

GUIDING PRINCIPLES

Interactions with Families Should Be:

- ◆Strengths-based ◆Needs-driven ◆Family-centered ◆Culturally competent

SCREENING ASSESSMENT AND REFERRAL

- ✓ The court should attempt to persuade the respondent or other household member to voluntarily participate in an alcohol and substance abuse assessment/treatment process, in order to assist parents in accessing and engaging in treatment as early as possible during the case.
- ✓ The court should ensure that appropriate assessments are conducted and that the court has information regarding assessment results and diagnoses.
- ✓ Family Treatment Court (FTC) Resource Coordinator/Case Managers can conduct screening upon the filing of a petition and with the consent of the parties.

ENGAGEMENT AND RETENTION

- ✓ The court should encourage the respondent to engage in any recommended treatment as determined by an OASAS accredited facility.
- ✓ Court orders should comply with ASFA requirements and reflect the needs of both the respondent and the family.
- ✓ The court's expectations of the respondent(s) should be made clear and reiterated at each court appearance.
- ✓ In addition to the above, Family Treatment Court contracts should be thoroughly explained and reviewed with each respondent and counsel to make them aware of program expectations.

INFORMATION SHARING

- ✓ The court should take the lead to develop collaborative agreements among all system partners regarding the nature and type of information that is needed to support informed decision-making regarding child safety, wellbeing, and permanency, and establish how shared information will be used.
- ✓ The need for information must be balanced with a family's privacy rights, and the treatment provider's responsibility to guard against the unauthorized release of sensitive information regarding their clients.
- ✓ The court should ensure that forms developed comply with regulations and respond to the needs of families and of each collaborative partner.

CASE PLANNING AND MONITORING

- ✓ The court should ensure that the Child Welfare workers and AOD treatment providers, work to develop the most comprehensive and flexible plan possible to help the family.
- ✓ The court should monitor a family's progress and work closely with all providers to determine whether there are demonstrable changes and whether changes are sufficient to warrant family reunification or case closure.
- ✓ Family Treatment Court Coordinators and Case Managers can work closely with AOD Treatment Providers and Child Welfare Workers by sharing observations and concerns relative to behaviors exhibited during visits to the court.

DISCHARGE PLANNING

- ✓ Discharge planning should help families identify and build upon their unique strengths, successfully face their challenges and make positive choices.
- ✓ The Court should ensure that discharge planning begins early in the judicial process, and be continually reviewed and updated until treatment is completed or the case is closed. It is recommended that:
 - Family intervention services are considered a priority in the discharge plan;
 - After treatment completion, the family's status is closely monitored to assure that the appropriate aftercare/recovery services needed to sustain parental recovery and child safety and wellbeing are in place;
 - A means to provide community-based supportive services is established that can meet the medical, mental health and social service needs of the caretaker and child(ren).

SPECIAL CONSIDERATIONS

- ✓ Relapse is a reality and a step in the recovery process.
- ✓ Counselors and case workers can work together to use relapse episodes to help parents learn what factors trigger their cravings to use substances, and help them to accept the fact that relapse does not equal failure, so that they can be re-engaged in treatment immediately. Child welfare workers can also help parents anticipate the possibility of lapses or relapses by creating safety plans for their children. Parents who learn their triggers can become empowered to plan for the safety of their children and seek healthy ways to neutralize or mitigate triggers.
- ✓ Relapse is most commonly seen at vulnerable points including:
 - Before court hearings,
 - After family visits,
 - Shortly before regaining custody of children,
 - Shortly before being discharged from residential treatment, and
 - Shortly before exiting from the child welfare system.
- ✓ Relapse does not have to equal removal if the system works together to ensure child safety and family safety plans are in place.

ADDITIONAL RESOURCES

A listing of prevention providers in each region can be found at <http://www.oasas.state.ny.us/prevention/index.cfm#>. In addition, providers and system representatives can use the following links to find women and children treatment program and adolescent treatment programs <http://www.oasas.state.ny.us/special/index.cfm#> and other treatment programs <http://www.oasas.state.ny.us/treatment/index.cfm#> throughout New York.

Information on the science of drug abuse and addiction can be found at <http://www.drugabuse.gov>