge was provided by the Team.

_____ 24. I understand that throughout the term of this Contract, the Family Treatment Court will encourage me to focus strictly on myself and my child(ren). As a result, I will be discouraged from pursuing any intimate and/or romantic relationships during my tenure in Family Treatment Court.

_____ 25. I further understand that all my relationships affect my child(ren) and therefore, will come under the scrutiny of DPHHS/CFS and the Team (to include signing of releases, drug testing, and treatment plan compliance as deemed appropriate by the Team). In addition, the Team may request an association application to be completed by all parties upon request.

_____ 26. I understand that the Family Treatment Court Judge, upon receiving information from the Team that I am not complying with the Contract, may impose sanctions. Failure to comply includes but is not limited to positive alcohol or other drug test results, missed alcohol or other drug tests, missed treatment appointments, or failure to appear in Court. Sanctions may include, but are not limited to, the following:

- a. Lecture or Reprimand from the Judge;
- b. Increased Family Treatment Court Appearance Requirements;
- c. Community Service;
- d. Home Arrest or Jail Time;
- e. Increased Breath, Blood, and Urine Drug Testing;
- f. Return to a Previous Phase of Family Treatment Court; and
- g. Termination from the Family Treatment Court program.

_____ 27. I understand that if after a hearing, it is the opinion of the Family Treatment Court Judge that I have committed violations of this Contract which justify my arrest, then the Judge may order my arrest and detention.

_____ 28. I understand that in addition to sanctions imposed for noncompliant behaviors, the Treatment Team and/or my treatment provider may require additional treatment requirements.

Participation Contract and Informed Consent

First Judicial District Family Treatment Court – Lewis and Clark County

____ 29. I understand that in the event I am terminated from Family Treatment Court, my case may be reassigned to another Judge or revert to the previous judge.

____ 30. I understand that if I diligently perform my obligations under this Contract, Family Treatment Court may approve the following incentives:

- a. Praise and Congratulations from the Judge;
- b. Decreased Family Treatment Court Appearance Requirements;
- c. Release from Community Service;
- d. Increased Parenting Responsibility and Time;
- e. Financial Incentives;
- f. Decreased Breath, Blood, and Urine Drug Testing;
- g. Return of Child(ren) to the Participant’s Home;
- h. Graduation to Phases II-V of Family Treatment Court; and
- i. Graduation from the Family Treatment Court program.

____ 31. I understand and agree that the treatment program is to be completed in a minimum of twelve (12) months and a maximum of eighteen (18) months. I further understand and agree that the Family Treatment Court may extend the treatment program for such an additional time as the Family Treatment Court deems necessary, including a time-period for aftercare.

____ 32. I agree to keep my DPHHS-CFS case worker and the Family Treatment Court Coordinator advised of my current address and place of employment always during this treatment program. I also agree to apprise DPHHS-CFS of all individuals residing in my house throughout my involvement in the Family Treatment Court program.

____ 33. I understand the Court will appoint a CASA/GAL to my child(ren) and their role is to advocate for the best interest of my child(ren). The CASA/GAL is expected to visit with the children a minimum of once every two weeks, communicate regularly with the child protection specialists, foster parents, day care providers, parents' employers, probation and parole officers, treatment providers, counselors (parent and child), teachers, extended family and any other person playing a role in the lives of you or your child(ren) who can provide insight into the children's welfare. They are responsible for submitting a report with participant information to the Family Treatment Court in a timely manner that includes recommendations to the Court in what CASA/GAL believes is in the best interest of the child.

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Participation Contract and Informed Consent

First Judicial District Family Treatment Court – Lewis and Clark County

_____ 34. This Contract is the only Contract I have with the First Judicial District Family Treatment Court. There are no other deals, bargains, promises, or understandings, whether written or otherwise, which change or alter this agreement.

This agreement may be executed in any number of counterparts, each of which when executed and delivered shall constitute a duplicate original, but all counterparts together shall constitute a single agreement.

STATEMENT AND ACKNOWLEDGEMENT OF PARTICIPANT

I, _____ *Participant's Name* _____, have read this entire Contract, and I have read and initialed each paragraph of this Contract. I have had adequate time to fully discuss this Contract with my attorney. I understand all the terms of this Contract and what is expected of me. I freely and voluntarily agree to abide by all the Contract's terms and conditions, and I understand the consequences of my failure to do so. I represent that at the time of execution of this Contract, I am not under the influence of drugs and/or alcohol.

DATED this _____ day of _____ 20____.

Participant

STATEMENT AND ACKNOWLEDGEMENT OF PARTICIPANT'S DEFENSE ATTORNEY

I, _____ *Participant's Defense Attorney* _____, attorney for _____ *Participant* _____, have fully advised him/her of all the terms and conditions of this Contract. To the best of my knowledge, I believe that (s)he is entering into this contract out of his/her free will, and to the best of my knowledge that no improper promises, threats or other inducements have been made by the Team to cause her/him to enter into this Contract.

DATED this _____ day of _____ 20____.

Attorney for Participant

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Participation Contract and Informed Consent

First Judicial District Family Treatment Court – Lewis and Clark County

STATEMENT AND ACKNOWLEDGEMENT OF FAMILY TREATMENT COURT DEFENSE COUNSEL

I, Family Treatment Court Defense Attorney, defense counsel for the First Judicial District Family Treatment Court, have fully advised him/her of all the terms and conditions of this contract. To the best of my knowledge, I believe that (s)he is entering into this Contract out of his/her free will, and to the best of my knowledge that no improper promises, threats or other inducements have been made by the Team to cause him/her to enter into this contract.

DATED this _____ day of _____ 20____.

Defense Counsel

STATEMENT AND ACKNOWLEDGEMENT OF HONORABLE JUDGE MICHAEL F. McMAHON

I, Family Treatment Court Judge, First Judicial District Family Treatment Court Judge, have fully advised him/her of all the terms and conditions of this Contract. To the best of my knowledge, I believe that (s)he is entering into this Contract out of his/her free will, and to the best of my knowledge that no improper promises, threats or other inducements have been made by the Team to cause him/her to enter into this contract.

DATED this _____ day of _____ 20____.

Judge Michael F. McMahon

APPENDIX N

Accounts Payable:

Mail invoices at least weekly to Financial Services, PO Box 203002, Helena 59620-3002.
Or E-Mail them to judfinancial@mt.gov.

Approval: All invoices, including travel claims, must have an original authorized signature; district judge signature stamps are not allowed.

CODING: When approving invoice, District Court staff should verify amount and write org (or fees, grant, or drug court). OCA staff will code remainder of invoice (account code, judge, etc.)
Purchase of personal items is not a state expense (coffee, water, Kleenex, kitchen items, etc).

TRAVEL:

- Out-of-state travel must be approved by Court Administrator prior to travel (except juvenile transports). (Refer to Employee Travel Policy No. 770)
- Submit travel claim as soon as returning from out-of-state trip. In-state travel claims can be submitted on a monthly calendar basis.

MILEAGE FOR POV (privately owned vehicle), effective January 1, 2022:

.585/mile (no state vehicle available) - first 1,000 miles/calendar month
.555/mile -- over 1,000 miles
.282/mile when state vehicle available, but employee uses POV

State-owned vehicles: put all expenses (gas, oil change, new tires, wipers, etc.) on the gas charge card. Mail, fax, or scan/email all non-fuel receipts to Helena Accounting; keep gas receipts; verify and staple to gas detail sheet that I email you each month.

LODGING: (in- and out-of-state). Per state policy, only the maximum allowable rate, plus tax, will be reimbursed. State of Montana Travel Policy: <http://sfsd.mt.gov/SAB/EmployeeTravel>. Click on 'Federal Lodging Rate Guidelines' for the maximum allowable rate in other states and Montana. Click on 'State Per Diem Lodging' for facilities that accept the state rate. Go to 'Google Maps' for actual map miles.

Montana: \$96 plus tax (year-round) (as of 10/1/21). Exceptions: Flathead, Gallatin/Park, Lewis & Clark, and Missoula counties.

MEALS:

		<u>In-state</u>	<u>Out-of-State</u> (as of 10/1/21)
Breakfast	12:01 a.m. – 10:00 a.m.	\$7.50	\$13
Lunch	10:01 a.m – 3:00 p.m.	\$8.50	\$15
Dinner	3:01 p.m. – midnight	<u>\$14.50</u>	<u>\$26</u>
TOTAL		\$30.50	\$54

Note: must be gone for more than three hours within times designated

Questions, contact Rachelle Morse, Court Administrator's Office, 444-4157 or email rmorse1@mt.gov

APPENDIX 0

JUDICIARY
Travel Expense Voucher

IMPORTANT!

SUBMIT VOUCHERS WITHIN THREE MONTHS OF TRAVEL.

Name: _____

Month/Year: _____

Address: _____

Jud. District # / Program: _____

City: _____

ORG: _____

State: MT Zip Code: 59601

Vendor #: _____

Briefly explain nature of trip(s):

Day	1	2	3	4	5	6	7	8	9		
	Departure Time	AM PM	Return Time	AM PM	Travel Details	Mode of Travel	Personal Car/Air Mileage	Mileage Allowance: Miles x Rate	Per Diem Allowed Attach Lodging Receipt Lodging Meals	Other Expenses	Total Amount
1											
2											
3											
4											
5											
6											
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	10	Column Totals		
	11	Less Travel Advance Received	_____	
	12	Net Reimbursement Due Me	_____	\$0.00
	13	Net Payment Due State	_____	

Miscellaneous Expenses: _____

I hereby certify this is a valid travel claim to the State in accordance with statutes and administrative procedures.

Employee's signature: _____

Date: _____

Supervisor's approval: _____

Date: _____

► To read all state travel policies, go to: <http://doa.mt.gov/employee-travel>

Mail to: Accounting, Office of Court Administrator, PO Box 203002, Helena, MT 59620-3002

TRAVEL CLAIMS MUST BE SUBMITTED WITHIN THREE MONTHS OF TRAVEL OR CLAIM WILL BE DENIED

APPENDIX P



Substance Use Testing Contract

First Judicial District Family Treatment Court – Lewis and Clark County

Urinalysis / Breath Analysis / Other Bodily Fluid Testing

Per the First Judicial District Family Treatment Court *Participant Contract and Informed Consent*, random urinalysis, breath analysis, and other bodily fluid testing is required.

Testing/Provide Times:

Monday – Friday: 7:00 a.m. to 9:00 a.m.

Saturday, Sunday, and Holidays: 7:00 a.m. to 9:00 a.m.

You are assigned the following number: _____

You are required to call **1-888-200-0571**, daily (including weekends and holidays). The voice message recording will state the numbers and provide testing times for that day. The new outgoing message is changed daily at 5:00 a.m. **Do not call in prior to 5:00 a.m.**

If your number is called, you are required to provide the requested sample unless otherwise specified by the Family Treatment Court team.

The following may be considered violations and are grounds for sanction(s):

- **Positive Sample**
- **Failure to Provide**
- **Diluted Sample**
- **Tampering with Sample(s)**
- **Failure to call-in at scheduled times**
- **CONSUMING POPPY SEEDS IS NOT PERMITTED**

Please list your current/active medications:

A copy of your test results will be sent to the CPS assigned to your DN case, regardless of the test result.

By signing below, you acknowledge that you have read, understand, and agree to abide by the terms and conditions in this contract, set forth above.

Participant Name (Print)

Signature

Date

Staff

Date

APPENDIX Q



Positive Urinalysis Acknowledgment

First Judicial District Family Treatment Court – Lewis and Clark County

Date: _____

I, _____, date of birth _____, acknowledge that I received a copy of a Community Solutions Lab report from my Urinalysis test on _____ that contains a positive result for _____.

I have been advised and understand that I can challenge the results by going to Community Solutions and signing chain of custody for third party testing at Millennium Health within 24 hours, or that I can take these results to my Licensed Addiction Counselor and return with a therapeutic response on my next court date.

Participant Signature

Date

Witness Signature

Date

APPENDIX R

Participant Name: _____

Date: _____

First Judicial District Family Treatment Court *Monthly Financial Screening*

	Current or Tracked	Planned
Income		
Employment #1	\$	\$
Employment #2	\$	\$
Social Security	\$	\$
Pension	\$	\$
Alimony/Child Support	\$	\$
Food Stamps/Share	\$	\$
Commissions	\$	\$
Other	\$	\$
Total Monthly Net Income	\$	\$

	Current or Tracked	Planned
Savings		
Savings Account or Fund	\$	\$
Emergency Savings or Fund	\$	\$
Other	\$	\$
Total Monthly Savings	\$	\$

	Current or Tracked	Planned
Utilities		
Natural Gas, Oil, Propane	\$	\$
Electricity	\$	\$
Water/Sewer	\$	\$
Garbage/Recycling	\$	\$
Phone(s)	\$	\$
Other	\$	\$
Total Monthly Utility Expenses	\$	\$

	Current or Tracked	Planned
Housing		
Mortgage #1	\$	\$
Mortgage #2	\$	\$
Home Equity Loan / Line of Credit	\$	\$
Rent	\$	\$
Property Taxes	\$	\$
Condominium Fee	\$	\$
Homeowners/Renters	\$	\$
Insurance	\$	\$
House Repairs	\$	\$
House Maintenance	\$	\$
Garden/Pool/Lawn/Snow	\$	\$
Other	\$	\$
Total Monthly Housing Expenses	\$	\$

	Current or Tracked	Planned
Food		
Groceries	\$	\$
Eating Out Lunch	\$	\$
Dining Out	\$	\$
Coffee/Snacks	\$	\$
Kids School Lunch Money	\$	\$
Other	\$	\$
Total Monthly Food Expenses	\$	\$

	Current or Tracked	Planned
Transportation		
Auto Payment #1	\$	\$
Auto Payment #2	\$	\$
Auto Payment #3	\$	\$
Gasoline	\$	\$
Auto Insurance	\$	\$
Parking Fees/Tolls	\$	\$
Auto Registration/Plates	\$	\$
Public Transportation	\$	\$
Car Repairs/Maintenance	\$	\$
Other	\$	\$
Total Monthly Transportation Expenses	\$	\$

	Current or Tracked	Planned
Health Care		
Health Insurance	\$	\$
Prescriptions	\$	\$
Co-Pays/Deductibles	\$	\$
Dental Care	\$	\$
Other	\$	\$
Total Monthly Health Care Expenses	\$	\$

Participant Name: _____

Date: _____

First Judicial District Family Treatment Court
Monthly Financial Screening

	Current or Tracked	Planned
Education and Employment Costs		
Tuition	\$	\$
Books	\$	\$
Student Loans	\$	\$
Room/Board	\$	\$
School Supplies, Fees, Field Trips	\$	\$
Child Care and After School Care	\$	\$
Newspapers/Magazines	\$	\$
Other	\$	\$
Total Monthly Education and Employment Expenses	\$	\$

Entertainment		
Cable / Television	\$	\$
Movies	\$	\$
Sports	\$	\$
Hobbies	\$	\$
Internet	\$	\$
Babysitting Costs	\$	\$
Other	\$	\$
Total Monthly Entertainment Expenses	\$	\$

	Current or Tracked	Planned
Clothing		
Purchases	\$	\$
Team or Group Shirts/Uniforms	\$	\$
Laundry	\$	\$
Dry Cleaning	\$	\$
Repairs	\$	\$
Other	\$	\$
Total Monthly Clothing Expenses	\$	\$

Personal Care		
Beauty Salon/Haircuts	\$	\$
Cosmetics	\$	\$
Manicure/Pedicure	\$	\$
Toiletries	\$	\$
Fitness/Health Club or Gym	\$	\$
Other	\$	\$
Total Monthly Personal Care Expenses	\$	\$

Pets		
Food	\$	\$
Vet	\$	\$
License	\$	\$
Insurance	\$	\$
Grooming	\$	\$
Other	\$	\$
Total Monthly Personal Care Expenses	\$	\$

	Current or Tracked	Planned
Other		
Bank Fees/ Money Orders/etc.	\$	\$
Tobacco	\$	\$
Alcohol	\$	\$
Religious/ Charitable Donations	\$	\$
Lottery	\$	\$
Vacation	\$	\$
Special Events	\$	\$
Gifts	\$	\$
Life Insurance	\$	\$
Long-Term Care Insurance	\$	\$
Allowance/Spending Money	\$	\$
Other	\$	\$
Total Monthly Other Expenses	\$	\$

Credit Cards			
	Balance	Payment	Planned Payment
Credit Card 1	\$	\$	\$
Credit Card 2	\$	\$	\$
Credit Card 3	\$	\$	\$
Credit Card 4	\$	\$	\$
Credit Card 5	\$	\$	\$
Total Monthly Credit Cards	\$	\$	\$

Participant Name: _____

First Judicial District Family Treatment Court

Monthly Financial Screening

Date: _____

	Current or Tracked	Planned
Summary of Expenses		
Savings	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Housing	\$ _____	\$ _____
Food	\$ _____	\$ _____
Transportation	\$ _____	\$ _____
Health Care	\$ _____	\$ _____
Education and Employment	\$ _____	\$ _____
Entertainment	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Personal Care	\$ _____	\$ _____
Pets	\$ _____	\$ _____
Other	\$ _____	\$ _____
Credit Cards	\$ _____	\$ _____
Total Monthly Expenses	\$ _____	\$ _____

SUMMARY		
	Total Monthly Net Income	\$ _____
—	Total Monthly Expenses	\$ _____
	Monthly Surplus (Deficit)	\$ _____

APPENDIX S



Medical Verification Form

First Judicial District Family Treatment Court – Lewis and Clark County

This is to verify the below named patient has informed the undersigned medical provider that he/she has been diagnosed with a substance use disorder and is a participant of the First Judicial District Family Treatment Court. The below named patient has fully advised the signing medical provider that he/she is generally prohibited from accepting and/or filling a prescription for a medication with abuse potential and has requested the medical provider no prescribe any such medications unless absolutely necessary and on an emergent basis.

To be Completed by Medical/Dental Provider:

Patient Name: _____ Date of Incident: _____ Time: _____

Sickness/Incident/Injury: _____

Medical Facility: _____ Provider Initiating Report: _____

Provider's specific instructions/recommendations/diagnosis: (Please attach all relevant documents such as discharge papers, after care instructions, notes, etc.)

Medication prescribed and dosage: (We respectfully request addictive medications not be prescribed unless there is no other alternative.)

Is the participant contagious? YES NO

Can the participant return to regular court activities? YES NO

If no, when are they authorized to do so, and under what provisions? _____

If you have any questions, please contact Family Treatment Court Coordinator, Bridgette Beach, at (406) 945-2367

Physician's Name (Print)

Physician's Signature

Date

APPENDIX T



Association Request

First Judicial District Family Treatment Court – Lewis and Clark County

Part One: To be Completed by Requesting Participant

Participant's Name: _____

Phase: _____ Length of time in Treatment Court: _____

How long have you been totally clean and sober? _____

Name of person you would like to associate with: _____

Does this person use any substances? _____

How long have you known this person? _____

Has or is this person under the supervision of Probation and Parole? YES / NO

If yes, what is their Probation and Parole Officer's name? _____

Describe this person's criminal history: _____

What is your relationship to this person? _____

What is your intent in associating with this person? _____

Are you willing to comply with a gradual association? YES / NO

Explain why or why not: _____

What are 7 red flags you need to look for in the person you want to associate with? _____

What are 7 of your red flags that we can help you see and recognize when the association is not healthy for you? _____

What are 5 ways this person is supportive of your recovery? _____

Participant Signature

Date



Association Request

First Judicial District Family Treatment Court – Lewis and Clark County

Part Two: To be Completed by Person you are Requesting to Associate with

Your Name: _____

Name of the Participant in Family Treatment Court you want to associate with: _____

Are you under the supervision of Probation and Parole? YES / NO

If yes, what is your Probation and Parole Officer's name? _____

Describe your criminal history: _____

Are you willing to attend Family Treatment Court with this person, if requested? YES / NO

Explain why or why not: _____

Do you currently use any substances, including but not limited to: alcohol, drugs, prescription drugs, and/or synthetic drugs? YES / NO

If yes, explain: _____

In the past, have you used any substances, including but not limited to alcohol, drugs, prescription drugs, and/or synthetic drugs? YES / NO

If yes, explain: _____

What is your intent in associating with this Participant? _____

What would have to happen for you to know this relationship/association is no longer healthy for you to stay involved in?

What has to happen for you to know this relationship/association is continuing to be a positive and supportive association for the Participant?

Do you understand that Treatment Court Participants are not allowed to be around *anyone* who uses substances? YES / NO

Prospective Associate's Signature

Date

Team Member Acknowledgement:

After reading the previous pages completed by both individuals, please indicate your position and sign below:

County Attorney: APPROVE DENY _____
Signature

Public Defender: APPROVE DENY _____
Signature

CPS Worker: APPROVE DENY _____
Signature

CASA: APPROVE DENY _____
Signature

Helena Valley Add. Svcs. APPROVE DENY _____
Signature

Boyd Andrew Comm. Svcs. APPROVE DENY _____
Signature

Helena Indian Alliance: APPROVE DENY _____
Signature

FTC Coordinator: APPROVE DENY _____
Signature

FTC Judge: APPROVE DENY _____
Signature



APPROVED



DENIED

APPENDIX U



Travel Request

First Judicial District Family Treatment Court – Lewis and Clark County

Participant's Name: _____ Phase: _____

WHERE are you requesting to go? _____

WHEN are you requesting to go to the above listed place? _____

WHY are you requesting to go to the above listed place? _____

WHO will be you be going with and/or staying with you at above listed place? _____

Will you be traveling with your child(ren)? YES NO

Provide the place, phone number, and any other contact information for the place conducting your UAs:

Have you notified your Probation/Parole Officer of this travel request and the information listed above? YES NO

Participant Signature

Date

For FJDFTC Team Only

District Court Judge Date

FTC Coordinator Date

CPSS / CPS Date

Deputy County Attorney Date

Defense Counsel Date

CASA Date

Boyd Andrew Community Services Date

Helena Valley Addiction Services Date

Helena Indian Alliance Date

Florence Crittenton Date



APPROVED



DENIED

APPENDIX V



Phase Components¹

First Judicial District Family Treatment Court – Lewis and Clark County

Phase 1: Goal: Stabilization (up to 60 days)

- Attend treatment court sessions weekly.
- Fully comply with DN Treatment Plan.
- Fully comply with Family Treatment Court assignments and/or tasks.
- Call 1-888-200-0571 daily to check in for urine drug testing or more frequently at your treatment provider's recommendation.
 - Fully comply with testing process
 - No missed urine testing
 - No dilute urine
- Contact CFSD case worker one time per week.
- Meet with Family Treatment Court Coordinator one time per week.
- Complete Substance Use Disorder Evaluation with Licensed Addiction Counselor.
 - Follow the recommendations
- Obtain or identify your primary care provider and submit Family Treatment Court participation medical clearance to Coordinator.
 - Obtain a physical examination and provide a medical verification form, completed by your provider, to Coordinator
- Complete Mental Health Assessment if recommended by Licensed Addiction Counselor.
- Fully comply with Mental Health and Substance Use Disorder Provider recommendations.
 - Provide copy of treatment plan to Family Treatment Court
- Fully comply with any therapeutic response recommended by your Licensed Addiction Counselor.
- Submit a written Relapse Prevention Plan approved by your In-Patient Treatment Provider to Coordinator, if applicable.
- Follow all recommendations from Licensed Addiction Counselor.

¹ In order to graduate from FTC, Phases 1-4 must be completed within one year from date the FTC Judge signs the participant's FTC contract. Failure to timely complete Phases 1-4 shall result in involuntary dismissal from FTC. The FTC Judge will advise each participant of their applicable starting phase.

Phase Components

First Judicial District Family Treatment Court – Lewis and Clark County

- Attend at least two AA/NA (or other support group) approved by Family Treatment Court, weekly.
 - Provide weekly attendance verification card to Court.
 - Find a Self-Help Sponsor or Mentor who is approved by the Family treatment court team.
- Make an appointment with Defense Attorney for Driver's License if unlicensed or under driver license suspension or restrictions.
- Report to Probation Officer, as required.
- Remain law abiding.
- Start process of obtaining safe and secure housing.
- Attend all appointments, visits, court proceedings, and meetings for child(ren).
- Provide a statement of support from Licensed Addiction Counselor to phase up.
- Complete all required phase-up Family Treatment Court paperwork.
- Must have 10 days of continuous substance-free urine samples to phase up.

Phase 2: Goal: Stabilization Progression (up to 90 days)

- Attend treatment court sessions weekly.
- Fully comply with DN Treatment Plan.
- Fully comply with Family Treatment Court assignments and/or tasks.
- Call 1-888-200-0571 daily to check in for urine drug testing or more frequently at treatment provider's recommendation.
 - Fully comply with testing process
 - No missed urine testing
 - No dilute urine
- Contact CFSD case worker every two weeks.
- Meet with Family Treatment Court Coordinator every two weeks.
- Fully comply with Mental Health and Substance Use Disorder Provider recommendations.
 - If treatment plan has been updated, provide copy of treatment plan to Family Treatment Court
- Fully comply with any therapeutic response recommended by your Licensed Addiction Counselor.
- Attend at least two AA/NA (or other support group) approved by Family Treatment Court, weekly.
 - Provide weekly attendance verification card to Court.
 - Find a Self-Help Sponsor or mentor that is approved by the Family Treatment Court Team.
- Identify employment or educational goals and submit a written plan to achieve those goals to Coordinator.

Phase Components

First Judicial District Family Treatment Court – Lewis and Clark County

- Report to Probation Officer, as required.
- Remain law abiding.
- Submit a Self-Care Plan (i.e., exercise, physical/mental health well-being activity) to Coordinator.
- Begin trial home visit.
- Attend all appointments, visits, court proceedings, and meetings for child(ren).
- Continue making progress in recovery environment (housing, employment).
- Report progress in obtaining driver's license to Coordinator.
- Provide a statement of support from Licensed Addiction Counselor to phase up.
- Complete all required phase-up Family Treatment Court paperwork.
- Must have 30 days of continuous abstinence/substance-free urine samples to phase up.

Phase 3: Goal: Action (up to 90 days)

- Attend treatment court sessions every two weeks.
- Fully comply with DN Treatment Plan.
- Fully comply with Family Treatment Court assignments and/or tasks.
- Call 1-888-200-0571 daily to check in for urine drug testing or more frequently at treatment provider's recommendation.
 - Fully comply with testing process
 - No missed urine testing
 - No dilute urine
- Contact CFSD case worker every two weeks.
- Meet with Family Treatment Court Coordinator every three weeks.
- Fully comply with Mental Health and Substance Use Disorder Provider recommendations.
 - If Treatment Plan has been updated, provide copy of treatment plan to Family Treatment Court
- Fully comply with any therapeutic response recommended by your Licensed Addiction Counselor.
- Attend at least two AA/NA (or other support group) approved by Family Treatment Court, weekly.
 - Provide weekly attendance verification card to Court.
 - Find a Self-Help Sponsor or Mentor that is approved by the Family Treatment Court Team.
- Follow through with educational/employment goals by accomplishing one of the following:
 - Obtain and maintain employment
 - Enroll in high school equivalency course (GED/HISET)
 - Enroll in college or trade school
 - Meet with employment agency to assist with employment search, skill building activities, etc.

Phase Components

First Judicial District Family Treatment Court – Lewis and Clark County

- Report to Probation Officer, as required.
- Remain law abiding.
- Maintain self-care program, and report progress to Coordinator.
- Maintain in-home parenting and report progress to Coordinator.
- Attend all appointments, visits, court proceedings, and meetings for child(ren).
- Obtain a Montana Driver's License if there are no legal impediments.
- Provide a statement of support from Licensed Addiction Counselor to phase up.
- Complete all required phase-up FTC paperwork.
- Must have 60 days of continuous abstinence/substance-free urine samples to phase up.

Phase 4: Goal: Maintenance (up to 90 days)

- Attend treatment court sessions one time monthly.
- Fully comply with DN Treatment Plan.
- Fully comply with Family Treatment Court assignments and/or tasks.
- Call 1-888-200-0571 daily to check in for urine drug testing or more frequently at treatment provider's recommendation.
 - Fully comply with testing process
 - No missed urine testing
 - No dilute urine
- Meet with Family Treatment Court Coordinator one time, monthly.
- Meet with CFSD case worker every two weeks.
 - Review your CFSD treatment plan with case worker for compliance monitoring
 - Attend Family Engagement Meetings and Foster Care Review Committee court review hearing
- Fully comply with Mental Health and Substance Use Disorder Provider recommendations.
 - Provide updated treatment plan from your Licensed Addiction Counselor that demonstrates progress toward therapeutic goals.
- Fully comply with any therapeutic response recommended by your Licensed Addiction Counselor.
- Submit updated Relapse Prevention Plan to the Court.
- Prepare Recovery Management Plan.
- Attend at least two AA/NA (or other support group) approved by Family Treatment Court, weekly.
 - Provide weekly attendance verification card to Court.
 - Find a Self-Help Sponsor or mentor that is approved by the Family Treatment Court Team.
- Report to Probation Officer, as required.

Phase Components

First Judicial District Family Treatment Court – Lewis and Clark County

- Remain law abiding.
- Maintain self-care program.
- Maintain stable education, employment, and housing.
- Maintain in-home parenting and report progress to Coordinator.
- Attend all appointments, visits, court proceedings, and meetings for child(ren).
Continue care with medical provider and appointments for self and children.
- Provide a statement of support from licensed addiction counselor to phase up.
- Follow through with educational/employment goals by verifying to the Coordinator, the following:
 - Verify employment
 - Verify high school equivalency courses
 - Verify college or trade school
 - Meet with employment agency to assist with employment search, skill building activities, etc.
 - Verify mental health plan progress, if applicable
- Submit the following assignments to Coordinator:
 - **My Accomplishments:** A hand-written statement outlining your accomplishments in Family Treatment Court;
 - **My Children and I:** A hand-written statement explaining how your relationship with your child(ren) has grown and long-term parenting; goals and supports, as well as hopes and dreams for your child(ren);
 - **Ten Takeaways:** A hand-written statement with ten things you have learned in Family Treatment Court; and
 - **My Plan:** A statement outlining your aftercare plan, including Family Treatment Court support.
- Provide Coordinator with a copy of your Montana Driver's License if there are no legal impediments in obtaining license.
- Provide update on status of Relapse Prevention Plan compliance at monthly Family Treatment Court coordinator meeting.
- Must have 90 days of continuous abstinence/substance-free urine samples to phase up.
- Submit aftercare plan developed with Licensed Addiction Counselor.
- Submit graduation request to Coordinator.
- Begin Recovery Management meetings with the Coordinator.
- Complete all required graduation paperwork.
- Graduate from Family Treatment Court.

Phase 5: Goals: Recovery Management (up to one year)

- Attend Treatment Court sessions one time monthly.
- Fully comply with Recovery Management Plan.
- Fully participate in Family Treatment Court Recovery Management Check-In Program, when requested.

Phase Components

First Judicial District Family Treatment Court – Lewis and Clark County

- Provide Peer Support to current Family Treatment Court participants.
- Provide a Self-Care update to Family Treatment Court Coordinator.
- Participate in Family Treatment Court group activities.
- Participate in fun, pro-social activities with current and/or Phase 5 Family Treatment Court participants.

Family Treatment Court Graduation Requirements and Post-Graduation Services

The FTC Treatment Team will assess the participant's progress and determine whether he/she has satisfactorily met the respective phase requirements. A Participant's completion of all required phases will not automatically result in Family Treatment Court graduation. The final determination shall be made by the Family Treatment Court Judge after consulting with the Family Treatment Court Team in order to determine that the Participant has not only completed the tasks required in their required phases, **but, most importantly, has internalized and incorporated their learning into being a responsible and safe parent while living and maintaining a sober lifestyle.**

Family Treatment Court and DN cases may not be closed concurrently. The CPS will determine when the DN case will be closed. Family Treatment Court has no authority to recommend when a DN case should be closed.

Should a participant graduate from Family Treatment Court and then, at some point in the future, become reinvolved with CFSD, he/she can apply to re-enter Family Treatment Court in the same manner any new participant would apply.

APPENDIX W



Phase 1 - Stabilization Requirements and Assignments

First Judicial District Family Treatment Court – Lewis and Clark County

Participant Name: _____ **Date:** _____

Complete the following assignment and submit it to the Family Treatment Court Coordinator. This assignment must be completed and submitted before your next Treatment Court appearance, prior to your phase advancement date.

Compliance: (check all items you have thoroughly completed)

- Attend treatment court sessions weekly.
- Fully comply with DN Treatment Plan.
- Fully comply with Family Treatment Court assignments and/or tasks.
- Call 1-888-200-0571 daily to check in for urine drug testing or more frequently at your treatment provider's recommendation.
 - Fully comply with testing process
 - No missed urine testing
 - No dilute urine
- Contact CFSD case worker one time per week.
- Meet with Family Treatment Court Coordinator one time per week.
- Complete Substance Use Disorder Evaluation with Licensed Addiction Counselor.
 - Follow the recommendations
- Obtain or identify your primary care provider and submit Family Treatment Court participation medical clearance to Coordinator.
 - Obtain a physical examination and provide a medical verification form, completed by your provider, to Coordinator
- Complete Mental Health Assessment if recommended by Licensed Addiction Counselor.
- Fully comply with Mental Health and Substance Use Disorder Provider recommendations.
 - Provide copy of treatment plan to Family Treatment Court
- Fully comply with any therapeutic response recommended by your Licensed Addiction Counselor.
- Submit a written Relapse Prevention Plan approved by your In-Patient Treatment Provider to Coordinator, if applicable.
- Follow all recommendations from Licensed Addiction Counselor.

- Attend at least two AA/NA (or other support group) approved by Family Treatment Court, weekly.
 - Provide weekly attendance verification card to Court.
 - Find a Self-Help Sponsor or Mentor who is approved by the Family treatment court team.
- Make an appointment with Defense Attorney for Driver's License if unlicensed or under driver license suspension or restrictions.
- Report to Probation Officer, as required.
- Remain law abiding.
- Start process of obtaining safe and secure housing.
- Attend all appointments, visits, court proceedings, and meetings for child(ren).
- Provide a statement of support from Licensed Addiction Counselor to phase up.
- Complete all required phase-up Family Treatment Court paperwork.
- Must have 10 days of continuous substance-free urine samples to phase up.

Questions for Completion of Phase 1:

1. What have you learned about yourself during Phase 1?

2. What are some skills you learned in Phase 1 to help with your recovery?

(Continued on next page)

3. What changes have you made in your life since entering Treatment Court?

4. What are 5 things your child(ren) lost due to your use and how would you like to change them?

5. What treatment plan goals did you work on?

6. What has to happen for you to trust yourself enough to be completely honest with FTC? Have you been completely honest with the FTC? Explain each:

(Continued on next page)

7. What are 5 goals you would like to achieve while in Phase 2?

8. List 3 goals/plans for Phase 2:

1. _____

2. _____

3. _____

9. Do you have any needs in the following areas? If so, please list.

Housing: _____

Education: _____

Employment: _____

Support Systems: _____

Other: _____

(Continued on next page)

Team Member Acknowledgement:

After reading the previous pages commented on by the participant, please indicate your position and sign below:

County Attorney:	APPROVE	WAIT	_____
			Signature
Public Defender:	APPROVE	WAIT	_____
			Signature
CPS Worker:	APPROVE	WAIT	_____
			Signature
CASA:	APPROVE	WAIT	_____
			Signature
Helena Valley Add. Svcs.	APPROVE	WAIT	_____
			Signature
Boyd Andrew Comm. Svcs.	APPROVE	WAIT	_____
			Signature
Helena Indian Alliance:	APPROVE	WAIT	_____
			Signature
FTC Coordinator:	APPROVE	WAIT	_____
			Signature
FTC Judge:	APPROVE	WAIT	_____
			Signature

APPENDIX X



Phase 2 - Stabilization Progression Requirements and Assignments

First Judicial District Family Treatment Court – Lewis and Clark County

Participant Name: _____ **Date:** _____

Complete the following assignment and submit it to the Family Treatment Court Coordinator. This assignment must be completed and submitted before your next Treatment Court appearance, prior to your phase advancement date.

Compliance: (check all items you have thoroughly completed)

- Attend treatment court sessions weekly.
- Fully comply with DN Treatment Plan.
- Fully comply with Family Treatment Court assignments and/or tasks.
- Call 1-888-200-0571 daily to check in for urine drug testing or more frequently at treatment provider's recommendation.
 - Fully comply with testing process
 - No missed urine testing
 - No dilute urine
- Contact CFSD case worker every two weeks.
- Meet with Family Treatment Court Coordinator every two weeks.
- Fully comply with Mental Health and Substance Use Disorder Provider recommendations.
 - If treatment plan has been updated, provide copy of treatment plan to Family Treatment Court
- Fully comply with any therapeutic response recommended by your Licensed Addiction Counselor.
- Attend at least two AA/NA (or other support group) approved by Family Treatment Court, weekly.
 - Provide weekly attendance verification card to Court.
 - Find a Self-Help Sponsor or mentor that is approved by the Family Treatment Court Team.
- Identify employment or educational goals and submit a written plan to achieve those goals to Coordinator.
- Report to Probation Officer, as required.
- Remain law abiding.

- Submit a Self-Care Plan (i.e., exercise, physical/mental health well-being activity) to Coordinator.
- Begin trial home visit.
- Attend all appointments, visits, court proceedings, and meetings for child(ren).
- Continue making progress in recovery environment (housing, employment).
- Report progress in obtaining driver's license to Coordinator.
- Provide a statement of support from Licensed Addiction Counselor to phase up.
- Complete all required phase-up Family Treatment Court paperwork.
- Must have 30 days of continuous abstinence/substance-free urine samples to phase up.

Questions for Completion of Phase 2:

1. What efforts are you making to manage your stress and learn new coping skills rather than using?

2. How are you able to recognize warning signs such as triggers, high-risk situations, and relapse behavior?

3. What changes have you made in your life since entering Phase 2:

(Continued on next page)

4. In Phase 3, treatment sessions, court appearances, and supervision requirements are reduced. How do you plan to spend your “free” time that would have been spent doing these activities?

5. List 3 goals/plans for Phase 3:

1. _____

2. _____

3. _____

6. How much do you currently owe for the following fees? (be specific)

Treatment Court Fees: _____ Supervision Fees: _____

7. What social, educational, and employment progress have you made?

(Continued on next page)

8. What are 5 things the community lost due to your use and how would you like to change it?

9. What does integrity mean to you, and how do you apply integrity in your life?

10. Are you experiencing any problems for which you'd like help?

11. Did you achieve the goals you identified at the end of Phase 1? Describe:

(Continued on next page)

12. What are 5 new goals you would like to achieve during Phase 3?

13. What is the biggest lie or mistruth you told yourself in the previous phase?

14. Do you have any needs in the following areas? If so, please list.

Housing: _____

Education: _____

Employment: _____

Support Systems: _____

Other: _____

(Continued on next page)

15. What is your current address?

Address	Apt./Unit	City	State	Zip
---------	-----------	------	-------	-----

16. What is your current phone number?

Mobile/Cell Phone	Home Phone	Work Phone
-------------------	------------	------------

FTC Participant Signature	Date
---------------------------	------

Team Member Acknowledgement:

After reading the previous pages commented on by the participant, please indicate your position and sign below:

County Attorney:	APPROVE	WAIT	_____
			Signature
Public Defender:	APPROVE	WAIT	_____
			Signature
CPS Worker:	APPROVE	WAIT	_____
			Signature
CASA:	APPROVE	WAIT	_____
			Signature
Helena Valley Add. Svcs.	APPROVE	WAIT	_____
			Signature
Boyd Andrew Comm. Svcs.	APPROVE	WAIT	_____
			Signature
Helena Indian Alliance:	APPROVE	WAIT	_____
			Signature
FTC Coordinator:	APPROVE	WAIT	_____
			Signature
FTC Judge:	APPROVE	WAIT	_____
			Signature

APPENDIX Y



Phase 3 - Action

Requirements and Assignments

First Judicial District Family Treatment Court – Lewis and Clark County

Participant Name: _____ **Date:** _____

Complete the following assignment and submit it to the Family Treatment Court Coordinator. This assignment must be completed and submitted before your next Treatment Court appearance, prior to your phase advancement date.

Compliance: (check all items you have thoroughly completed)

- Attend treatment court sessions every two weeks.
- Fully comply with DN Treatment Plan.
- Fully comply with Family Treatment Court assignments and/or tasks.
- Call 1-888-200-0571 daily to check in for urine drug testing or more frequently at treatment provider's recommendation.
 - Fully comply with testing process
 - No missed urine testing
 - No dilute urine
- Contact CFSD case worker every two weeks.
- Meet with Family Treatment Court Coordinator every three weeks.
- Fully comply with Mental Health and Substance Use Disorder Provider recommendations.
 - If Treatment Plan has been updated, provide copy of treatment plan to Family Treatment Court
- Fully comply with any therapeutic response recommended by your Licensed Addiction Counselor.
- Attend at least two AA/NA (or other support group) approved by Family Treatment Court, weekly.
 - Provide weekly attendance verification card to Court.
 - Find a Self-Help Sponsor or Mentor that is approved by the Family Treatment Court Team.
- Follow through with educational/employment goals by accomplishing one of the following:
 - Obtain and maintain employment
 - Enroll in high school equivalency course (GED/HISET)
 - Enroll in college or trade school
 - Meet with employment agency to assist with employment search, skill building activities, etc.

- Report to Probation Officer, as required.
- Remain law abiding.
- Maintain self-care program, and report progress to Coordinator.
- Maintain in-home parenting and report progress to Coordinator.
- Attend all appointments, visits, court proceedings, and meetings for child(ren).
- Obtain a Montana Driver's License if there are no legal impediments.
- Provide a statement of support from Licensed Addiction Counselor to phase up.
- Complete all required phase-up FTC paperwork.
- Must have 60 days of continuous abstinence/substance-free urine samples to phase up.

Questions for Completion of Phase 3:

1. Have you made steady progress in learning the adverse consequence of substance abuse?

2. Please describe your support system within the community.

3. If you did not have 100% compliance in Phase 3, what led to this, and how will you make changes to have 100% compliance in Phase 4?

4. Have you obtained steady housing, income, and positive relationships? Please explain:

5. Do you have any needs in the following areas? If so, please list.

Housing: _____

Education: _____

Employment: _____

Support Systems: _____

Other: _____

6. List 3 goals/plans for Phase 4:

1. _____

2. _____

3. _____

(Continued on next page)

7. Are you currently working or going to school? If so, please describe (where and how often).

8. From the 10 things in Phase 1 and 2 that your children and the community lost due to your use, what is your detailed plan to give back and make those changes?

9. What are the goals you would like to achieve while in Phase 4?

10. When you look back over your time with FTC so far, what has been the hardest obstacle and what have you learned about yourself in trying to overcome that obstacle?

(Continued on next page)

11. What is your current address?

Address	Apt./Unit	City	State	Zip
---------	-----------	------	-------	-----

12. What is your current phone number?

Mobile/Cell Phone	Home Phone	Work Phone
-------------------	------------	------------

FTC Participant Signature	Date
---------------------------	------

Team Member Acknowledgement:

After reading the previous pages commented on by the participant, please indicate your position and sign below:

County Attorney: APPROVE WAIT _____
Signature

Public Defender: APPROVE WAIT _____
Signature

CPS Worker: APPROVE WAIT _____
Signature

CASA: APPROVE WAIT _____
Signature

Helena Valley Add. Svcs. APPROVE WAIT _____
Signature

Boyd Andrew Comm. Svcs. APPROVE WAIT _____
Signature

Helena Indian Alliance: APPROVE WAIT _____
Signature

FTC Coordinator: APPROVE WAIT _____
Signature

FTC Judge: APPROVE WAIT _____
Signature

APPENDIX Z



Phase 4 - Maintenance

Requirements and Assignments

First Judicial District Family Treatment Court – Lewis and Clark County

Participant Name: _____ **Date:** _____

Complete the following assignment and submit it to the Family Treatment Court Coordinator. This assignment must be completed and submitted before your next Treatment Court appearance, prior to your phase advancement date.

Compliance: (check all items you have thoroughly completed)

- Attend treatment court sessions one time monthly.
- Fully comply with DN Treatment Plan.
- Fully comply with Family Treatment Court assignments and/or tasks.
- Call 1-888-200-0571 daily to check in for urine drug testing or more frequently at treatment provider's recommendation.
 - Fully comply with testing process
 - No missed urine testing
 - No dilute urine
- Meet with Family Treatment Court Coordinator one time, monthly.
- Meet with CFSD case worker every two weeks.
 - Review your CFSD treatment plan with case worker for compliance monitoring
 - Attend Family Engagement Meetings and Foster Care Review Committee court review hearing
- Fully comply with Mental Health and Substance Use Disorder Provider recommendations.
 - Provide updated treatment plan from your Licensed Addiction Counselor that demonstrates progress toward therapeutic goals.
- Fully comply with any therapeutic response recommended by your Licensed Addiction Counselor.
- Submit updated Relapse Prevention Plan to the Court.
- Prepare Recovery Management Plan.
- Attend at least two AA/NA (or other support group) approved by Family Treatment Court, weekly.
 - Provide weekly attendance verification card to Court.
 - Find a Self-Help Sponsor or mentor that is approved by the Family Treatment Court Team.
- Report to Probation Officer, as required.

- Remain law abiding.
- Maintain self-care program.
- Maintain stable education, employment, and housing.
- Maintain in-home parenting and report progress to coordinator.
- Attend all appointments, visits, court proceedings, and meetings for child(ren). Continue care with medical provider and appointments for self and children.
- Provide a statement of support from licensed addiction counselor to phase up.
- Follow through with educational/employment goals by verifying to the Coordinator, the following:
 - Verify employment
 - Verify high school equivalency courses
 - Verify college or trade school
 - Meet with employment agency to assist with employment search, skill building activities, etc.
 - Verify mental health plan progress, if applicable
- Submit the following assignments to Coordinator:
 - **My Accomplishments:** A hand-written statement outlining your accomplishments in Family Treatment Court;
 - **My Children and I:** A hand-written statement explaining how your relationship with your child(ren) has grown and long-term parenting; goals and supports, as well as hopes and dreams for your child(ren);
 - **Ten Takeaways:** A hand-written statement with ten things you have learned in Family Treatment Court; and
 - **My Plan:** A statement outlining your aftercare plan, including Family Treatment Court support.
- Provide Coordinator with a copy of your Montana Driver's License if there are no legal impediments in obtaining license.
- Provide update on status of Relapse Prevention Plan compliance at monthly Family Treatment Court Coordinator meeting.
- Must have 90 days of continuous abstinence/substance-free urine samples to phase up.
- Submit aftercare plan developed with Licensed Addiction Counselor.
- Submit graduation request to Coordinator.
- Begin Recovery Management meetings with the Coordinator.
- Complete all required graduation paperwork.
- Graduate from Family Treatment Court.

Family Treatment Court Graduation Requirements and Post-Graduation Services

The FTC Treatment Team will assess the participant's progress and determine whether he/she has satisfactorily met the respective phase requirements. A Participant's completion of all required phases will not automatically result in Family Treatment Court graduation. The final determination shall be made by the Family Treatment Court Judge after consulting with the Family Treatment Court Team in order to determine that the Participant has not only completed the tasks required in their required phases, **but, most importantly, has internalized and incorporated their learning into being a responsible and safe parent while living and maintaining a sober lifestyle.**

Family Treatment Court and DN cases may not be closed concurrently. The CPS will determine when the DN case will be closed. Family Treatment Court has no authority to recommend when a DN case should be closed.

Should a participant graduate from Family Treatment Court and then, at some point in the future, become reinvolved with CFSD, he/she can apply to re-enter Family Treatment Court in the same manner any new participant would apply.

Questions for Completion of Phase 4:

1. Describe where you were at in your life before you began Treatment Court and what positive steps have you made since entering Treatment Court?

2. What are the two most important things you have learned while in Treatment Court?

(Continued on next page)

3. What triggers are most difficult for you to handle and what you do when you are faced with those triggers? Please be specific.

4. What are your current treatment goals for addressing your mental health?

5. What are your current treatment goals for addressing your substance use disorder?

6. What is challenging for you right now?

(Continued on next page)

7. What are your strengths as an individual? As a parent?

8. What is something you have learned at a self-help group?

9. Other than your children, what is keeping you sober right now?

10. What are some of the skills you have learned in Treatment Court that will help you stay clean and sober? What life skills have you learned that will help you to better your life?

(Continued on next page)

11. How have you continued to rebuild and strengthen your relationship with your child(ren)?

12. What has been good about in-home parenting time?

13. What has been challenging about in-home parenting time?

14. When do you see any medical providers and when are your next appointments?

(Continued on next page)

15. Describe your accomplishments in Phase 4?

16. Describe what you will do to celebrate important milestones in your life?

17. What are three goals you have for yourself in Phase 5?

1. _____

2. _____

3. _____

18. What are 3 new goals you have for your family in Phase 5?

1. _____

2. _____

3. _____

(Continued on next page)

19. Is there any additional information you would like to share with the Treatment Court Team?

20. Are you willing to serve as a mentor for new participants in the program, and why?

21. Would you be interested in joining a Treatment Court Alumni Group?

FTC Participant Signature

Date

Team Member Acknowledgement:

After reading the previous pages commented on by the participant, please indicate your position and sign below:

County Attorney:	APPROVE	WAIT	_____ Signature
Public Defender:	APPROVE	WAIT	_____ Signature
CPS Worker:	APPROVE	WAIT	_____ Signature
CASA:	APPROVE	WAIT	_____ Signature
Helena Valley Add. Svcs.	APPROVE	WAIT	_____ Signature
Boyd Andrew Comm. Svcs.	APPROVE	WAIT	_____ Signature
Helena Indian Alliance:	APPROVE	WAIT	_____ Signature
FTC Coordinator:	APPROVE	WAIT	_____ Signature
FTC Judge:	APPROVE	WAIT	_____ Signature

APPENDIX

AA



Phase 5 - Recovery Management Requirements

First Judicial District Family Treatment Court – Lewis and Clark County

Participant Name: _____ **Date:** _____

Complete the following assignment and submit it to the Family Treatment Court Coordinator. This assignment must be completed and submitted before your next Treatment Court appearance, prior to your phase advancement date.

Compliance: (check all items you have thoroughly completed)

- Attend Treatment Court sessions one time monthly.
- Fully comply with Recovery Management Plan.
- Fully participate in Family Treatment Court Recovery Management Check-In Program, when requested.
- Provide Peer Support to current Family Treatment Court participants.
- Provide a Self-Care update to Family Treatment Court Coordinator.
- Participate in Family Treatment Court group activities.
- Participate in fun, pro-social activities with current and/or Phase 5 Family Treatment Court participants.

Team Member Acknowledgement:

After reading the previous pages commented on by the participant, please indicate your position and sign below:

County Attorney: APPROVE WAIT _____
Signature

Public Defender: APPROVE WAIT _____
Signature

CPS Worker: APPROVE WAIT _____
Signature

CASA: APPROVE WAIT _____
Signature

Helena Valley Add. Svcs. APPROVE WAIT _____
Signature

Boyd Andrew Comm. Svcs. APPROVE WAIT _____
Signature

Helena Indian Alliance: APPROVE WAIT _____
Signature

FTC Coordinator: APPROVE WAIT _____
Signature

FTC Judge: APPROVE WAIT _____
Signature

APPENDIX

BB



Team Evaluation on Participant Phase Up

First Judicial District Family Treatment Court – Lewis and Clark County

Participant Name: _____ **Date:** _____

Current Phase: _____ **Next Phase:** _____

1. What behaviors indicate to the Judge and FTC Team that the participant is ready to phase up?

2. Is the participant approved to move to next Phase? YES NOT YET

If not yet, what steps does the participant need to complete in order to phase up?

3. Notes from the Team:

FTC Participant Signature

Date

APPENDIX

CC



Incentive and Therapeutic Response Guidelines¹

First Judicial District Family Treatment Court

Incentives

Incentives may include but are not limited to:

Childrens Book	Kudos	Group activity
Cowser Band	Gift certificate	Excused UA
FTC Presentation of “good-bye” letter	Praise	Out-of-state travel
Leave early	FTC Certificate	Quote-Bowl Drawing
Excused FTC session	Reduction in CO hours	

Completion of each FTC phase shall be acknowledged with congratulations, applause, a certificate of achievement and a gift card of the participant’s choice (\$25.00 to Phase II, \$30.00 to Phase III, \$35.00 to Phase IV, and \$50.00 at graduation ceremony).

Family Packs are used at the discretion of FTC Team and can include anything that would be fun for the family. This should be valued at about \$25-40 and include activities appropriate for the family. These packs can be used for very specific accomplishments, to encourage parents, or as a gift for children.

¹ Guidelines are intended primarily for providers to assist in consistency with incentives and therapeutic responses. In addition, these guidelines provide minimal guidelines for the use of these therapeutic response tools. Incentives and therapeutic responses are always at the Court’s discretion and can be altered at any time to meet a participant’s individual parental and substance use disorder needs.

Therapeutic Responses

Level	Low	Moderate	High	Very High
Target Behaviors	<ul style="list-style-type: none"> Missed self-help/no proof Late to appointments Poor treatment performance Confirmed/Acknowledged Positive UA after Due Process Hearing 	<ul style="list-style-type: none"> Missed UA (unexcused) Missed treatment appointments Failure to complete assignments Repeated low violations Failure to timely phase-up 	<ul style="list-style-type: none"> Dishonesty Forged Documentation Tampered UA 2+ Missed UAs in 30 days (unexcused) Unexcused absence – treatment Unexcused absence – court Frequent, repeated violations Child removal 	<ul style="list-style-type: none"> Violence/threats New criminal charges/arrest New DN proceeding Public safety Drug distribution/production Absconding
Phase 1	TR Level 1	TR Level 2	TR Level 3	TR Level 3/4
Phase 2	TR Level 2	TR Level 2	TR Level 3	TR Level 4
Phase 3	TR Level 3	TR Level 3	TR Level 4	TR Level 4
Phase 4	TR Level 3	TR Level 3	TR Level 4	TR Level 4

	Level 1	Level 2	Level 3	Level 4
Potential Therapeutic Responses	<ul style="list-style-type: none"> LAC Therapeutic Response Writing Assignment Presenting Assignment Discuss behavior Treatment Team feedback FTC Participant feedback Double Self-Help Meetings Community Outreach 	Level 1 and: <ul style="list-style-type: none"> 90/90 Plan court event Updated SUD Eval Treatment Team Roundtable Apology letter Grateful letter House Arrest 	Levels 1, 2 and: <ul style="list-style-type: none"> MRT DBT Change treatment provider Change where you live Sober Living Family Assessment Continuous Monitoring (GPS) Weekly FTC 	Levels 1, 2, 3 and: <ul style="list-style-type: none"> FTC Opting Out Assignment In-patient treatment Anger Management Counseling FTC Removal Warrant Custody (Jail or House Arrest)
Comm. Out.	≤ 4 hours	≤ 8 hours	≤ 16 hours	≤ 32 hours
House arrest	N/A	≤ 24 hours	≤ 48 hours	≤ 72 hours
Custody	N/A	N/A	≤ 48 hours	≤ 72 hours
Program	<ul style="list-style-type: none"> Add one week to phase-up eligibility 	<ul style="list-style-type: none"> Add two weeks to phase-up eligibility 	<ul style="list-style-type: none"> Add four weeks to phase-up eligibility Phase/Down/ Restart Phase FTC Termination 	

APPENDIX

DD



Recovery Maintenance Check-In

First Judicial District Family Treatment Court – Lewis and Clark County

Participant Data:

Participant Name: _____ Case No(s): _____ Age: _____ Gender: _____

Last Contact Date: _____ Current Call Date: _____

Name of Interviewer: _____

Collateral Contact: _____ Phone Number: _____

GREETING:

Hello, my name is _____ with the First Judicial District Family Treatment Court. I am calling to see how you are doing and whether there is anything we can help you with. Is this a good time to talk?

YES

We want to do whatever we can to help you maintain the gains you have made since graduating from Family Treatment Court

What is one of the best things that has happened to you since our last contact?
[OR graduating from drug court]

NO

When would be a good day and time to call you back?

We won't take much of your time—we just want to see how you are doing and whether we can be of any help.

Callback Date: _____ Time: _____

Thank you, I will call back then.

The information you provide will remain confidential—which means we won't share it with anyone that is not directly involved with providing services to you or to your family members. Your privacy and their privacy is very important to the court. However, I need to make you aware of some limits to confidentiality. It is my legal responsibility to report suspected abuse or neglect of a child, elderly person or a disabled person or if I believe you are in danger of harming yourself or another person. If you report that you intend to physically injure someone the law requires me to inform that person as well as the legal authorities. However, I am not directly seeking this type of information in this interview.

Housing:

1. Are you still living at: _____ ?
Last Known Address

IF NO, What is the new address?

2. Is this still the best phone number to reach you? _____
Phone number on file

IF NO, What is the best phone number? _____

3. What are your current living arrangements? _____

4. Is this a good, stable place for you to live? **YES** **NO**

IF NO, What changes are you likely to make in your living arrangement? _____

5. How, if at all, can we be of assistance to you with your housing? _____

Affirm for stable and healthy living arrangements.

Affirm for any positive changes.

Reflect any dissatisfaction/problems and feelings about them.

STATUS: (Check one)

4 – Owns a home in a safe area

3 – Renting in a safe area

2 – Staying with relatives/friends

1 – Homeless

MI LEVEL: (Check one)

5 – Maintaining positive change

4 – In process of making change

3 – Getting ready, committed to change

2 – Thinking about change

1 – No intentions of making change

Wants assistance with housing **YES** **NO**

Document Impressions / Follow-Up Plans / Recommendations:

FAMILY / SOCIAL STATUS:

1. How are things going for you and your family? For example, your marriage, kids, or other close relationships. _____

2. Are your family members or others close to you experiencing issues or problems that worry you or are making things difficult for you? **YES** **NO**

3. What assistance from us would be helpful to you for these problems? _____

4. What family members, friends, or others close to you, care about your well-being? _____

IF ANY, Can you turn to these people when things are difficult and you need someone to talk to? **YES** **NO**

5. What assistance from us would be helpful to you for these problems? _____

Affirm good coping skills and strategies.

Affirm for any positive changes.

Affirm for addressing problems.

Reflect the feelings and/or difficulties being experienced.

STATUS: (Check one)

- 4 – Maintain stable relationships
- 3 – Some new problems but being addressed
- 2 – Significant problems causing instability
- 1 – Problems exist, no support/estranged from family

MI LEVEL: (Check one)

- 5 – Maintaining positive change
- 4 – In process of making change
- 3 – Getting ready, committed to change
- 2 – Thinking about change
- 1 – No intentions of making change

Family/Social help requested YES NO

Document Impressions / Follow-Up Plans / Recommendations:

HEALTH STATUS:

1. How has your health been? For example, have you had any illness or injuries? _____

2. Have you seen a medical professional since our last contact? YES NO
[OR graduating from drug court]
- IF YES,** For what problem(s)? _____

- a. Are you on any medications for this? YES NO
- IF YES,** List medications: _____

3. How about any health problems or injuries to family members or those close to you that you worry about? YES NO

4. How are you doing emotionally? For example, are you feeling really down or really anxious about anything? YES NO

IF YES, Are you taking any prescribed medications for this? YES NO

a. List medications: _____

b. Are you taking this as it was prescribed? YES NO

5. Have there been any traumatic events experienced by you or those close to you since our last contact? [e.g. violence, injury, accidents] YES NO
[OR graduating from drug court]

6. What kind of help or resource, if any, do you feel you need for your health issues? _____

Express empathy for any new illness, health problem, or trauma.

Affirm for good health-related items and for good self-care.

Affirm for medication compliance.

STATUS: (Check one)

4 – No significant problems / concerns

3 – Minor problems but being addressed

2 – Health problems are threatening recovery

1 – Health is fragile, client is not coping well

Help requested for problems with health/trauma

YES NO

MI LEVEL: (Check one)

5 – Maintaining positive change

4 – In process of making change

3 – Getting ready, committed to change

2 – Thinking about change

1 – No intentions of making change

Document Impressions / Follow-Up Plans / Recommendations:

SUBSTANCE USE:

1. Are you on supervision? (Probation/Parole) YES NO

IF NO, PROCEED TO QUESTION 2.

IF YES, How is your recovery going? _____

a. Are you going to meetings? YES NO

b. Are you in touch with your sponsor? YES NO

c. Are there others you have found to be supportive in your recovery efforts?

YES NO

d. Would you like us to set up some time with a treatment counselor?

YES NO

PROCEED TO QUESTION 9.

2. Let's talk about any use of alcohol or other drugs you may be taking? _____

3. Have you use any alcohol since our last contact? YES NO
[OR graduating from drug court]

IF YES, When was your last drink? _____

a. How much did you drink? _____

IF NO, PROCEED TO QUESTION 6.

4. Have you sought any kind of help or support for this? _____

IF NONE, Why not? _____

5. Have you been able to stop drinking? YES NO

IF YES, How many days ago did this occur? _____

6. Have you use any drugs since our last contact? YES NO
[OR graduating from drug court]

IF YES, When was the last time you used? _____
a. How much did you use? _____

IF NO, PROCEED TO QUESTION 9.

7. Have you sought any kind of help or support for this? _____

IF NONE, Why not? _____

8. Have you been able to stop using? YES NO

IF YES, How many days ago did this occur? _____

IF NO, Would you be willing to talk to a counselor? YES NO

9. Are any family members or others close to you using? YES NO

IF YES, How is their substance use affecting you? _____

a. As you think about this, are there any changes that might improve this situation? _____

10. Have you done any gambling since our last contact? YES NO
[OR graduating from drug court]

IF YES, Would you like some help with this? YES NO

Affirm for days abstinent.

Affirm skills/strategies being used to support abstinence/ attendance at self-help meetings.

Reflect feelings surrounding any struggles.

Affirm for or accepting any help.

STATUS: (Check one)

- 4 – No use since last contact
- 3 – Has relapsed but currently abstinent/
Using support
- 2 – In relapse but seeking help
- 1 – In release, not seeking help

Help requested for substance use? YES NO

Help requested for gambling? YES NO

MI LEVEL: (Check one)

- 5 – Maintaining positive change
- 4 – In process of making change
- 3 – Getting ready, committed to change
- 2 – Thinking about change
- 1 – No intentions of making change

Document Impressions / Follow-Up Plans / Recommendations:

FINANCIAL / OCCUPATIONAL STABILITY:

1. How are you doing financially? Are you able to support yourself? _____

2. Has anything changed since our last contact? YES NO
[OR graduating from drug court]

IF YES, What has changed? _____

a. Do you feel it is better or worse than before? _____

3. How about any family members or others close to you--do any of their financial problems worry you or cause you to feel stressed? _____

4. Where would you like to be financially/job wise one year from now? _____

5. How can we be of assistance to you with regard to these issues? _____

Affirm for financial stability/stable employment.

Affirm for having goals.

Reflect feelings around any concerns.

Reflect feelings associated with job positives.

STATUS: (Check one)

4 – Significant improvement e.g. new job

3 – No change, finances are stable

2 – No change, finances are poor, having trouble making ends meet

1 – Unemployed, financially unstable

MI LEVEL: (Check one)

5 – Maintaining positive change

4 – In process of making change

3 – Getting ready, committed to change

2 – Thinking about change

1 – No intentions of making change

Employment help requested *YES* *NO*

Document Impressions / Follow-Up Plans / Recommendations:

CRIMINAL ACTIVITY:

1. Have you had any contact with law enforcement or the court system since our last contact?

[OR graduating from drug court] YES NO

IF YES, What happened? _____

a. Were you charged with anything? YES NO

IF YES, What was the violation? _____

2. Have any family or close friends had problems with law enforcement? YES NO

IF YES, What kinds of problems? _____

a. How have their problems with Law Enforcement affected you? _____

3. Is there any help we might be able to give you? _____

Affirm for no further criminal activity.

Express concern; reflect feelings/problems associated with further legal involvement.

Affirm for taking responsibility to resolve any legal problems.

STATUS: (Check one)

- 4 – No new legal encounters, arrests/charges
- 3 – Family/friends in legal trouble but not impacting client change
- 2 – New arrest, no charges filed
- 1 – New arrest and charged

MI LEVEL: (Check one)

- 5 – Maintaining positive change
- 4 – In process of making a change
- 3 – Getting ready, committed to change
- 2 – Thinking about change
- 1 – No intentions of making change

Help requested with legal problems YES NO

Document Impressions / Follow-Up Plans / Recommendations:

OVERALL SUMMARY:

1. Is there any other information you would like us to know; good things that are happening or problems that are occurring with you or family members or others close to you? _____

2. **FOR ALL ABOVE SECTIONS THAT ARE POSITIVE, REPEAT THEM AND SAY:**

It sounds like things are going well for you. _____

3. **FOR ALL ABOVE SECTIONS THAT ARE CAUSING PROBLEMS, REPEAT THEM AND SAY:**

and, it sounds like you might need some help with: _____

a. Do you agree? YES NO OTHER _____

IF YES, _____ will get back to you _____
NAME OR PERSON SPECIFY WHEN

IF NO HELP IS NEEDED, SPECIFY TIMEFRAME FOR NEXT
CALL: _____, _____, _____
WEEKDAY MONTH DATE

TIME

CONFIRM PHONE NUMBER FOR NEXT CALL: _____

Express your appreciation for Client's time and assure them that they can call for further assistance at any time.

Affirm client for continued efforts at recovery!

APPENDIX

EE



Recovery Management Planning Tool

First Judicial District Family Treatment Court – Lewis and Clark County

Participant Name: _____ **Date:** _____

You will discover that if you have a written management plan that is sufficiently detailed it will greatly improve your chances of sustaining your recovery efforts. Focus your plan on the next few years.

Before you begin to write out a plan of action for your recovery, you need to first assess your status. This Inventory helps you with that.



ORGANIZE

It's time for a change. Plan your work each day in advance. Leave free time for children, hobbies, and relationships



REVIEW

Use a notebook for weekly planning. Schedule your time.



CHECK YOUR PLAN

Check your Plan first thing in the morning. Planning will only help you if you follow the Plan.

In Part I, you will assess your recovery capital. Recovery Capital refers to your resources, or personal strengths in key areas of your life that you can use, rely on, or build on to strengthen your recovery. We make positive changes based upon our strengths, not on our weaknesses so recovery capital is essential to recovery management.

Part I: Recovery Capital Inventory

1. Social Capital

- I have a sponsor
- I have substance-free friends who support my recovery
- I have sober family members who support my recovery
- I have close friends who are in my recovery
- I have meaningful relationships with my family
- I have a work environment that is conducive to recovery

Deficient area(s) I need to work on:

2. Human Capital

- I have the following skills:

I have goals: (list them)

I have good health

I have hope

I have a primary care physician.

Physician's Name

Service to others is now an important part of my life.

I believe I have personal resources: (list some)

I know my life has a purpose

Deficient area(s) I need to work on:

3. Physical Capital

I have health insurance

I have sufficient financial resources to cover my expenses

I have a job/employment that is meaningful

- I have safe, drug free, affordable housing
- I have transportation

Deficient area(s) I need to work on:

4. Cultural Capital

- I have resolved any outstanding legal obligations
- I have access to and close affiliations with recovery support groups
- I have values beliefs and attitudes that I share with others that support my sobriety and some of these are:

Deficient area(s) I need to work on:

Part II: Relapse Prevention Plan

My goal is to use my recovery capital to maintain an abstinence-based lifestyle. To do this:

I will attend _____ self-help meetings each week.

I will call my sponsor at (____) _____ - _____ when I am feeling weak or experiencing a need to drink or use.

I will call my sponsor at (____) _____ - _____ when I am having trouble staying positive in my program

These are the things I will avoid or change:

People: _____

Places: _____

Things: _____

These are my high-risk times and situations and my plans to manage them:

Times / Situations	Action Plans

These are the current problems and/or relationships I need to repair or take accountability for:

I will use the following to be proactive and manage my cravings:



RECOVERY CAPITAL

Your recovery will be based on your resources and strengths



TIME

Schedule the time needed to accomplish your tasks. Stay focused and prepare for unexpected things that



COMMUNICATE

Communicate your written plan with a trusted family member.

Experience has taught us that tailoring a personal plan to your own situation can make the difference between success or failure

If I am exhibiting the following symptoms of relapse:

I give my family permission to confront me and/or seek outside intervention to help me.

Signature

Date

APPENDIX

FF



Recovery Management Scale

First Judicial District Family Treatment Court – Lewis and Clark County

Participant Name: _____ **Date:** _____

Place a number by each statement that best summarizes your situation.

- 5 = Strongly Agree
- 4 = Agree
- 3 = Sometimes
- 2 = Disagree
- 1 = Strongly Disagree

- I have the financial resources to provide for myself and my family.
- I have personal transportation or access to public transportation.
- I live in a home and neighborhood that is safe and secure.
- I live in an environment free from alcohol and other drugs.
- I have an intimate partner supportive of my recovery process.
- I have family members who are supportive of my recovery process.
- I have friends who are supportive of my recovery process.
- I have people close to me (intimate partner, family members, or friends) who are also in recovery.
- I have a stable job that I enjoy and that provides for my basic necessities.
- I have an education or work environment that is conducive to my long-term recovery.
- I continue to participate in a continuing care program of an addiction treatment program, (e.g., groups, alumni association meetings, etc.)
- I have a professional assistance program that is monitoring and supporting my recovery process.
- I have a primary care physician who attends to my health problems.
- I am now in reasonably good health.
- I have an active plan to manage any lingering or potential health problems.
- I am on prescribed medication that minimizes my cravings for alcohol and other drugs.
- I have insurance that will allow me to receive help for major health problems.
- I have access to regular, nutritious meals.

- I have clothes that are comfortable, clean and conducive to my recovery activities.
- I have access to recovery support groups in my local community.
- I have established close affiliation with a local recovery support group.
- I have a sponsor (or equivalent) who serves as a special mentor related to my recovery.
- I have access to Online recovery support groups.
- I have completed or am complying with all legal requirements related to my past.
- There are other people who rely on me to support their own recoveries.
- My immediate physical environment contains literature, tokens, posters or other symbols of my commitment to recovery.
- I have recovery rituals that are now part of my daily life.
- I had a profound experience that marked the beginning or deepening of my commitment to recovery.
- I now have goals and great hopes for my future.
- I have problem solving skills and resources that I lacked during my years of active addiction.
- I feel like I have meaningful, positive participation in my family and community.
- Today I have a clear sense of who I am.
- I know that my life has a purpose.
- Service to others is now an important part of my life.
- My personal values and sense of right and wrong have become clearer and stronger in recent years.

Possible Score: 175

My Score: _____

The areas I scored lowest were:

1. _____
2. _____
3. _____
4. _____
5. _____