

THIRD JUDICIAL DISTRICT-DONA ANA COUNTY

FAMILY REUNIFICATION COURT PROGRAM

POLICY AND PROCEDURE MANUAL

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DRUG COURT KEY COMPONENTS

1. Drug Courts integrate alcohol and other drug treatment services with case planning.
2. Using a non-adversarial approach, the CYFD and respondent attorneys promote safety for the children in department custody while protecting participants due process rights.
3. Eligible participants are identified early and promptly placed in the program.
4. Drug Courts provide access to a continuum of alcohol, drug and other related treatment and rehabilitation services.
5. Abstinence is monitored by frequent and random drug and alcohol testing done by the treatment provider and surveillance officers.
6. A coordinated strategy governs drug court responses to participants' compliance.
7. Ongoing judicial interaction with each participant makes a significant impact on the outcome.
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
9. Continuing interdisciplinary education promotes effective drug court planning, implementation and operations.
10. Forging partnerships among drug courts, public agencies and community based organizations generates local support and enhances drug court effectiveness.

ROLES/RESPONSIBILITIES OF KEY PLAYERS

The Judge offers leadership for the project, direction in program policy development and presides over all FRCP judicial matters. He attends and chairs the staffings and reviews of the FRCP Team which meets prior to each court session and acts as a multi-disciplinary case management team with respect to the participants' CYFD abuse and neglect cases. The Judge plays an active role in drug court, including the review of the treatment and compliance progress he receives from team members. The judge is also the ultimate authority for sanctions and incentives and may overrule the team's decision. He is also the final authority on acceptance into the program, determining phase level advancements and termination from the program.

The FRCP Director oversees all daily operations and supervises both Surveillance Officers. The Director convenes and chairs all team meetings outside of court, disseminates information regarding incidents to team members, coordinates referrals, oversees all record keeping, statistical reporting, clinical and operational development and budget management.

The FRCP Surveillance Officers serve as compliance monitors for the judge regarding the field conduct of participants. They conduct home visits and do random drug testing using oral swabs, observed urinalysis and the breathalyzer. Surveillance contacts the director and judge when clients test positive for alcohol/drugs and notify law enforcement to detain on the judge's orders.

CYFD Social Workers are the referral source and primary case manager for their FRCP respondents. They initiate referrals and assist their clients in scheduling their intake assessment appointment at SWCC. They monitor visitation with children, coordinate information with FRCP staff, write progress reports with their recommendations for sanctions/incentives to the team on court reviews and participate in team meetings and staffings. Social Workers work with the team to make arrangements for RTC placements and facilitate transporting to and from the RTC. **The CYFD Attorney** represents the department on the team and responds to any legal matters that may arise during the course of a respondent/child stay in the program.

The Southwest Family Guidance Center Staff provides a continuum of assessment, psychiatric evaluation, medication management and Intensive Outpatient (IOP) treatment for substance abuse and dually diagnosed clients, case management, and the Strengthening Families parenting component for FRCP clients. They write incident reports of no-shows for treatment and progress reports before each court session. They recommend changes in treatment protocols as well as sanctions and incentives.

The Respondent Attorneys make referrals to FRCP, attend staffings and informally represents their clients in court reviews. They provide motivation in compliance with program rules and encouragement to further their chances of reunification.

CASA Staff provide the team with relevant information regarding the children in custody and attend all team meetings and court reviews.

The GAL provides the team with information on AFSA time frames and their clients wishes.

PROGRAM OVERVIEW

MISSION STATEMENT: To reunify children with their parent(s) in a safe, stable home environment.

CORE VALUES: Self reliance and autonomy, stability, honesty, integrity, insight, spirituality, strengthening inter-personal relationships, safe and appropriate parenting and respect.

FOCUS ON: Prevention, intervention, self-efficacy, alternatives, timely permanency, promotes strong, safe families and utilization of community based services.

GOALS AND OBJECTIVES:

- Increase the number of children placed in safe environments with a parent.
- Increase the completion of successful substance abuse treatment and decrease the incidence of AOD abuse among FRCP clients.
- Accelerate the process of reunification and meeting/reducing AFSA time frames for permanency.

FAMILY REUNIFICATION COURT PROGRAM

PROGRAM MODEL: FRCP is a court-directed family centered program that utilizes community collaboration and multi-disciplinary approaches to provide effective, wrap-around intensive outpatient services with the goal of reunifying children with their parents.

TARGET POPULATION: Adjudicated dependency cases in Dona Ana County where the respondent has a need for treatment for substance abuse and/or mental health disorders.

ELIGIBILITY CRITERIA POLICY: It is the policy of FRCP to accept clients based on the eligibility criteria that they have a substantiated child abuse/neglect finding where alcohol or other drug use was a factor in taking custody of the child. The permanency plan must be for reunification.

DISQUALIFYING CRITERIA POLICY: It is the policy of FRCP to deny entrance into the program if the referring respondent meets any of the following criteria:

1. Conviction of a violent felony or misdemeanor domestic violence.
2. Conviction of drug trafficking or distribution.
3. Lives outside of Dona Ana County.
4. Does not have the organic/developmental capacity to participate in treatment.
5. Custody was taken and/or no cooperation w/CYFD 1 year or more before referral was made.
6. The parent has more than one prior Termination of Parental Rights to their children.

REFERRAL/SCREENING/INTAKE PROCESS POLICY: It is the policy of FRCP to accept referrals from CYFD Social Workers/Investigators, respondent attorneys, GALS and the judge and present said referrals to the team for discretionary screening on a bi-weekly basis or at a minimum monthly basis. The team shall screen for risk factors such as family and community ties, contact with CYFD, incarceration, employment status, substance abuse history, mental health acuity and permanency plans.

It is the policy of FRCP to give potential clients two opportunities to make and keep their intake assessment appointments in order to be considered for participation in the program. They are given two weeks (10 working days) to schedule and show up and if they do not make the appointment they must give an explanation to their Social Worker. If the SW approves the reason, the client may make one more appointment with another two weeks (10 working days) to complete their intake assessment. Exceptions can be made if the judge orders the client into FRCP or there are compelling/no-fault reasons for the no show(s).

- Procedures:**
- a. The referring Social Worker completes the FRCP referral form and sends it to their direct supervisor for internal approval. It is then forwarded via e-mail or fax to Connie Warren.
 - b. The referring Social Worker, Supervisor or FRCP Director gives the respondent a Letter of Intake at SWFGC that explains the process of their responsibility to

make an appointment for assessment. Reference Letter of Intake in appendix. The judge may also order an assessment from the bench in which case the Social Worker shall prepare the referral form and send it through the prescribed channels.

- c. The Social Worker follows up with their client to ensure they make an intake appointment and show up for the two hour assessment. They will provide the reason for a no-show or attempt to their supervisor and /or the FRCP Director.
- d. The Director makes copies of all referrals accepted in the monthly time period and presents them to the screening team at the monthly meeting.
- e. The team screens the referrals for risk factors mentioned above and reaches consensus on acceptance or the need for further information before sending the referral to the judge for final program admission/denial.
- f. SWFGC therapists who conduct the intake assessments will provide their conclusions/recommendations to the team as to the clients appropriateness and need for FRCP services. If they deem the client inappropriate for the program, they must stipulate the rationale.
- g. The FRCP Director prepares and submits a report to the judge within three (3) working days after the team meeting that summarizes each referral and asks for an approval into FRCP or denial with reasons for said denial.
- h. The FRCP Director may ask the Social Worker for an updated referral form after a long period if there has been no contact with CYFD or other significant changes in the case to reassess the client for participation in FRCP.

i) The judge may directly order an assessment to be done by using the FRCP Order for Assessment. He may also order the respondent into FRCP by using the Order for FRCP Participation. (See both attached in the appendix.)

ENTRY PROCESS POLICY: It is the policy of FRCP to admit and begin services for accepted clients as soon as they have completed their intake assessment and been approved by the judge.

- Procedures:**
- a. The judge informs the FRCP Director of his determinations on program acceptance or denial via signed memorandum.
 - b. The FRCP Director writes a letter of acceptance to the client with copies to their Social Worker/Supervisor and SWFGC.
 - c. The client signs the Participant Agreement and receives a FRCP Handbook (reference these forms in the appendix) in court or at the first opportunity after

formal acceptance into the program.

d. FRCP staff creates a file on the new participant and enter admittance data into the MIS based on the referral information and self-reporting from the client. Surveillance Officers place the new client on their itinerary for home visits and start contacting them immediately for curfew checks, drug testing and answering questions they may have about FRCP. Surveillance staff go over the orientation check list and handbook with the new client and answer any questions they may have.

e. SWFGC staff provides an orientation to FRCP for newly admitted clients that includes the IOP schedule, drug testing protocols, MRT Steps and general expectations for participants in the program. Rules for calling in if missing treatment and/or coming late will be addressed.

f. SWFGC therapists may begin treatment after the intake assessment is completed but before final approval is made by the judge. If the client is not admitted into FRCP then SWFGC cannot bill for reimbursement under their FRCP contract. Refer to the contract in the appendix.

SUCCESSFUL COMPLETION/UNSUCCESSFUL TERMINATION CRITERIA

POLICY: It is the policy of FRCP that the judge makes the final decision based on the following criteria to determine successful or unsuccessful termination from the program:

Successful Completion/Graduation

1. Completion of all phases of IOP to include MRT steps.
2. Be totally drug free for three consecutive months with a detailed Relapse Prevention Plan.
3. Reunified with children on a full time basis with the case status of protective supervision or case dismissal.
4. Demonstrated ability to maintain employment, healthy lifestyle and relationships, effective parenting style, reliable transportation and a safe, clean household.

Unsuccessful Termination

1. A pattern of noncompliance of court orders, program rules and/or repeated failures to attend SWFGC treatment.
2. Repeated relapses or escalation of addiction without attempts at treatment.
3. Moving out of Dona Ana county without the permission of the Social Worker or Judge or refusal to move back into the catchment area within a specified time frame.
4. If after reunification occurs, there is another substantiated referral to CYFD.

After admission, some clients may be better served in a different program or experience a serious medical/psychological disease that precludes further participation in FRCP. These cases will be staffed by the team and given a no-fault discharge.

Procedures: a. Social Workers, SWFGC therapists and FRCP staff will prepare written/verbal

recommendations to the judge on client's progression through each phase advancement and readiness for graduation.

- b. FRCP staff will prepare gift cards and phase certificates for the judge to present to clients in court.
- c. Graduation ceremonies will be given for clients and their children, family and friends during our court session. The team will assist in the preparation of the reception.
- d. Social Workers, SWFGC Staff and FRCP Staff will prepare written/verbal recommendations to the judge on client's inability/refusal/failure to comply that may result in termination from FRCP.
- e. The judge may hold a judicial review to determine whether a client will be terminated from the program. In that case the FRCP Director will notify team members of the day and time of the review to ensure all parties attend.
- f. Upon termination, the FRCP Director will write a letter of termination to the client with copies to SWFGC and CYFD within three working days of the determination.
- g. FRCP staff will exit the client in MIS and contact the Social Worker to get follow up information regarding status of the case and the children in foster care.

FRCP PHASES, STRUCTURE AND DURATION

Program Phases/Duration

Phase I- Approximately three (3) months long. Intake and assessment is done by SWFGC. Drug testing is done at least three (3) times per week and randomly by Surveillance Officers in the field. Appearance in court is twice a month; client presents his/her self-report to the judge. Attend group treatment IOP at SWCC three times weekly and individual treatment as needed. Begin MRT and attend one AA/NA meeting per week. Curfew set at 9:00 p.m. Attend all meetings with Social Worker and visitations with children.

Phase II- Approximately three (3) months long. Submit two to three drug tests weekly at SWFGC, random drug tests by Surveillance, participate in all groups and individual sessions at SWFGC, attend all meetings with Social Worker, curfew is 10:00 p.m., court appearances are bi-weekly. Relapse Prevention Plan developed. Weekly AA/NA meetings are mandatory and sponsorship is to be obtained in Phase II.

Phase III- Approximately three months long. Submit two to three drug tests weekly at SWFGC and random testing by Surveillance. Continued IOP at SWFGC. Court appearance is once per month at the first court date of the month. Curfew is 10:00 p.m. By the end of this phase demonstrated ability to provide safe housing and financial stability.

Phase IV- Approximately three months long. Submit one/two drug tests weekly at SWFGC and random testing by Surveillance. Continued IOP at SWCC. Court appearances are monthly. Curfew is 11:00 p.m. Demonstrated ability to access resources independently by end of phase. Relapse prevention plan finalized.

Graduation: Upon completion of all phases, reunified with children (or in the near future), stable employment and safe housing and three months totally drug free.

Aftercare: Three months long. Monthly group and individual sessions; UA submission upon request by FRCP staff, SWFGC or Social Worker. Random visits for follow-up stats by Surveillance. Continue to work on goals not met while in program i.e. GED, TANF requirements, etc. Attend court session after 3 months to address clients and team. Complete outgoing program evaluation/survey.

FRCP STAFFING & COURT SESSIONS

Staffing Protocols- The FRCP Team will staff each case in a meeting held prior to each court session. Social Workers, SWFGC therapists and FRCP Staff will submit written reports provided by the Director regarding the clients progress and recommendations for incentives/sanctions, treatment changes, advance in phase, etc.

The judge will ask for comments/professional opinions of the team to assist him in the court sessions when he addresses each client on their progress/lack of progress/attitude and behaviors.

Court Session Protocols- Following the staffing the team goes into the court room and waits for the judge to enter. The FRCP clients will sit in the jury box and any visitors will sit with the team in the audience benches. FRCP staff will sit at counsels table along with the respondent attorney, who will stand with FRCP clients when they are called up to the podium by the judge. Family and friends of FRCP clients are welcome to come and observe the court sessions, which are not sequestered or formal court hearings. Applause is appropriate for clients when they receive an incentive. If the judge has any questions of the team they will stand and address him.

If detention is a possibility, FRCP staff will notify a court deputy sheriff to be in the courtroom in case the client is detained by the judge. The detention order will be filled out by FRCP staff, signed by the judge and stamped/certified by the court clerk.

COMPLIANCE AND CONSEQUENCES

RANGE OF INCENTIVES AND SANCTIONS POLICY- It is the policy of FRCP to use a range of incentives and sanctions developed by the team and implemented by the judge in court sessions, SWFGC in treatment sessions and by Social Workers, other team members and FRCP staff in their respective workplaces.

Procedures: a. The FRCP Handbook shall include possible sanctions to be used as a consequence of noncompliance of program rules, court orders or directives given by the court, Social Workers or FRCP staff. The handbook shall also include possible incentives to be used for exceptional work in the program, long-term abstinence from drugs, getting promoted at work and other positive lifestyle changes as a reward.

b. If the judge conducts a judicial review and implements a sanction, the FRCP Director will notify all interested parties of the sanction via e-mail so follow-up can be done.

Range of Incentives: Applause in court sessions, affirmation/congratulations of good work/attitude by the judge, extended visitation with children, gift cards, certificates of outstanding achievement, gift certificates/passes donated from local businesses, break from Surveillance/court appearances, individualized incentives based on SWFGC “love to do list”, reception and speeches at graduation.

Range of Sanctions: Reprimand by the judge, community service, increased surveillance and treatment sessions, written essay or letter of goodbye to children, report on drug of choice and it’s effects, house restriction, individualized sanction from SWFGC based on their “hate to do “ list, 30 day compliance contract and lastly detention.

FRCP TREATMENT AND ANCILLARY SERVICES

Intensive Outpatient Treatment

FRCP clients are provided with a full array of clinical assessments, substance abuse and mental health treatment, parenting classes and case management by our contracted service provider, Southwest Family Guidance Center (SWFGC). All staff are licensed LPCC's, Social Workers or LADAC's in New Mexico. All services are offered in Spanish.

The foundational substance abuse group (STAR) meets three times per week for an hour and a half. Moral Recognition Therapy (MRT) and a women's group are given once per week for an hour and a half each. Individual counseling sessions with a primary therapist are once per week or more if necessary. Couples and family therapy are offered as needed on a weekly or bi-weekly basis. Nurturing Families is an evidence based program that is offered once a week for two and half hours. Every evaluation, assessment, group and individual session is billed for each client in a monthly invoice that includes the name, date, time and type of service provided.

Psychiatric evaluations are done when needed/requested and psychotropic medication management is provided on a continuing basis throughout their treatment.

Provider Network

Southwest Counseling Center staff also work with other community providers in the treatment of FRCP clients and their children. They confer with different local therapists who treat the children while in foster care. CYFD contracts with several local psychiatrists who do court ordered psychological assessments and Child Abuse Profiles which are shared with SWFGC upon signature of releases of information. Private psychiatric hospitals (PEAK, The Pointe, Mesilla Valley Hospital, Memorial 5-West) all communicate with FRCP and SWFGC staff about clients who are in their care. Families and Youth, Inc. provides treatment foster care services for the Children, Youth and Families Dept. and they offer a Time Limited Reunification Program as well.

Protocols

Because Southwest Family Guidance Center is the primary provider of treatment services for all FRCP clients, duplication of services is discouraged and unnecessary. In all cases of shared written or verbal information pertaining to a FRCP client, the federal and state licensing laws apply as to confidentiality. Upon FRCP intake, the client signs their releases of information to enable SWFGC to make all relevant treatment information available to FRCP team members. SWFGC shall release all intake assessments and psychiatric evaluations to FRCP staff who will make a copy for the supervising Social Worker.

CASE MANAGEMENT RESPONSIBILITIES AND PROTOCOLS

Legal Case Flow Management

The designated CYFD Social Worker is the primary case manager in the legal protective services system. They work directly with the CYFD Children's Court Attorney in preparing for judicial reviews, permanency hearings, Pre-Adjudicatory Meetings and changing of case plans; all within the Adoption and Safe Families Act (AFSA) time lines that must be adhered to under federal law.

The supervising Social Worker shall give copies of FRCP clients' court reports to the FRCP Director to go in their case files. (Please refer to the child welfare handbook for details on the Child Protective Services legal system in New Mexico at the end of this manual.)

The Social Worker often includes FRCP incident and progress reports in their court reports that are distributed to the Court, Guardian Ad Litem, CASA Director, Respondent Attorneys and Children's Court Attorneys. They are endorsed by the court clerk and entered into the court file.

Child Protection Case Planning

In most New Mexico dependency cases, the state (CYFD) makes every possible effort to return the children in custody to their parent(s) and must prove to the court that they are making reasonable efforts to do so. Permanent placement that is in the best interest of the child(ren) is their primary goal.

CYFD case plans contain demographic information of the respondents (mother, father) and children in custody. Their placement is described, the reasonable efforts made by CYFD to implement and finalize the permanency plan are detailed, the clients compliance with their treatment plan is outlined, the child's progress in their treatment plan if foster care is described, reasons for progress or lack of it are assessed, the quantity and quality of parent/child visitations discussed, risks to the child if returned or any changes in risk levels determined and compelling reasons stated why the department (CYFD) is not filing to terminate parental rights at the current time in the case plan.

Treatment and Service Planning

Each member of the family receives an individualized treatment plan that is reported on at all permanency hearings. These plans include the desirable outcomes, steps/actions that the parent and Social Worker must take to reach the outcomes, responsible parties are that involved in these steps and estimated completion dates. For FRCP clients, their treatment plans include the participation and completion of FRCP as a desired outcome. In essence, the Family Reunification Court Program becomes the respondent's treatment plan. It is all inclusive, except for attending therapy with the children and their therapist.

CLIENT MONITORING AND SUPERVISION

Parental Compliance

FRCP is a very challenging and intense program that involves many rules to comply with. It is therefore very important and program policy that all of these requirements and expectations be explained at the onset and throughout the program by the various team members/partners.

Procedures: a. The FRCP Handbook goes into detail on all of these requirements, and clients are encouraged to ask questions of their Social Worker, therapist and/or Surveillance Officer at any time. The Intensive Out-Patient portion of the program is gone over at intake and clients are given a calendar of all weekly group sessions, including court.

b. The Social Worker and CYFD attorney are responsible for giving them notices of all hearings in front of the district judge, usually every three months. The Social Worker lets them know when Pre-Adjudicatory Meetings (PAM's), Team Decision Meetings (TDM), visits with their children and any other related meeting is to take place.

c. Everyone stresses the importance of attendance and to call ahead if a session cannot be kept. Valid excuses are illness, court appearances, emergencies, etc. All absences must be made up by doing an extra relevant book or film report.

d. Curfews are set for clients in each stage of the program and can be changed by the court at any time. Many of our clients are also on probation and their PPO's also issue curfews, especially upon relapse or other non-compliance of court ordered conditions. House Arrest/Restriction can also be imposed by the court or Surveillance Officers when the client has committed a serious infraction of the rules. For a limited time, the client has to call Surveillance to leave their home for any other purposes than treatment or work. They are not to have any visitors and must call in to Surveillance at their curfew time each evening.

e. FRCP also uses a 30 Day Compliance Contract when clients are in jeopardy of being discharged due to their non-compliance. This contract is written by the FRCP Director and passed to the supervising Social Worker and therapist for their input. It is gone over in court and the client is warned that if they violate any of the conditions of their contract they could be discharged or subject to up to 30 days in detention.

Surveillance/Drug Testing

It is the policy of FRCP to utilize surveillance and drug testing as one of the most important elements of the program. The program has two Surveillance Officers who are court employees and work for the FRCP Director. They conduct home visits on all clients on a random basis and utilize the breathalyzer to do alcohol testing and urinalysis or oral swabs for drug testing.

Procedures: a. The Surveillance Officer prepares a UA and BAC Collection Form for each FRCP client before going on the home visit and prepares a ready test UA kit with gloves in a plastic bag. The form lists the clients ID number, name, date of birth and social security number; chain of custody time and date, medications/other comments, results of tests and has signature blocks for the client, witness and collector of the specimen. If a test has a positive result, the specimen is saved and sent to Redwood Labs for confirmation. Surveillance Officers will also ask the client if

they used, when and why and instruct them to go to SWFGC the next day and report their relapse to their therapist and group. The Surveillance Officer will write an incident report on the positive test results within 2 working days and make a copy of the test strip showing a blank line for the drug used.