



IMPLEMENTATION GUIDE

Leading system reform to meet the needs of children and families.



COLORADO
Department of Human Services



OJJDP



“CHANGE THE WAY YOU LOOK AT THINGS AND THE THINGS YOU LOOK AT CHANGE.”

– Wayne Dyer

EQUIFINALITY – In open systems, equifinality is the ability to reach a final goal in a variety of ways.

“SYSTEM REFORM MEANS, ABOVE ALL, CREATING A POSITIVE, SUPPORTIVE ENVIRONMENT NOT ONLY THROUGH ADEQUATE TREATMENT SERVICES BUT THROUGH CLIENT ADVOCACY THAT IS DRIVEN [...] BY STAKEHOLDERS ENGAGED IN CONTINUOUS TRAINING AND SUPPORT [WHO ARE] SENSITIVE TO THE IMPACT THE D&N HAS [...] ON CLIENTS.”

– C.J. Montoya
Problem Solving Court Coordinator II
Huerfano County, DANSR Pilot Site

EXECUTIVE SUMMARY

Prevalence of Substance Use Disorder in Colorado Child Welfare and Juvenile Courts

- Per a 2015 statewide survey of Colorado juvenile court, family treatment drug court, and child welfare professionals, 83% of dependency and neglect cases involve parental substance abuse problems.
- A review of data from the Colorado Judicial Department case management system shows that more than 60% of Expedited Permanency Planning (EPP) cases and more than 30% of non-expedited cases allege substance use in the petition.
- A review of data from the Colorado Department of Human Services, Division of Child Welfare data system shows that the rate of substance-related removals for SFY 16 and the first half of SFY 17 is 30.3%. This excludes Division of Youth Services children.

See Appendix A for state and pilot specific data from the Colorado Judicial Department and from CDHS.

DANSR Approach to System Reform

In October 2014 Colorado was awarded federal funding to address the prevalence of substance use related involvement in Child Welfare and Juvenile Courts, through expanding the scope and reach of family drug courts (FDC). Colorado created DANSR to infuse researched best practices from FDC across the dependency and neglect system for substance using families with the aim of increasing permanency and safety, reducing recidivism, supporting recovery, and increasing judicial responsiveness. Through piloting practice changes at the local level, Colorado developed the DANSR approach and principles. The approach is about system change to best serve substance using families in the D&N system. The principles focus on early access to treatment, early, ongoing, and increased family engagement, increased family and case team communication and information sharing, individualized treatment and case processing, increasing service array, and increasing recovery supports. The crux of the approach are cross-system collaboration and family engagement from all levels of the system and community. Together, the courts, child welfare, treatment, and the community engage families through clear communications that facilitate team decision making to best serve children and families.

The DANSR Approach to systems reform was based on the extensive research findings that showed Family Treatment Drug Court (FTDC) programs yield more positive outcomes for families. The hypothesis was that when unbundled from a FTDC, certain key elements show promise for improving outcomes in non-FTDC cases. The DANSR approach and principles incorporate several key elements of FTDC that have been proven to generate better outcomes in dependency and neglect cases involving substance use disorders. FTDC research shows: (1) parents are more likely to attend and complete drug and alcohol treatment; (2) 90% of children stay with their families (3) 91% percent of children are reunited with their families and (4) 98% of children were not maltreated within six months of case closure. DANSR is integrated under the Court Improvement Program (CIP) and has aligned with among others, problem solving courts, the child and family services plan, and the families first prevention and services act.

Timeline of DANSR Implementation Sites

These sites initiated DANSR implantation in the corresponding year.

Year	Site
2015*	1 st Judicial District- Jefferson County 3 rd Judicial District- Huerfano County 11 th Judicial District- Fremont County 22 nd Judicial District- Montezuma
2016*	2 nd Judicial District- Denver County 15 th Judicial District- Prowers, Cheyenne, Kiowa, Baca Counties 18 th Judicial District- Arapahoe County 20 th Judicial District- Boulder County
2017	10 th Judicial District- Pueblo County
2018	5 th Judicial District- Clear Creek 9 th Judicial District- Garfield County 17 th Judicial District- Broomfield County
2019	4 th Judicial District- El Paso County

*Indicates first and second round original pilot site locations. These sites paved the way with trial and error through collaboration and feedback during the planning phases I and II. The lessons learned from these sites informed the implementation strategies for sites beginning in 2017 through today.

Implementation Guide Purpose

The purpose of this guide is to assist cross system collaboration and improvement efforts at the state and local levels by outlining an approach and principles for improving the handling of dependency and neglect cases with substance use or co-occurring mental health disorders. The guide provides expectations and direction, while also allowing for flexibility and choice to sites implementing DANSR.

While DANSR can be implemented in ways that meet the needs of the county/jurisdiction, each county/jurisdiction implementing DANSR should implement all six principles of the DANSR approach in some way. There is an understanding that it may take time to implement all six principles and that all six may not initially be implemented at the same time.

Development of the Guide

This guide was developed and piloted, in part, by DANSR teams across the state. These teams will be referred to as Sites throughout the guide.

The National Center for State Courts (NCSC) was contracted to review the planning phase of the DANSR process and provide feedback on implementation and next steps (October 2014 – September 2017). Denver Health was contracted to conduct a qualitative study to examine parent/caregiver and professional thoughts and input regarding the dependency and neglect system. NCSC, Denver Health, site, and other stakeholder

feedback helped inform the guide. The guide and appendix will continue to be revised as appropriate. Training and technical assistance is available related to DANSR implementation and the use of this guide.

See Appendices B and L for the NCSC and Denver Health reports.

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Dependency and Neglect System Reform Program (DANSR)

DANSR relies on cross system collaboration to support system improvement for Colorado's Judicial Department, CDHS-Office of Children, Youth, and Families, Division of Child Welfare, CDHS-Office of Behavioral Health, and local DANSR Steering Committees consisting of court, legal, child welfare, and treatment professionals. DANSR is supported by a nationally-recognized substance abuse and child welfare research agency, Children and Family Futures (CFF).

DANSR Vision

The DANSR vision is that each system changes to meet the needs of children and families.

DANSR Mission

The DANSR mission is to improve outcomes for children and families in all dependency and neglect cases with substance use or co-occurring mental health disorders through system improvement.

DANSR Values

- Child and family centered practice
- Trauma informed practice
- Empowered and engaged local communities
- State and local cross system collaborative partnerships
- Services matched to client need
- Accountability and follow through by professionals and participants
- Appropriate level of judicial intervention
- Quality representation and advocacy
- Delivery of effective services for families
- Courage to innovate and change

DANSR Desired Outcomes & Objectives

• **Increase permanency**

- Increase permanency and decrease time to permanency for children.
- Increase family reunification and decrease time to reunification.
- Decrease time children are in out of home care.
- Decrease re-entry into out of home care for children.

• **Increase safety and reduce recidivism**

- Increase long term safety for families.
- Decrease repeat maltreatment and re-entry into out-of-home care or the system.
- Maintain child safety.
- Maintain parental sobriety and management of substance use disorder, co-occurring mental health disorder, and/or trauma.

- **Support recovery**

- Support substance use and mental health disorder recovery through timely access to treatment
- Ensure parents are placed in the appropriate treatment level of care.
- Increase treatment completion and success.

- **Support judicial responsivity**

- Determine and deliver the appropriate level of court supervision.

See Appendices C and D for more detailed information on desired outcomes, specific performance measures, and data collection.

DANSR Principles

The DANSR approach is guided by six principles. Each county/jurisdiction will infuse the DANSR principles into their systems that manage dependency and neglect cases with substance use or co-occurring mental health disorders.

Principles:

1. Engage families immediately and universally identify substance use and other needs.
2. Families complete substance use and other assessments and begin treatment as soon as possible once needs are identified.
3. Enhance communication, collaboration, engagement, and integration of treatment information into the management of the case through the use of multi-disciplinary team staffing.
4. Provide timely judicial support and oversight to meet the individual needs of each family.
5. Enhance data collection and information sharing across the court, child welfare, and treatment.
6. State and local teams coordinate strategy at the systems-level and participate in collaborative training.

REQUIREMENTS

Steering Committee Formation & Action Plan

A multi-disciplinary Steering Committee must be formed locally. The steering committee can join with another committee such as a best practice court team. A Steering Committee Action Plan should be developed and agreed upon.

- A Steering Committee must conduct regular meetings to devise a protocol and Steering Committee Action Plan.
- Instructions for completing a Steering Committee Action Plan and site plans are outlined in Appendix P.
- Action plans can evolve over time and should be shared with your CIP contact.

Formalized Stakeholder Commitment

Jurisdictions create formalized commitments regarding communication and collaboration among key stakeholders in their community for DANSR in a Memorandum of Understanding or Letter of Agreement.

- Instructions for completing a Letter of Agreement are outlined in Appendix O, along with examples MOUs/ Letters of Agreement of local sites, the state and other state.

Protocol

A protocol is required for each site implementing DANSR.

- The protocol must describe how the 6 DANSR principles will be applied to cases with substance use or co-occurring mental health disorders.
- The protocol must detail the jurisdiction's plan for applying the DANSR approach to all dependency and neglect cases with substance use or co-occurring mental health disorders.
- A Protocol Guide and instructions for completing your DANSR protocol are outlined in Appendix N. Example site protocols are also found in Appendix N.
- Protocol documents can evolve over time. Any modified versions should be shared with your CIP contact.

Communication

- Communicate regularly with your CIP Contact person as determined between your steering committee and CIP.
- The designated point of contact from each steering committee participates in the once monthly all site call.

Data Collection

Sites are expected to complete the OJJDP Site Collection Tool. See Appendix C. Sites can collect any other data they wish at the local level. If you receive a subaward, specific data reporting will be required. This data is the same as the OJJDP Performance Measures found in Appendix C.

Cross-Site Visits

Implementing sites should organize and schedule a cross-site visit to observe an established site's court/ and or staffing processes. Cross-site visits provide a valuable experience where stakeholder teams can see the DANSR approach in real time. Further, these visits allow stakeholder teams to select and adapt elements of implementation to their unique communities. Coordination and logistics (including funding of these visits) can be supported by CIP.

DANSR FOUNDATION & STRUCTURE

"Change is stalled if everyone waits for someone else to initiate it" (Nichols, 1987, p. 39).

Cross-Systems Collaboration

Children and Family Futures defines systems change as, "a permanent shift in doing business that relies on relationships across systems and within the community to secure needed resources to achieve better

results and outcomes for all children and families”. Cross-system collaboration improves outcomes for families involved in multiple systems (Rodi et al., 2015). This is the foundation of the DANSR approach.

Statewide System improvement is built on individual strengths, inherent connection between systems, and collaborative efforts of the court, child welfare, treatment providers, the family, and community partnerships. Each system reciprocally influences the other and plays a vital role in the life of the family involved in the system. While change occurs through the individuals within the system, it is through new perspectives, shared responsibility, and an open system that desired solutions and innovation arise.

DANSR relies on the collaboration and interaction of multiple disciplines, state, and local systems. Understanding how each other operates and building strong working relationships encourages change. Decades of research indicate that the nature and strength of the therapeutic relationship is the most important indicator of change and successful outcomes in therapy (Ardito & Rabellino, 2011; Lambert & Barley, 2001). Similarly, strong working alliances among stakeholders are key.

When larger systems and professionals maintain healthy collaborative relationships, these relationships are more likely between professionals and families. Cross system collaboration in the DANSR approach and structure foster these relationships.

Roles and Responsibilities

It is important for each role in the system to have a basic understanding of the other’s responsibilities and ethical duties. Understanding can lead to appreciation and support effective collaboration. Below is a brief introduction to each role.

- **Family**– Offers their voice and perspective and is the expert on their family. The family (child(ren) AND parent(s)/caregiver(s) are at the center of the case and all decision making. Services should be focused on the whole family, while also meeting the individual needs of the child(ren) and parent(s)/caregiver(s). The family is the reason the system exists and is who the system serves.
- **Child Welfare** – Promote child safety, well-being, and permanency. Coordinate services for families.
- **Treatment** – Provide services and promote parent, child, and family recovery and well-being.
- **Judicial Officer** – Oversee and rule on the case. Ensure due process. Make decisions regarding the best interests of the child and permanency.
- **Respondent Parent Counsel** – Advocate for the parent’s expressed interest while protecting their constitutional and statutory rights.
- **Guardian ad Litem** – Represent the child’s best interests and needs. Provide advocacy on the child’s health, safety, and well-being.
- **Respondent Parent Guardian ad Litem** – Represent the parent’s best interests. Work with the parent and parent attorney to help the parent understand court proceedings and court orders.
- **City/County Attorney** – Represent the People of the State of Colorado, caseworker, or department of human services. Work with the caseworker to make recommendations to the court regarding the child’s best interests.

- **Court Appointed Special Advocate** – Trained community volunteer who is court appointed. By building a personal relationship with the child through frequent and consistent visits, as well as observing them in their home and school environments, CASA advocates for and make recommendations to the court regarding the best interest and safety of the child.

DANSR Governance Structure

“It is this diversity in backgrounds and philosophies that can contribute to the depth of the analysis and lead to the resolution of long-standing issues” (Heldman, 2006, p. 5).

Per Drabble, Green, Rockhill, & Burrus, “Interagency collaboration between child welfare systems and alcohol and other drug systems plays an important role in addressing issues of parental substance use disorders and family reunification” (as cited in Traube, He, Zhu, Scalise, & Richardson, 2015). DANSR partners with many initiatives at the state and local level. It is a part of the Court Improvement Program and collaborates closely with Problem Solving Courts, among several other initiatives. In addition, DANSR is comprised of multiple teams and groups that support its vision, mission, goals, and objectives. Each level of the system is represented and serves unique and critical functions. Teams and groups are as follows: Executive Oversight Committee, Core Planning Team, Local Steering Committees, Work Groups, and Subcommittees.

Teams and groups are founded in strong leadership that ensures stakeholder input, feedback, and ongoing communication. Leadership is critical from the onset of team and group formation and supports the intensive work that occurs.

Teams and groups are comprised of those who are motivated to improve outcomes, take chances, and implement new strategies. Honest reflection of current practices and openness to different perspectives support system improvement. Use careful thought and attention when choosing team and group members.

Committees & Teams

Executive Oversight Committee

The Executive Oversight Committee is comprised of Justices from the Colorado Supreme Court and Judges from the Colorado Court of Appeals and districts, as well as director level members from the Judicial Department, Colorado Department of Human Services, CDHS - Office of Behavioral Health, CDHS – Office of Children, Youth, and Families, Division of Child Welfare, Office of Respondent Parents’ Counsel, and Office of the Child’s Representative.

The Executive Oversight Committee meets monthly or quarterly, ensures long-term stability, and gives final approval of practice and policy changes. See Appendix U for membership.

Core Planning Team

The Core Planning Team is comprised of management level members from the Judicial Department, CDHS - Office of Behavioral Health, CDHS - Office of Children, Youth, and Families, Division of Child Welfare, and Children and Family Futures.

The Core Planning Team meets monthly to remove barriers to ensure program success and achieve project goals. See Appendix U for membership.

Local Steering Committee

Steering Committees are teams at the jurisdiction level that are comprised of multiple and diverse stakeholders across varying disciplines. Membership needs those who can speak for their organizations and make decisions, as well as those who are and who have connection to direct line staff who will be implementing the strategies developed. It is through the steering committee's ongoing work that direct change occurs.

Steering Committees must include: Judicial officer, child welfare representatives, substance use treatment provider representatives, mental health treatment provider representatives, and attorneys (GAL, RPC, County). They can include any other community partners (i.e., clerks, CASA). It is important for each discipline represented on a steering committee to spend time getting to know the other roles and responsibilities and to examine how they can collaborate around the DANSR vision, mission, values, and principles. Establishing structure with delineated roles and responsibilities is key. This is accomplished through the Steering Committee Action Plan (Appendix P).

Steering committees should choose one main point of contact to communicate regularly with the core planning team and CIP and to represent the team. This person will also schedule and facilitate meetings and take an active role in leading change at the local level. Subcommittees and other specialty points of contact can be developed as needed.

The committee can merge with an existing structure, such as a best practice court team, interagency oversight group, family treatment drug court team, etc.

Frequency and duration of steering committee meetings can be determined by the committee, but it is recommended that teams meet a minimum of monthly to start. The team should meet frequently enough that momentum is not lost and that tasks can be assigned and accomplished.

Children and Family Futures

Children and Family Futures (CFF) is a not for profit organization that focuses on implementation and evaluation of human services programs and policies. They provide training and technical assistance to federally-funded grantee programs, including DANSR. This involves overseeing grantees, providing programmatic support related to the grantee program goals, objects, and desired outcomes, and disseminating information about effective practice and lessons learned. CFF is an available resource at the state and local level for DANSR. See Appendix U for more information.

Court Improvement Program (CIP)

CIP is the point of contact for steering committees, the core planning team, the executive oversight committee, work groups and subcommittees, and CFF. CIP provides technical assistance and helps problem solve during implementation through regular communication and site visits. CIP provides information and solicits feedback from jurisdictions regarding implementation.

DANSR IMPLEMENTATION

Applying the DANSR Approach

DANSR should be thought of as an approach to managing cases, versus a specialty court or DANSR “case”. The DANSR approach should be applied to any dependency and neglect case that involves at least one parent/caregiver with concerns regarding a substance use or co-occurring mental health disorder. At a minimum, DANSR should be applied to all Expedited Permanency Planning (EPP) cases where substance use and/or mental health are present. An initial goal is for jurisdictions to use a DANSR approach with all dependency and neglect cases with substance use or co-occurring mental health disorders.

The definition of co-occurring for the purposes of DANSR is the co-existence of both one or more substance use disorder(s) and mental health disorder(s). Substance use and mental health disorders frequently co-occur. People with mental health disorders are more likely than people without to experience a substance use disorder (Gobin, Mostrom, & Aby, 2009). According to a SAMHSA 2016 national survey, an estimated 8.2 million adults aged 18 or older (3.4 percent of all adults) were diagnosed with both mental health and substance use disorders, half of those individuals were those who never received treatment (SAMHSA, 2017).

The DANSR approach can be applied to any non-court involved cases that become court involved. Some jurisdictions may choose to apply a DANSR approach to cases without substance use or co-occurring disorders (those with mental health, trauma, domestic violence, etc.). Many aspects of the DANSR approach can also be applied to non-court involved child welfare cases, except for judicial support and oversight. Ideally, sites will expand to have the DANSR approach applied to dependency and neglect case and non-court involved cases.

Eventually, DANSR will not be *an* approach to managing cases, rather it will be *the* approach and business as usual for dependency and neglect cases.

DANSR Principles

1. ENGAGE FAMILIES IMMEDIATELY AND UNIVERSALLY IDENTIFY SUBSTANCE USE AND OTHER NEEDS.

Overview:

Early engagement with families is vital to success and leads to improved outcomes. Engagement implies an element of empathic involvement with or commitment to the family. Essentially, the relationship becomes an agent for change that when coupled with early access to treatment, sets the trajectory for long-term success. The relationships established between the family and each professional role is important in sustaining momentum throughout the life of the case. For example, an intake caseworker who collaboratively creates the treatment plan with the family leads to the family feeling empowered and more likely to fully engage and complete their treatment plan. Authentic engagement falls on *all* roles in the system. All roles should engage families from the beginning of the case and send consistent messages to the family throughout the life of a case.

Sites should identify methods to recognize and screen for substance use and other needs that are consistent across all families. This could look like use of a particular screening tool (see appendix E) or by

utilizing the child welfare safety and risk assessments and intentionally and appropriately asking questions about substance use, mental health, and trauma. Universal screening and a wide threshold for substance use disorder assessment leads to increased substance use disorder treatment completion rates amongst parents involved with child welfare (Traube et al, 2015). Moreover, with consistent and early engagement, screenings for substance use and mental health are more accurate and families are more open to this as an intervention.

The definition of screening for the purposes of DANSR is the process of determining the possible presence of a concern or if a client needs further attention in any area. Screening can lead to an assessment, evaluation, and/or ongoing services. Screening and assessment for substance abuse, mental health, and trauma are front-loaded in all cases.¹

Process Measure:

Identification of needs via a method of universal screening occurs as soon as possible, and ideally no later than 14 days after the initial hearing.

Desired Outcome & Objectives Addressed:

- **Support recovery:** Engaging families and identifying needs aims to address the objectives of supporting substance use and mental health disorder recovery through timely access to treatment and ensuring appropriate treatment level of care to increase treatment success. This impacts all other objectives.

Goals for Screening & Needs Identification:

- Screening and needs identification occurs early in every case for both children and adults.
- Immediately refer for an assessment as indicated in screening and needs identification.
- Use collateral information in screening and needs identification.
- Continue to evaluate the need for assessments on an ongoing basis if someone does not initially present with a concern. Client changes may occur and new information may surface over time.

State Level Support:

- Professionals share tools with local level professionals for screening of substance use, mental health, and trauma.
- Professional provide resources and training regarding family engagement, screening, and needs identification.

Local Level Implementation Activities:

- **Child welfare** professionals complete screening and needs identification and immediately make appropriate referrals.
 - Results of any screen and case related information accompany a referral for treatment and are provided to treatment providers.
 - Tools to assist in substance use, mental health, and trauma related screening and needs identification are listed in appendices F and G.
- **Treatment providers** respond to referrals as quickly as possible and review screens and accompanying information provided with referrals. Providers assess for substance use disorders, mental health disorders, and trauma on an ongoing basis.

¹CJD 98-02, Case Processing Procedures (1).

- **Judicial officers** check to see if substance use, mental health, and trauma screens have been completed and if referrals for assessment have been made.
- **Attorneys** utilize a protective order to encourage client participation in screening, assessment, and recommended services and so that this information is not utilized against the client at the adjudicatory hearing.

The State & Sites are Implementing:

State:

- The state legal subcommittee drafted a model protective order that can be used by jurisdictions to protect treatment information from being used at the adjudicatory hearing. See Appendix H.

Sites:

- **1st Judicial District (Jefferson County):** Screening for substance use disorders (using the UNCOPE), mental health disorders, and trauma should be completed within 14 days of the temporary custody hearing / initial hearing to determine the need for substance use, mental health, and/or trauma assessments.
- **2nd Judicial District (Denver County):** The department has a core service navigator at all initial D&N fillings who is meeting with parents and providing additional screening for substance use if not already identified as a concern.
- **3rd Judicial District (Huerfano County):** The UNCOPE and CFSR are completed as close to removal as possible but no later than the filing date of Petition for Dependency and Neglect. Respondents will complete an ACE survey to coincide with the UNCOPE and CFSR screening tools.
- **5th Judicial District (Clear Creek County):** -Uses the Colorado Safety and Risk Assessment tools to support identification of needs.
- **9th Judicial District (Garfield County):** Uses the Colorado Safety and Risk Assessment tools to support identification of needs.
- **10th Judicial District (Pueblo County):** Screening for substance use disorders, mental health disorders, and trauma occurs within 14 days of the temporary custody hearing / initial hearing to determine the need for substance use, mental health, and/or trauma assessments.
- **11th Judicial District (Fremont County):** The UNCOPE, child trauma screen, and adult trauma screen is completed by DHS in all cases where there is an open assessment. UNCOPE questions are being embedded in an interview.
 - Any parent with a score of 3 or more results in the caseworker referring them for an assessment.
 - If the parent does not indicate substance use but collateral information indicates a concern, they will be referred for an assessment.
 - Trauma screens are completed for every child and adult in which a D&N has been filed.
- **15th Judicial District (Prowers, Cheyenne, Kiowa, & Baca Counties):** Uses the UNCOPE in addition to the Colorado Safety and Risk Assessments. DSS files the tools within 7 days of the initial hearing. If the tools indicate a need for further assessment, it is ordered by the court. The

Colorado Criminal Justice Mental Health Screen – Adult (CCJMHS-A) is also used. If any client has a need, they are referred for an assessment within 72 hours.

- **17th Judicial District (Broomfield):** Universal screening for: substance use, mental health, trauma, etc. is conducted by the Department of Human Services within 14 days of the parent's initial hearing for the Dependency and Neglect case. A standardized and normed screen instrument will be utilized to identify any risk/need areas for the participant. This instrument(s) can be conducted at a location determined by the Department of Human Services. Once the instruments have been completed, a summary of risk/need and proposed responses will be submitted to the DANSR team within 3 business days of completion via confidential e-mail.
- **18th Judicial District (Arapahoe County):** The department is screening for substance use utilizing the Colorado Safety Assessment. Further screening processes are being defined.
- **20th Judicial District (Boulder County):** The department is using the UNCOPE, the child trauma screen, and the adult trauma screen on every EPP child and respondent parent within 14 days of the filing.
- **22nd Judicial District (Montezuma County):** The department utilizes the UNCOPE screening tool in every case as early as the initial social services contact but no later than fourteen days after the initial hearing to determine the need for a SUD assessment. Additionally, screening for mental health disorders and trauma are completed within fourteen calendar days of the temporary custody hearing/initial hearing.

2. FAMILIES COMPLETE SUBSTANCE USE AND OTHER ASSESSMENTS AND BEGIN TREATMENT AS SOON AS POSSIBLE ONCE NEEDS ARE IDENTIFIED.

Overview:

The sooner parents/guardians entered substance abuse treatment, the less time their children spent in foster care and the more likely they were to be reunified with their families (Marlowe & Carey, 2012). Completing assessments as soon as possible will help to quickly and appropriately identify family needs and facilitate timely access to treatment.

The definition of assessment for the purposes of DANSR is defining the nature of the possible concern and developing specific treatment recommendations (if any). An assessment is sometimes referred to as an evaluation. An assessment must be completed by a credentialed clinician. Consultation with other professionals needs to occur if part of the assessment is outside the scope of the clinician's expertise (Mee-Lee et al., 2013).

Process Measure:

Assessments are completed within 30 days of the initial hearing and results are transmitted to all appropriate professionals.

Desired DANSR Outcome and Objectives Addressed:

- **Support recovery:** Families should be quickly and accurately assessed for substance abuse, mental health, trauma, and other treatment services. Shortening the timeframe between screening and assessment supports access to timely treatment.

Goals for Shortening Timeframes:

- The appropriate referral is made for an assessment directly following screening or an identified need. See appendix X for a resource for caseworkers on navigating the behavioral health system in Colorado.
- Child welfare professionals share information from safety and risk assessments and substance use, mental health, and trauma screens with treatment providers before the treatment provider completes the assessment report.
- Treatment providers complete and report on assessments no later than 30 days following the initial hearing or as soon as possible following the completion of an assessment.
- Child welfare professionals incorporate treatment provider assessment reports into initial and ongoing treatment planning and case management.

State Level Support:

- Support local teams in examining and refining processes to expedite the assessment process and in potential solutions for access to appropriate levels of treatment and services.

Local Level Implementation Activities:

- The court, child welfare, and treatment examine, refine, and agree on roles and processes to expedite the assessment process.

Role Specific:

- **Child Welfare** professionals examine and modify systems to ensure they can share child welfare information with treatment providers. With client consent, safety and risk assessment and screening information should be sent to the treatment provider with the referral for assessment. This allows for the incorporation of child welfare information into the treatment provider assessment and reduces the likelihood of level of care recommendations based solely on client report.
- **Treatment Providers** use the ASAM (American Society of Addiction Medicine) criteria when developing the treatment level of care recommendation. Assessors review the assessment and treatment recommendations with the client.² With client consent, assessors provide recommendations for level of treatment to child welfare professionals.

Consider using a substance abuse specialist and/or a recovery coach/peer mentor to help support timely assessment and access to treatment.

Examine agency/organizational structures and policies to shorten time frames between receiving a referral and completing assessments. Through informed assessment and family input, treatment providers recommend the appropriate level of care to professionals on the case team, supporting individualized and appropriate treatment as soon as possible.³

²See C.R.S §19-3-209. (2015)

³See 2 CCR 502-1, 21.210.43(A)

- **Judicial officers** review assessment and level of care recommendations prior to adopting a treatment plan through the court. Judicial officers court order assessments as needed and encourage client participation. Judicial officers ensure that parent counsel are appointed as close to the initial hearing as possible and that petitions are filed at the first hearing.
- **Attorneys** encourage client participation in assessments and recommended treatment. Attorneys work with the professionals and advocate for their clients to ensure barriers to treatment are addressed.

The State & Sites are Implementing:

State:

- The state legal subcommittee drafted a model protective order that can be used by jurisdictions regarding screening, assessment, and recommended treatment information not being able to be used at the adjudicatory hearing. See Appendix H.
- A funding guide related to children, youth, and family services funding sources is available for use. See Appendix I.

Sites

- **1st Judicial District (Jefferson County):** Jefferson has a substance abuse specialist who is available at the courthouse to complete assessments or get parents scheduled for assessments if they choose not to complete one that day. This effort was a collaboration between the court, child welfare, and treatment and is funded through Signal Behavioral Healthcare.
- **2nd Judicial District (Denver County):** A service navigator is present at all initial hearings to provide appointments for substance abuse and mental health assessments. There is a written policy regarding this process that is distributed. Denver is working towards having a peer specialist available. Denver is working with their stakeholders to utilize the Model Protection Order to lessen the time of parent's accessing treatment.
- **3rd Judicial District (Huerfano County):** Referrals for assessment are made at the time the petition is filed or at the time of a positive screen. Huerfano has a peer specialist.
- **5th Judicial District (Clear Creek County):** Clear Creek is working with providers to ensure assessments and services are started as soon as possible. A protective order is utilized.
- **9th Judicial District (Garfield County):** A case manager from a treatment agency is present at MDT meetings and at court and is available to support expedited entry into treatment.
- **10th Judicial District (Pueblo County):** Pueblo has treatment providers at all initial court hearings to screen parents and schedule assessments. The Pueblo team works together to support expedited entry into treatment services.
- **11th Judicial District (Fremont County):** Parents receive an appointment time for their assessment prior to leaving the courtroom when possible. DHS provides screening scores and safety and risk assessment information to treatment providers, CASA, GALs, and RPCs appropriately. Assessments are completed as soon as possible. Fremont has peer specialist services available.

- **15th Judicial District (Prowers, Cheyenne, Kiowa, & Baca Counties):** DSS makes appropriate referrals for assessments based on screening tools within 72 hours.
- **17th Judicial District (Broomfield):** Upon completion of assessment, referrals for treatment are made as soon as practically possible to reduce time between assessment and treatment. These referrals will be completed by the Department of Human Services staff. Notification of these referrals are be communicated via-confidential e-mail as soon as practically possible. All members of the team share as much pertinent information with the assessing treatment providers as soon as possible. A partnership with Community Reach Center has been established to serve as a direct channel for referrals.
- **18th Judicial District (Arapahoe County):** The department submits a referral for assessment within 48 hours of the initial hearing when the case is determined to be DANSR. The parent signs a multi-agency release for Aurora Mental Health at the initial hearing that allows for sharing of information with all members of the multi-disciplinary team. The department provides trauma or safety assessments to the multi-disciplinary team. Aurora Mental Health completes assessments within 14 days of receipt of referral and provides the assessment report within 14 days to the multi-disciplinary team. Aurora Mental Health is in the process of obtaining an on-site substance abuse specialist. The department has parent coaches through Savio House and is working towards obtaining peer supports.
- **20th Judicial District (Boulder County):** The department provides screening results and the Colorado safety and risk assessments to substance use and mental health treatment providers conducting assessment. Treatment providers' complete substance use and mental health assessments by 30 days after the initial hearing. The DANSR coordinator and a peer specialist are available at the initial hearing to support clients in screening, assessment, and the dependency and neglect process. Boulder has peer specialist services available.
- **22nd Judicial District (Montezuma County):** Treatment providers see DANSR clients within 3 days for a substance use or mental health assessment (not medication). Reports are completed and sent to the referral source within 3 days. If treatment is recommended, treatment begins within one week. Treatment providers see DANSR clients within 7 days for an integrated substance use and mental health assessment. If treatment is recommended, treatment begins within one week. If a psychiatric evaluation is recommended, the client is evaluated within 45 days. Reports are sent to the referral source within 7 days. If treatment is recommended, it begins per the timeline and recommendations of the psychiatric evaluation.

3. ENHANCE COMMUNICATION, COLLABORATION, ENGAGEMENT, AND INTEGRATION OF TREATMENT INFORMATION INTO THE MANAGEMENT OF THE CASE THROUGH THE USE OF MULTI-DISCIPLINARY TEAM STAFFING.

Overview:

The definition of staffing for the purposes of DANSR is a multi-disciplinary team meeting that is scheduled prior to or directly after a treatment plan is adopted by the court and/or scheduled ongoing throughout the course of a case.

Staffings should enhance communication, collaboration, and engagement among case professionals and the family. They should integrate treatment information into the management of the case. Staffings should discuss treatment progress including behavioral indicators of change, level of care appropriateness, concerns, barriers and solutions, judicial oversight and support, and steps for moving forward. Information discussed at staffings should inform case decision making related to safety.

Adult drug court research shows that clients may worsen when matched with the wrong treatment intervention (CFF, 2016). Staffings are integral in ensuring families receive the appropriate level of treatment. Staffing also enables access to and coordination of care for clients. According to the Denver Health report in 2017, parents reported that they often felt that there was a disconnect in the goals of each professional involved in their case. This creates conflict as professionals are seen as “pushing their own agendas” and not as teams working together. Families can sense this conflict and lead to distractions from the goals or triangulation amongst parents, professionals or both. Staffings are helpful tools in preventing this if conducted in a collaborative manner. See Appendix L for Denver Health Study

Process Measure:

A staffing is scheduled prior to or within 14 days of treatment plan adoption by the court; to specifically assess if the treatment ordered matches the patient’s assessed level of care. Note that some sites utilize existing family engagement meetings, some add additional multidisciplinary team staffings, and some do a combination of both.

Desired Outcome and Objectives Addressed:

- **Increase permanency:** Staffing allows for the team to meet frequently to conduct ongoing case management, which can keep the case on track and lead to permanency within the legal timeframes.
- **Increase safety and reduce recidivism:** Staffing allows for treatment information to be incorporated into safety and risk assessment. It allows for the team to ensure the appropriate level of treatment.
- **Support recovery:** Staffing allows for the team to ensure the appropriate level of treatment, through frequent communication and ongoing assessment of needs.
- **Support Judicial responsivity:** Staffing allows for the team to ensure the appropriate level of treatment and for the judicial officer to know how much support the family needs (positive reinforcement, sanctions, frequent hearings, etc.).

Goals for Multi-Disciplinary Team Staffing:

- All case team members attend each staffing. Strongly consider family attendance. A key finding in the 2017 Denver Health Study is that parents often felt that their treatment plans were too generic. This indicates that parents’ perspectives need to be considered in the creation of the treatment plan, *and* that additional services (other than typical SUD and MH treatment) should also be considered, leading to a more tailored and holistic treatment plan. Staffings are ideal forums for these discussions. See Appendix L for Denver Health Study.
- Court ordered treatment plans are shared with all case professionals.
- Treatment plan recommendations and orders are directly related to a continuous joint assessment process involving family, child welfare, treatment, attorney, and court perspectives.
- Staffing allows the professional team to discuss case needs and form recommendations for the court. See appendix X for a document regarding understanding minor consent and confidentiality in Colorado.

State Level Support:

- Support local teams in making changes to current systems in place.
- Provide training on communicating information in ways that are useful. Share tools and ways to transmit information.

Local Level Implementation Activities:

- Teams examine and make changes to current systems in place for multi-disciplinary team staffing including frequency, structure, attendance, scheduling, and confidentiality.
- Chose a lead person to schedule multi-disciplinary team staffing. The team can combine staffing with other meetings, such as family engagement meetings or individualized service and support team meetings (ISST). See Appendix T for more information regarding ISST meetings and the DANSR connection to Collaborative Management Program. Ongoing frequency and duration are determined by the professional team and needs of the case.

Role Specific:

- **Child welfare** professionals utilize staffings as a venue to ground case related decision making; through considerations of treatment progress (level of care, engagement, behavioral indicators) alongside honest examinations of safety, parents are provided a clear understanding of the status of their case.
- **Treatment providers** obtain appropriate releases and share pertinent treatment information with the professional team, including assessment recommendations and treatment plans. Behavioral indicators of change verses solely attendance/compliance should be reported.
- **Judicial officers** integrate staffing recommendations and treatment information into orders and direct contact with families during each hearing.
- **Attorneys** attend meetings and staffing and participate in a non-adversarial manner.

The State & Sites are Implementing:

State:

- The state provides support to teams in improving processes around communication. See Appendix J for example progress and court reports that can be utilized in multi-disciplinary staffing. See Appendix R for multidisciplinary communication guides.

Sites:

- **1st Judicial District (Jefferson County):** Communication includes attorneys, case worker, CASA, assessors and therapists assigned to the case whenever possible to ensure the most accurate and timely information can be considered during the staffing. The purpose of the staffing is to integrate the results of SUD, MH and trauma assessments into the treatment level of care (i.e., inpatient and outpatient treatment placement), to monitor progress in SUD/MH treatment, to monitor progress in auxiliary services, to discuss drug test results, to discuss sanctions and incentives, and to discuss the appropriate level of judicial support and oversight of the case.

Staffing is scheduled prior to or shortly after a treatment plan is adopted by the court; to specifically assess if the treatment ordered matches the patient's assessed level of care

- **2nd Judicial District (Denver County):** Denver regularly holds VOICES meetings. 98% of cases have a meeting before the initial hearing. For DANSR cases, a VOICES is scheduled prior to the permanency hearing to review the treatment plan and make modifications as necessary. This meeting is scheduled at the dispositional hearing, on specific days. Service navigators attend meetings and meetings are facilitated by professionals who specialize in these meetings. Denver is working to modify the format of meetings to include a focus on treatment. Additionally, Service Navigators meet regularly with SUD treatment providers to ensure relationships between agencies are intact. Denver has also begun to utilize Parent Recovery Advocates to assist parents with accessing and engaging in treatment.
- **3rd Judicial District (Huerfano County):** Multi-disciplinary team staffing occurs frequently. Prior to staffing the first time, an Authorization to Share Information that is exclusive to DANSR is reviewed and signed by the parent. Confidentiality agreements are signed by each participating team member. Parents are invited to attend staffing on a case by case basis. The Family Resource Center is present at staffing to advocate for families.
- **5th Judicial District (Clear Creek County):** Clear Creek holds once monthly family engagement meetings prior to court with all case professionals and the family. The court does not attend the meetings.
- **9th Judicial District (Garfield County):** Garfield holds multidisciplinary staffings with professionals and families the day before court. This process occurs once a month.
- **10th Judicial District (Pueblo County):** Communication includes attorneys, case worker, CASA, assessors and therapists assigned to the case whenever possible to ensure the most accurate and timely information can be considered during the staffing. The purpose of the staffing is to integrate the results of SUD, MH and trauma assessments into the treatment level of care (i.e., inpatient and outpatient treatment placement), to monitor progress in SUD/MH treatment, to monitor progress in auxiliary services, to discuss drug test results, to discuss sanctions and incentives, and to discuss the appropriate level of judicial support and oversight of the case. Pueblo currently follows their regular family engagement meeting schedule and is working to implement changes.
- **11th Judicial District (Fremont County):** Multi-disciplinary staffing is held before the initial hearing. If this is not possible, they are held no later than one day after the hearing. The court does not attend the staffing. A DANSR specific release is signed by parents.
- **15th Judicial District (Prowers, Cheyenne, Kiowa, & Baca Counties):** The department holds a multi-disciplinary team staffing within 7 days of a case being filed. Pre-court staffing is held between noon and 1:30 PM every other week. Parents and family members attend staffing. The court does not attend staffing.
- **17th Judicial District (Broomfield):** A multi-disciplinary team staffing is conducted before a participant has a review hearing before the Court. The purpose of the staffing is to communicate all pertinent information between team members as well as create a summary for the Presiding Judge to be utilized in Court hearings. Every effort is made by every team member to be present

or participate in the staffings. Furthermore, having parents at the staffings is highly encouraged. Staffings are held consistently and on an ongoing basis.

- **18th Judicial District (Arapahoe County):** Multi-disciplinary team staffing occurs prior to the dispositional hearing and the first permanency planning hearing. They can occur following the LINKS meeting at the department. Staffing occurs before each DANSR hearing and includes all case professionals.
- **20th Judicial District (Boulder County):** Multidisciplinary staffing occurs before the disposition and first permanency planning hearing. The court does not attend staffing. Releases are signed prior the first staffing to allow for information sharing between professionals on the case. Pre-court staffing is held and the court does attend.
- **22nd Judicial District (Montezuma County):** The team communicates and maintains confidentiality standards. Each agency obtains releases to share information. Treatment providers provide progress reports prior to court reviews when they meet the Tuesday before. The department distributes the report to appropriate professionals by the end of the day on Tuesday. DANSR staffing is held. Team recommendations are added to the court report.

4. PROVIDE TIMELY JUDICIAL SUPPORT AND OVERSIGHT TO MEET THE INDIVIDUAL NEEDS OF EACH FAMILY.

Overview:

Research shows that positive perceptions of the judge were a predictor of significantly greater reductions in substance abuse. It also shows that being empowered by the judge to engage in their own recovery produced greater achievements in recovery (Marlowe, & Carey, 2012). A Colorado study showed that when parental substance abuse was identified, timely permanence was 23 times more likely. Additionally, each day less between the initial filing and adjudication increased the chance of timely permanency by one percent, and each day less between the adjudication and the order for treatment plan increased the chance of timely permanency by three percent (Potter & Kline-Rothschild, 2002). Judicial support and oversight can increase family engagement and keep the case moving towards timely permanency.

The definition of timely judicial support and oversight is adjusting the court's response to be in line with the needs of the family to increase permanency and decrease time to permanency for children.

However, it is not simply increasing court appearances, the quality of the courtroom interactions matters tremendously. The following is further research that illustrates the positive impact of increased judicial interactions:

"Drug Courts where the judge spent an average of three minutes or greater per participant during court hearings had 153% greater reductions in recidivism compared with programs where the judge spent less time... Our data show a linear effect on positive outcomes when more judge time is spent with the participant (see Figure 2). Moving from under three minutes to just over three minutes effectively doubles the reduction in recidivism, while spending seven minutes or more effectively triples the positive outcome." (Corey et al, 2012)

This study underscored the significance of judicial length of interaction. Consider the potential benefits of a three (3) minute interaction. Shorter interactions may not allow the judge sufficient time to gauge each participant's performance in the program, uphold the standards of law and recognize participant's rights, express the importance treatment engagement or to recognizes signs of change from the participant.

While this research comes out of the *10 Key Components of Drug Courts* and highlights recidivism versus D&N's measurements of permanency and reentry, the length of court interactions research is widely accepted amongst national Family Treatment Courts, and thus generalizable to best practices.

Process Measure:

Monitoring of percentage of children that reach permanency within 12 months.

Desired Outcome and Objectives Addressed:

- **Support Judicial responsiveness:** Judicial support and oversight and responsive case management directly relates to judicial responsiveness.
- **Increase permanency:** Increase permanency for children and decrease time to permanency.
- **Support recovery:** Support substance use and mental health disorder recovery through timely access to treatment. Ensure parents are placed in the appropriate treatment level of care. Increase treatment success.

Goals for timely judicial support and oversight:

- The judicial officer has direct contact with the family during each hearing and strives to create and maintain a trusting relationship with the family.
- Hearings are focused on the family's progress and needs. See appendix W for resources on trauma informed judicial practice.
- The judicial officer modifies frequency of hearings as needed to meet the needs of the family.
- The judicial officer is knowledgeable about family engagement, motivational interviewing, treatment methods, and substance use testing.
- Substance use testing is random, frequent, and trauma informed. Results are prompt and reliable. See Appendix K for documents regarding substance use testing best practices.

State Level Support:

- Support judicial officers in having direct contact with families and being knowledgeable in family engagement, motivational interviewing, treatment methods, and substance use testing through training and technical assistance.
- Support local teams in examining current processes and making changes.

Local Level Implementation Activities:

- **Child welfare** professionals provide relevant case and treatment information to the court, which will support the court in determining the appropriate level of oversight.
- **Treatment providers** obtain appropriate releases and share pertinent treatment information, including behavioral indicators of change and substance use testing results, with the professional team. Treatment providers give effective court testimony when testimony is required.

- **Judicial officers** modify the frequency of hearings to meet the needs of the family and case. They integrate information from multidisciplinary team staffing into decisions regarding level of judicial oversight. They examine docket schedules and adjust to allow for flexibility in level of judicial oversight, including the ability to hear motions or scheduling hearings on short notice. Judicial officers have direct verbal contact with each parent and child present in the courtroom at every hearing. Judicial officers consider the benefits of spending at least three (3) minutes interacting directly with parents.
- **Attorneys** advocate for judicial support and oversight to meet the needs of the family.

The State & Sites are Implementing:

State:

- The state seeks and provides research on the role of the judicial officer and on best practice regarding judicial officer involvement and its impact on outcomes. See Appendix S for a visual representation of the difference between DANSR and FTDC.

Sites:

- **1st Judicial District (Jefferson County):** Utilize protective order created to encourage a parent's early engagement in an assessment. Assign counsel to parents early. Provide level of judicial intervention based on risk and need. The team is looking at additional modifications for judicial responsiveness.
- **2nd Judicial District (Denver County):** Multi-disciplinary teams meet two hours before initial hearings to review the petitions, advisement forms, and other pleadings. Respondent parent counsel and Guardians ad litem are appointed at the initial hearing. Cases that need more reviews are set out 30, 45, or 60 days as opposed to 90. Denver is working with CASA representatives to make the courtroom experience more family-friendly and welcoming, including creating a separate waiting room for children and their parents. Denver is also utilizing incentives as an engagement strategy in the courtroom.
- **3rd Judicial District (Huerfano County):** Cases have review hearings twice monthly verses once monthly. Hearing frequency can decrease to monthly based on family need.
- **5th Judicial District (Clear Creek County):** Cases are reviewed once monthly with the option for more frequent hearings if needed.
- **9th Judicial District (Garfield County):** Cases are reviewed once monthly with the option for more frequent hearings if needed.
- **10th Judicial District (Pueblo County):** Through discussion at the multi-disciplinary staffing and in considering the risk and need of each family, the judicial officer will determine the appropriate level of judicial support and oversight needed for each case to achieve the best permanency outcome.

- **11th Judicial District (Fremont County):** All D&N cases are heard by one judicial officer. The same judicial officer hears the family treatment court docket. A weekly docket is in place to allow for more frequent review ranging from weekly to every 45 days. Each case is given a minimum of 15 minutes in court for review. Any case that needs immediate attention can be added to the “support docket” on Thursday of each week. All respondent parent counsel and Guardians ad litem are appointed prior to the initial hearing. The first permanency hearing is held at the same time as the dispositional hearing. The caseworker provides a report to professionals at each court review that includes information on visitation, housing, employment, drug testing, and treatment progress. Dialogue occurs between the parent and judicial officer.
- **15th Judicial District (Prowers, Cheyenne, Kiowa, & Baca Counties):** DANSR clients are scheduled for twice monthly court reviews.
- **17th Judicial District (Broomfield):** Every effort is made by the team to ensure that the Judicial Officer has timely and accurate information regarding the case and circumstances. The Judicial Officer is knowledgeable about; family engagement, Motivational Interviewing, treatment methods, and abstinence monitoring. Substance abuse monitoring is modeled after current best practices for substance abuse monitoring which includes frequent and random monitoring. Trauma informed care methodologies are utilized whenever possible.
- **18th Judicial District (Arapahoe County):** The same team of county attorneys, respondent parent counsel, and Guardian ad Litem(s) are appointed in pilot DANSR cases at the initial hearing. Every other Friday afternoon are DANSR docket slots. Multi-disciplinary staffing can occur prior to the hearing. After the dispositional hearing, the court will determine frequency of cases on the DANSR docket. They will not be heard less than monthly. Attorneys are present at the hearing but the main dialogue occurs between the parent and judicial officer.
- **20th Judicial District (Boulder County):** Respondent parent counsel and Guardians ad litem are appointed at the initial hearing. The petition is filed at the same time as the initial hearing. Within 30 days after the dispositional hearing, the court conducts monthly reviews that occur on Tuesday mornings. Each case is initially given 15 minutes for pre-court staffing and 15 minutes for court review. This reduces to 10 minutes for each. Pre-court staffing includes the court and a DANSR court report. See Appendix J. Dialogue occurs between the parent and judicial officer. Division O judicial assistant sends weekly dockets for professionals for each DANSR family. If a parent needs a urine analysis screen or mouth swab, they are escorted to Boulder Probation Department at the Justice Center. Results are received by Division O judicial assistant and forwarded to the professionals on the case.
- **22nd Judicial District (Montezuma County):** DANSR clients have twice monthly court reviews (2nd and 4th Friday of the month). Additional reviews are set as needed. The judicial officer is familiar with motivational interviewing, treatment methods, and abstinence monitoring.

5. ENHANCE DATA COLLECTION AND INFORMATION SHARING ACROSS THE COURT, CHILD WELFARE, AND TREATMENT.

Overview:

Collecting and sharing data and information across the court, child welfare and treatment systems will support shared accountability and inform case related decisions and system improvement.

The definition for enhancing data collection and information for the purposes of DANSR is the sharing of information on an individual case level to improve case related decision making and the collection of data on an aggregate level to inform system improvement efforts.

Information sharing means having communication across treatment, child welfare, and the court regarding case information. DANSR performance measurement documents are located in appendix D and can be utilized to support cross system client and aggregate level data collection at the local level.

Process Measures:

- Institute policies or data sharing agreements that support the sharing of data from existing information systems across the court, child welfare and treatment (e.g. TRAILS, JPOD/ICON/ECLIPSE, DII).
- Modify existing information systems to enable collection and sharing of information related to substance use and co-occurring disorders consistent with DANSR desired outcomes and objectives.
- Establish a set of data containing court, child welfare, and treatment case information that could be analyzed.

Desired Outcome & Objectives Addressed:

This principle aims to address all desired outcomes and objectives through data collection and information sharing across systems.

●Increase permanency

- Increase permanency and decrease time to permanency for children.
- Increase family reunification and decrease time to reunification.
- Decrease time children are in out of home care.
- Decrease re-entry and out of home care for children.

●Increase safety and reduce recidivism

- Increase long term safety for families.
- Decrease repeat maltreatment and re-entry into out-of-home care or the system.
- Maintain child safety.
- Maintain parental sobriety and management of substance use disorder, co-occurring mental health disorder, and/or trauma.

●Support recovery

- Support substance use and mental health disorder recovery through timely access to treatment
- Ensure parents are placed in the appropriate treatment level of care.
- Increase treatment completion and success.

●Support judicial responsiveness

- Determine and deliver the appropriate level of court supervision.

Goals for Sharing and Reporting Data

- Develop procedures for managing data, sharing data, and maintaining confidentiality through data use agreements or memorandums of understanding. See Appendix O for examples.
- Develop procedures for sharing case level information across systems. See appendices M and J for sample releases and progress reports.
 - Case information should be shared across systems for every case. See appendix R for multidisciplinary communication guides.

State Level Support:

- Provide statewide training on the DANSR release of information. See Appendix Q.
- Develop and maintain data sharing agreements at the State level.
- Share relevant data at the state and local level.
- Support teams in making changes related to case level information sharing.

Support local teams in data system examination and data collection.

Provide training on the DANSR and SUTO event codes.

Local Level Implementation:

- Sites hold regular meetings to examine and make changes in existing information systems to support access to and examination of data.
 - Steering committees determine what local level objectives they would like to measure and how to measure them.
- Sites create and examine formalized data and information sharing policies, procedures and agreements. See Appendix M for releases of information.

Role Specific

- **Child Welfare** enters timely and accurate data into the child welfare case management system. They provide child welfare data to treatment providers, judicial officers, and other key stakeholders. Child welfare complies with confidentiality standards and obtains appropriate releases when necessary.
- **Treatment Providers** enter timely and accurate data into required systems and reports. They provide treatment data to child welfare, judicial officers, and other key stakeholders. Treatment providers comply with confidentiality standards and obtain appropriate releases when necessary.
- **Judicial Officers** and the court enters timely and accurate data into the court's case management system. The court enters the DANSR and SUTO event codes.
- **Attorneys** encourage clients to sign appropriate releases.

Data that can be tracked/collected: See Appendix D for data that can be tracked. See Appendices A and D for more information regarding data collection, outcomes, objectives, and performance measurement. See Appendix C for OJJDP Performance Measures & Collection Tool.

The State & Sites are Implementing:

State:

- The state has contracted with NPC Research to look at existing data systems and help determine what it would take for Colorado to complete an evaluation of DANSR. NPC Research also examined data provided to them. See Appendix V for the most recent NPC Research report.
- The state is working at the executive and core levels to identify ways to change existing data systems to meet the needs of DANSR.
- State level data use/sharing agreements are being developed.
- State databases are being modified to better track outcomes across systems. State systems are examining the possibility of creating interfaces between systems to track and share information across systems.

Sites:

- **1st Judicial District (Jefferson County):** Changes are being made in the county trails overlay system to track data points and outcomes. They are collecting significant data at the local level.
- **2nd Judicial District (Denver County):** Screening and assessment data is being collected. The program evaluation and development team for child welfare is looking to track data and evaluate outcomes related to DANSR.
- **3rd Judicial District (Huerfano County):** Huerfano has a completed and signed collaborative management memorandum of understanding. The systems are sharing case level information on a regular and consistent basis. Service providers submit a progress report prior to each review hearing. See Appendix J.
- **5th Judicial District (Clear Creek County):** Case professionals are sharing information on a regular basis.
- **9th Judicial District (Garfield County):** Case professionals are sharing information on a regular basis.
- **10th Judicial District (Pueblo County):** Pueblo is working to develop processes for collecting data.
- **11th Judicial District (Fremont County):** Fremont has a completed and signed memorandum of understanding. Fremont has implemented a process for communication that meets the needs of all disciplines represented. The systems are sharing case level information on a regular and consistent basis through email and in person meetings. Details are outlined in their protocol in Appendix N.
- **15th Judicial District (Prowers, Cheyenne, Kiowa, & Baca Counties):** Broad releases are signed early on in a case to share information between systems. Case professionals have regular communication. Data is tracked related to permanency.
- **17th Judicial District (Broomfield):** Efforts are being made to collect and manage data across systems.

- **18th Judicial District (Arapahoe County):** Releases are signed early on in a case to share information between systems.
- **20th Judicial District (Boulder County):** Releases are signed early on in a case to allow for sharing of information between systems. Boulder utilizes a court report form. See Appendix J. A spreadsheet was created to track data across systems for all child welfare cases to examine outcomes.
- **22nd Judicial District (Montezuma County):** Data is tracked and shared as appropriate by collaborating partners. Data is used to ensure joint accountability and guide future work. Montezuma has their protocol completed and signed by participating stakeholders. It serves as a memorandum of understanding. Releases are signed early on in a case to allow for sharing of information between systems. Progress reports are provided by service providers prior to court reviews. A spreadsheet was created to track data across systems to examine outcomes.

6. State and local teams coordinate strategy at the systems-level and participate in collaborative training.

Overview:

Each system has both individual and collaborative responsibilities. Collaboration on common goals allows for the sharing of authority and accountability. Coordinating strategies at the local level allows for developing and implementing system change. Collaborative trainings ensure that participants understand the system and promotes collaboration.

The definition of collaborative training for the purposes of DANSR is cross system training on system specific topics, data collection and sharing, substance abuse, mental health, and trauma, and technical assistance regarding any aspect of DANSR.

Process Measure:

Trainings occur year-round and include all professional stakeholders. System level changes are made collaboratively with input of every case professional.

Desired Outcome and Objectives Addressed:

System changes are developed based on the DANSR vision, mission, values, desired outcomes, objectives, and principles. Collaborative training is geared towards enhancing system and professional development to support DANSR objectives.

Goals for Coordination and Collaborative Training:

- State and local professionals collaborate on an ongoing basis to devise and implement cross systems training.

State Level Support:

- State level teams meet frequently and coordinate on system improvement. State level teams have representatives from multiple systems. This is accomplished through Executive Oversight Committee, Core Planning Team, and Work Group meetings.

- State professionals support local teams in locating and securing training resources in addition to providing training and technical assistance related to DANSR.

Local Level Implementation Activities:

- **Child welfare, treatment providers, judicial officers, and attorneys** have representatives from multiple levels on their local steering committee. They support in collaborative training through its development and participation.

The State & Sites are Implementing:

State:

- The state creates yearly collaborative agreements among the Judicial Department, Colorado Department of Human Services, The Office of the Child's Representative, and The Office of Respondent Parent Counsel.
- The state develops training opportunities, including the Convening on Children, Youth, and Families.

Sites:

- **1st Judicial District (Jefferson County):** Jefferson hold regular training opportunities and is attended by representatives of all roles.
- **2nd Judicial District (Denver County):** Recent training opportunities have been sought and utilized with in Denver County.
- **3rd Judicial District (Huerfano County):** Huerfano has a completed and signed collaborative management memorandum of understanding with its stakeholders. Huerfano has utilized flexible funding dollars to hold trauma workshops for professionals and parents.
- **5th Judicial District (Clear Creek County):** Clear Creek seeks opportunities for cross system training and engages in them whenever possible.
- **9th Judicial District (Garfield County):** Garfield seeks training opportunities and engages whenever possible.
- **10th Judicial District (Pueblo County):** Pueblo seeks training opportunities and engages whenever possible.
- **11th Judicial District (Fremont County):** Fremont has a completed and signed memorandum of understanding with its stakeholders. About every two weeks, the DANSR team holds meetings over lunch and stakeholders take turns providing education on their process, rules and regulations that guide their work, and how current processes can be adjusted to improve outcomes for families. Ongoing training on substance use signs, symptoms, treatment options, and treatment planning for all stakeholders will be developed.
- **15th Judicial District (Prowers, Cheyenne, Kiowa, & Baca Counties):** Systems are collaborating and training needs are identified.

- **17th Judicial District (Broomfield):** Broomfield is in the process of developing this as training needs are being identified.
- **22nd Judicial District (Montezuma County):** Montezuma’s protocol serves as a memorandum of understanding. Montezuma has a cross system planning group. Team members seek to improve the child welfare system through collaboration. Training needs are identified.

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A-H

A –Judicial & Child Welfare Data

Child Welfare Data

Judicial Data

B – National Center for State Courts Survey Report

C – OJJDP Performance Measures & Site Collection Tool

OJJDP Performance Measures

Site Collection Tool

Sample

D – DANSR Data – Performance Measurement Documents

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E – Substance Use Screening Tool Options

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Screening & Assessment of Co-Occurring Disorders in the Justice System, SAMHSA

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H – Model Protective Order

I-Q

I – Funding Guide & Instructional PowerPoint

J – Progress/Court Report Examples

K – Substance Use Testing Documents

Best Practice Review Slides, Paul L. Cary

Drug Court Review

Drug Testing: Practice & Policy Considerations, Theresa Lemus

Drug Testing in Child Welfare: Practice & Policy Considerations,
SAMHSA

SAMSHA Principles of Community-based Behavioral Health Services
for Justice-involved Individual A Research-based Guide

L – Denver Health Report

M – Sample Releases of Information (ROIs)

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P – Steering Committee Action Instructions

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Q – DANSR Data – Release of Treatment Information Documents

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R – Multidisciplinary Communication

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Chief Justice
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Improving Communication and Team Work Assessment
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S – DANSR vs. FTDC

T – Collaborative Management Program / DANSR Joint Bulletin

U – DANSR Governance Structure & Membership

V – NPC Research Report

W – Trauma Informed Judicial Practice

NCTSN Bench Card: For the Trauma-Informed Judge
Essential Components of Trauma-Informed Judicial Practice
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New York Judicial Bench Card: Better for Families
Trauma Informed Care Information from Allison Sampson Jackson

X – Navigating the System & Consent

Navigating the Behavioral Healthcare System in Colorado
Understanding Minor Consent & Confidentiality in Colorado
Colorado Consent to Treat Decision Tree
Establishing and Maintaining Interagency Information Sharing