



# FAMILY TREATMENT COURT

## WHAT IS FAMILY TREATMENT COURT?

Family Treatment Court (FTC) is a voluntary program for parents who have substance abuse issues and are involved with the Court because their children are in the custody of Department of Human Resources – Child Welfare.

FTC provides “wrap around” services to parents who want to get clean and sober so they can raise their children. FTC is a 5 phase program that lasts a minimum of 12 months. Studies have shown that parents in treatment courts like FTC keep their families together long after DHS is out of the case. If you’d like extra help to stay clean and be a good parent, FTC may be the program for you.

**The only person you are destined to become is the person you decide to be.**

*~ Ralph Waldo Emerson*

## ADMISSION POLICY FOR FAMILY TREATMENT COURT

To be eligible for FTC, a parent must:

1. Admit to or be found within the jurisdiction of the Court on an allegation of alcohol or drug abuse
2. Complete an approved alcohol/drug screening. The Family Treatment Court team will decide on a case-by-case basis whether a parent may join FTC
3. Apply for FTC no more than six months after the dependency petition is resolved

After acceptance, the Family Treatment Court coordinator will schedule orientation and notify the parent. At orientation, the parent will meet the Family Treatment Court team, learn more about the program, and sign releases of information.

## FAMILY TREATMENT COURT TEAM MEMBERS:

- ★ Circuit Court Judge
- ★ FTC Coordinator
- ★ Clatsop Behavioral Healthcare Treatment Provider
- ★ Court Appointed Special Advocates
- ★ Department of Human Services - Child Welfare Caseworkers
- ★ Certified Alcohol/Drug Counselor
- ★ Parents’ Attorney
- ★ Child’s Attorney
- ★ Senior Deputy District Attorney
- ★ Probation Officer
- ★ Foster Grandparent / Community Volunteer



## THE ROAD TO SUCCESS

Family Treatment Court team members come from many different agencies and programs. The team sees parents weekly, helps parents stay clean and sober and helps in many other ways.

The program works in “phases.” There are 5 phases, and each parent moves through the phases at their own pace. The program starts slowly at first, and a parent is expected to do more in the later phases – as he or she completes treatment and stays clean.

In order for parents to graduate, they must:

- ✓ Not use alcohol or drugs
- ✓ Take urinalysis tests on request and test clean
- ✓ Go to treatment
- ✓ Get a job or go to school
- ✓ Find and keep safe and appropriate housing
- ✓ Work with a sponsor
- ✓ Follow the plan developed with the FTC team

## DRUG & ALCOHOL TESTING

Parents in Family Treatment Court must take random alcohol/drug tests. Usually these are urinalysis tests (UAs) on fairly short notice. Parents can use UAs to show the team and treatment providers they are staying clean. Testing builds accountability into the program; it allows parents to be honest about alcohol and drug use, move toward recovery, and ensure the safety of their children.

## GRADUATION

A ceremony will be held to celebrate successful completion of FTC. Children, family members, friends and others who have shared in the parents’ success will be invited to attend.



**For further information please contact:**

Family Treatment Court Coordinator  
Clatsop County Circuit Court  
P.O. Box 835  
Astoria, OR 97103  
503-325-8555

## Clatsop County Family Treatment Court Overview

Clatsop County Family Treatment Court is a voluntary program that consists of intensive services offered to Clatsop County parents who have children in DHS custody. Many people and organizations work together to help parents reunite with their children.

The Family Treatment Court team consists of:

- Clatsop Behavioral Healthcare (CBH)
- Clatsop County Circuit Court Judge
- Clatsop County Parole and Probation
- Community Volunteer
- Court Appointed Special Advocates (CASA)
- Department of Human Services - Child Welfare (DHS)
- Drug & Alcohol Specialist
- Parent's Attorney
- Senior Deputy District Attorney (DA)

This program is for parents with a history of alcohol or drug use that interferes with their ability to parent safely. These parents need support to remain clean and sober, and the Family Treatment Court team provides that support. The program works on a five-phase system. Each phase is individually tailored to meet a parent's needs and the family's reunification requirements.

In order for parents to graduate, they must:

- Abstain from drugs and alcohol through all five phases of Family Treatment Court
- Complete all five phases
- Comply with DHS Action Agreement
- Develop a positive community support network
- Establish and work with a mentor/sponsor
- Establish stable employment, attend school regularly or work a self-sufficiency plan
- Follow all expectations outlined by the team and client
- Maintain safe and stable housing
- Parent safely
- Regularly attend community sober support groups
- Successfully complete treatment as recommended by the alcohol and drug assessment and treatment provider
- Upon request, produce UAs negative for alcohol and drugs

At the end of each court appearance, the parent leaves with a court-ordered To-Do-List.

The To-Do-List explains the efforts needed by the next court appearance. It also includes the next court date.

The first parent entering Family Treatment Court will be assigned attorney Stacy Rodriguez. Ms. Rodriguez will represent the parent at FTC staffing meetings, in court hearings, and in Citizen Review Board reviews.

## **FAMILY TREATMENT COURT (FTC) APPLICATION**

1. I understand this is a zero tolerance program, and I cannot use or possess alcohol, marijuana or illegal drugs while I am a participant. Furthermore FTC participants shall not consume addictive prescription stimulants (Adderall, Dexedrine, Ritalin, Concerta) while in the FTC program.
2. I will appear in court on all scheduled court dates and as directed by any FTC team member.
3. I will attend, participate in and successfully complete a alcohol and drug assessment and any treatment recommended by the evaluator and as directed by any member of the FTC team. I also will attend AA, NA or other community sober support group as directed by my treatment provider or any FTC team member.
4. I will obey all laws while in FTC and will report any law violations and/or police contacts to my caseworker within 24 hours (excluding weekends).
5. I understand my case will be discussed at staffings by members of the FTC team. I also understand and agree that the judge is part of the FTC team, and she may discuss my case outside my presence and outside the presence of my attorney if my attorney is unable to attend staffings.
6. I waive all rights of state and federal confidentiality and agree that my case may be discussed among FTC team members. I will sign releases of information and written waivers upon request. I understand I may hear confidential information during FTC sessions, and I will not discuss this information with anyone who is not in FTC.
7. I will see my caseworker as often as directed by my caseworker or any FTC team member, and I will comply with all requirements of my action agreement and/or case plan and comply with all court orders.
8. If I am on probation, parole or post-prison supervision, I will see my supervisor as directed and comply with all supervision conditions.
9. I will be tested frequently for alcohol and drug use. I will submit to alcohol and drug testing as directed by my treatment provider or any FTC team member. If I miss a test, tamper with a test, or the test result is diluted, it will count as a positive (dirty) test.
10. I will notify my treatment provider and the FTC team of any over-the-counter or prescription drugs I am taking, and I will provide copies of prescriptions upon request. I will not take over-the-counter or prescription drugs if so directed by my treatment provider or any FTC team member.

11. I will not reside with any person who does not sign third-party waivers and consents, and I will not hide such relationships from the FTC team.
12. In order to graduate from FTC, I must successfully complete all five phases, which may take 45 weeks or longer depending on my compliance.
13. Entry into FTC is voluntary. If I enter FTC I will be expected to complete the program, and there may be adverse consequences if I fail to comply.
14. I understand that I may be sanctioned for noncompliance with FTC rules or requirements or court orders. Sanctions may be imposed without prior notice and opportunity for hearing. Sanctions may include but are not limited to:
  - Repeating a phase
  - Increased treatment
  - Inpatient treatment
  - Community service work
  - Incarceration
  - Restrictions on my activities or associations
  - Issuance of a warrant for my arrest
  - Termination from FTC

I understand and agree to each provision of this application as indicated by my signature below. I promise to comply with all terms of this application and all Family Treatment Court rules and requirements.

Participant's Signature	Date
Participant's Name (please print clearly)	Phone #
Participant's Attorney's Signature	Date
Team Member's Signature	Date

**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION  
CLATSOP COUNTY FAMILY TREATMENT COURT**

I, \_\_\_\_\_, authorize:  
(Name of parent participant)

- Clatsop Behavioral Healthcare (CBH) employees involved with Family Treatment Court
- Choices Counseling employees involved with Family Treatment Court
- Clatsop Parole and Probation Officers involved with Family Treatment Court
- DHS Child Welfare staff involved with Family Treatment Court
- Family Treatment Court Judge Paula Brownhill and Coordinator Jennifer Billings
- Representatives from the Clatsop County District Attorney's office involved with Family Treatment Court including Dawn Buzzard, Senior Deputy District Attorney
- \_\_\_\_\_, parent's lawyer
- \_\_\_\_\_, child's lawyer
- CASA staff and assigned volunteer
- Family Treatment Court community volunteer Marla McConnell

to communicate with and disclose to one another the following information:  
(nature and amount of the information as limited as possible):

my diagnosis; my alcohol/drug test results; information about my attendance or lack of attendance at treatment sessions including drug/alcohol, domestic violence, mental health and parenting classes; my cooperation and compliance with treatment and other services related to the dependency case/court order; my prognosis; my medications; information about my physical and mental health, and probation compliance.

The purpose of the disclosure is to inform the persons listed above of my attendance, participation, and progress in treatment to assist with my recovery and my participation in Clatsop County Family Treatment Court.

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and the Health Insurance Portability and Accountability of 1996 (HIPAA), 45 CFR Parts 160 & 164.

I understand that I may revoke this consent 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 as follows:

I am terminated from Family Treatment Court, or

I graduated from Family Treatment Court, or

\_\_\_\_\_ (Specify other times when consent can be revoked and/or expires)

I understand that I might be denied services if I refuse to consent to disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

I recognize that my court hearings are held in an open and public courtroom and it is possible that an observer could connect my identity with the fact that I am in treatment as a condition of participation in Family Treatment Court. I specifically consent to this potential disclosure to third persons.

I understand that the Family Treatment Court team will meet regularly to discuss my progress and participation. I understand my attorney usually will be present for staffings, but there may be occasions when she is not present. I consent to ex parte communications among the Family Treatment Court team members, including the judge, to occur outside of my presence.

**I understand that if I refuse to consent to disclosure or revoke my consent prior to the expiration of this consent, such action is grounds for immediate termination from Family Treatment Court.**

**I have been provided a copy of this form.**

**I acknowledge that I have been advised of my rights, and I have had the benefit of legal counsel or have voluntarily waived the right to an attorney. I am not under the influence of drugs or alcohol. I fully understand my rights and I am signing this Consent voluntarily.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Family Treatment Court Participant

Witness: \_\_\_\_\_

\_\_\_\_\_  
(position)

### **PROHIBITION ON REDISCLOSURE OF CONFIDENTIAL INFORMATION**

This notice accompanies a consent for the disclosure of information about your alcohol/drug treatment. You have consented to the disclosure of records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit recipients of the information from making any further disclosure of the information unless further disclosure is expressly permitted by your written consent or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose. The federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.

## **Important Information for the Participant**

**This is a Voluntary Form.** Your treatment provider may not condition treatment, payment, enrollment, or eligibility for the treatment provider's benefits on signing this authorization.

Participation in Family Treatment Court requires your authorization for the treatment program to provide necessary information to the court program. This consent form is used to obtain information to assess compliance and progress toward achieving treatment court objectives in your case. Refusal to sign or a decision to revoke the authorization will result in termination from Family Treatment Court.

**Disclosure:** This authorization for use and disclosure of information is necessary to participate in Family Treatment Court. The information will be used by and disclosed to members of the Family Treatment Court team. Information may be disclosed to visitors to Family Treatment Court if they sign confidentiality agreements.

The information disclosed pursuant to this authorization may no longer be protected by the HIPAA Privacy Rules. For example, the judge and attorneys who receive the information are not subject to the HIPAA Privacy Rules, and information disclosed in the normal course of court proceedings will no longer be protected by the HIPAA Privacy Rules. But federal regulations about substance abuse treatment records will continue to apply to the information to the extent required by those regulations.

Identifying information, where necessary, will be disclosed in the normal course of court proceedings open to the public, and by signing this form you authorize the same.

**Redisclosure:** After you authorize disclosure of your substance abuse treatment records, federal regulations (42 CFR Part 2) prohibit the recipient of those records from re-disclosing those records unless further disclosure is expressly permitted by your written authorization or by other provisions of the federal regulations. Also, if your records are disclosed to a covered entity under the HIPAA Privacy Rules, the covered entity may only re-disclose your records with your written authorization or by other provisions of the HIPAA Privacy Rules. State law prohibits further disclosure of HIV/AIDS information (ORS 433.045, OAR 333-12-0270); and state law prohibits further disclosure of mental health, substance abuse treatment, vocational rehabilitation and developmental disability treatment information from publicly-funded programs (ORS 179.505, ORS 344.600) without specific authorization.

**Revocation:** Revocation of this authorization will result in termination from Family Treatment Court. The authorization will expire on termination or graduation from Family Treatment Court.

## Using This Consent Form

- 1. Staffing Team:** A number of individuals or agencies regularly working together. The names of the team members are available upon request.
- 2. Assistance:** You should consult an attorney before you sign this authorization. **Be sure you understand the form before signing.** Feel free to ask questions about the form and what it allows.
- 3. Guardianship/Custody:** If the person signing this form is a personal representative, such as a guardian, a copy of the legal documents that verify the representative's authority to sign the authorization must be attached to this form. Similarly, if an agency has custody, and its representative signs, custody authority must be attached to this form.
- 4. Revoke:** If you later want to revoke this authorization, contact the Family Treatment Court coordinator. Revocation can be oral or in writing. Federal regulations do not require that the revocation be in writing for Drug and Alcohol Programs. No more information will be disclosed or requested after the authorization is revoked, except to the extent that action has been taken in reliance on it. Revocation will result in termination from the program.
- 5. Relationship to Treatment Court Programs:** The treatment court is separate from the treatment programs and other services you may receive while in the program. Participation in this court program requires your authorization for the treatment program to provide necessary information to the court program. This authorization is used to obtain information to assess compliance and progress toward achieving treatment court objectives in your case.
- 6. Ex Parte Discussions:** The judge and members of the Family Treatment Court team will meet regularly to discuss your progress and participation in treatment and results of alcohol/drug testing. Your attorney usually will attend the staffings and represent your interests. You will not be present for these staffings, and the staffings will be closed to the public. By signing this authorization, you are agreeing that communications between Family Treatment Court team members, including the judge, may take place in your absence, and the judge may consider the information in deciding incentives and sanctions. You are waiving restrictions on ex parte contacts with the judge.