

POLICIES AND PROCEDURES MANUAL

FAMILY DRUG COURT

JACKSON COUNTY CIRCUIT COURT

KANSAS CITY, MISSOURI

How to Use this Manual

This manual was developed by the Jackson County Family Drug Court team in Kansas City, Missouri and is to be used as a guide for implementing and maintaining the established policies and procedures of this drug court. The process is evolving and new or revised policies will be added as recommended or necessary.

This manual starts with a program overview of the Family Drug Court. Thereafter, each proceeding section in the manual coordinates with specific sections of the overview and provides detailed information. Forms, contracts and rules may be modified or copied with an acknowledgement of their origination.

If you have any questions or comments, please contact the Family Drug Court Program Manager, Penny Clodfelter, LCSW, LMSW, 625 E. 26th Street, Kansas City, MO 64108, (816) 435-4757.

FAMILY DRUG COURT

SIXTEENTH JUDICIAL CIRCUIT

JACKSON COUNTY, MISSOURI

I. Introduction

The traditional adversarial system of justice has not been totally effective in addressing alcohol and other drugs of abuse. Traditional prosecutor and defense functions, coupled with standard court procedures, often reinforce the offender's denial of a substance abuse problem. In addition, the traditional dependency court system of case review occurs with less frequency. The intensity and collaborative nature of the Family Drug Court model is described as follows.

The Family Drug Court (FDC) model transforms the roles of both the criminal justice/juvenile justice practitioners and the substance abuse treatment providers. The judge is the central figure in the team effort focusing on sobriety, lawful behavior, and accountability as the primary goals. As a result, the judge takes on a major role--keeping clients engaged in treatment. Providers can then focus effectively on developing a therapeutic relationship with the client. Finally, the treatment providers keep the court informed of each client's progress so that incentives and sanctions can be provided.

The FDC creates an environment with clear and concise rules. Each client's performance is immediately and directly communicated to the judge who, in turn, provides incentives for progress or applies sanctions for noncompliance. The FDC establishes an environment the client understands; a system in which clear choices are presented and individuals are encouraged to take control of their own abstinence and recovery.

The FDC operates a coordinated, systemic approach to the substance abuser via comprehensive and inclusive planning; including an avenue for data collection and program evaluation.

II. Mission and Goals

Mission:

To provide judicially managed community-based services, close supervision and specialized treatment to parents whose substance abuse places their children or them at risk of substantially increased intervention by the justice system.

Goals:

To stop substance abuse by parents which threatens the safety and permanency of their dependent children.

III. Eligible Cases

A. Child Dependency and Child Endangerment/Criminal Cases

Cases assigned to the Family Drug Court may consist of:

1) Child Dependency (Abuse/Neglect Civil Cases)

Any case filed pursuant to child abuse/neglect statutes wherein parental substance is the primary or underlying cause for the neglect or abuse of the child.

2) Criminal Cases (Diversion)

A criminal defendant eligible for the Adult Drug Court who also has a child(ren) who is the subject of a dependency proceeding in the Family Court.

IV. Methodology

Drug Court Treatment Team

The FDC consists of the following core group: FDC Commissioner, Program Manager, Attorney for the Juvenile Officer, Guardian ad Litem, defense attorneys, child welfare case managers, treatment and other service providers,, family members and interested parties.

V. Key Components:

A. Integration of substance abuse treatment services with justice case processing.

The multi-phased treatment process includes a collaborative team-approach which involves the above-listed teams and may additionally include state and local level organizations representing substance abuse services, vocational rehabilitation, education, housing, and utility providers all having important roles to play.

B. Use a non-adversarial approach. Prosecution and defense counsel promote public safety while protecting clients' due process rights.

The prosecutors and the defense attorneys participate in the screening, eligibility, and case processing to guarantee that due process rights and public safety needs are served.

“Prosecuting attorney” Attorney for the Juvenile Officer reviews the case and determines client’s initial eligibility for the program. In addition, recommendations regarding the client’s performance in treatment rather than legal aspects of the case are made.

“Defense counsel” Reviews the charges, arrest warrant, affidavits, other relevant information, and reviews all program documents (e.g., waivers, written agreements etc.). Advises the client as to the nature and purpose of the Family Drug Court, the rules, incentives and sanctions governing participation, and further informs the client that s/he is expected to speak directly to the judiciary, not through their attorney.

C. Eligible clients are identified early and promptly placed in the family drug court.

The period immediately after charges are filed provides a critical window of opportunity for intervention by introducing the value of substance abuse treatment. Judicial action promptly after filing capitalizes on the crisis nature of having charges filed. It is critical that the referral to either Drug Court be immediately followed by a court appearance in order for the intervention to become effective.

- Eligibility screening is based on established written criteria.
- Eligible clients for drug court are promptly advised about the drug court program requirements and the relative merits of participating.
- Trained professionals screen drug court eligible individuals for substance abuse problems and appropriateness for treatment.
- Initial appearance before the drug court judiciary occurs immediately after referral to ensure program participation.
- Eligible clients are immediately enrolled in substance abuse treatment services.

D. Provides access to a continuum of substance abuse and other related treatment and rehabilitation services.

- Substance abuse problems are complex and unique to each individual and influenced by a variety of accumulated bio-psycho-socio-cultural experiences. This model uses a holistic approach to the client and family treatment plan strategies, which incorporate medical and mental health, housing, vocational, family, and legal issues.
- Clients are initially screened and re-assessed by both the FDC and treatment providers.
- Treatment services are comprehensive and provide: individual and group counseling, relapse prevention, self-help groups, preventive and primary medical care, general health batterers and treatment for long-term effects of childhood physical and sexual abuse.
- Case Management services are provided so an uninterrupted continuum of care and monitoring of client progress occurs.
- Treatment services are accessible.
- Funding for treatment services is adequate, stable, and dedicated to the Family Drug Court clients.
- Treatment services have quality controls.
- Treatment service providers are accountable.
- Treatment designs and delivery systems are sensitive and relevant to issues of race, culture, religion, gender, age, ethnicity and sexual orientation.

E. Frequent urinalysis testing monitors abstinence.

Urinalysis testing is essential in monitoring client compliance. It is an accurate, cost-effective, objective and efficient way to establish a framework for accountability and to gauge each client's progress.

F. A coordinated strategy governs Family Drug Court responses to clients' compliance.

- Abstinence from substance abuse and related criminal activity are the ultimate goals of the FDC.

- Continuing substance abuse is not condoned, although it is recognized that relapse is a part of the recovery process. Sanctions are imposed for continued substance abuse and increase in severity for continued non-compliance.
- Incentives for cooperation and abstinence are equally important and are structured into the system of responses. Graduation ceremonies will also take place upon completion of the program.

G. Ongoing judicial interaction with each client is essential.

The judiciary is the leader of the FDC team, linking clients to substance abuse treatment and to the justice system.

- Regular status hearings are used to monitor client performance.
- Appropriate incentives and sanctions are applied to match the clients' treatment progress.
- Payment of fees, fines and/or restitution, may be part of the clients' treatment.

H. Monitor and evaluate the achievement of program goals and gauge effectiveness.

Data collection is automated and designed to monitor daily activities, evaluate the quality of services provided and produce outcome evaluations.

I. Continuing interdisciplinary education promotes effective family drug court planning, implementation and operations.

The FDC provides and makes accessible education and training to ensure the drug courts' goals and objectives are understood by the drug court team, and by those indirectly involved in the program.

J. Collaboration among the FDC, public agencies, and community-based organizations generate local support and enhances treatment court effectiveness.

The FDC, as part of the justice system, has developed collaborations among private and public community-based organizations, public criminal justice agencies, law enforcement, and substance abuse treatment delivery systems. Forming such collaborations has expanded the continuum of services available to FDC clients and informed the community about the FDC concepts.

The FDC model has been developed and implemented by team effort, and under the direction of the Juvenile Officer/Family Court Administrator of the 16th Judicial Circuit in Missouri. To obtain information about the development process, implementation or operation of the Family Drug Court, you may contact either of the following people at 625 E. 26th Street, Kansas City, MO 64108:

The Honorable Molly M. Merrigan
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CHILD DEPENDENCY AND/OR CRIMINAL CASES WITH A COURT INVOLVED CHILD WELFARE CASE

Screening and Eligibility

Screening Process—The process of cases will begin at three possible points of intervention.

- 1) **Newborn Crisis Assessments**—A medical social worker, nurse or physician activates a Newborn Crisis Assessment (NCA) request by calling the State of Missouri Children’s Division Child Abuse Hotline for the following reasons: an infant tests positive for an illicit drug at delivery, a mother tests positive for an illicit drug at delivery or a physician has reason to believe there are serious risk concerns for the infant due to illicit drug use by a parent. This assessment request is treated in an emergent manner and response is timely. The average assessment is completed within 24 – 36 hours after delivery of the infant. The Newborn Crisis (NC) team consists of assigned Children’s Division workers. The infant is not released from the hospital until the written assessment has been reviewed as described below. The assessment tool addresses the following: family composition, prenatal care, paternity, pregnancy complications, physical, emotional and intellectual functioning of the parent(s), attachment and bonding, parenting skills and sibling assessment, prior history of abuse and neglect, planning/preparation for the infant’s birth/hospital discharge, behavior associated with drug and alcohol use, criminal history (e.g., a criminal background check is run on all adults residing in the home over the age of 18), mother and infant’s toxicology at birth, infant’s withdrawal signs or medical complications, special health care needs of the infant, family supports, condition of the home, history of domestic violence, other concerns/strengths, safety plan and a recommendation for disposition/placement. The assessor often has facilitated a substance abuse assessment appointment for the potential client at a treatment facility prior to discharge from the hospital.

The completed NCA assessment is faxed to the Child Protection Attorney (CPA) at Family Court for review regarding legal eligibility. The Eligibility Screening tool is attached in the Addendum section. If the assessment meets the eligibility requirements, the referral is given to the Program Manager (PM) of the FJDC for a clinical review. The PM reviews the documentation and then meets with the parent(s) prior to the Protective Custody (PC) hearing. Based on the clinical review (consisting of a review of substance abuse history, mental health history, domestic violence history, current situation, completion of a substance abuse questionnaire, etc.), the PM will determine clinical eligibility as well as status of available slots in the program (not to exceed 100 families). The PM will recommend the case for assignment in the Family Drug Court at the Protective Custody Hearing. A Case Management hearing date is scheduled in Division 44 which is the FDC docket. An initial status review hearing is scheduled usually within one week in Division 44. Other procedures (e.g., 72-hour meeting for children placed in protective custody outside the home) are scheduled and appropriate parties are notified.

- 2) **Other Child Dependency Cases**—If a Hotline call alleges parental substance abuse or neglect due to parental substance abuse, and the family requires Court intervention, Children’s Services (CS) will forward a Protective Custody Assessment to the CPA. The case must meet the requirements of

Section 211.031.1 RSMo. The procedures for reviewing assessments and assigning cases as outlined above will be activated.

- 3) **Criminal Cases**—If the parent has a criminal case pertaining to drug-related charges and has qualified and been accepted into the FDC, the FDC Commissioner can request the case be transferred to Family Court for judicial monitoring. If the client is unsuccessful in FDC, the criminal case will be transferred back to its original Criminal setting. (In many instances, the criminal charges are dismissed upon successful completion of FDC.)

Currently, there is a cap of 110 cases at any given time in FDC.

Case Processing

Drug Court Program Manager (DCPM)

The DCPM will meet with the client before the initial PC hearing and complete a clinical screening to determine appropriateness for Drug Court. The client will receive a client packet that explains the rules and procedures of Drug Court. The DCPM will review the packet with the client. The client will review and sign a Notice to Drug Court Participants that the DCPM will witness.

Office of the Guardian Ad Litem (GAL)

The GAL will be apprised of any significant medical, physical or emotional needs of the child(ren) in question. The GAL will be notified of any changes in the condition of said child(ren). The GAL will make every effort to attend any special meetings relating to the child(ren).

Children's Division Drug Court Unit, Children's Division Case Managers, and Contract Case Managers

The CD Drug Court Unit consists of approximately 10 case managers and two supervisors who case manage many of the assigned cases in Drug Court. This unit has been assigned an office to use at Family Court. Overflow cases are also assigned to other CD case managers as well as contract case managers. Often, the assigned CM will be present at the PC hearing. If not, then CMs will make contact with the participant by telephone, and preferably in person, as soon as possible and usually within a 24 hour period. The CMs will confer with any community person working with the family (e.g., Team for Infants Endangered by Substance Abuse a/k/a TIES, Community Support Worker (CSW) from any treatment center, etc.) The CMs will attend the 72-hour meeting if children are in alternative care. The CMs will make a home visit no less than monthly, be available by pager and telephone on a daily basis, and respond to emergency situations in a timely fashion. The CMs will confer with the participant before and/or after each Court staffing. If the participant fails to appear for treatment or Court, the CMs will attempt a home visit the day of the absence.

All CD CMs will use the Family Drug Court report format. This format has been designed to capture information that will be used for evaluation purposes. See the Addendum section for an example of the format.

Defense Attorney

The assigned attorney will make contact as soon as possible after case assignment, either by telephone or in person, not to exceed seven days after case assignment. The attorney will answer questions about the legal process and case progress in a timely fashion. The attorney will keep the case manager informed of participant address or telephone changes. The assigned attorney will review the client packet with the client. The defense attorney will insure that treatment releases of information are signed. Currently there are four defense attorneys who provide pro bono legal services for FDC clients. If a participant should choose to hire private counsel, the attorney shall enter a record of appearance and follow the established protocol of the FDC team when reviews are held.

TREATMENT

Referral to an accredited treatment facility will be actively pursued prior to the detention hearing. The participant will sign a release of information for the FDC team to receive and exchange information relating to the initial assessment and any contact thereafter, including urinalysis reports. The participant will attend any and all assessments, in or out patient programs, and any outside meetings as ordered. The FDC will consider the participant's level of cooperation, history of usage and geographic location of residence if a request for a change in treatment location is raised. The treatment facility will develop a substance abuse treatment plan. The treatment facility will keep the FDC informed of the participant's progress or lack thereof, which will include attendance, level of cooperation, results of urinalysis and any concerns regarding parenting or the welfare of any children in the custody of participant. The primary treatment center will provide a designated worker who routinely participates in the FDC staffings. This worker or the agency's staff will be familiar with the participants' progress in treatment and also will notify the Program Manager and/or the case manager(s) of any significant issues outside of the regularly scheduled Court hearings.

The participants may be participating in various levels of treatment if the facility is a Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR) program. The provision of childcare and therapeutic interventions/activities for children, in addition to treatment for the mother, is part of the services provided. The levels of treatment below identify the suggested choices based on the provider assessment and/or the recommendation of the FDC team.

Level I Residential Treatment. Client needs continuous structure, supervision and treatment to achieve and maintain sobriety or access to outpatient primary treatment on a nonresidential basis is not available due to distance and lack of transportation. Client meets all criteria for Level I Outpatient Primary Treatment admission and the following conditions:

- A current living environment which places the client in imminent danger and precludes the client's ability to participate in and benefit from Primary Outpatient Treatment.
- An immediate need for twenty-four (24) hour supervision, structure, and support related to the client's current emotional and behavioral status.
- A current demonstrated inability to significantly reduce and alter substance use patterns despite regular participation in nonresidential primary treatment.
- Access to Primary Treatment on a nonresidential basis is not available due to distance and/or a lack of transportation.

Level I Outpatient Primary Treatment—Client needs daily or almost daily structure, supervision, and treatment to achieve and maintain sobriety. Specifically, admission shall be based on:

- Evidence client cannot control chemical use without close monitoring and structured support.
- Need for daily or almost daily treatment services.

Level II Outpatient/Rehabilitation Treatment—Client is not in crisis but needs active participation in rehabilitation program to initiate or sustain recovery. Specifically, admission shall be based on:

- Ability to limit substance use and remain abstinent without close monitoring and structured support.
- Absence of a crisis that cannot be resolved by community support services.
- Evidence of willingness to participate in the program, keep appointments, participate in self-help, and
- Willingness, as clinically appropriate, to involve significant others in the treatment program, such as family, employer, parole officer, etc.

Level III Outpatient/Supported Recovery Services—Client has support system for recovery or has completed Level I or Level II treatment. Specifically, admission shall be used on:

- Abuse diagnosis or dependence diagnosis in remission.
- Evidence of a desire to participate fully in the treatment regimen and maintain a drug-free lifestyle.
- Adequacy of resources to support self in the community.
- Absence of a crisis that cannot be resolved by community support services.
- Lack of a need for intensive or structured treatment.
- Involvement in the community, such as family, church, employer, and
- Presence of an appropriate substance-free support structure in the community.

Clinical review process--CSTAR clients who do not meet initial admission criteria for a particular level of care but wish to participate in a particular level due to individual circumstances shall be reviewed by the program manager and if approved, their request sent to clinical review for final approval.

An aftercare plan is an integral part of the treatment process. The decision to release the client from FJDC is based on the establishment of aftercare and indicators the client is in compliance.

URINALYSIS

The FDC will follow the established protocols of the Family Court regarding urinalysis. Physician's Reference Laboratory primarily will conduct analysis on collected urine specimens. Teststicks are utilized for instant results, EtG tests (extended alcohol testing), K2 and Bath Salt testing, and hair tests (90 days post-use) are also part of the testing process

Participants tested will be judicially ordered to submit urine specimens at various times throughout the process. These are ordered randomly. Frequency is directly correlated to consistent treatment attendance, noted changes in affect and physical appearance, and level of cooperation. The usual schedule is a baseline specimen upon entry into the program. Thereafter, each case is individually assessed to determine the need for analysis, following the guidelines of a level system, which is addressed in another section. For example, if a marijuana user has tested negative for four consecutive analysis and is cooperating with the case plan (e.g., attending treatment, coming to court reviews etc.), testing would occur at least monthly. Conversely, if a participant inconsistently attends treatment, misses court reviews and or avoids contact with case manager, testing will be increased.

Positive analysis will result in a revised treatment plan which may include residential treatment, intensive out-patient, 90 meetings in 90 days, or other actions deemed appropriate by the Judiciary or a consensus of the team.

Processing and collection of the analysis must follow Court policy regarding urinalysis testing procedures, which establish a proper "Chain of Custody." Chain of Custody is defined as the "one who offers evidence in Court must be able to account for the custody of the specimen from the moment it is obtained to the time it is presented as evidence in Court." Judicial order must be in effect.

SCHEDULE OF TESTING

Randomness is key. Testing must not be predictable to the client. The UA Specialists for the Family Drug Court will be the primary staff testing all clients.

Baseline test for all clients. Test Stick and then send to the lab.

In patient clients—On suspicion or after weekend passes

Out patient clients—Utilize level system as follows:

The randomized telephone system of UA collection consists of the following protocol:

Each FDC client is assigned a color with a corresponding number. Monday through Friday a recorded message is available beginning at 6:00 AM review by the client. The client telephones, listens to the recording and then must appear at Court during the times specified if his/her color is selected. Special arrangements can be made for unusual circumstances or for clients who are employed. Failure to appear without a valid excuse from a physician or employer is noted as a no show.

STATUS REVIEWS/STAFFINGS

The FDC team (Commissioner, Program Manager, CM, GAL, defense attorney, treatment representative, CS worker, community or program representative) will meet prior to the status review hearing for the purpose of discussing the participant's progress in treatment and other services, results of urinalysis, level of cooperation and the welfare of the child(ren). Team members will have an opportunity to present information regarding the participant. The team will then develop a recommendation.

Frequency of hearings is as follows: Within one to two weeks post protective custody hearing and then every other week for approximately six to eight months. If a client is on track for graduation, then hearings are extended to monthly. Some clients attend weekly hearings if the client is struggling to maintain sobriety or is in crisis.

If new information is presented by the client during the review process, any team member may request a brief recess to reassess implementing a new recommendation or utilizing the recommendation the team had formulated during the staffing. The purpose of the recess is to insure the team has weighed the new information against the information obtained in the staffing. Changing the team recommendation should be carefully reviewed in order to maintain the team concept. However, the Commissioner is the final decision-maker.

SANCTIONS

Violations of the Court's order, which would include positive urinalysis, failure to attend treatment, no-show at Court hearings, failure to cooperate with home visits by the case manager, missed visits with children unless excuse is honored by the team, or other specific violations will result in a graduated system of sanctions.

- First noncompliance: Reprimand from the bench on most violations. Positive urinalysis will result in an extra day of treatment for an out patient participant.
- Second violation: Participant will increase treatment activity, watch specific educational videos and write one to two page report, write letter to children if parent missed a visit (first reviewed by a therapist), write essays, create art to express emotions, complete community service, sit in Court all day, etc. Return to previous phase of Court hearings.
- Third violation: As above. Also, home detention/electronic monitoring, brief incarceration (if there is a companion criminal case). Return to previous phase of Court hearings in some situations.

REWARDS

Recognition and/or a tangible reward will be offered to clients who are in compliance with the Court order and following the treatment plan. Examples are as follows: verbal recognition from the bench, increased visitation with children, decreased court attendance, certificates for sobriety (e.g., 30 days, 60 days, 90 days, 120 days etc.), and assistance with rent or utility needs. Clients must be in compliance with Court orders and their treatment plan to be eligible for consideration of financial assistance. Clients who have outstanding warrants or other pending criminal matters will have letters written on their behalf by the FDC and sent to the judge assigned to the criminal case if the client is in compliance with all Court orders in the FDC case. The letter will outline accomplishments and current case plan.

TRANSFERRING CASES FROM OTHER DOCKETS

Cases in other courtrooms may be considered for transfer up to and including adjudication. A Commissioner or Judge may request consideration by verbally requesting a screening of a specific case, or including the request in a court order. The same process applies for screening as mentioned previously. A motion for transfer will be prepared and filed if the case meets the legal and clinical review. The Commissioner or Judge requesting the transfer will prepare the Order. Notice of the transfer will be sent to all appropriate parties and the matter will be set for an initial review in FJDC.

TRANSFERRING CASES TO OTHER DOCKETS

Cases may be transferred to other dockets when the participant is unsuccessful in his/her participation. This could include: no progress over a six month period, a period of 60 days with no meaningful participation with treatment, case manager or FDC, new charges filed which are not drug related, establishment of abandonment criteria or permanency planning has been initiated. The procedures are as follows:

Recommendation is made by the team. The Attorney for the Juvenile Officer drafts a motion. Within that motion specific statements and dates of lack of cooperation and progress, services recommended and offered etc. Evidentiary hearing is held. Order is entered granting the transfer.

GRADUATION REQUIREMENTS

The FDC team reviews cases considered for graduation based on the established phase criteria (see phase description in the appendix). If the client has achieved the status of phase four and completed tasks to the satisfaction of the team, the client would then be eligible for graduation at one of four times during the year. The following criteria are standard for the successful participant:

- 12 months minimum in Family Drug Court
- 8 months clean time
- successful discharge from a substance abuse treatment program
- documented consistent attendance at a 12 step aftercare program or community based support program
- stable housing is attained (e.g., transitional or drug-free)
- restitution issues resolved (e.g., Court costs, community service)
- outstanding warrants resolved
- children returned home
- established support system and relapse management plan in place
- life plan initiated and in place (e.g., employment, education, vocational training)

APPENDIX

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Family Drug Court: Phase Description

Phase	Goals	Expectations	Requirements for Advancement
Phase 1 6 – 12 weeks	<p>Drug and alcohol assessments. Enrolled and participating in treatment. Detoxification and abstinence. Psychological assessment (as required). Psychiatric evaluation (as required). Assessment of parenting skills (as required). Assessment/referral for other services (as required). Assessment of children’s needs. Assess permanency needs (as necessary). Initial plan to stabilize lifestyle, housing, and employment.</p>	<p>Weekly court appearance. Attend treatment consistently. Negative UAs. Compliance with Court order. Progress with service plan goals. Visitation with children (consistency & appropriateness) Cooperate with case manager. Cooperate with UA specialist.</p>	<p>Consistent Court appearances. Progress with treatment and program plan goals. Consistent visitation with children. Compliance with sanctions. Six weeks of consecutive clean time. Team recommendation.</p>
(If client does not complete Phase 1 within six months, team will consider program termination.)			
Phase 2 3 – 6 months	<p>Continued abstinence. Development of recovery tools/relapse plan. Development of education and/or vocational plans. Progress towards stabilizing lifestyle, housing and employment. Assessment of job readiness. Improved parenting skills. Improved interaction with children. Continue or begin other services as recommended (e.g., individual therapy). Assess reunification (if necessary).</p>	<p>Bi-weekly Court appearances. Attend treatment including support meetings (AA/NA etc.). Negative UAs. Compliance with Court order. Progress with service plan goals. Visitation with children (consistency & appropriateness). Cooperate with case manager. Cooperate with UA specialist.</p>	<p>Consistent Court appearances. Progress with treatment and program plan goals. Consistent visitation with children. Compliance with sanctions. Team recommendation. No more than two positive UAs. Eight weeks of consecutive clean time.</p>
Phase 3 3 – 6 months	<p>Continued abstinence. Practicing recovery tools. Relapse plan clearly defined. Completion of aftercare plan with treatment/counselor. Educational and vocational training or employment. Stable parenting skills. Increased visitation with children. Improved interaction with children. No more than one positive UA. Reunification</p>	<p>Monthly Court appearances. Attend treatment including support meetings (AA/NA etc.). Secure sponsor. Negative UAs. Compliance with Court order. Progress with service plan goals. Increased unsupervised visitation with children. Cooperate with case manager. Cooperate with UA specialist</p>	<p>Consistent Court appearances. Progress with treatment and program plan goals. Evidence of efforts to obtain housing and/or employment. Consistent visitation with children. Compliance with sanctions. Team recommendations. No more than one positive UA.</p>
Phase 4 6 months	<p>Continued abstinence and recovery. Participation in aftercare plan. Established relapse plan. Educational or vocational training and/or employment. Housing secured. Stable parenting skills. Custody of children. Improved interaction with children. No positive UAs. Graduation.</p>	<p>Court appearances as required. Attend community meetings as recommended. Maintain sponsor. Negative UAs. Compliance with Court order. Progress with service plan goals. Cooperate with case manager. Cooperate with UA specialist.</p>	<p>Consistent Court appearances. Successful completion of treatment and program plan goals. Custody of children. Housing secured and approved. Income or job verified. Completion of all other graduation requirements. No positive UAs. 8 months consecutive clean time.</p>

Status Reviews/Staffings

FDC Team	Commissioner Program Manager Attorney for the Juvenile Officer Case Manager Defense Attorney Guardian Ad Litem Treatment Representative Community or Program Representative CS Worker
FDC Team Responsibilities	Meet prior to status hearing in order to review: Client's progress in treatment and other services Results of urinalysis Level of cooperation Welfare of children The team then develops recommendations.
Frequency of Hearings	1st Phase: Twice monthly (weekly if non-compliant) 2nd Phase: Twice monthly. 3rd Phase: Monthly hearings. 4th Phase: Hearing every 4 to 6 weeks.
Issues	Any team member can request a recess in order for the FJDC team to reassess and potentially modify its recommendation in the event new information is received. Any change to the initial recommendation should be carefully considered in order to maintain team concept. The Commissioner is the final decision-maker.

Testing Schedule

Baseline testing on clients

In-patient testing: On suspicion or after weekend passes

Out-patient testing: As below

Phase 1	UA frequency depends on drug of choice. Marijuana: every 2 – 3 weeks. Other: 1 – 3 times weekly. Dependent on cooperation and participation in treatment.
Phase 2	UA frequency depends on drug of choice. UA frequency depends on results of previous tests. Marijuana: every 2 – 3 weeks. Other: 1 – 2 times weekly. Dependent on cooperation and participation in treatment.
Phase 3	UA frequency 1 time every week -- dependent on drug of choice, cooperation and participation in treatment.
Phase 4	Participating in community aftercare. UA frequency upon suspicion with minimum of 1 time every two weeks.

JACKSON COUNTY FAMILY DRUG COURT
STATUS REVIEW COURT ORDER

Client: _____

Petition: JV _____

- Mother/Father/Juvenile fails to appear.
- Mother/Father/Juvenile appears. Next Court date _____.
- Fails to appears in Court on the ____ day of _____, _____. A capias will be issued for the minor children/Juvenile.

Court orders the following to be accomplished before the next court date:

- Contact your case manger/JPO.
- Contact your attorney.
- Attend substance treatment _____
- Attend 12 step meetings ____ times per week & provide court w/ proof of attendance.
- Attend therapy (individual/family) – CD to provide
- Complete a psychological evaluation – CD to provide
- Day Care – CD to provide
- Medication Assessment
- Submit to random urinalysis pursuant to the rule of Family Drug Court.
- Obtain Employment
- Attend school/GED
- Pay fines/satisfy warrants
- Obtain housing/transitional living
- Complete the following sanctions:
 ____ Write essay; ____ Submit daily UAs; ____ 90 meetings in 90 days; ____ Perform ____ community service hours; ____ home detention/electronic monitoring; ____ attend Sanctions; ____ Court Detention; ____ Night Light ____

ADDITIONAL ORDERSS

- Supervised Visitation ____hours ____ per week. Supervised by CD Parent Aid FMAS Relative Other_____
- Unsupervised Visitation ____hours ____ per week
- Overnight/Weekend Visitation _____
- Sibling/Visitation
- Parent Aid/Family Assistant CD to provide at ____ hours per week/month
- Intensive In Home Services/Family Reunion
- Other: _____

Date _____

Commissioner Molly Merrigan

Original Court Copy 1 Parent/Juvenile Copy 2 Worker/DJO



CIRCUIT COURT OF JACKSON COUNTY, MISSOURI
FAMILY COURT DIVISION
625 EAST 26TH STREET
KANSAS CITY, MISSOURI 64108

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FAX (816) 435-4793

Dear _____:

You and your family will be participating in the Family Drug Court Program. This packet will hopefully answer many of your questions and help you make the right decisions as you begin your recovery from alcohol or illicit drugs. This packet contains the FDC rules, a contract you will sign in the presence of your assigned attorney, description of the FDC phases, goals, expectations and requirements for advancement, resources, incentives and sanctions, and graduation requirements. Your Court orders and other official documents should also be kept in this folder for easy reference. You will need to bring this packet to Court with you at each appearance. Keep it in a safe place.

You will be required to cooperate with urinalysis testing and/or hair tests. These tests are important so that we can monitor your progress in maintaining sobriety.

Most participants have various questions about this Program. Your assigned case manager and attorney should be able to answer most of your questions. Your success will be directly related to the choices you make. Change can occur if you are willing to take responsibility for your actions.

This Program is an opportunity for you and your children to have a chance at living a drug-free life. Good luck, and please contact me if you have additional questions.

Sincerely,

Penny Clodfelter, LCSW, LMSW
Program Manager

NOTICE TO FAMILY DRUG COURT PARTICIPANTS

You have been selected to participate in the Drug Court Program. This Court’s primary focus is to insure the safety and wellbeing of your child (ren). This program is designed to assist you in overcoming any substance abuse problems which you may have as well as providing other services to enable you to better care for your child (ren). As a result of your participation in this program, you will have certain obligations and responsibilities and will have to follow the orders of the Court:

YOU WILL BE REQUIRED TO:

1. Remain drug free.
2. Tell the truth.
3. Attend all Court sessions and follow all Court orders.
4. Attend and complete all appointments and assessments as well as follow all rules, regulations and procedures of any treatment program or service the Court refers you.
5. Submit urine, hair or saliva samples for testing upon request.
6. Cooperate and maintain contact with your case manager.

The Court has the power to enter orders in your case that, among other things, may:

- ◆ Remove your children from your custody and place them in an alternative placement.
- ◆ Restrict or prohibit contact with your children.
- ◆ Order you to participate in treatment which may include both inpatient and/or outpatient programs.
- ◆ Order sanctions for non-compliance that may include wearing electronic monitoring devices.

If you are terminated from the Family Drug Court Program for lack of participation or for non-compliance, your case will be transferred out of the Program. Your failure to complete the FDC program may be used against you in any further proceeding, including a proceeding to terminate your parental rights.

If you are unsuccessfully terminated from the FDC Program and you are in the Criminal Diversion Program, you will be prosecuted on the criminal case(s) pending against you.

You are entitled to legal representation in the Drug Court and if you cannot afford a lawyer, one will be appointed for you at no charge;

I have read and understand the foregoing Notice to Drug Court Participants.

DATE

PARTICIPANT’S SIGNATURE

PARTICIPANT’S PRINTED NAME

Witnessed: _____

**CONSENT FOR RELEASE OF CONFIDENTIAL
INFORMATION**

I, _____, DOB _____, consent to the release and exchange of information between substance abuse providers, healthcare providers, including but not limited to physicians, clinics, and hospitals, and/or mental health treatment providers, and the Family Drug Court, 16th Judicial Circuit, Jackson County Missouri, including its personnel and all members of the Family Drug Court Team, and the Division of Family Services regarding the following information:

Substance abuse assessment and evaluation, details of my substance abuse treatment plan, results of any urinalyses, details of my compliance, or lack thereof, with my substance abuse treatment plan or other services being provided to me, medical records pertaining to my alcohol and/or drug usage, and all records pertaining to the mental and physical health of myself and my child (ren) under jurisdiction of the Family Court, as well as records pertaining to:

_____.

The purpose of and need for the disclosure is to inform the agencies and personnel listed above of my attendance and progress in treatment and to help in making assessments about what type of treatment I need. The extent of information to be disclosed is any diagnosis, assessment or screening, information about my attendance at treatment sessions, my cooperation and progress with the treatment program and my prognosis.

I also understand that I may revoke this consent, in writing, at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically upon my discharge from the Drug Court Program. I further understand that my revocation of this Consent may result in my immediate termination from Drug Court.

I understand that any disclosure made regarding substance abuse is bound by Part 2 of Title 42 of the Code of Federal Regulation governing confidentiality of alcohol and drug abuse patient records and those recipients of this information may redisclose it only in connection with their official duties.

Date

Signature of Participant

Date

Witness

Consent Revised (5/17/07)

Description of Phases, Goals, Expectations and Requirements for Advancement in Family Drug Court

Phase	Goals	Expectations	Requirements for Advancement
<p align="center">Phase 1</p> <p align="center">6 – 12 weeks</p>	<p>Drug and alcohol assessments. Enrolled and participating in treatment. Detoxification and abstinence. Psychological assessment (as required). Psychiatric evaluation (as required). Assessment of parenting skills (as required). Assessment/referral for other services (as required). Assessment of children’s needs. Assess permanency needs (as necessary). Initial plan to stabilize lifestyle, housing, and employment.</p>	<p>Weekly to bimonthly court appearance. Attend treatment consistently. Negative UAs. Compliance with Court order. Progress with service plan goals. Visitation with children (consistency & appropriateness) Cooperate with case manager. Cooperate with UA specialist.</p>	<p>Consistent Court appearances. Progress with treatment and program plan goals. Consistent visitation with children. Compliance with sanctions. Six weeks of consecutive clean time. Team recommendation.</p>
<p>(If client does not complete Phase 1 within six months, team will consider program termination.)</p>			
<p align="center">Phase 2</p> <p align="center">3 – 6 months</p>	<p>Continued abstinence. Development of recovery tools/relapse plan. Development of education and/or vocational plans. Progress towards stabilizing lifestyle, housing and employment. Assessment of job readiness. Improved parenting skills. Improved interaction with children. Continue or begin other services as recommended (e.g., individual therapy). Assess reunification (if necessary).</p>	<p>Bi-weekly Court appearances. Attend treatment including support meetings (AA/NA etc.). Negative UAs. Compliance with Court order. Progress with service plan goals. Visitation with children (consistency & appropriateness). Cooperate with case manager. Cooperate with UA specialist.</p>	<p>Consistent Court appearances. Progress with treatment and program plan goals. Consistent visitation with children. Compliance with sanctions. Team recommendation. No more than two positive UAs. Eight weeks of consecutive clean time.</p>
<p align="center">Phase 3</p> <p align="center">3 – 6 months</p>	<p>Continued abstinence. Practicing recovery tools. Relapse plan clearly defined. Completion of aftercare plan with treatment/counselor. Educational and vocational training or employment. Stable parenting skills. Increased visitation with children. Improved interaction with children. No more than one positive UA. Reunification</p>	<p>Monthly Court appearances. Attend treatment including support meetings (AA/NA etc.). Secure sponsor. Negative UAs. Compliance with Court order. Progress with service plan goals. Increased unsupervised visitation with children. Cooperate with case manager. Cooperate with UA specialist</p>	<p>Consistent Court appearances. Progress with treatment and program plan goals. Evidence of efforts to obtain housing and/or employment. Consistent visitation with children. Compliance with sanctions. Team recommendations. No more than one positive UA.</p>
<p align="center">Phase 4</p> <p align="center">6 months</p>	<p>Continued abstinence and recovery. Participation in aftercare plan. Established relapse plan. Educational or vocational training and/or employment. Housing secured. Stable parenting skills. Custody of children. Improved interaction with children. No positive UAs. Graduation.</p>	<p>Court appearances as required. Attend community meetings as recommended. Maintain sponsor. Negative UAs. Compliance with Court order. Progress with service plan goals. Cooperate with case manager. Cooperate with UA specialist.</p>	<p>Consistent Court appearances. Successful completion of treatment and program plan goals. Custody of children. Housing secured and approved. Income or job verified. Completion of all other graduation requirements. No positive UAs. 8 months consecutive clean time.</p>

Family Drug Court Program Rules

As a Family Drug Court participant, you will be required to abide by the following rules:

Do not use or possess any drugs or alcohol. Sobriety is the primary focus of this program. Maintaining a drug free lifestyle is very important in your recovery process. Carefully choose the people with whom you associate.

Attend all ordered treatment sessions. This includes individual and group counseling, educational sessions and 12-step meetings. If you are unable to attend a scheduled session, you **MUST** contact your treatment counselor **BEFORE** a session is missed.

Report to your Case Manager as directed. If you have any problems making an appointment, contact your case manager immediately. This is especially important for requested urinalysis.

Be on time. If you are late, you may not be allowed to attend your counseling session and will be considered non-compliant. Contact your treatment counselor if there is a possibility you may be late.

Do not make threats toward other participants or staff or behave in a violent manner. Violent or inappropriate behavior will not be tolerated and will be reported to Court. This may result in termination from the Family Drug Court Program.

Dress appropriately for Court and treatment sessions. You will be expected to wear a shirt or blouse, pants, dress, or skirt of a reasonable length. **NO SHORTS OR BARE SHOULDERS (MEN OR WOMEN.)** Clothing bearing drug or alcohol related themes or promoting or advertising alcohol or drug use or violence is considered inappropriate. Men should remove hats or other head/hair covering before entering the Court. Sunglasses are not to be worn inside Court or treatment center unless medically approved and verified. Speak with your case manager or treatment contacts if you need assistance with clothing.

Always tell the truth. This value will be upheld. Withholding information is the same as a lie. Rebuilding credibility takes a long time after losing it. Please know almost 100% of the lies, which are told, are discovered.

When in doubt about a rule, consult with your attorney and/or case manager before making a mistake, which has serious consequences.

Type of Infractions

Violation of Court Orders
Failure to appear at Court hearing
Positive or missed drug test
Tampering with urine

Failure to maintain contact with CM/ACW
Missed visits with children
New abuse/neglect substantiated report
Failure to follow treatment plan

Sanctions

First noncompliance: Reprimand from the bench on most violations. Positive UA will result in an extra day of treatment.

Second non compliance: Participant will increase treatment activity, watch specific educational videos, write essays, create art to express emotions, complete community service, sit in Court all day, etc. Return to previous of Court hearings.

Third noncompliance: As above with addition of removal or restriction of visitation of children, home detention/electronic monitoring, brief incarceration. Return to previous phase of Court hearing.

Incentives

Depending on availability, you are eligible for incentives such as grocery vouchers or selection of items from our donations if you attend treatment consistently and test negative for drugs or alcohol. Using 30 days as a timeframe, you can earn vouchers based on your progress within that 30 day time period. Please review this policy with your case manager for more details. In addition, if you have outstanding warrants or other criminal cases pending on other dockets, FDC can write a letter to the judge assigned to your criminal case outlining your accomplishments in FDC and detail the current case plan

Resources

Treatment:

Alcoholics Anonymous Area Info	816/471-7229
City Union Mission	816/329-1410
Comprehensive Mental Health	816/254-3652
Footprints	816/561-0567
KCCC	816/421-6670
Narcotics Anonymous Help Line	816/531-2250
National Council on Alcoholism & Dependence	816/361-5900
Northland Dependency Services (Excelsior Springs)	816/630-8986
Pathways (Warrensburg)	660/747-1355
ReDiscover	816/931-6500
Renaissance West	816/333-2990
Swope Parkway Rehabilitation Center	816/929-2600
TMC-Behavioral Health	816/467-1533
TMC-E Dar Program	816/524-5310
Tri-County Mental Health Services (Clay County)	816/468-0400

Transitional Living:

Amethyst Place (for women and their children)*	816/231-8782 or 816/472-1873
Healing House (for women and women/children)	816/920-7178 or 816/920-7181
Princess House (for women only)	816/308-1112
Sheffield House (for women and their children)	816/483-9927)
Tabitha House (for women only)	816/923-4020

*Client must be connected to a specific referring agency

24 Hour Crisis Hotline:

Child Abuse and Neglect Hotline	1-800-392-3738
Domestic Violence Network	816/995-1000
Homeless Shelter Hotline	816/474-4599
Mental Health Crisis Line	1-888-279-8188
Rape Crisis Line	816/932-8453

Other:

Parents Anonymous Child Abuse Hotline	816/474-4588
MOCSA (Sexual abuse issues)	816/931-4527
Child Care Source	816/573-2273

Important numbers:

Case Manager: _____

UA Call in line: _____

Attorney: _____

CSW: _____

03/27/13

Kansas City, MO

GRADUATION REQUIREMENTS

How do you successfully complete Family Drug Court? The participant must complete the following:

- 12 months minimum in Family Drug Court
- 8 months clean time
- Successful discharge from a substance abuse treatment program
- Documented consistent attendance at a 12 step aftercare program or community based support program
- Housing: Transitional living and/or drug free home
- Restitution issues resolved (e.g., Court costs, community service)
- Resolve outstanding warrants
- Children returned home (for at least six months)
- Established support system
- Life plan initiated (e.g., employment, education, vocational training)

Graduation can occur at various times throughout the year, but will usually be scheduled on a quarterly basis (January, April, July and November). It will be a time of recognition for you in choosing sobriety. As you complete the requirements, check each box. If a requirement does not apply to you, mark NA through the box.

YOUR PROJECTED GRADUATION DATE IS: _____

Family Drug Court Eligibility Screening

Parents' Names: _____

Petition Numbers: _____

Allegations: _____

Children's' Names: _____

I. Disqualifying Criteria: Child Dependency / Delinquency

If the answer is "yes" to any of the items, the case is not eligible for Drug Court.

- | | | | | |
|-----|--------------------------|----|--------------------------|---|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | 1. Parent is under 16 years of age. |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | 2. Parent has a prior judgment terminating parental rights within the last three years. |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | 3. Currently filed or prior sustained allegation pursuant to Section 211.031 MSMo. of child sexual abuse, child homicide or child abuse which resulted in serious physical injury to any child in the home. |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | 4. There is substantial evidence from CD that either parent has severe and chronic mental illness and/or moderate to severe mental retardation. |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | 5. Either parent has a pending charge or criminal conviction/adjudication for a violent felony offense, or felony or misdemeanor sexual offense involving a child. |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | 6. Termination of parental rights and adoption or guardianship is the case goal of the JO, the Court, or the Children's Division. |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | 8. Other uniquely disqualifying case characteristics (explain) |

II. Qualifying Criteria: Child Dependency

If the answer is "yes" to item 1, or item 2 (under stated occasions), the case is eligible for Drug Court. Item 3 must be "yes" or the case does not qualify.

- | | | | | |
|-----|--------------------------|--|--------------------------|---|
| Yes | <input type="checkbox"/> | | <input type="checkbox"/> | 1. Parent has abused/neglected the child and the nature of the parent's substance abuse appears to be a precipitating or significant contributing factor in the alleged abuse/neglect. The parent's substance abuse involves cocaine, opiates, methamphetamines and/or phencyclidine. |
|-----|--------------------------|--|--------------------------|---|

On occasions in which the FDC is below capacity and there are no pending referrals meeting the qualifying criteria above, the following criteria may be used to screen potential cases for admission:

- | | | | | |
|-----|--------------------------|----|--------------------------|---|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | 2. Parent has abused/neglected the child and the nature of the parent's substance abuse appears to be a precipitating or significant contributing factor in the alleged abuse/neglect and the parent's substance abuse involves abuse of prescription medications, marijuana, and/or alcohol. |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | 3. Case status is either pre-dispositional on initial petition or within 30 days post the initial disposition. |

III Eligibility and Decision:

- | | |
|--|---|
| 1. Is case legally eligible? If no, case cannot be clinically screened
Yes <input type="checkbox"/> No <input type="checkbox"/> | 2. Is case clinically eligible?
Yes <input type="checkbox"/> No <input type="checkbox"/>
TCU Score: |
| 3. What is current FDC count status?
Yes <input type="checkbox"/> No <input type="checkbox"/> | 4. Case accepted?
Yes <input type="checkbox"/> No <input type="checkbox"/> |

Capacity: 110 Present population

Staff Attorney: _____ Date: _____ Program Mgr: _____ Date: _____

1. Date entered FDC
2. Mother's/father's full name, including past last names or aliases
3. List all case manager's names/ total _____
4. Date of Birth/SS #
5. Ethnicity
6. Street Address, City/Zip and Phone (incl. msg # too)
7. Education: less than HS: last grade completed _____, HS grad or GED, Some College or Tech, Associates Degree, Bachelor's Degree, Graduate Degree, unknown)
8. Marital Status: Single/Never Married, Married/Common Law, Separated, Divorced, Widowed/Unknown
9. Valid driver's license Yes No
10. Source of Income at entry (Employment, Welfare: TANF ____; Food Stamps ____; WIC ____, Medicaid ____ Family/Friends, SSI, Child Support ____, Other _____/Not Determined, None)
11. Type of Case: DEI ____; CA/N; ____; Transfer: Adult Criminal Court ____; Transfer: Other Family Ct ____
12. Is there a SO involved with mother/father? Yes No. If yes, who? FDC involved: Y or N
13. Is there a mother/father involved in this case? Yes No If yes, who and what child? FDC: Y or N
14. Prior FDC (yes; no); if yes, date entered____exited____, outcome: grad, term, dismiss, vol w/drawal
15. Prior child welfare/juvenile court client as a child for mom or dad (yes; no)
16. Drug of choice ranking, year started and frequency (____/____/____ alcohol, ____/____/____ marijuana, ____/____/____ cocaine, ____/____/____ pcp, ____/____/____ methamphetamines, ____/____/____ methadone, ____/____/____/____ other, ____ None (ranking: 1= highest etc.; frequency: d = daily; w = weekly; m = monthly; i = infrequently
17. Polydrug use (yes; no)
18. AGE began using alcohol () ; unable to determine _____
19. AGE began using illicit substances () ; unable to determine _____
20. Mental health history (yes; no); depression (yes; no); _____ other (yes;no)_____
21. List all current prescribed medication: _____
22. Learning/Developmental Disorder (yes; no) _____
23. Medical Disability or Condition (yes; no) _____
24. Criminal History (yes; no)
25. Current criminal status (probation; parole; pending charges / warrants; na); PO's name/number _____
26. Prior incarceration (yes; no)
27. Domestic Violence History (yes; no)
28. Homeless (yes; no)
29. Prior CA/N investigations (yes; no; how many____)
30. Prior TPR or Voluntary Surrender (how many of TPR ____; how many surrender ____; NA ____)
31. Prior treatment episodes (yes; no); if known, how many in-patient____, how many out-patient____; unknown _____

32. While in Drug Court, type of treatment attended: # _____ in-patient; # _____ out-patient; completed: # _____ in-patient; completed: # _____ out-patient
33. UA Testing (dates/type of test/results with type of drug)
34. Transitional housing (yes; no); with children (yes; no)
35. TIES worker (yes; no); name of TIES worker _____
36. Names of all children involved in the case
37. Number of all children involved in the case (# _____ males; # _____ females)
38. Birth dates of children involved in the case (for all males; all females)
39. Number of children NOT involved in the case _____
40. Prior drug exposed children (yes; no; how many _____)
41. Type of each placement, date, and return to parent for each child in FDC case (# with mother; # with father; relative; foster care; residential; beginning and ending dates)
42. Children with physical/mental health issues (# _____ of children; medical; developmental, behavioral/emotional; sexual abuse; physical abuse or NA).
- 43. Case outcome and date: Date _____ (circle) graduated; terminated; dismissed; other**
- 44. Placement of children at case conclusion (# _____ with parent; # _____ with relative; # _____ in foster care; # residential _____ # _____ other status)**
- 45. Legal status of children at case conclusion (# _____ jurisdiction released; # _____ jurisdiction maintained # _____ guardianship planned; # _____ adoption referral; # permanency review scheduled _____)**
- 46. AFSA timeline met (yes no na)**
- 47. Case manager remained the same throughout the FDC case (yes no unknown)**
- 48. Client received _____ number of sanctions (FDC); type of sanction used: restrict visitation; child removal; watch a video; write a paper; increased treatment; other**
- 49. Incarceration while in FDC (yes no)**
- 50. Hotline reports during FDC case (yes; no; # _____ unsubstantiated; # _____ substantiated; # _____ unknown)**
- 51. Employment status at case end in FDC (unemployed; employed part-time; employed full-time)**
- 52. Educational status at case end in FDC (started GED; completed GED; started vocational training; entered college; started other; no change)**
- 53. Drug free birth while in Drug Court: Yes (date _____); No**

Emergency contact information:

Name/Relationship:

Address:

Telephone:

Family Drug Court Status Review Court Report**Jackson County Family Court****In the Interest of: (List each child/dob with JV, Life #, and DCN # for each child)****Court Date:**

Date entered Family Drug Court:**Mother:**
Mother DCN#:
DOB:
Address/City/Zip:
Phone:**Substance Abuse Treatment Update:****Dates of recent UAs and Results:** See attached print-out.**List Therapist/Service Provider (s)and Summary of Progress:****Employment/Income Source/Job Training/Education status:****New Arrest Date or Probation/Parole status:****New Hotline Date/Allegation/Results:****Home Visit Date/Summary (Mother):**

(Repeat information for each identified/involved father—this is a reminder – take out this sentence when you type the report)**Name:**
Father of _____ :
Father DCN#:
DOB:
Address/City/Zip:
Phone:**Substance Abuse Treatment/Summary Update:****Dates of recent UAs and Results:****List Therapist/Service Provider(s) and Summary of Progress:****Employment/Income/Job Training/Education status:****New Arrest Date/Probation/Parole status:**03/27/13
Kansas City, MO

New Hotline Date/Allegation/Results:

Home Visit Date/Summary (Father):

(Repeat information for each child)

Child:

DOB:

Placement Name and type (e.g, bio mother, foster home, relative, kinship, residential):

Placement Date:

Therapist or Service Provider's Name/Summary of Progress:

Education Update (School/Grade):

Developmental Milestones/Health Needs:

Name of Parent Aide/Agency:

Placement visit date:

Parent-Child Visitation Date/Summary (if applicable):

FST due date:

Written Service Agreement due date:

Phase/Date achieved:

List current violations/proposed consequences:

Goals achieved from last Court date:

Recommendation this Court date:

This section to be filled in at the appropriate time:

Graduation Date:

Jurisdiction Status:

Termination Date:

Submitted by: (type your name)

Case Manager telephone number:

03/27/13

Kansas City, MO

Supervisor: (type your supervisor's name)
Supervisor telephone number:

Date: