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Family Treatment Court

Model Standards Implementation Scale

Data Collection Instrument

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Family Treatment Court Model Standards Implementation Scale Data Collection Instrument – Full

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
Standard 1: Organization & Structure				
1A	<p>Multidisciplinary & Multisystemic Collaborative Approach</p> <p>Assessed with interview and observation¹: Coordination and collaboration between court system, child welfare system, SUD and mental health treatment, children’s services, and related health, education, and social service systems.</p> <p>Assessed with interview: Organization executives collaborate to ensure that the FTC’s structures and operations adhere to the mandates of each system to improve outcomes across systems.</p>	<p>FTC Coordinator Who are the administrators, or organizational executives, that oversee the FTC? What systems do these executives represent?</p> <p>How effectively do these interdisciplinary partners collaborate in developing policy and implementing the FTC operations?</p>		<p>FTC Staffing & FTC Hearing Multidisciplinary team members collaborate, particularly those who would typically have an adversarial relationship in a traditional court setting. Each profession "stays in their lane" while also collaborating.</p>
1B	<p>Partnerships, Community Resources & Support</p> <p>Assessed with interview¹: Established partnerships between court system, child welfare system, SUD and mental health treatment, child/adolescent services, and related services and systems,</p>	<p>FTC Coordinator What partnerships make up the FTC?</p> <p>What additional partnerships support FTC families?</p> <p>In what ways do FTC partners contribute to serving FTC-involved families?</p>	<p>Document #4 (MOUs): review for the description of roles, responsibilities, and functions</p>	

¹ This is a “split provision.” See section 8.2 of the Site Visit Guide.

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
	<p>to access, define, and provide services for children, caregivers, and families.</p> <p>Assessed with document review: Community partnerships formalized through MOUs that describe roles, responsibilities, and functions.</p>			
1C	<p>Multidisciplinary Team Ongoing FTC operations are administered by a team of professionals, including the judge, FTC coordinator, child welfare agency/state's attorney, caregiver's attorney, child's attorney, guardian ad litem and/or court-appointed special advocate, child welfare worker, and providers from SUD treatment, MH treatment, child & adolescent services, and related agencies.</p>		<p>Document #1 (P&P Manual): review list of operational team members for team composition as described in provision</p>	<p>FTC Staffing & FTC Hearing Team includes (depending on MOUs): the judge, FTC coordinator, child welfare agency attorney, caregiver's attorney, child(ren)'s attorney, guardian ad litem, court appointed special advocate, child welfare caseworker(s), SUD treatment provider, mental health treatment provider, children's services provider, and related health and social service agencies that provide essential services for the children, caregivers, and families the FTC serves.</p> <p>All team members are engaged in staffings, hearings, and ongoing court program operations.</p> <p>(See Observation Checklist on MSIS Scoring Instrument)</p>

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
1D	<p>Governance Structure</p> <p>FTC has a three-tier governance structure:</p> <ol style="list-style-type: none"> 1. Oversight body comprised of partner organization executive-level staff, including representation from the dependency court² system, and other community leadership and elected officials. 2. Steering committee comprised of partner organization supervisory-level staff. 3. Operational team (see Provision 1C) <p>Roles, responsibilities, and communication among each of the three governance committees are clearly defined in P&P manual and in MOUs.</p>	<p>FTC Coordinator</p> <p>Does the FTC have an oversight/executive committee, steering committee, and operational team?</p> <p>[If yes]: What are the roles and responsibilities of each committee?</p> <p>[If noted]: Who is a part of the community-level committee comprised of partner organizations (the “tier two” committee)?</p> <p>[If noted]: Who is a part of the executive/oversight committee comprised of partner organization leadership and other community leadership (the “top tier” committee)?</p>	<p>Document #1 (P&P Manual): review for governance structure roles, responsibilities, & communication</p> <p>AND³</p> <p>Document #4 (MOUs): review for roles, responsibilities, & communication between governance committees</p>	
1E	<p>Shared Mission & Vision</p> <p>Vision and mission statements are collaboratively developed by partner organizations to be reflective of each system’s values, and jointly identify measurable goals and objectives.</p>	<p>FTC Coordinator</p> <p>Does the FTC have vision and mission statements?</p> <p>[If yes]: Who developed the vision and mission statements?</p> <p>[If yes]: How were the vision and mission statements developed?</p>	<p>Document #1 (P&P Manual): review vision and mission statements for measurable goals and objectives</p>	

² See section 2.2 of the Site Visit Guide for definitions of special terminology.

³ See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
1F	<p>Communication & Information Sharing</p> <p>Assessed with interview⁴: Team shares case information in a timely manner.</p> <p>Team shares information with each other on caregiver, child, and family progress, including participant behavior.</p> <p>Purpose of information sharing is to support recovery and family reunification efforts, monitor progress, and review and respond to participant behavior.</p> <p>Assessed with document review: FTC has established information-sharing protocols compliant with all confidentiality requirements, ethics, and laws.</p> <p>Assessed with interview: Team uses email.</p>	<p>FTC Coordinator What is the FTC team’s method of communication in between staffings/hearings?</p> <p>What type of information is being shared among the FTC team?</p> <p>Why is information being shared among the FTC team?</p> <p>How frequently is information shared within the FTC team?</p> <p>[For parallel models only]: How are FTC Team members sharing information to support family reunification efforts?</p> <p>Treatment How do your providers communicate information to the FTC team regarding participant behaviors?</p> <p>What information is shared?</p>	<p>Document #1 (P&P Manual): review for information-sharing protocols</p>	
1G	<p>Cross-Training & Interdisciplinary Education</p> <p>Team training/education plan offers onboarding/orientation training, annual cross-training, and ongoing interdisciplinary education for the FTC oversight body,</p>	<p>FTC Coordinator What kind of training did team members complete in the last 12 months?</p> <p>[If not already answered]: Does your FTC have a training/education plan for team members?</p>	<p>Document #1 (P&P Manual): review training/education plan for components as</p>	

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	steering committee, operational team members, and other community agencies.	<p>[If yes]: What does the training/education plan involve?</p> <p>[If not already answered]: What is your orientation process for new FTC team members?</p> <p>[If not already answered]: Does the FTC provide education or training to other committees or levels within the FTC governance structure?</p> <p>[If yes]: What does this involve?</p> <p>[If not already answered]: What is your orientation process for new members to governance structure committees or levels?</p> <p>[If not already answered]: Do the FTC team members provide education or training to community partners?</p> <p>[If yes]: What does this involve?</p>	<p>described in provision</p> <p>OR⁵</p> <p>Document #8 (Orientation Training Curriculum for New Operational Team): review for onboarding and ongoing education</p> <p>OR</p> <p>Document #7 (FTC Team Continuing Education Documents): review for training/education plan for components as described in provision</p>	

⁵ See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
1H	<p>Family-Centered, Culturally-Relevant, and Trauma-Informed Approach⁶</p> <p>Daily operations and interactions reflect family-centered, culturally relevant, and trauma-informed policies and practices by staff who recognize and respond to signs and symptoms of trauma and are alert to culturally relevant factors.</p>	<p>FTC Coordinator [If not already answered]: Do FTC team members focus on the whole family?</p> <p>[If not already answered]: Do FTC team members use culturally-relevant approaches?</p> <p>[If not already answered]: Do FTC team members recognize and respond to trauma?</p> <p>Which team members participated in trainings on family-centered practice, culturally relevant practice, and trauma-informed practice?</p>	<p>Document #1 (P&P Manual): review for language that reflects family-centered, culturally-relevant, and trauma-informed policies and practices</p>	
1I	<p>Policy & Procedure Manual</p> <p>Describes policies, procedures, day-to-day operations, and team member roles and responsibilities.</p> <p>Contains the mission, vision, goals, eligibility criteria, referral and entry process, phase structure, monitoring, recovery and reunification support services, drug and alcohol testing procedures, coordinated responses to behavior, and protocols to determine necessary treatment and complementary services for children, caregivers, and families.</p>	<p>FTC Coordinator Does the FTC have a policies & procedures manual?</p> <p>[If yes]: Do all team members have a current copy of the P&P manual? Are all team members familiar with its contents?</p>	<p>Document #1 (P&P Manual): review for all items described in provision</p>	

⁶ See section 2.2 of the Site Visit Guide for definitions of special terminology.

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
1J	<p>Pre-Court Staffing & Review Hearing</p> <p>A progress report is developed and read by all team members prior to each staffing.</p> <p>Operational team members attend staffings. Staffing prepares team for hearing.</p> <p>During staffing, team discusses progress and needs of children, caregivers, and family and recommends coordinated response to participant behavior to judge.</p> <p>The FTC court review hearing occurs immediately after staffing.</p>	<p>FTC Coordinator</p> <p>Does the FTC team engage in pre-hearing meetings to discuss cases that will be seen in Court that day?</p> <p>[If yes]: When do staffings occur and what is discussed during them?</p> <p>[If not noted already]: Are progress reports on participants/cases distributed prior to staffings?</p>	<p>Document #10 (Child welfare court report(s)/ FTC progress report): review for progress and needs of children, caregivers, and family</p> <p>OR⁷</p> <p>Document #1 (P&P Manual): review staffing protocol for reflection of provision components</p>	<p>FTC Staffing</p> <p>All FTC team members present at staffings.</p> <p>During staffing, team discusses progress and needs of children, caregivers, and family and recommends coordinated response to participant behavior to judge.</p> <p>FTC Hearing</p> <p>The hearing occurs immediately after the staffing.</p> <p>The same cases that appear during hearing are discussed at staffing. Same information discussed at staffing is presented to participants during hearing.</p> <p>(See Observation Checklist on MSIS Scoring Instrument)</p>

Standard 2: Role of the Judge

⁷ See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
2A	<p>Convening Partners</p> <p>The judge convenes the operational team and guides members in the development, implementation, and management of ongoing operations and actualization of the FTC’s mission and vision.</p>	<p>FTC Coordinator Describe the judge’s role with regards to the steering and oversight committees.</p> <p>Describe the judge’s role in maintaining and developing relationships with community partners.</p>	Document #1 (P&P Manual): review for judge’s responsibilities	
2B	<p>Judicial Decision Making</p> <p>Assessed with observation⁸: In pre-court staffing, the judge and operational team discuss the recommended responses for each case based on information about participant attendance, progress, engagement in treatment, complementary services received, children’s needs and services, and compliance with dependency court and child welfare agency requirements.</p> <p>Assessed with both interview & observation: The judge makes the final decision about the court-ordered response.</p>	<p>FTC Coordinator Who makes the final decisions about court-ordered responses to participants?</p>		<p>FTC Staffing During staffings, judge guides the team, considers contributions from all team members when making decisions, and asks for professional input as necessary.</p> <p>Judge makes the final decision about court-ordered response to be delivered.</p>

⁸ This is a “split provision.” See section 8.2 of the Site Visit Guide.

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
2C	<p>Participation in Pre-Court Staffings</p> <p>The FTC judge consistently attends pre-court staffing to discuss participant progress, updates, and behaviors.</p>	<p>FTC Coordinator How often does the FTC judge participate in pre-court staffing?</p> <p>PROBE: Always, most of the time, about half of the time, infrequently, or never?</p>		<p>FTC Staffing Judge is at staffing; Judge is involved in discussions regarding participants.</p>
2D	<p>Interaction with Participants</p> <p>At FTC hearings, judge spends a minimum of three minutes talking to each participant.</p> <p>Judge responds to the participant's behavior and provides a rationale for these responses.</p> <p>Judge reinforces the treatment adjustments and responses to behaviors.</p> <p>Judge is engaging, supportive, and encouraging, and works to build rapport with the participant.</p> <p>Judge emphasizes participant strengths and the importance of the participant's continued engagement in treatment and services.</p> <p>Judge encourages the participant to discuss his or her progress, progress the children are making, activities to enhance parenting skills, and parenting challenges or unmet needs.</p>	<p>FTC Coordinator Describe a typical exchange between a judge and a participant.</p> <p>PROBE: How long is a typical exchange?</p> <p>PROBE: What is discussed?</p> <p>PROBE: Describe the dynamic between the judge and the participant.</p>		<p>FTC Hearing The FTC judge spends a minimum of three minutes talking to each participant about their engagement in required FTC services, child welfare case plan requirements, and services for the participant's child(ren) and family.</p> <p>Judge explains the reasoning behind incentives/sanctions/treatment adjustments to participants in plain language.</p> <p>Judge provides consistent information to participants regarding treatment adjustments and safety interventions imposed in response to participant behaviors.</p>

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
				<p>Judge demonstrates warmth and eye-contact with participant; uses participant's name, engages in two-way conversation, and provides positive feedback.</p> <p>Judge highlights participants' strengths/achievements.</p> <p>Judge asks about and participant verbalizes their opinions on their progress, their child(ren)'s progress, challenges, etc.</p>
2E	<p>Professional Training</p> <p>The FTC judge obtains training on mental health, SUDs, child welfare, and legal and constitutional issues related to FTCs. The FTC judge attends annual training conferences and workshops and training with other operational team members to assure cross-training.</p>	<p>FTC Coordinator</p> <p>Has the FTC judge had training on mental health? Substance use disorders? Child welfare? Legal and constitutional issues related to FTCs?</p> <p>Has the FTC judge attended a training conference or workshop on best practices or trends in FTCs in the last 12 months?</p> <p>Has the judge attended a training with other operational team members?</p>	<p>Document #6 (Judge's Legal Education/ Training Certificates): review for training described in provision</p>	

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
2F	<p>Length of Judicial Assignment to FTC</p> <p>The FTC judge presides over the FTC for at least two consecutive years.</p>	<p>FTC Coordinator</p> <p>What month and year did the current judge begin his/her term presiding over the FTC? How long will the judge be on the bench?</p>	<p>Document #5 (Judge's Appointment Date): review for length of judicial appointment</p>	
Standard 3: Equity and Inclusion				
3A ⁹	<p>Equitable FTC Program Admission Practices</p> <p>The FTC examines its eligibility criteria, screening, referral, entry, and assessment processes, and other entry processes at least annually.</p> <p>Review of criteria and processes aims to identify and correct any disproportionality in access.</p>	<p>FTC Coordinator</p> <p>Have the screening, referral, entry, and assessment processes been reviewed by the team since the FTC's inception?</p> <p>[If yes]: How often did these reviews occur?</p> <p>[If yes]: What was the purpose of these reviews?</p> <p>PROBE: What data was used during these reviews?</p>	<p>Document #11 (Minutes/Notes) : review for FTC's examination of admission practices as described in provision</p>	

⁹ See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

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3B ⁸	<p>Equitable FTC Retention Rates and Child Welfare Outcomes</p> <p>FTC acts strategically to increase participation, engagement, successful discharge, permanency and well-being outcomes for historically marginalized groups at rates equivalent or better than overall child welfare system population.</p>	<p>FTC Coordinator Has the FTC examined its program retention and child welfare outcomes across different groups? For example, different races/ethnicities, languages, and family types?</p> <p>[If yes]: What did you find?</p> <p>[If disparity found]: What was done to address this disparity?</p>	<p>Document #11 (Minutes/Notes) : review for FTC’s strategic methods for achieving equitable retention rates and child welfare outcomes</p>	
3C ⁸	<p>Equitable Treatment</p> <p>Family-centered, gender-responsive, trauma-informed, and linguistically and culturally appropriate treatment¹⁰ matches the intensity, dosage, and quality consistent with the needs and preferences of the individual and family. FTC ensures equivalent outcomes across groups.</p>	<p>FTC Coordinator How does the FTC match treatment with the needs and preferences of a client and their family?</p> <p>Has the FTC examined its treatment experiences and outcomes across different groups? For example, different races/ethnicities, languages, and family types?</p> <p>[If yes]: What did you find?</p> <p>[If disparity found]: What was done to address this disparity?</p>	<p>Document #11 (Minutes/Notes) : review for discussion on treatment consistent with the provision</p>	

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Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
3D ¹¹	<p>Equitable Responses to Participant Behavior</p> <p>FTC administers equitable responses across groups. Responses to participant behavior are administered using principles of procedural fairness and regularly monitored to ensure that they are equivalent in similar situations across groups</p>	<p>FTC Coordinator</p> <p>Are responses to participant behavior the same across different groups? For example, different races/ethnicities, languages, and family types?</p> <p>[If no]: How are they different?</p> <p>Has the FTC examined its responses to participant behavior across different groups? For example, different races/ethnicities, languages, and family types?</p> <p>[If yes]: What did you find?</p> <p>[If disparity found]: What was done to address this disparity?</p>	<p>Document #11 (Minutes/Notes) : review for discussion on equitable responses to participant behavior</p>	
3E	<p>Team Training</p> <p>The FTC provides training on culturally relevant services and supports to its operational team and partners.</p>	<p>FTC Coordinator</p> <p>Does the FTC provide training on culture and culturally-relevant services and supports to its operational team and partners?</p> <p>[If yes]: What does this training entail?</p>	<p>Document #7 (FTC Team Continuing Education/ Training Certificates): review for training on components described in provision</p>	

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			OR¹² Document #8 (Orientation Training Curriculum for New Operational Team): review for training on components described in provision	
Standard 4: Early Identification, Screening, and Assessment				
4A	Target Population, Objective Eligibility and Exclusion Criteria FTC targets families that require intensive services, increased support and monitoring, and judicial oversight to comply with child welfare system case plan, complete SUD treatment, and safely reunify with children. FTC defines target population using objective eligibility and exclusion criteria. FTC communicates eligibility criteria in writing to all referral sources.	FTC Coordinator What is the eligibility criteria for program participation? What is the exclusion criteria for program participation? Is FTC program eligibility/exclusion criteria communicated to referral sources? [If yes]: How is this information communicated?	Document #1 (P&P Manual): review for eligibility/ exclusion criteria	FTC Staffing During staffing (or other team meeting), eligibility/exclusion determinations are based on some type of objective assessment and criteria (as described in P&P manual).

¹² See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
	FTCs do not make eligibility determinations based on subjective criteria.	To what extent does the FTC consider subjective suitability when making eligibility/exclusion determinations?		
4B ¹³	<p>Standardized and Systematic Referral, Screening, and Assessment Process</p> <p>Agreed-upon, standardized, and systematic processes for referring, screening, and assessing all caregivers, children, and families ensure a prompt, systematic, and universal experience for referred cases.</p> <p>Referral sources are trained in when to appropriately refer their participants.</p>	<p>FTC Coordinator Describe the process by which potential participants are identified and referred to the FTC.</p> <p>PROBE: Are there any referral sources the FTC does not accept?</p> <p>What happens when the FTC receives a referral?</p>	Document #1 (P&P Manual): review for standardized, systematic referral process	
4C	<p>Use of Valid and Reliable Screening and Assessment for Caregivers and Families</p> <p>Valid and reliable instruments¹⁴ used to screen and assess:</p> <ul style="list-style-type: none"> Caregivers/families referred to FTC for program eligibility appropriate treatment level-of-care complementary services case planning for children, caregivers, and family members. 	<p>FTC Coordinator [If not answered with prior Q]: How are decisions made about program eligibility?</p> <p>PROBE: Is an assessment instrument used? If yes, what assessment instrument?</p> <p>How are case or service plans developed?</p>	<p>Document #1 (P&P Manual): review for screening/assessment protocol</p> <p>[If FTC does their own screening/assessing]: Document #15 (Assessment</p>	

¹³ See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

¹⁴ For information on determining whether a screening/assessment instrument is validated, see Appendix G of the Site Visit Guide.

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
		<p>PROBE: Are assessment instruments used? If yes, what assessment instruments?</p> <p>[If not answered with service plan question]: How are decisions made about SUD treatment level of care? What assessment instruments are used?</p> <p>[If not answered with service plan question]: How are decisions made about complementary services? What assessment instruments are used?</p> <p>Treatment What assessment instruments are used to make SUD treatment decisions with FTC clients?</p>	<p>instruments): review for screeners/ assessments that are used to determine program eligibility, level- of-care, complementary services, and case planning, and are developmentall y appropriate/vali dated through research</p> <p>OR</p> <p>[If treatment does the assessments]: Document #21 (Assessment instruments): review for assessments that are used to determine program eligibility, level-</p>	

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
			of-care, complementary services, and case planning, and are developmentally appropriate/ validated through research	
4D	<p>Use of Valid, Reliable, and Developmentally Appropriate Screening and Assessment for Children¹⁵</p> <p>Assessed with interview and document review¹⁶: Children of FTC participants are assessed within a standardized time frame using validated and developmentally appropriate instruments.</p> <p>Assessed with interview: Child assessments reoccur at developmentally appropriate intervals.</p>	<p>FTC Coordinator Are children of FTC participants screened or assessed at the beginning of their involvement in the FTC?</p> <p>[If yes]: Describe this process.</p> <p>PROBE: What are they assessed for? What instruments are used?</p> <p>During their case, are children re-assessed at any point?</p> <p>[If yes]: Describe this process.</p>	<p>[If child welfare or FTC does screening/ assessing]: Document #15 (Assessment instruments): review for screeners/ assessments that are used to determine child needs and are developmentally appropriate/ validated</p>	

¹⁵ For information on determining whether a screening/assessment instrument is validated, see Appendix G of the Site Visit Guide.

¹⁶ This is a “split provision.” See section 8.2 of the Site Visit Guide.

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		<p>PROBE: What are they re-assessed for? What instruments are used?</p>	<p>through research</p> <p>[If treatment does the assessments]: Document #21 (Assessment instruments): review for assessments that are used to determine child needs and are developmentally appropriate/ validated through research</p>	
4E	<p>Identification and Resolution of Barriers to Recovery and Reunification</p> <p>The FTC systematically monitors community-based barriers that hinder participants, children, and families from obtaining services or progressing toward goals.</p>	<p>FTC Coordinator Describe the process(es) used to identify and address community-based barriers (e.g., transportation, barriers to parenting time) to participant progress.</p>	<p>Document #10 (Child welfare court report(s)/ FTC progress report): review for monitoring of community-based barriers</p> <p>Document #11 (Minutes/Notes) : review for discussion</p>	<p>FTC Staffing and Hearing Same process of problem identification occurs for all participants.</p> <p>Problem-solving is undertaken to resolve identified barriers to progress.</p>

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
			regarding community- based barriers	
Standard 5: Timely, High-Quality, and Appropriate Substance Use Disorder Treatment				
5A ¹⁷	<p>Timely Access to Appropriate Treatment</p> <p>Protocols and practices ensure timely access to an appropriate SUD treatment.</p> <p>Time between case opening and treatment entry is tracked as a routine process measure.</p>	<p>FTC Coordinator How does the FTC program ensure that participants access treatment as quickly as possible?</p> <p>[If not answered with prior Q]: Does the FTC track time between case opening and SUD treatment entry? Does the FTC use that information to strategize improvements in timely treatment access?</p> <p>Treatment How does your agency ensure that FTC participants access treatment as quickly as possible?</p>		
5B*	<p>Treatment Matches Assessed Need</p> <p>Assessed with interview¹⁸: Appropriate treatment is conducted by a qualified treatment provider and adjusted based on ongoing formal reassessments to meet participants' clinical needs.</p> <p>Assessed with document review:</p>	<p>FTC Coordinator Describe the process of SUD treatment level-of-care referral or placement.</p> <p>How often are FTC-referred participants re-assessed for SUD treatment need during their program participation?</p>	Document #21 (Assessment instruments): review for assessments used to determine participant SUD treatment need,	

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Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
	Assessment instruments are valid and reliable ¹⁹ .	<p>[If > never]: What is the purpose of these re-assessments?</p> <p>Treatment Describe the process of SUD treatment level-of-care referral or placement.</p> <p>How often are FTC-referred participants re-assessed for SUD treatment need during their program participation?</p> <p>[If > never]: What is the purpose of these re-assessments?</p>	and that are validated through research	
5C ²⁰	<p>Comprehensive Continuum of Care</p> <p>Participants have access to a continuum of SUD treatment that includes medication management in each level of care: outpatient treatment, intensive outpatient treatment, partial hospitalization, residential or inpatient treatment, and medically managed intensive inpatient services (i.e., medical detoxification).</p> <p>Each participant’s SUD treatment dosage and duration are sufficient to achieve and sustain recovery.</p>	<p>FTC Coordinator What levels of SUD treatment do FTC-referred participants have access to?</p> <p>How long are participants in SUD treatment?</p> <p>[If no mention of aftercare already]: Are aftercare services available to FTC-referred participants? If so, can you describe the aftercare services?</p> <p>Treatment What levels of SUD treatment do FTC-referred participants have access to?</p>		

¹⁹ For information on determining whether a screening/assessment instrument is validated, see Appendix G of the Site Visit Guide.

²⁰ See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
	<p>After acute SUD treatment no longer required, participants engage in continuing care to maintain stable health and recovery.</p>	<p>How long are participants in SUD treatment?</p> <p>[If no mention of aftercare already]: Are aftercare services available to FTC-referred participants? If so, can you describe the aftercare services?</p> <p>[If specific agency does not offer X level of care]: Are FTC clients referred elsewhere for treatment that meets X level of care?</p>		
5D	<p>Integrated Treatment of Co-Occurring Substance Use and Mental Health Disorders</p> <p>Integrated treatment plans address the needs of participants who have co-occurring substance use and mental health disorders in a coordinated manner.</p>	<p>FTC Coordinator What services are provided to FTC-referred participants who have co-occurring substance use and mental health disorders?</p> <p>Treatment What services are provided to FTC-referred participants who have co-occurring substance use and mental health disorders?</p> <p>[If specific agency does not offer services for co-occurring substance use and mental health disorders]: Are FTC clients referred elsewhere for treatment that addresses co-occurring substance use and mental health disorders?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
5E	<p>Family-Centered Treatment²¹</p> <p>SUD treatment is comprehensive and family-centered:</p> <ul style="list-style-type: none"> • meets caregivers' needs • meets children's and family members' needs • addresses effects of participant SUD on family • children can stay in residential with caregivers 	<p>FTC Coordinator Are participants' children permitted to reside with them in residential treatment?</p> <p>Describe how the needs of family members are addressed when crafting a treatment plan for an FTC-referred participant.</p> <p>Treatment Does the treatment center you represent provide family-centered treatment to clients?</p> <p>[If yes]: Describe the family-centered nature of SUD treatment offered to FTC-referred caregivers.</p> <p>[If no]: Are FTC clients referred elsewhere for family-centered treatment?</p>		
5F	<p>Gender-Responsive Treatment²²</p> <p>Treatment providers are trained in gender-responsive treatment.</p> <p>Treatment meets the needs of all genders:</p> <ul style="list-style-type: none"> • Gender-specific groups 	<p>Treatment How often do your providers who work with FTC-referred participants receive training related to gender-responsive or gender-specific services (e.g., women-centered treatment)?</p>	Document #23 (treatment group schedule): review for availability of gender-	

²¹ See section 2.2 of the Site Visit Guide for definitions of special terminology.

²² See section 2.2 of the Site Visit Guide for definitions of special terminology.

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
	<ul style="list-style-type: none"> • Child care • Medical and nutritional interventions 	<p>Does the treatment center you represent provide gender-responsive or gender-specific treatment to participants (e.g., women-centered treatment)?</p> <p>[If yes]: Describe the gender-responsive nature of SUD treatment offered to FTC-referred caregivers.</p> <p>[If no]: Are clients referred elsewhere for gender-responsive treatment?</p>	responsive groups	
5G	<p>Treatment for Pregnant Women</p> <p>Protocol and practices identify the unique needs of pregnant participants and provide treatment and other services to meet these women’s needs, including integrated prenatal, perinatal, and postnatal medical care, as well as SUD interventions, including medication-assisted treatment (MAT) or medication for opioid use disorder (MOUD) when clinically indicated.</p>	<p>FTC Coordinator</p> <p>What services and supports are available to pregnant FTC participants?</p> <p>[If not already answered]: Does the FTC provide or coordinate MAT/MOUD treatment for pregnant women who have an opioid use disorder?</p> <p>[If not already answered]: Does the FTC coordinate with pre- and post-natal medical care?</p> <p>Treatment</p> <p>What services and supports are available to pregnant women who are FTC participants?</p> <p>[If not already answered]: Does your agency coordinate or provide</p>		

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
		<p>MAT/MOUD treatment for pregnant women who have an opioid use disorder?</p> <p>[If no]: Are clients referred elsewhere for MAT/MOUD?</p>		
5H	<p>Culturally Responsive Treatment²³</p> <p>The services and practices of the FTC SUD treatment providers are respectful of and responsive to the cultural and linguistic needs of FTC participants.</p>	<p>FTC Coordinator What does the FTC do in terms of treatment referrals for participants with different cultural and/or linguistic needs?</p> <p>Treatment How does your agency respond to the cultural and/or linguistic needs of FTC participants?</p> <p>[If agency does not respond]: Are clients referred elsewhere for culturally and linguistically responsive treatment?</p>		
5I	<p>Evidence-Based Manualized Treatment²⁴</p> <p>SUD treatment agencies that partner with the FTC provide evidence-based, manualized treatments with fidelity to the model.</p> <p>SUD treatment providers are trained, certified (when applicable), and clinically supervised to ensure continuing fidelity to the model.</p>	<p>FTC Coordinator What evidence-based, manualized treatments are used with FTC-referred caregivers, children, and families?</p> <p>What training and/or certification do clinicians delivering evidence-based interventions with FTC-referred participants undergo?</p>	Document #19 (External or Internal Fidelity Review): review for components described in provision	

²³ See section 2.2 of the Site Visit Guide for definitions of special terminology.

²⁴ For information on determining whether a treatment is evidence-based, see Appendix G of the Site Visit Guide.

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
		<p>Treatment What evidence-based, manualized treatments are used with FTC-referred caregivers, children, and families?</p> <p>What ongoing fidelity training and/or clinical supervision is provided for clinicians delivering evidence-based interventions with FTC-referred participants?</p>	<p>AND²⁵</p> <p>Document #18 (Initial Evidence-Based Practice (EBP) Training and Certification): review for components described in provision</p>	
5J	<p>Medication-Assisted Treatment</p> <p>FTC participants receive MAT/MOUD for SUDs based on an objective determination by a qualified medical provider that MAT/MOUD is medically indicated.</p> <p>FTC does not exclude individuals using or considering MAT/MOUD from FTC program.</p> <p>FTC does not mandate MAT/MOUD.</p>	<p>FTC Coordinator</p> <p>Are individuals using MAT/MOUD excluded from the FTC program?</p> <p>How is it determined that a participant is eligible/appropriate to receive MAT/MOUD?</p> <p>How are cases handled in which MAT/MOUD is recommended to an FTC-referred participant but the participant does not want to use it?</p> <p>Treatment</p> <p>To your knowledge, are individuals using MAT/MOUD excluded from the FTC program?</p>	<p>Document #1 (P&P Manual): review for MAT/MOUD protocol that reflects provision components</p>	

²⁵ See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
		<p>[If yes]: How is it determined that a participant is eligible/appropriate to receive MAT/MOUD?</p> <p>How are cases handled in which MAT/MOUD is recommended to an FTC-referred participant but the participant does not want to use it?</p>		
5K	<p>Alcohol and Other Drug Testing Protocols</p> <p>Standardized drug testing protocol specifies the frequency (a minimum of two times per week), scheduling, randomization procedures, observation, duration, and breadth of testing to monitor participants' use of illicit and licit substances as well as outline processes for confirmation, notification, and dissemination of test results.</p>	<p>FTC Coordinator How does the FTC monitor participants' use of substances throughout their FTC participation?</p> <p>PROBE: Describe drug testing procedures used with FTC participants.</p> <p>PROBE: Is drug testing random? Is drug testing observed? Is drug tested completed at least 2x weekly? Do participants have an equal chance of getting tested every day, even on weekends and holidays?</p> <p>Treatment Does your agency conduct drug testing with FTC-referred participants?</p>	Document #1 (P&P Manual): review for alcohol and other drug testing protocols that reflect Provision components	

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
		[If yes]: What are the testing protocols used with these participants?		
5L	<p>Treatment Provider Qualifications</p> <p>The FTC's treatment providers are licensed, certified, or accredited.</p> <p>Treatment providers receive continuing education and clinical supervision to ensure adoption of best practices in treatment of SUD, mental health, and related disorders.</p>	<p>FTC Coordinator Are all treatment providers that the FTC refers participants to licensed or otherwise certified?</p> <p>Treatment What are the entities that license, certify, or accredit your agency?</p> <p>[If entities specified]: How frequently is licensure/certification/or accreditation renewed?</p> <p>What are the continuing education training requirements for providers at your agency?</p>	<p>Document #20 (Treatment Provider State Licensure or Certification): review for treatment provider qualifications</p> <p>AND²⁶</p> <p>Document #17 (FTC Providers Continuing Ed/Training Certificates): review for continuing education and clinical supervision</p>	
Standard 6: Comprehensive Case Management, Services, and Supports for Families				

²⁶ See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
6A	<p>Intensive Case Management and Coordinated Case Planning</p> <p>Participants are provided intensive supportive case management, including a coordinated case plan (or a set of case plans) based on reliable and valid needs assessments that is systematically monitored to ensure that all family members receive services to meet their needs.</p>	<p>FTC Coordinator Describe the FTC’s approach to case management with program participants and their families.</p> <p>[If not already answered]: Does the FTC case plan (or set of case plans) include the child welfare dispositional order and treatment recommendations?</p>	<p>Document #10 (Child welfare court report(s)/FTC progress report): review for case management recommendation based on the results of a needs assessment</p>	<p>FTC Staffing Team connects participants with services that address unmet needs identified in assessments.</p> <p>The team discusses how involved participants are with services and resources and how they are progressing with services and resources.</p>
6B	<p>Family Involvement in Case Planning</p> <p>Operational team’s uses a family-centered, culturally responsive²⁷, and strengths-based approach in which children, caregivers, and family members (as appropriate) are active partners in identifying their needs and strengths, making decisions about treatment, setting goals, and achieving desired outcomes.</p>	<p>FTC Coordinator For a typical case, to what extent are children, caregivers, and family members involved in case planning?</p>		<p>FTC Staffing Feedback regarding case planning is solicited from participant and other family members.</p> <p>Case planning discussions demonstrate focus on strengths of other family members.</p>
6C	<p>Recovery Supports</p> <p>The FTC links participants with professionally trained or certified recovery specialists (also known as recovery coaches), or with peer support specialists (also known as peer mentors).</p>	<p>FTC Coordinator Does the program use recovery specialists/coaches or peer support specialists/mentors?</p> <p>[If yes]: How do participants gain access to these supports?</p>		<p>FTC Hearing Team encourages participant to engage with:</p> <ul style="list-style-type: none"> - Recovery coach/peer specialist; and/or - Community-based recovery; and/or

²⁷ See section 2.2 of the Site Visit Guide for definitions of special terminology.

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
	<p>FTC team actively works with participants to build a community-based recovery support network.</p> <p>FTC does not require participants to attend any specific peer support group, but rather provides a range of options.</p>	<p>To which community-based recovery programs does the FTC refer participants? Are participants required to attend?</p> <p>Treatment Does your agency connect FTC-referred participants with recovery specialists/coaches or peer support specialists/mentors?</p> <p>How do FTC-referred participants gain access to these supports?</p>		<ul style="list-style-type: none"> - Undertakes problem-solving with participant regarding peer and community/natural recovery supports.
6D	<p>High-Quality Parenting Time (Visitation)</p> <p>FTC participants and their children receive high-quality, well-resourced, face-to-face parenting time (visitation).</p> <p>When needed, trained individuals facilitate supervised visitation as caregivers work to achieve unsupervised time.</p> <p>Minimum caregiver visitations by child's age are as follows: < 1 (3-5x wk; 60 min.) 1-2 (2-4x wk; 60 min.) 2-5 (2-4x wk; 60 min.) 6-12 (1-3x wk; 60 min.) 13+ (1-2x wk; 60 min)</p>	<p>FTC Coordinator Describe visitations, or parenting time, in the FTC.</p> <p>How frequently does visitation typically occur for children under the age of 1?</p> <p>For children aged 1-5?</p> <p>For children aged 6-12?</p> <p>For children aged 13 or older?</p> <p>Who facilitates supervised visitations?</p> <p>[If someone]: What, if any, training do individuals receive to facilitate supervised visitation?</p>	Document #10 (Child welfare court report(s)/FTC progress report): review for discussion of parenting time and strategies to ensure high quality parenting time is occurring	

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
	Minimum sibling visitations: 1x per week; 60 min.			
6E	<p>Parenting and Family-Strengthening Programs</p> <p>All evidenced-based interventions²⁸ include a caregiver-child interaction component (in which caregivers and children attend sessions together) and are culturally appropriate parenting or family-strengthening programs designed to meet the needs of families affected by parental SUDs and co-occurring additional risk factors. FTC team matches interventions to the needs of each child, parent, and family.</p>	<p>FTC Coordinator What parenting or family-strengthening programs are offered to FTC/FTC-referred participants?</p> <p>[If yes]: What are the components of the parenting and family-strengthening interventions?</p> <p>[If not already answered]: Do caregivers and children interact as a part of the intervention/program?</p> <p>How does the team determine who is referred to the family interventions/programs?</p> <p>Treatment Does your agency provide parenting and family-strengthening interventions to FTC-involved participants?</p> <p>[If yes]: Describe these services.</p>		

²⁸ For information on determining whether a treatment is evidence-based, see Appendix G of the Site Visit Guide.

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
		How do FTC-referred participants gain access to these supports?		
6F	<p>Reunification and Related Supports</p> <p>FTC participants and their families receive reunification and related supports.</p>	<p>FTC Coordinator What reunification supports are available to FTC participants and their families?</p> <p>For how long are reunification supports available to participants after reuniting?</p>	Document #10 (Child welfare court report(s)/FTC progress report): review for reunification and related supports	<p>FTC Hearing Participants who are nearing or have completed reunification are offered specific reunification supports.</p>
6G	<p>Trauma-Specific Services for Children and Caregivers</p> <p>FTC participants and their children are screened and assessed for trauma.</p> <p>FTC participants and their children receive evidence-based or evidence-informed, trauma-specific, clinical interventions to treat their trauma-related symptoms and disorders.</p> <p>Trained treatment professionals provide trauma-specific therapies with fidelity.</p>	<p>FTC Coordinator What trauma services are available to FTC participants and their child(ren)?</p> <p>What trauma screens/assessments are used with participants and their child(ren)?</p> <p>Treatment What trauma services are available to FTC participants and their child(ren)?</p> <p>What trauma screens/assessments are used with participants and their child(ren)?</p>	Document #19 (External or Internal Fidelity Review): review for evidence that FTC participants and children have access to evidence-based trauma intervention delivered with fidelity	

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
6H	<p>Services to Meet Children’s Individual Needs</p> <p>Children of participants are connected to a continuum of high-quality prevention, intervention, and treatment services to meet their physical, cognitive, social, emotional, behavioral, developmental, therapeutic, and educational needs identified by a comprehensive assessment, ideally through a medical home for the family.</p> <p>Operational team matches developmentally appropriate services to the child’s identified needs and monitors providers so that services are delivered with fidelity.</p>	<p>FTC Coordinator Describe the process of identifying and referring children and adolescents to services.</p> <p>PROBE: What types of services are children of FTC participants referred for?</p> <p>PROBE: How do children’s service plans change over time?</p> <p>Does the team monitor children's/adolescent providers to ensure services are delivered with fidelity?</p> <p>[If yes]: Describe this process.</p>	<p>Document #10 (Child welfare court report(s)/FTC progress report): review for components related to meeting children’s needs as described in provision</p>	<p>FTC Hearing Participants’ children are referred for services.</p> <p>Children’s behaviors and progress in services are discussed.</p> <p>Children’s service plans change in response to newly identified needs.</p>
6I	<p>Complementary Services to Support Caregivers and Family Members</p> <p>Comprehensive range of complementary support services (e.g., child care, employment, educational, domestic violence, legal, transportation, food, clothing, housing, medical and dental care) are chosen to meet the individual needs of participants and their family members as identified by <i>formal assessment</i> to promote engagement and retention in SUD treatment and for sustained recovery and permanency.</p>	<p>FTC Coordinator What support services are available to participants and their family members?</p> <p>How are decisions to refer participants and their family members to case management services made?</p> <p>What happens if a participant or family member chooses not to engage in these support services?</p>	<p>Document #10 (Child welfare court report(s)/FTC progress report): review for case management recommendations identified by formal assessment</p>	<p>FTC Staffing & Hearing Participants and their family members are offered support services to address identified unmet needs (e.g., child care, employment, educational, domestic violence, legal, transportation, food, clothing, housing, medical and dental care).</p>

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
6J	<p>Early Intervention Services for Infants and Children Affected by Prenatal Substance Exposure</p> <p>Infants and children under the age of 3 who are experiencing effects of prenatal substance exposure are connected to early intervention services that address the infant's developmental, physical, social and emotional, physical health, and safety needs.</p>	<p>FTC Coordinator What is the process used when an FTC case has an infant affected by prenatal substance exposure?</p> <p>PROBE: What types of services are available for infants of FTC participants who are affected by prenatal substance exposure?</p>	<p>Document #10 (Child welfare court report(s)/Plan(s) of Safe Care): review for protocol for children affected by prenatal substance exposure that includes connection to early intervention</p>	
6K	<p>Substance Use Prevention and Intervention for Children and Adolescents</p> <p>Children of participants have access to evidence-based²⁹ SUD prevention and early intervention services that are culturally, developmentally, and age appropriate, and are designed to enhance protective factors and reduce risk factors.</p>	<p>FTC Coordinator What SUD prevention services are available to the children of FTC participants?</p> <p>Are services evidence-based and monitored for fidelity?</p>	<p>Document # 19 (SUD Prevention EBP Fidelity Review Documentation) : review for children's SUD prevention services with components as described in provision</p>	
Standard 7: Therapeutic Responses to Behavior				
7A	Child and Family Focus	FTC Coordinator		FTC Staffing

²⁹ For information on determining whether a treatment is evidence-based, see Appendix G of the Site Visit Guide.

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
	<p>Responses to behavior are made in child's best interest and do not:</p> <ul style="list-style-type: none"> • negatively affect participants, children, or families • interfere with dependency court hearings or requirements <p>Parenting time is not used as an incentive or sanction.</p>	<p>How are decisions about parenting and family time communicated so that they are not perceived as an incentive or sanction?</p> <p>PROBE: What factors and considerations influence these decisions?</p>		<p>Decisions about parenting/family time are made with input from child welfare specialists and based on child's best interests.</p> <p>FTC Hearing Team applauds/incentivizes strengths-based, consistent parenting; models strengths orientation and consistency to caregivers. Team provides incentives that support positive family time and are child-focused (things for, or to do with, children).</p> <p>Parenting time not used as a reward or punishment.</p>
7B	<p>Treatment Adjustments</p> <p>Team considers whether non-compliance is due to a therapeutic problem before issuing a sanction.</p> <p>If such an issue exists, adjustments in the type of treatment, level of care, and dosage are based on the clinical needs of the participant's substance use and mental, physical, social, or emotional health.</p> <p>Adjustments made in consultation with clinical treatment professionals.</p>	<p>FTC Coordinator</p> <p>What are some key considerations when a participant is noncompliant?</p> <p>How are adjustments in treatment, including type, level of care, and dosage determined for FTC-referred participants?</p> <p>PROBE: What factors and considerations influence these decisions?</p> <p>Treatment</p>		<p>FTC Staffing & Hearing</p> <p>The treatment professionals, in consultation with members of the FTC team, implement a treatment adjustment. Team members discuss whether non-compliance could be a result of needing a treatment adjustment.</p> <p>Treatment adjustments are not a reward or punishment.</p>

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
	Treatment adjustments are not used as incentive or sanction.	<p>How are adjustments in treatment, including type, level of care, and dosage determined for FTC-referred participants?</p> <p>PROBE: What factors and considerations influence these decisions?</p>		Judge discusses treatment adjustments in a health- and wellbeing-centered way.
7C	<p>Complementary Service Modifications</p> <p>Team considers whether noncompliance is due to an unavoidable or structural barrier before issuing a sanction.</p> <p>If such is determined, FTC team responds by providing additional complementary supports and services.</p>	<p>FTC Coordinator</p> <p>How does the FTC respond when participants face compliance barriers such as a lack of transportation, lack of safe housing, or cognitive impairment to compliance?</p>		<p>FTC Staffing</p> <p>Team discusses whether non-compliance could be related to the need for a support service modification (e.g., transportation, change in housing). When service needs arise, the team responds by identifying additional supports and services.</p> <p>FTC Hearing</p> <p>Participants are not punished when structural or individual barriers result in non-compliance.</p>
7D	<p>FTC Phases</p> <p>The policy and procedure manual and the participant handbook provide the criteria necessary for advancement through the phases and successful discharge.</p> <p>Advancement is based on achievement of realistic, clearly defined behavioral objectives</p>	<p>FTC Coordinator</p> <p>Are there any circumstances in which a participant would phase up or down in a manner not described in the participant handbook?</p> <p>[If yes]: Please describe.</p>	Document #1 (P&P Manual): review for criteria regarding advancement through phases that adheres to Provision	

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
	<p>or milestones associated with sustained recovery, stable reunification, and safety, well-being, and permanency for children.</p> <p>FTC does not demote participants.</p>		<p>AND³⁰</p> <p>Document #3 (Participant Handbook): review for criteria regarding advancement through phases that adheres to provision</p>	
7E	<p>Incentives and Sanctions to Promote Engagement</p> <p>The FTC develops a range of responses (incentives and sanctions) of varying magnitudes that it employs throughout each participant’s time in the FTC.</p> <p>FTC uses more incentives than sanctions.</p>	<p>FTC Coordinator</p> <p>Explain the decision-making process around determining sanctions and incentives.</p>		<p>FTC Staffing</p> <p>Team discusses incentives and sanctions during staffing.</p> <p>FTC Hearing</p> <p>Judge determines/delivers a variety of incentives and sanctions and uses incentives more often than sanctions.</p>
7F	<p>Equitable Responses</p> <p>All relevant factors for each participant are considered and team members must articulate their reasoning when recommending consequences for a participant before the judge.</p>	<p>FTC Coordinator</p> <p>What factors influence recommended sanctions? How is this information communicated to the judge?</p> <p>Does the FTC keep records of the incentives and sanctions imposed for each participant?</p>		<p>FTC Hearing</p> <p>Responses to participants are of an equivalent magnitude for similar infractions for participants in the same circumstance.</p>

³⁰ See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
	Consequences do not differ by gender, race, ethnicity, nationality, socioeconomic status, or sexual orientation and are equivalent to those received by other participants who engage in comparable conduct in similar circumstances and with similar expectations.	[If yes]: Is this data monitored to ensure that responses to behaviors are consistent and fair? Please describe.		Responses to participants do not differ across race, ethnicity, and gender. FTC Hearing and FTC Staffing FTC cites individual circumstances, child well-being, and the therapeutic needs of each participant and family member when assigning consequences when making a recommendation to the FTC judge regarding an incentive or sanction.
7G	Certainty The operational team reliably detects and responds consistently to all participant behaviors listed in the FTC P&P Manual.	FTC Coordinator Describe the processes used by the FTC to determine whether a participant is compliant.	Document 1 (P&P Manual): review for list of behaviors that receive responses & list of corresponding responses	
7H	Advance Notice The FTC notifies participants in advance of the behaviors required for successful participation.	FTC Coordinator Are there instances in which responses to participant behavior deviate from that described in the Participant Handbook? If yes, describe.	Document #3 (Participant Handbook): review for list of behaviors required for success in FTC	

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
7I	<p>Timely Response Delivery</p> <p>The FTC adheres to legal and ethical communication protocols and responds to compliant or noncompliant behavior as soon as possible in adherence to FTC policies and procedures to minimize the time from event to response.</p>	<p>FTC Coordinator</p> <p>How long after a participant's behavior occurs is the behavior therapeutically responded to (e.g., incentive or sanction)?</p>		<p>FTC Hearing</p> <p>Behaviors are addressed at the first opportunity.</p>
7J	<p>Opportunity for Participants to be Heard</p> <p>The FTC gives all participants an opportunity to express their perspectives on their behavior, disagreements about facts, and other relevant issues, and/or ask their attorney or defense representative to do so.</p>	<p>FTC Coordinator</p> <p>Describe if and how participants are given opportunities to share their side of the story when involved in a controversy or given a sanction.</p>		<p>FTC Hearing</p> <p>When there is evidence of non-compliance, participants have an opportunity to confer with an attorney and share their explanation of the behavior with the judge.</p>
7K	<p>Professional Demeanor</p> <p>Operational team's interactions with the participant, children, family, and other members of the participant's support system are respectful and professional.</p>	<p>FTC Coordinator</p> <p>Give an example in which a participant was either angry or disengaged. How did the team respond?</p>		<p>FTC Staffing & Hearing:</p> <p>Team uses person-centered, respectful language when discussing participant needs and progress.</p> <p>FTC Hearing</p> <p>Team uses participants' and natural supports' names, eye-contact, respectful and professional tone, formal and professional language.</p>

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
7L	<p>Child Safety Interventions</p> <p>Appropriate child safety interventions, placement, and parenting time changes are made based on safety, well-being, and permanency indicators.</p> <p>Child welfare workers are responsible for ensuring child safety and may not delegate that responsibility.</p>	<p>FTC Coordinator</p> <p>Who makes decisions about changes in visitations, custody, and child placement?</p>		<p>FTC Staffing</p> <p>Changes in placement and visitation are made in the best interest of the child(ren) and based on safety, well-being, and permanency indicators.</p> <p>Child welfare decisions are made at the recommendation of child welfare professionals.</p>
7M	<p>Use of Addictive or Intoxicating Substances</p> <p>Medical experts determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether safe alternatives are available.</p> <p>Use of nonmedically-indicated intoxicating or addictive substances (e.g., alcohol, cannabis, prescription medications) is addressed, regardless of the substance's licit/illicit status.</p>		<p>Document #2 (Prescription Policy): review for information regarding the use of addictive or intoxicating substances that reflects Provision</p>	<p>FTC Staffing</p> <p>Decisions regarding prescription medications are made only by doctors or medical experts.</p> <p>FTC Staffing & Hearing</p> <p>Regardless of whether the substance is legal or illegal, substance use behaviors are treated the same regardless of substance type.</p>
7N	<p>FTC Discharge Decisions</p> <p>Agreed-upon criteria provide a framework to determine the appropriate discharge for each participant in its policies and procedures manual and participant handbook.</p>	<p>FTC Coordinator</p> <p>Are there ever instances where a participant's discharge decision differs from that described in the Participant Handbook? If yes, please explain.</p>	<p>Document #1 (P&P Manual): review for discharge criteria</p> <p>AND³¹</p>	

³¹ See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
			Document #3 (Participant Handbook): review for discharge criteria	
Standard 8: Monitoring and Evaluation				
8A ³²	<p>Maintain Data Electronically</p> <p>An electronic database stores information about the services provided to children, caregivers, and family members and monitors participants' performance.</p> <p>The FTC team records participant demographic characteristics; dependency court actions and processes; child welfare indicators; SUD and mental health treatment; other parent or caregiver, child, family, and parenting needs and services; recovery and reunification support; criminal justice involvement; children, caregiver, and family well-being; and long-term outcomes.</p>	<p>FTC Coordinator</p> <p>Does the FTC maintain its own data system?</p> <p>[If yes]: When (how frequently) does data entry into the FTC system occur?</p> <p>[If yes]: What data does the FTC collect?</p> <p>PROBE: What specific variables do the FTC track throughout a participant's involvement in the FTC?</p> <p>PROBE: Does the FTC collect [review list of data elements described in provision]?</p>	Document #13 (Data Report/ Summary): review for variables described in provision.	

³² See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
8B	<p>Engage in Process of Continuous Quality Improvement</p> <p>Assessed with interview³³: Data entry occurs within 48 of each activity/event and is routinely monitored for quality assurance.</p> <p>Assessed with interview and document review: <u>Data summaries</u> provide real-time information on participant, process, and outcome measures that inform policy setting, sustainability and quality improvement efforts. Policies, procedures, and outcomes are evaluated annually and an action plan is developed to address challenges, incorporate best practices, and improve outcomes.</p>	<p>FTC Coordinator What happens with the data that are collected?</p> <p>PROBE: Does the team view data summaries or reports?</p> <p>[If yes]: What type of information do these summaries cover?</p> <p>PROBE: Does the steering and/or oversight committee view data summaries or reports?</p> <p>[If yes]: What type of information do these summaries cover?</p> <p>PROBE: How is the data used to improve policies and practices?</p>	<p>Document #13 (Data Report/ Summary): review for characteristics as described in the “<u>data summaries</u>” part of the provision</p>	
8C	<p>Evaluate Adherence to Best Practices</p> <p>FTC adheres to best practice standards.</p>	<p>FTC Coordinator How does the FTC monitor its adherence to best practice standards?</p>	<p>Document #12 (FTC Best Practices Review Report): review for adherence to best practice standards</p>	
8D	<p>Use of Rigorous Evaluation Methods</p>	<p>FTC Coordinator</p>	<p>Document #14 (Evaluation</p>	

³³ This is a “split provision.” See section 8.2 of the Site Visit Guide.

Provisi on Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
	Rigorous evaluation methods, including the use of comparison groups when feasible and appropriate, are used to address the pertinent evaluation questions.	How does the FTC conduct evaluations of its practices and outcomes?	reports): review for rigorous evaluation methods	

Appendix A: Interview – FTC Coordinator

Provision Number	Provision & Key Concepts	Interview Q	Notes	Rating
Standard 1: Organization & Structure				
1A	<p>Multidisciplinary & Multisystemic Collaborative Approach</p> <p>Coordination and collaboration between court system, child welfare system, SUD and mental health treatment, children’s services, and related health, education, and social service systems.</p> <p>Organization executives collaborate to ensure that the FTC’s structures and operations adhere to the mandates of each system to improve outcomes across systems.</p>	<p>Who are the administrators, or organizational executives, that oversee the FTC? What systems do these executives represent?</p> <p>How effectively do these interdisciplinary partners collaborate in developing policy and implementing the FTC operations?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
1B	<p>Partnerships, Community Resources & Support</p> <p>Established partnerships between court system, child welfare system, SUD and mental health treatment, child/adolescent services, and related services and systems, to access, define, and provide services for children, caregivers, and families.</p>	<p>What partnerships make up the FTC?</p> <p>What additional partnerships support FTC families?</p> <p>In what ways do FTC partners contribute to serving FTC-involved families?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
1D	<p>Governance Structure</p> <p>FTC has a three-tier governance structure:</p> <ol style="list-style-type: none"> 1. Oversight body comprised of partner organization executive-level staff, including representation from the dependency court³⁴ system, and other community leadership and elected officials. 2. Steering committee comprised of partner organization supervisory-level staff. 3. Operational team (see Provision 1C) <p>Roles, responsibilities, and communication among each of the three governance committees are clearly defined in P&P manual and in MOUs.</p>	<p>Does the FTC have an oversight/executive committee, steering committee, and operational team?</p> <p>[If yes]: What are the roles and responsibilities of each committee?</p> <p>[If noted]: Who is a part of the community-level committee comprised of partner organizations (the “tier two” committee)?</p> <p>[If noted]: Who is a part of the executive/oversight committee comprised of partner organization leadership and other community leadership (the “top tier” committee)?</p>		

³⁴ See section 2.2 of the Site Visit Guide for definitions of special terminology.

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
1E	<p>Shared Mission & Vision</p> <p>Vision and mission statements are collaboratively developed by partner organizations to be reflective of each system's values, and jointly identify measurable goals and objectives.</p>	<p>Does the FTC have vision and mission statements?</p> <p>[If yes]: Who developed the vision and mission statements?</p> <p>[If yes]: How were the vision and mission statements developed?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
1F	<p>Communication & Information Sharing</p> <p>Team shares case information in a timely manner.</p> <p>Team shares information with each other on caregiver, child, and family progress, including participant behavior.</p> <p>Purpose of information sharing is to support recovery and family reunification efforts, monitor progress, and review and respond to participant behavior.</p> <p>Team uses email.</p>	<p>What is the FTC team's method of communication in between staffings/hearings?</p> <p>What type of information is being shared among the FTC team?</p> <p>Why is information being shared among the FTC team?</p> <p>How frequently is information shared within the FTC team?</p> <p>[For parallel models only]: How are FTC Team members sharing information to support family reunification efforts?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
1G	<p>Cross-Training & Interdisciplinary Education</p> <p>Team training/education plan offers onboarding/orientation training, annual cross-training, and ongoing interdisciplinary education for the FTC oversight body, steering committee, operational team members, and other community agencies.</p>	<p>What kind of training did team members complete in the last 12 months?</p> <p>[If not already answered]: Does your FTC have a training/education plan for team members?</p> <p>[If yes]: What does the training/education plan involve?</p> <p>[If not already answered]: What is your orientation process for new FTC team members?</p> <p>[If not already answered]: Does the FTC provide education or training to other committees or levels within the FTC governance structure?</p> <p>[If yes]: What does this involve?</p> <p>[If not already answered]: What is your orientation process for new members to governance structure committees or levels?</p> <p>[If not already answered]: Do the FTC team members provide education or training to community partners?</p> <p>[If yes]: What does this involve?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
1H	<p>Family-Centered, Culturally-Relevant, and Trauma-Informed Approach³⁵</p> <p>Daily operations and interactions reflect family-centered, culturally relevant, and trauma-informed policies and practices by staff who recognize and respond to signs and symptoms of trauma and are alert to culturally relevant factors.</p>	<p>[If not already answered]: Do FTC team members focus on the whole family?</p> <p>[If not already answered]: Do FTC team members use culturally-relevant approaches?</p> <p>[If not already answered]: Do FTC team members recognize and respond to trauma?</p> <p>Which team members participated in trainings on family-centered practice, culturally relevant practice, and trauma-informed practice?</p>		

³⁵ See section 2.2 of the Site Visit Guide for definitions of special terminology.

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
11	<p>Policy & Procedure Manual</p> <p>Describes policies, procedures, day-to-day operations, and team member roles and responsibilities.</p> <p>Contains the mission, vision, goals, eligibility criteria, referral and entry process, phase structure, monitoring, recovery and reunification support services, drug and alcohol testing procedures, coordinated responses to behavior, and protocols to determine necessary treatment and complementary services for children, caregivers, and families.</p>	<p>Does the FTC have a policies & procedures manual?</p> <p>[If yes]: Do all team members have a current copy of the P&P manual? Are all team members familiar with its contents?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
1J	<p>Pre-Court Staffing & Review Hearing</p> <p>A progress report is developed and read by all team members prior to each staffing.</p> <p>Operational team members attend staffings. Staffing prepares team for hearing.</p> <p>During staffing, team discusses progress and needs of children, caregivers, and family and recommends coordinated response to participant behavior to judge.</p> <p>The FTC court review hearing occurs immediately after staffing.</p>	<p>Does the FTC team engage in pre-hearing meetings to discuss cases that will be seen in Court that day?</p> <p>[If yes]: When do staffings occur and what is discussed during them?</p> <p>[If not noted already]: Are progress reports on participants/cases distributed prior to staffings?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
Standard 2: Role of the Judge				
2A	<p>Convening Partners</p> <p>The judge convenes the operational team and guides members in the development, implementation, and management of ongoing operations and actualization of the FTC's mission and vision.</p>	<p>Describe the judge's role with regards to the steering and oversight committees.</p> <p>Describe the judge's role in maintaining and developing relationships with community partners.</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
2B	<p>Judicial Decision Making</p> <p>The judge makes the final decision about the court-ordered response.</p>	<p>Who makes the final decisions about court-ordered responses to participants?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
2C	<p>Participation in Pre-Court Staffings</p> <p>The FTC judge consistently attends pre-court staffing to discuss participant progress, updates, and behaviors.</p>	<p>How often does the FTC judge participate in pre-court staffing?</p> <p>PROBE: Always, most of the time, about half of the time, infrequently, or never?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
2D	<p>Interaction with Participants</p> <p>At FTC hearings, judge spends a minimum of three minutes talking to each participant.</p> <p>Judge responds to the participant's behavior and provides a rationale for these responses.</p> <p>Judge reinforces the treatment adjustments and responses to behaviors.</p> <p>Judge is engaging, supportive, and encouraging, and works to build rapport with the participant.</p> <p>Judge emphasizes participant strengths and the importance of the participant's continued engagement in treatment and services.</p> <p>Judge encourages the participant to discuss his or her progress, progress the children are making, activities to enhance parenting skills, and parenting challenges or unmet needs.</p>	<p>Describe a typical exchange between a judge and a participant.</p> <p>PROBE: How long is a typical exchange?</p> <p>PROBE: What is discussed?</p> <p>PROBE: Describe the dynamic between the judge and the participant.</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
2E	<p>Professional Training</p> <p>The FTC judge obtains training on mental health, SUDs, child welfare, and legal and constitutional issues related to FTCs. The FTC judge attends annual training conferences and workshops and training with other operational team members to assure cross-training.</p>	<p>Has the FTC judge had training on mental health? Substance use disorders? Child welfare? Legal and constitutional issues related to FTCs?</p> <p>Has the FTC judge attended a training conference or workshop on best practices or trends in FTCs in the last 12 months?</p> <p>Has the judge attended a training with other operational team members?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
2F	<p>Length of Judicial Assignment to FTC</p> <p>The FTC judge presides over the FTC for at least two consecutive years.</p>	<p>What month and year did the current judge begin his/her term presiding over the FTC? How long will the judge be on the bench?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
Standard 3: Equity and Inclusion				
3A ³⁶	<p>Equitable FTC Program Admission Practices</p> <p>The FTC examines its eligibility criteria, screening, referral, entry, and assessment processes, and other entry processes at least annually.</p> <p>Review of criteria and processes aims to identify and correct any disproportionality in access.</p>	<p>Have the screening, referral, entry, and assessment processes been reviewed by the team since the FTC's inception?</p> <p>[If yes]: How often did these reviews occur?</p> <p>[If yes]: What was the purpose of these reviews?</p> <p>PROBE: What data was used during these reviews?</p>		

³⁶ See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
3B ⁸	<p>Equitable FTC Retention Rates and Child Welfare Outcomes</p> <p>FTC acts strategically to increase participation, engagement, successful discharge, permanency and well-being outcomes for historically marginalized groups at rates equivalent or better than overall child welfare system population.</p>	<p>Has the FTC examined its program retention and child welfare outcomes across different groups? For example, different races/ethnicities, languages, and family types?</p> <p>[If yes]: What did you find?</p> <p>[If disparity found]: What was done to address this disparity?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
3C ⁸	<p>Equitable Treatment</p> <p>Family-centered, gender-responsive, trauma-informed, and linguistically and culturally appropriate treatment³⁷ matches the intensity, dosage, and quality consistent with the needs and preferences of the individual and family. FTC ensures equivalent outcomes across groups.</p>	<p>How does the FTC match treatment with the needs and preferences of a client and their family?</p> <p>Has the FTC examined its treatment experiences and outcomes across different groups? For example, different races/ethnicities, languages, and family types?</p> <p>[If yes]: What did you find?</p> <p>[If disparity found]: What was done to address this disparity?</p>		

³⁷ See section 2.2 of the Site Visit Guide for definitions of special terminology.

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
3D ³⁸	<p>Equitable Responses to Participant Behavior</p> <p>FTC administers equitable responses across groups. Responses to participant behavior are administered using principles of procedural fairness and regularly monitored to ensure that they are equivalent in similar situations across groups</p>	<p>Are responses to participant behavior the same across different groups? For example, different races/ethnicities, languages, and family types?</p> <p>[If no]: How are they different?</p> <p>Has the FTC examined its responses to participant behavior across different groups? For example, different races/ethnicities, languages, and family types?</p> <p>[If yes]: What did you find?</p> <p>[If disparity found]: What was done to address this disparity?</p>		

³⁸ See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
3E	<p>Team Training</p> <p>The FTC provides training on culturally relevant services and supports to its operational team and partners.</p>	<p>Does the FTC provide training on culture and culturally-relevant services and supports to its operational team and partners?</p> <p>[If yes]: What does this training entail?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
Standard 4: Early Identification, Screening, and Assessment				
4A	<p>Target Population, Objective Eligibility and Exclusion Criteria</p> <p>FTC targets families that require intensive services, increased support and monitoring, and judicial oversight to comply with child welfare system case plan, complete SUD treatment, and safely reunify with children.</p> <p>FTC defines target population using objective eligibility and exclusion criteria.</p> <p>FTC communicates eligibility criteria in writing to all referral sources.</p> <p>FTCs do not make eligibility determinations based on subjective criteria.</p>	<p>What is the eligibility criteria for program participation?</p> <p>What is the exclusion criteria for program participation?</p> <p>Is FTC program eligibility/exclusion criteria communicated to referral sources?</p> <p style="padding-left: 40px;">[If yes]: How is this information communicated?</p> <p>To what extent does the FTC consider subjective suitability when making eligibility/exclusion determinations?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
4B ³⁹	<p>Standardized and Systematic Referral, Screening, and Assessment Process</p> <p>Agreed-upon, standardized, and systematic processes for referring, screening, and assessing all caregivers, children, and families ensure a prompt, systematic, and universal experience for referred cases.</p> <p>Referral sources are trained in when to appropriately refer their participants.</p>	<p>Describe the process by which potential participants are identified and referred to the FTC.</p> <p>PROBE: Are there any referral sources the FTC does not accept?</p> <p>What happens when the FTC receives a referral?</p>		

³⁹ See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
4C	<p>Use of Valid and Reliable Screening and Assessment for Caregivers and Families</p> <p>Valid and reliable instruments⁴⁰ used to screen and assess:</p> <ul style="list-style-type: none"> • Caregivers/families referred to FTC for program eligibility • appropriate treatment level-of-care • complementary services • case planning for children, caregivers, and family members. 	<p>[If not answered with prior Q]: How are decisions made about program eligibility?</p> <p>PROBE: Is an assessment instrument used? If yes, what assessment instrument?</p> <p>How are case or service plans developed?</p> <p>PROBE: Are assessment instruments used? If yes, what assessment instruments?</p> <p>[If not answered with service plan question]: How are decisions made about SUD treatment level of care? What assessment instruments are used?</p> <p>[If not answered with service plan question]: How are decisions made about complementary services? What assessment instruments are used?</p>		

⁴⁰ For information on determining whether a screening/assessment instrument is validated, see Appendix G of the Site Visit Guide.

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
4D	<p>Use of Valid, Reliable, and Developmentally Appropriate Screening and Assessment for Children⁴¹</p> <p>Children of FTC participants are assessed within a standardized time frame using validated and developmentally appropriate instruments.</p> <p>Child assessments reoccur at developmentally appropriate intervals.</p>	<p>Are children of FTC participants screened or assessed at the beginning of their involvement in the FTC?</p> <p>[If yes]: Describe this process.</p> <p>PROBE: What are they assessed for? What instruments are used?</p> <p>During their case, are children re-assessed at any point?</p> <p>[If yes]: Describe this process.</p> <p>PROBE: What are they re-assessed for? What instruments are used?</p>		

⁴¹ For information on determining whether a screening/assessment instrument is validated, see Appendix G of the Site Visit Guide.

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
4E	<p>Identification and Resolution of Barriers to Recovery and Reunification</p> <p>The FTC systematically monitors community-based barriers that hinder participants, children, and families from obtaining services or progressing toward goals.</p>	<p>Describe the process(es) used to identify and address community-based barriers (e.g., transportation, barriers to parenting time) to participant progress.</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
Standard 5: Timely, High-Quality, and Appropriate Substance Use Disorder Treatment				
5A ⁴²	<p>Timely Access to Appropriate Treatment</p> <p>Protocols and practices ensure timely access to an appropriate SUD treatment.</p> <p>Time between case opening and treatment entry is tracked as a routine process measure.</p>	<p>How does the FTC program ensure that participants access treatment as quickly as possible?</p> <p>[If not answered with prior Q]: Does the FTC track time between case opening and SUD treatment entry? Does the FTC use that information to strategize improvements in timely treatment access?</p>		

⁴² See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
5B*	<p>Treatment Matches Assessed Need</p> <p>Appropriate treatment is conducted by a qualified treatment provider and adjusted based on ongoing formal reassessments to meet participants' clinical needs.</p>	<p>Describe the process of SUD treatment level-of-care referral or placement.</p> <p>How often are FTC-referred participants re-assessed for SUD treatment need during their program participation?</p> <p>[If > never]: What is the purpose of these re-assessments?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
5C ⁴³	<p>Comprehensive Continuum of Care</p> <p>Participants have access to a continuum of SUD treatment that includes medication management in each level of care: outpatient treatment, intensive outpatient treatment, partial hospitalization, residential or inpatient treatment, and medically managed intensive inpatient services (i.e., medical detoxification).</p> <p>Each participant's SUD treatment dosage and duration are sufficient to achieve and sustain recovery.</p> <p>After acute SUD treatment no longer required, participants engage in continuing care to maintain stable health and recovery.</p>	<p>What levels of SUD treatment do FTC-referred participants have access to?</p> <p>How long are participants in SUD treatment?</p> <p>[If no mention of aftercare already]: Are aftercare services available to FTC-referred participants? If so, can you describe the aftercare services?</p>		

⁴³ See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
5D	<p>Integrated Treatment of Co-Occurring Substance Use and Mental Health Disorders</p> <p>Integrated treatment plans address the needs of participants who have co-occurring substance use and mental health disorders in a coordinated manner.</p>	<p>What services are provided to FTC-referred participants who have co-occurring substance use and mental health disorders?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
5E	<p>Family-Centered Treatment⁴⁴</p> <p>SUD treatment is comprehensive and family-centered:</p> <ul style="list-style-type: none"> • meets caregivers' needs • meets children's and family members' needs • addresses effects of participant SUD on family • children can stay in residential with caregivers 	<p>Are participants' children permitted to reside with them in residential treatment?</p> <p>Describe how the needs of family members are addressed when crafting a treatment plan for an FTC-referred participant.</p>		

⁴⁴ See section 2.2 of the Site Visit Guide for definitions of special terminology.

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
5G	<p>Treatment for Pregnant Women</p> <p>Protocol and practices identify the unique needs of pregnant participants and provide treatment and other services to meet these women’s needs, including integrated prenatal, perinatal, and postnatal medical care, as well as SUD interventions, including medication-assisted treatment (MAT) or medication for opioid use disorder (MOUD) when clinically indicated.</p>	<p>What services and supports are available to pregnant FTC participants?</p> <p>[If not already answered]: Does the FTC provide or coordinate MAT/MOUD treatment for pregnant women who have an opioid use disorder?</p> <p>[If not already answered]: Does the FTC coordinate with pre- and post-natal medical care?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
5H	<p>Culturally Responsive Treatment⁴⁵</p> <p>The services and practices of the FTC SUD treatment providers are respectful of and responsive to the cultural and linguistic needs of FTC participants.</p>	<p>What does the FTC do in terms of treatment referrals for participants with different cultural and/or linguistic needs?</p>		

⁴⁵ See section 2.2 of the Site Visit Guide for definitions of special terminology.

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
51	<p>Evidence-Based Manualized Treatment⁴⁶</p> <p>SUD treatment agencies that partner with the FTC provide evidence-based, manualized treatments with fidelity to the model.</p> <p>SUD treatment providers are trained, certified (when applicable), and clinically supervised to ensure continuing fidelity to the model.</p>	<p>What evidence-based, manualized treatments are used with FTC-referred caregivers, children, and families?</p> <p>What training and/or certification do clinicians delivering evidence-based interventions with FTC-referred participants undergo?</p>		

⁴⁶ For information on determining whether a treatment is evidence-based, see Appendix G of the Site Visit Guide.

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
5J	<p>Medication-Assisted Treatment</p> <p>FTC participants receive MAT/MOUD for SUDs based on an objective determination by a qualified medical provider that MAT/MOUD is medically indicated.</p> <p>FTC does not exclude individuals using or considering MAT/MOUD from FTC program.</p> <p>FTC does not mandate MAT/MOUD.</p>	<p>Are individuals using MAT/MOUD excluded from the FTC program?</p> <p>How is it determined that a participant is eligible/appropriate to receive MAT/MOUD?</p> <p>How are cases handled in which MAT/MOUD is recommended to an FTC-referred participant but the participant does not want to use it?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
5K	<p>Alcohol and Other Drug Testing Protocols</p> <p>Standardized drug testing protocol specifies the frequency (a minimum of two times per week), scheduling, randomization procedures, observation, duration, and breadth of testing to monitor participants' use of illicit and licit substances as well as outline processes for confirmation, notification, and dissemination of test results.</p>	<p>How does the FTC monitor participants' use of substances throughout their FTC participation?</p> <p>PROBE: Describe drug testing procedures used with FTC participants.</p> <p>PROBE: Is drug testing random? Is drug testing observed? Is drug tested completed at least 2x weekly?</p> <p>Do participants have an equal chance of getting tested every day, even on weekends and holidays?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
5L	<p>Treatment Provider Qualifications</p> <p>The FTC's treatment providers are licensed, certified, or accredited.</p> <p>Treatment providers receive continuing education and clinical supervision to ensure adoption of best practices in treatment of SUD, mental health, and related disorders.</p>	<p>Are all treatment providers that the FTC refers participants to licensed or otherwise certified?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
Standard 6: Comprehensive Case Management, Services, and Supports for Families				
6A	<p>Intensive Case Management and Coordinated Case Planning</p> <p>Participants are provided intensive supportive case management, including a coordinated case plan (or a set of case plans) based on reliable and valid needs assessments that is systematically monitored to ensure that all family members receive services to meet their needs.</p>	<p>Describe the FTC's approach to case management with program participants and their families.</p> <p>[If not already answered]: Does the FTC case plan (or set of case plans) include the child welfare dispositional order and treatment recommendations?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
6B	<p>Family Involvement in Case Planning</p> <p>Operational team's uses a family-centered, culturally responsive⁴⁷, and strengths-based approach in which children, caregivers, and family members (as appropriate) are active partners in identifying their needs and strengths, making decisions about treatment, setting goals, and achieving desired outcomes.</p>	<p>For a typical case, to what extent are children, caregivers, and family members involved in case planning?</p>		

⁴⁷ See section 2.2 of the Site Visit Guide for definitions of special terminology.

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
6C	<p>Recovery Supports</p> <p>The FTC links participants with professionally trained or certified recovery specialists (also known as recovery coaches), or with peer support specialists (also known as peer mentors).</p> <p>FTC team actively works with participants to build a community-based recovery support network.</p> <p>FTC does not require participants to attend any specific peer support group, but rather provides a range of options.</p>	<p>Does the program use recovery specialists/coaches or peer support specialists/mentors?</p> <p>[If yes]: How do participants gain access to these supports?</p> <p>To which community-based recovery programs does the FTC refer participants? Are participants required to attend?</p>		-

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
6D	<p>High-Quality Parenting Time (Visitation)</p> <p>FTC participants and their children receive high-quality, well-resourced, face-to-face parenting time (visitation).</p> <p>When needed, trained individuals facilitate supervised visitation as caregivers work to achieve unsupervised time.</p> <p>Minimum caregiver visitations by child's age are as follows: < 1 (3-5x wk; 60 min.) 1-2 (2-4x wk; 60 min.) 2-5 (2-4x wk; 60 min.) 6-12 (1-3x wk; 60 min.) 13+ (1-2x wk; 60 min)</p> <p>Minimum sibling visitations: 1x per week; 60 min.</p>	<p>Describe visitations, or parenting time, in the FTC.</p> <p>How frequently does visitation typically occur for children under the age of 1?</p> <p>For children aged 1-5?</p> <p>For children aged 6-12?</p> <p>For children aged 13 or older?</p> <p>Who facilitates supervised visitations?</p> <p>[If someone]: What, if any, training do individuals receive to facilitate supervised visitation?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
6E	<p>Parenting and Family-Strengthening Programs</p> <p>All evidenced-based interventions⁴⁸ include a caregiver-child interaction component (in which caregivers and children attend sessions together) and are culturally appropriate parenting or family-strengthening programs designed to meet the needs of families affected by parental SUDs and co-occurring additional risk factors. FTC team matches interventions to the needs of each child, parent, and family.</p>	<p>What parenting or family-strengthening programs are offered to FTC/FTC-referred participants?</p> <p>[If yes]: What are the components of the parenting and family-strengthening interventions?</p> <p>[If not already answered]: Do caregivers and children interact as a part of the intervention/program?</p> <p>How does the team determine who is referred to the family interventions/programs?</p>		

⁴⁸ For information on determining whether a treatment is evidence-based, see Appendix G of the Site Visit Guide.

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
6F	<p>Reunification and Related Supports</p> <p>FTC participants and their families receive reunification and related supports.</p>	<p>What reunification supports are available to FTC participants and their families?</p> <p>For how long are reunification supports available to participants after reuniting?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
6G	<p>Trauma-Specific Services for Children and Caregivers</p> <p>FTC participants and their children are screened and assessed for trauma.</p> <p>FTC participants and their children receive evidence-based or evidence-informed, trauma-specific, clinical interventions to treat their trauma-related symptoms and disorders.</p> <p>Trained treatment professionals provide trauma-specific therapies with fidelity.</p>	<p>What trauma services are available to FTC participants and their child(ren)?</p> <p>What trauma screens/assessments are used with participants and their child(ren)?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
6H	<p>Services to Meet Children’s Individual Needs</p> <p>Children of participants are connected to a continuum of high-quality prevention, intervention, and treatment services to meet their physical, cognitive, social, emotional, behavioral, developmental, therapeutic, and educational needs identified by a comprehensive assessment, ideally through a medical home for the family.</p> <p>Operational team matches developmentally appropriate services to the child’s identified needs and monitors providers so that services are delivered with fidelity.</p>	<p>Describe the process of identifying and referring children and adolescents to services.</p> <p>PROBE: What types of services are children of FTC participants referred for?</p> <p>PROBE: How do children’s service plans change over time?</p> <p>Does the team monitor children's/adolescent providers to ensure services are delivered with fidelity?</p> <p>[If yes]: Describe this process.</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
61	<p>Complementary Services to Support Caregivers and Family Members</p> <p>Comprehensive range of complementary support services (e.g., child care, employment, educational, domestic violence, legal, transportation, food, clothing, housing, medical and dental care) are chosen to meet the individual needs of participants and their family members as identified by <i>formal assessment</i> to promote engagement and retention in SUD treatment and for sustained recovery and permanency.</p>	<p>What support services are available to participants and their family members?</p> <p>How are decisions to refer participants and their family members to case management services made?</p> <p>What happens if a participant or family member chooses not to engage in these support services?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
6J	<p>Early Intervention Services for Infants and Children Affected by Prenatal Substance Exposure</p> <p>Infants and children under the age of 3 who are experiencing effects of prenatal substance exposure are connected to early intervention services that address the infant's developmental, physical, social and emotional, physical health, and safety needs.</p>	<p>What is the process used when an FTC case has an infant affected by prenatal substance exposure?</p> <p>PROBE: What types of services are available for infants of FTC participants who are affected by prenatal substance exposure?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
6K	<p>Substance Use Prevention and Intervention for Children and Adolescents</p> <p>Children of participants have access to evidence-based⁴⁹ SUD prevention and early intervention services that are culturally, developmentally, and age appropriate, and are designed to enhance protective factors and reduce risk factors.</p>	<p>What SUD prevention services are available to the children of FTC participants?</p> <p>Are services evidence-based and monitored for fidelity?</p>		

⁴⁹ For information on determining whether a treatment is evidence-based, see Appendix G of the Site Visit Guide.

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
Standard 7: Therapeutic Responses to Behavior				
7A	<p>Child and Family Focus</p> <p>Responses to behavior are made in child's best interest and do not:</p> <ul style="list-style-type: none"> • negatively affect participants, children, or families • interfere with dependency court hearings or requirements <p>Parenting time is not used as an incentive or sanction.</p>	<p>How are decisions about parenting and family time communicated so that they are not perceived as an incentive or sanction?</p> <p>PROBE: What factors and considerations influence these decisions?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
7B	<p>Treatment Adjustments</p> <p>Team considers whether non-compliance is due to a therapeutic problem before issuing a sanction.</p> <p>If such an issue exists, adjustments in the type of treatment, level of care, and dosage are based on the clinical needs of the participant’s substance use and mental, physical, social, or emotional health.</p> <p>Adjustments made in consultation with clinical treatment professionals.</p> <p>Treatment adjustments are not used as incentive or sanction.</p>	<p>What are some key considerations when a participant is noncompliant?</p> <p>How are adjustments in treatment, including type, level of care, and dosage determined for FTC-referred participants?</p> <p>PROBE: What factors and considerations influence these decisions?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
7C	<p>Complementary Service Modifications</p> <p>Team considers whether noncompliance is due to an unavoidable or structural barrier before issuing a sanction.</p> <p>If such is determined, FTC team responds by providing additional complementary supports and services.</p>	<p>How does the FTC respond when participants face compliance barriers such as a lack of transportation, lack of safe housing, or cognitive impairment to compliance?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
7D	<p>FTC Phases</p> <p>The policy and procedure manual and the participant handbook provide the criteria necessary for advancement through the phases and successful discharge.</p> <p>Advancement is based on achievement of realistic, clearly defined behavioral objectives or milestones associated with sustained recovery, stable reunification, and safety, well-being, and permanency for children.</p> <p>FTC does not demote participants.</p>	<p>Are there any circumstances in which a participant would phase up or down in a manner not described in the participant handbook?</p> <p>[If yes]: Please describe.</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
7E	<p>Incentives and Sanctions to Promote Engagement</p> <p>The FTC develops a range of responses (incentives and sanctions) of varying magnitudes that it employs throughout each participant's time in the FTC.</p> <p>FTC uses more incentives than sanctions.</p>	<p>Explain the decision-making process around determining sanctions and incentives.</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
7F	<p>Equitable Responses</p> <p>All relevant factors for each participant are considered and team members must articulate their reasoning when recommending consequences for a participant before the judge.</p> <p>Consequences do not differ by gender, race, ethnicity, nationality, socioeconomic status, or sexual orientation and are equivalent to those received by other participants who engage in comparable conduct in similar circumstances and with similar expectations.</p>	<p>What factors influence recommended sanctions? How is this information communicated to the judge?</p> <p>Does the FTC keep records of the incentives and sanctions imposed for each participant?</p> <p>[If yes]: Is this data monitored to ensure that responses to behaviors are consistent and fair? Please describe.</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
7G	<p>Certainty</p> <p>The operational team reliably detects and responds consistently to all participant behaviors listed in the FTC P&P Manual.</p>	<p>Describe the processes used by the FTC to determine whether a participant is compliant.</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
7H	<p>Advance Notice</p> <p>The FTC notifies participants in advance of the behaviors required for successful participation.</p>	<p>Are there instances in which responses to participant behavior deviate from that described in the Participant Handbook? If yes, describe.</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
71	<p>Timely Response Delivery</p> <p>The FTC adheres to legal and ethical communication protocols and responds to compliant or noncompliant behavior as soon as possible in adherence to FTC policies and procedures to minimize the time from event to response.</p>	<p>How long after a participant's behavior occurs is the behavior therapeutically responded to (e.g., incentive or sanction)?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
7J	<p>Opportunity for Participants to be Heard</p> <p>The FTC gives all participants an opportunity to express their perspectives on their behavior, disagreements about facts, and other relevant issues, and/or ask their attorney or defense representative to do so.</p>	<p>Describe if and how participants are given opportunities to share their side of the story when involved in a controversy or given a sanction.</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
7K	<p>Professional Demeanor</p> <p>Operational team’s interactions with the participant, children, family, and other members of the participant’s support system are respectful and professional.</p>	<p>Give an example in which a participant was either angry or disengaged. How did the team respond?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
7L	<p>Child Safety Interventions</p> <p>Appropriate child safety interventions, placement, and parenting time changes are made based on safety, well-being, and permanency indicators.</p> <p>Child welfare workers are responsible for ensuring child safety and may not delegate that responsibility.</p>	<p>Who makes decisions about changes in visitations, custody, and child placement?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
7N	<p>FTC Discharge Decisions</p> <p>Agreed-upon criteria provide a framework to determine the appropriate discharge for each participant in its policies and procedures manual and participant handbook.</p>	<p>Are there ever instances where a participant's discharge decision differs from that described in the Participant Handbook? If yes, please explain.</p>		

Provision Number	Provision & Key Concepts	Interview Q	Notes	Rating
Standard 8: Monitoring and Evaluation				
8A ⁵⁰	<p>Maintain Data Electronically</p> <p>An electronic database stores information about the services provided to children, caregivers, and family members and monitors participants' performance.</p> <p>The FTC team records participant demographic characteristics; dependency court actions and processes; child welfare indicators; SUD and mental health treatment; other parent or caregiver, child, family, and parenting needs and services; recovery and reunification support; criminal justice involvement; children, caregiver, and family well-being; and long-term outcomes.</p>	<p>Does the FTC maintain its own data system?</p> <p>[If yes]: When (how frequently) does data entry into the FTC system occur?</p> <p>[If yes]: What data does the FTC collect?</p> <p>PROBE: What specific variables do the FTC track throughout a participant's involvement in the FTC?</p> <p>PROBE: Does the FTC collect [review list of data elements described in provision]?</p>		

⁵⁰ See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
8B	<p>Engage in Process of Continuous Quality Improvement</p> <p>Data entry occurs within 48 of each activity/event and is routinely monitored for quality assurance.</p> <p><u>Data summaries</u> provide real-time information on participant, process, and outcome measures that inform policy setting, sustainability and quality improvement efforts. Policies, procedures, and outcomes are evaluated annually and an action plan is developed to address challenges, incorporate best practices, and improve outcomes.</p>	<p>What happens with the data that are collected?</p> <p>PROBE: Does the team view data summaries or reports?</p> <p>[If yes]: What type of information do these summaries cover?</p> <p>PROBE: Does the steering and/or oversight committee view data summaries or reports?</p> <p>[If yes]: What type of information do these summaries cover?</p> <p>PROBE: How is the data used to improve policies and practices?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
8C	<p>Evaluate Adherence to Best Practices</p> <p>FTC adheres to best practice standards.</p>	<p>How does the FTC monitor its adherence to best practice standards?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
8D	<p>Use of Rigorous Evaluation Methods</p> <p>Rigorous evaluation methods, including the use of comparison groups when feasible and appropriate, are used to address the pertinent evaluation questions.</p>	<p>How does the FTC conduct evaluations of its practices and outcomes?</p>		

Appendix B: Interview – Treatment

Provision Number	Provision & Key Concepts	Interview Q	Notes	Rating
Standard 1: Organization & Structure				
1F	<p>Communication & Information Sharing</p> <p>Team shares case information in a timely manner.</p> <p>Team shares information with each other on caregiver, child, and family progress, including participant behavior.</p> <p>Purpose of information sharing is to support recovery and family reunification efforts, monitor progress, and review and respond to participant behavior.</p> <p>Team uses email.</p>	<p>How do your providers communicate information to the FTC team regarding participant behaviors?</p> <p>What information is shared??</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
Standard 4: Early Identification, Screening, and Assessment				
4C	<p>Use of Valid and Reliable Screening and Assessment for Caregivers and Families</p> <p>Valid and reliable instruments⁵¹ used to screen and assess:</p> <ul style="list-style-type: none"> • Caregivers/families referred to FTC for program eligibility • appropriate treatment level-of-care • complementary services • case planning for children, caregivers, and family members. 	What assessment instruments are used to make SUD treatment decisions with FTC clients?		

⁵¹ For information on determining whether a screening/assessment instrument is validated, see Appendix G of the Site Visit Guide.

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
Standard 5: Timely, High-Quality, and Appropriate Substance Use Disorder Treatment				
5A ⁵²	<p>Timely Access to Appropriate Treatment</p> <p>Protocols and practices ensure timely access to an appropriate SUD treatment.</p> <p>Time between case opening and treatment entry is tracked as a routine process measure.</p>	<p>How does your agency ensure that FTC participants access treatment as quickly as possible?</p>		

⁵² See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
5B*	<p>Treatment Matches Assessed Need</p> <p>Appropriate treatment is conducted by a qualified treatment provider and adjusted based on ongoing formal reassessments to meet participants' clinical needs.</p>	<p>Describe the process of SUD treatment level-of-care referral or placement.</p> <p>How often are FTC-referred participants re-assessed for SUD treatment need during their program participation?</p> <p>[If > never]: What is the purpose of these re-assessments?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
5C ⁵³	<p>Comprehensive Continuum of Care</p> <p>Participants have access to a continuum of SUD treatment that includes medication management in each level of care: outpatient treatment, intensive outpatient treatment, partial hospitalization, residential or inpatient treatment, and medically managed intensive inpatient services (i.e., medical detoxification).</p> <p>Each participant's SUD treatment dosage and duration are sufficient to achieve and sustain recovery.</p> <p>After acute SUD treatment no longer required, participants engage in continuing care to maintain stable health and recovery.</p>	<p>What levels of SUD treatment do FTC-referred participants have access to?</p> <p>How long are participants in SUD treatment?</p> <p>[If no mention of aftercare already]: Are aftercare services available to FTC-referred participants? If so, can you describe the aftercare services?</p> <p>[If specific agency does not offer X level of care]: Are FTC clients referred elsewhere for treatment that meets X level of care?</p>		

⁵³ See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
5D	<p>Integrated Treatment of Co-Occurring Substance Use and Mental Health Disorders</p> <p>Integrated treatment plans address the needs of participants who have co-occurring substance use and mental health disorders in a coordinated manner.</p>	<p>What services are provided to FTC-referred participants who have co-occurring substance use and mental health disorders?</p> <p>[If specific agency does not offer services for co-occurring substance use and mental health disorders]: Are FTC clients referred elsewhere for treatment that addresses co-occurring substance use and mental health disorders?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
5E	<p>Family-Centered Treatment⁵⁴</p> <p>SUD treatment is comprehensive and family-centered:</p> <ul style="list-style-type: none"> • meets caregivers' needs • meets children's and family members' needs • addresses effects of participant SUD on family • children can stay in residential with caregivers 	<p>Does the treatment center you represent provide family-centered treatment to clients?</p> <p>[If yes]: Describe the family-centered nature of SUD treatment offered to FTC-referred caregivers.</p> <p>[If no]: Are FTC clients referred elsewhere for family-centered treatment?</p>		

⁵⁴ See section 2.2 of the Site Visit Guide for definitions of special terminology.

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
5F	<p>Gender-Responsive Treatment⁵⁵</p> <p>Treatment providers are trained in gender-responsive treatment.</p> <p>Treatment meets the needs of all genders:</p> <ul style="list-style-type: none"> • Gender-specific groups • Child care • Medical and nutritional interventions 	<p>How often do your providers who work with FTC-referred participants receive training related to gender-responsive or gender-specific services (e.g., women-centered treatment)?</p> <p>Does the treatment center you represent provide gender-responsive or gender-specific treatment to participants (e.g., women-centered treatment)?</p> <p>[If yes]: Describe the gender-responsive nature of SUD treatment offered to FTC-referred caregivers.</p> <p>[If no]: Are clients referred elsewhere for gender-responsive treatment?</p>		

⁵⁵ See section 2.2 of the Site Visit Guide for definitions of special terminology.

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
5G	<p>Treatment for Pregnant Women</p> <p>Protocol and practices identify the unique needs of pregnant participants and provide treatment and other services to meet these women’s needs, including integrated prenatal, perinatal, and postnatal medical care, as well as SUD interventions, including medication-assisted treatment (MAT) or medication for opioid use disorder (MOUD) when clinically indicated.</p>	<p>What services and supports are available to pregnant women who are FTC participants?</p> <p>[If not already answered]: Does your agency coordinate or provide MAT/MOUD treatment for pregnant women who have an opioid use disorder?</p> <p>[If no]: Are clients referred elsewhere for MAT/MOUD?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
5H	<p>Culturally Responsive Treatment⁵⁶</p> <p>The services and practices of the FTC SUD treatment providers are respectful of and responsive to the cultural and linguistic needs of FTC participants.</p>	<p>How does your agency respond to the cultural and/or linguistic needs of FTC participants?</p> <p>[If agency does not respond]: Are clients referred elsewhere for culturally and linguistically responsive treatment?</p>		

⁵⁶ See section 2.2 of the Site Visit Guide for definitions of special terminology.

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
51	<p>Evidence-Based Manualized Treatment⁵⁷</p> <p>SUD treatment agencies that partner with the FTC provide evidence-based, manualized treatments with fidelity to the model.</p> <p>SUD treatment providers are trained, certified (when applicable), and clinically supervised to ensure continuing fidelity to the model.</p>	<p>What evidence-based, manualized treatments are used with FTC-referred caregivers, children, and families?</p>		

⁵⁷ For information on determining whether a treatment is evidence-based, see Appendix G of the Site Visit Guide.

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
5J	<p>Medication-Assisted Treatment</p> <p>FTC participants receive MAT/MOUD for SUDs based on an objective determination by a qualified medical provider that MAT/MOUD is medically indicated.</p> <p>FTC does not exclude individuals using or considering MAT/MOUD from FTC program.</p> <p>FTC does not mandate MAT/MOUD.</p>	<p>To your knowledge, are individuals using MAT/MOUD excluded from the FTC program?</p> <p>[If yes]: How is it determined that a participant is eligible/appropriate to receive MAT/MOUD?</p> <p>How are cases handled in which MAT/MOUD is recommended to an FTC-referred participant but the participant does not want to use it?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
5K	<p>Alcohol and Other Drug Testing Protocols</p> <p>Standardized drug testing protocol specifies the frequency (a minimum of two times per week), scheduling, randomization procedures, observation, duration, and breadth of testing to monitor participants' use of illicit and licit substances as well as outline processes for confirmation, notification, and dissemination of test results.</p>	<p>Does your agency conduct drug testing with FTC-referred participants?</p> <p>[If yes]: What are the testing protocols used with these participants?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
5L	<p>Treatment Provider Qualifications</p> <p>The FTC's treatment providers are licensed, certified, or accredited.</p> <p>Treatment providers receive continuing education and clinical supervision to ensure adoption of best practices in treatment of SUD, mental health, and related disorders.</p>	<p>What are the entities that license, certify, or accredit your agency?</p> <p>[If entities specified]: How frequently is licensure/certification/or accreditation renewed?</p> <p>What are the continuing education training requirements for providers at your agency?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
Standard 6: Comprehensive Case Management, Services, and Supports for Families				
6C	<p>Recovery Supports</p> <p>The FTC links participants with professionally trained or certified recovery specialists (also known as recovery coaches), or with peer support specialists (also known as peer mentors).</p> <p>FTC team actively works with participants to build a community-based recovery support network.</p> <p>FTC does not require participants to attend any specific peer support group, but rather provides a range of options.</p>	<p>Does your agency connect FTC-referred participants with recovery specialists/coaches or peer support specialists/mentors?</p> <p>How do FTC-referred participants gain access to these supports?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
6E	<p>Parenting and Family-Strengthening Programs</p> <p>All evidenced-based interventions⁵⁸ include a caregiver-child interaction component (in which caregivers and children attend sessions together) and are culturally appropriate parenting or family-strengthening programs designed to meet the needs of families affected by parental SUDs and co-occurring additional risk factors. FTC team matches interventions to the needs of each child, parent, and family.</p>	<p>Does your agency provide parenting and family-strengthening interventions to FTC-involved participants?</p> <p>[If yes]: Describe these services.</p> <p>How do FTC-referred participants gain access to these supports?</p>		

⁵⁸ For information on determining whether a treatment is evidence-based, see Appendix G of the Site Visit Guide.

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
6G	<p>Trauma-Specific Services for Children and Caregivers</p> <p>FTC participants and their children are screened and assessed for trauma.</p> <p>FTC participants and their children receive evidence-based or evidence-informed, trauma-specific, clinical interventions to treat their trauma-related symptoms and disorders.</p> <p>Trained treatment professionals provide trauma-specific therapies with fidelity.</p>	<p>What trauma services are available to FTC participants and their child(ren)?</p> <p>What trauma screens/assessments are used with participants and their child(ren)?</p>		

Provisi on Number	Provision & Key Concepts	Interview Q	Notes	Rating
Standard 7: Therapeutic Responses to Behavior				
7B	<p>Treatment Adjustments</p> <p>Team considers whether non-compliance is due to a therapeutic problem before issuing a sanction.</p> <p>If such an issue exists, adjustments in the type of treatment, level of care, and dosage are based on the clinical needs of the participant's substance use and mental, physical, social, or emotional health.</p> <p>Adjustments made in consultation with clinical treatment professionals.</p> <p>Treatment adjustments are not used as incentive or sanction.</p>	<p>How are adjustments in treatment, including type, level of care, and dosage determined for FTC-referred participants?</p> <p>PROBE: What factors and considerations influence these decisions?</p>		

Appendix C: Observation – FTC Staffing

Provision Number	Provision & Key Concepts	Observation Item	Notes	Rating
Standard 1: Organization & Structure				
1A	<p>Multidisciplinary & Multisystemic Collaborative Approach</p> <p>Coordination and collaboration between court system, child welfare system, SUD and mental health treatment, children’s services, and related health, education, and social service systems.</p>	<p>Multidisciplinary team members collaborate, particularly those who would typically have an adversarial relationship in a traditional court setting. Each profession "stays in their lane" while also collaborating.</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
1C	<p>Multidisciplinary Team Ongoing FTC operations are administered by a team of professionals, including the judge, FTC coordinator, child welfare agency/state's attorney, caregiver's attorney, child's attorney, guardian ad litem and/or court-appointed special advocate, child welfare worker, and providers from SUD treatment, MH treatment, child & adolescent services, and related agencies.</p>	<p>Team includes (depending on MOUs): the judge, FTC coordinator, child welfare agency attorney, caregiver's attorney, child(ren)'s attorney, guardian ad litem, court appointed special advocate, child welfare caseworker(s), SUD treatment provider, mental health treatment provider, children's services provider, and related health and social service agencies that provide essential services for the children, caregivers, and families the FTC serves.</p> <p>All team members are engaged in staffings, hearings, and ongoing court program operations.</p> <p>(See Observation Checklist on MSIS Scoring Instrument)</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
1J	<p>Pre-Court Staffing & Review Hearing</p> <p>A progress report is developed and read by all team members prior to each staffing.</p> <p>Operational team members attend staffings. Staffing prepares team for hearing.</p> <p>During staffing, team discusses progress and needs of children, caregivers, and family and recommends coordinated response to participant behavior to judge.</p> <p>The FTC court review hearing occurs immediately after staffing.</p>	<p>All FTC team members present at staffings.</p> <p>During staffing, team discusses progress and needs of children, caregivers, and family and recommends coordinated response to participant behavior to judge.</p>		

Provision Number	Provision & Key Concepts	Observation Item	Notes	Rating
Standard 2: Role of the Judge				
2B	<p>Judicial Decision Making</p> <p>In pre-court staffing, the judge and operational team discuss the recommended responses for each case based on information about participant attendance, progress, engagement in treatment, complementary services received, children’s needs and services, and compliance with dependency court and child welfare agency requirements.</p> <p>The judge makes the final decision about the court-ordered response.</p>	<p>During staffings, judge guides the team, considers contributions from all team members when making decisions, and asks for professional input as necessary.</p> <p>Judge makes the final decision about court-ordered response to be delivered.</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
2C	<p>Participation in Pre-Court Staffings</p> <p>The FTC judge consistently attends pre-court staffing to discuss participant progress, updates, and behaviors.</p>	<p>Judge is at staffing; Judge is involved in discussions regarding participants.</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
Standard 4: Early Identification, Screening, and Assessment				
4A	<p>Target Population, Objective Eligibility and Exclusion Criteria</p> <p>FTC targets families that require intensive services, increased support and monitoring, and judicial oversight to comply with child welfare system case plan, complete SUD treatment, and safely reunify with children.</p> <p>FTC defines target population using objective eligibility and exclusion criteria.</p> <p>FTC communicates eligibility criteria in writing to all referral sources.</p> <p>FTCs do not make eligibility determinations based on subjective criteria.</p>	<p>During staffing (or other team meeting), eligibility/exclusion determinations are based on some type of objective assessment and criteria (as described in P&P manual).</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
4E	<p>Identification and Resolution of Barriers to Recovery and Reunification</p> <p>The FTC systematically monitors community-based barriers that hinder participants, children, and families from obtaining services or progressing toward goals.</p>	<p>Same process of problem identification occurs for all participants.</p> <p>Problem-solving is undertaken to resolve identified barriers to progress.</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
Standard 6: Comprehensive Case Management, Services, and Supports for Families				
6A	<p>Intensive Case Management and Coordinated Case Planning</p> <p>Participants are provided intensive supportive case management, including a coordinated case plan (or a set of case plans) based on reliable and valid needs assessments that is systematically monitored to ensure that all family members receive services to meet their needs.</p>	<p>Team connects participants with services that address unmet needs identified in assessments.</p> <p>The team discusses how involved participants are with services and resources and how they are progressing with services and resources.</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
6B	<p>Family Involvement in Case Planning</p> <p>Operational team’s uses a family-centered, culturally responsive⁵⁹, and strengths-based approach in which children, caregivers, and family members (as appropriate) are active partners in identifying their needs and strengths, making decisions about treatment, setting goals, and achieving desired outcomes.</p>	<p>Feedback regarding case planning is solicited from participant and other family members.</p> <p>Case planning discussions demonstrate focus on strengths of other family members.</p>		

⁵⁹ See section 2.2 of the Site Visit Guide for definitions of special terminology.

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
61	<p>Complementary Services to Support Caregivers and Family Members</p> <p>Comprehensive range of complementary support services (e.g., child care, employment, educational, domestic violence, legal, transportation, food, clothing, housing, medical and dental care) are chosen to meet the individual needs of participants and their family members as identified by <i>formal assessment</i> to promote engagement and retention in SUD treatment and for sustained recovery and permanency.</p>	<p>Participants and their family members are offered support services to address identified unmet needs (e.g., child care, employment, educational, domestic violence, legal, transportation, food, clothing, housing, medical and dental care).</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
Standard 7: Therapeutic Responses to Behavior				
7A	<p>Child and Family Focus</p> <p>Responses to behavior are made in child's best interest and do not:</p> <ul style="list-style-type: none"> • negatively affect participants, children, or families • interfere with dependency court hearings or requirements <p>Parenting time is not used as an incentive or sanction.</p>	<p>Decisions about parenting/family time are made with input from child welfare specialists and based on child's best interests.</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
7B	<p>Treatment Adjustments</p> <p>Team considers whether non-compliance is due to a therapeutic problem before issuing a sanction.</p> <p>If such an issue exists, adjustments in the type of treatment, level of care, and dosage are based on the clinical needs of the participant's substance use and mental, physical, social, or emotional health.</p> <p>Adjustments made in consultation with clinical treatment professionals.</p> <p>Treatment adjustments are not used as incentive or sanction.</p>	<p>The treatment professionals, in consultation with members of the FTC team, implement a treatment adjustment. Team members discuss whether non-compliance could be a result of needing a treatment adjustment.</p> <p>Treatment adjustments are not a reward or punishment.</p> <p>Judge discusses treatment adjustments in a health- and wellbeing-centered way.</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
7C	<p>Complementary Service Modifications</p> <p>Team considers whether noncompliance is due to an unavoidable or structural barrier before issuing a sanction.</p> <p>If such is determined, FTC team responds by providing additional complementary supports and services.</p>	<p>Team discusses whether non-compliance could be related to the need for a support service modification (e.g., transportation, change in housing). When service needs arise, the team responds by identifying additional supports and services.</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
7E	<p>Incentives and Sanctions to Promote Engagement</p> <p>The FTC develops a range of responses (incentives and sanctions) of varying magnitudes that it employs throughout each participant's time in the FTC.</p> <p>FTC uses more incentives than sanctions.</p>	<p>Team discusses incentives and sanctions during staffing.</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
7F	<p>Equitable Responses</p> <p>All relevant factors for each participant are considered and team members must articulate their reasoning when recommending consequences for a participant before the judge.</p> <p>Consequences do not differ by gender, race, ethnicity, nationality, socioeconomic status, or sexual orientation and are equivalent to those received by other participants who engage in comparable conduct in similar circumstances and with similar expectations.</p>	<p>FTC cites individual circumstances, child well-being, and the therapeutic needs of each participant and family member when assigning consequences when making a recommendation to the FTC judge regarding an incentive or sanction.</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
7K	<p>Professional Demeanor</p> <p>Operational team’s interactions with the participant, children, family, and other members of the participant’s support system are respectful and professional.</p>	<p>Team uses person-centered, respectful language when discussing participant needs and progress.</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
7L	<p>Child Safety Interventions</p> <p>Appropriate child safety interventions, placement, and parenting time changes are made based on safety, well-being, and permanency indicators.</p> <p>Child welfare workers are responsible for ensuring child safety and may not delegate that responsibility.</p>	<p>Changes in placement and visitation are made in the best interest of the child(ren) and based on safety, well-being, and permanency indicators.</p> <p>Child welfare decisions are made at the recommendation of child welfare professionals.</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
7M	<p>Use of Addictive or Intoxicating Substances</p> <p>Medical experts determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether safe alternatives are available.</p> <p>Use of nonmedically-indicated intoxicating or addictive substances (e.g., alcohol, cannabis, prescription medications) is addressed, regardless of the substance’s licit/illicit status.</p>	<p>Decisions regarding prescription medications are made only by doctors or medical experts.</p> <p>Regardless of whether the substance is legal or illegal, substance use behaviors are treated the same regardless of substance type.</p>		

Appendix D: Observation – FTC Hearing

Provision Number	Provision & Key Concepts	Observation Item	Notes	Rating
Standard 1: Organization & Structure				
1A	<p>Multidisciplinary & Multisystemic Collaborative Approach</p> <p>Coordination and collaboration between court system, child welfare system, SUD and mental health treatment, children’s services, and related health, education, and social service systems.</p>	<p>Multidisciplinary team members collaborate, particularly those who would typically have an adversarial relationship in a traditional court setting. Each profession "stays in their lane" while also collaborating.</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
1C	<p>Multidisciplinary Team</p> <p>Ongoing FTC operations are administered by a team of professionals, including the judge, FTC coordinator, child welfare agency/state's attorney, caregiver's attorney, child's attorney, guardian ad litem and/or court-appointed special advocate, child welfare worker, and providers from SUD treatment, MH treatment, child & adolescent services, and related agencies.</p>	<p>Team includes (depending on MOUs): the judge, FTC coordinator, child welfare agency attorney, caregiver's attorney, child(ren)'s attorney, guardian ad litem, court appointed special advocate, child welfare caseworker(s), SUD treatment provider, mental health treatment provider, children's services provider, and related health and social service agencies that provide essential services for the children, caregivers, and families the FTC serves.</p> <p>All team members are engaged in staffings, hearings, and ongoing court program operations.</p> <p>(See Observation Checklist on MSIS Scoring Instrument)</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
1J	<p>Pre-Court Staffing & Review Hearing</p> <p>A progress report is developed and read by all team members prior to each staffing.</p> <p>Operational team members attend staffings. Staffing prepares team for hearing.</p> <p>During staffing, team discusses progress and needs of children, caregivers, and family and recommends coordinated response to participant behavior to judge.</p> <p>The FTC court review hearing occurs immediately after staffing.</p>	<p>The hearing occurs immediately after the staffing.</p> <p>The same cases that appear during hearing are discussed at staffing. Same information discussed at staffing is presented to participants during hearing.</p> <p>(See Observation Checklist on MSIS Scoring Instrument)</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
Standard 2: Role of the Judge				
2D	<p>Interaction with Participants</p> <p>At FTC hearings, judge spends a minimum of three minutes talking to each participant.</p> <p>Judge responds to the participant's behavior and provides a rationale for these responses.</p> <p>Judge reinforces the treatment adjustments and responses to behaviors.</p> <p>Judge is engaging, supportive, and encouraging, and works to build rapport with the participant.</p> <p>Judge emphasizes participant strengths and the importance of the participant's continued engagement in treatment and services.</p> <p>Judge encourages the participant to discuss his or her progress, progress the children are making, activities to enhance parenting skills, and parenting challenges or unmet needs.</p>	<p>FTC Hearing</p> <p>The FTC judge spends a minimum of three minutes talking to each participant about their engagement in required FTC services, child welfare case plan requirements, and services for the participant's child(ren) and family.</p> <p>Judge explains the reasoning behind incentives/sanctions/treatment adjustments to participants in plain language.</p> <p>Judge provides consistent information to participants regarding treatment adjustments and safety interventions imposed in response to participant behaviors.</p> <p>Judge demonstrates warmth and eye-contact with participant; uses participant's name, engages in two-way conversation, and provides positive feedback.</p> <p>Judge highlights participants' strengths/achievements.</p> <p>Judge asks about and participant verbalizes their opinions on their</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
		progress, their child(ren)'s progress, challenges, etc.		
Standard 4: Early Identification, Screening, and Assessment				
4E	<p>Identification and Resolution of Barriers to Recovery and Reunification</p> <p>The FTC systematically monitors community-based barriers that hinder participants, children, and families from obtaining services or progressing toward goals.</p>	<p>Same process of problem identification occurs for all participants.</p> <p>Problem-solving is undertaken to resolve identified barriers to progress.</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
Standard 6: Comprehensive Case Management, Services, and Supports for Families				

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
6C	<p>Recovery Supports</p> <p>The FTC links participants with professionally trained or certified recovery specialists (also known as recovery coaches), or with peer support specialists (also known as peer mentors).</p> <p>FTC team actively works with participants to build a community-based recovery support network.</p> <p>FTC does not require participants to attend any specific peer support group, but rather provides a range of options.</p>	<p>Team encourages participant to engage with:</p> <ul style="list-style-type: none"> - Recovery coach/peer specialist; and/or - Community-based recovery; and/or <p>Undertakes problem-solving with participant regarding peer and community/natural recovery supports.</p>		-

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
6F	<p>Reunification and Related Supports</p> <p>FTC participants and their families receive reunification and related supports.</p>	<p>Participants who are nearing or have completed reunification are offered specific reunification supports.</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
6H	<p>Services to Meet Children’s Individual Needs</p> <p>Children of participants are connected to a continuum of high-quality prevention, intervention, and treatment services to meet their physical, cognitive, social, emotional, behavioral, developmental, therapeutic, and educational needs identified by a comprehensive assessment, ideally through a medical home for the family.</p> <p>Operational team matches developmentally appropriate services to the child’s identified needs and monitors providers so that services are delivered with fidelity.</p>	<p>Participants’ children are referred for services.</p> <p>Children’s behaviors and progress in services are discussed.</p> <p>Children’s service plans change in response to newly identified needs.</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
6l	<p>Complementary Services to Support Caregivers and Family Members</p> <p>Comprehensive range of complementary support services (e.g., child care, employment, educational, domestic violence, legal, transportation, food, clothing, housing, medical and dental care) are chosen to meet the individual needs of participants and their family members as identified by <i>formal assessment</i> to promote engagement and retention in SUD treatment and for sustained recovery and permanency.</p>	<p>Participants and their family members are offered support services to address identified unmet needs (e.g., child care, employment, educational, domestic violence, legal, transportation, food, clothing, housing, medical and dental care).</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
Standard 7: Therapeutic Responses to Behavior				
7A	<p>Child and Family Focus</p> <p>Responses to behavior are made in child's best interest and do not:</p> <ul style="list-style-type: none"> • negatively affect participants, children, or families • interfere with dependency court hearings or requirements <p>Parenting time is not used as an incentive or sanction.</p>	<p>Team applauds/incentivizes strengths-based, consistent parenting; models strengths orientation and consistency to caregivers. Team provides incentives that support positive family time and are child-focused (things for, or to do with, children).</p> <p>Parenting time not used as a reward or punishment.</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
7B	<p>Treatment Adjustments</p> <p>Team considers whether non-compliance is due to a therapeutic problem before issuing a sanction.</p> <p>If such an issue exists, adjustments in the type of treatment, level of care, and dosage are based on the clinical needs of the participant's substance use and mental, physical, social, or emotional health.</p> <p>Adjustments made in consultation with clinical treatment professionals.</p> <p>Treatment adjustments are not used as incentive or sanction.</p>	<p>The treatment professionals, in consultation with members of the FTC team, implement a treatment adjustment. Team members discuss whether non-compliance could be a result of needing a treatment adjustment.</p> <p>Treatment adjustments are not a reward or punishment.</p> <p>Judge discusses treatment adjustments in a health- and wellbeing-centered way.</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
7C	<p>Complementary Service Modifications</p> <p>Team considers whether noncompliance is due to an unavoidable or structural barrier before issuing a sanction.</p> <p>If such is determined, FTC team responds by providing additional complementary supports and services.</p>	<p>Participants are not punished when structural or individual barriers result in non-compliance.</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
7E	<p>Incentives and Sanctions to Promote Engagement</p> <p>The FTC develops a range of responses (incentives and sanctions) of varying magnitudes that it employs throughout each participant's time in the FTC.</p> <p>FTC uses more incentives than sanctions.</p>	<p>Judge determines/delivers a variety of incentives and sanctions and uses incentives more often than sanctions.</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
7F	<p>Equitable Responses</p> <p>All relevant factors for each participant are considered and team members must articulate their reasoning when recommending consequences for a participant before the judge.</p> <p>Consequences do not differ by gender, race, ethnicity, nationality, socioeconomic status, or sexual orientation and are equivalent to those received by other participants who engage in comparable conduct in similar circumstances and with similar expectations.</p>	<p>Responses to participants are of an equivalent magnitude for similar infractions for participants in the same circumstance.</p> <p>Responses to participants do not differ across race, ethnicity, and gender.</p> <p>FTC cites individual circumstances, child well-being, and the therapeutic needs of each participant and family member when assigning consequences when making a recommendation to the FTC judge regarding an incentive or sanction.</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
71	<p>Timely Response Delivery</p> <p>The FTC adheres to legal and ethical communication protocols and responds to compliant or noncompliant behavior as soon as possible in adherence to FTC policies and procedures to minimize the time from event to response.</p>	<p>Behaviors are addressed at the first opportunity.</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
7J	<p>Opportunity for Participants to be Heard</p> <p>The FTC gives all participants an opportunity to express their perspectives on their behavior, disagreements about facts, and other relevant issues, and/or ask their attorney or defense representative to do so.</p>	<p>When there is evidence of non-compliance, participants have an opportunity to confer with an attorney and share their explanation of the behavior with the judge.</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
7K	<p>Professional Demeanor</p> <p>Operational team’s interactions with the participant, children, family, and other members of the participant’s support system are respectful and professional.</p>	<p>Team uses person-centered, respectful language when discussing participant needs and progress.</p> <p>Team uses participants’ and natural supports’ names, eye-contact, respectful and professional tone, formal and professional language.</p>		

Provisi on Number	Provision & Key Concepts	Observation Item	Notes	Rating
7M	<p>Use of Addictive or Intoxicating Substances</p> <p>Medical experts determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether safe alternatives are available.</p> <p>Use of nonmedically-indicated intoxicating or addictive substances (e.g., alcohol, cannabis, prescription medications) is addressed, regardless of the substance's licit/illicit status.</p>	<p>Regardless of whether the substance is legal or illegal, substance use behaviors are treated the same regardless of substance type.</p>		

Appendix E: Document Review

Provision Number	Provision & Key Concepts	Document Source	Notes	Rating
Standard 1: Organization & Structure				

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
1B	<p>Partnerships, Community Resources & Support</p> <p>Community partnerships formalized through MOUs that describe roles, responsibilities, and functions.</p>	<p>Document #4 (MOUs): review for the description of roles, responsibilities, and functions</p>		

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
1C	<p>Multidisciplinary Team Ongoing FTC operations are administered by a team of professionals, including the judge, FTC coordinator, child welfare agency/state's attorney, caregiver's attorney, child's attorney, guardian ad litem and/or court-appointed special advocate, child welfare worker, and providers from SUD treatment, MH treatment, child & adolescent services, and related agencies.</p>	<p>Document #1 (P&P Manual): review list of operational team members for team composition as described in provision</p>		

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
1D	<p>Governance Structure</p> <p>FTC has a three-tier governance structure:</p> <ol style="list-style-type: none"> 1. Oversight body comprised of partner organization executive-level staff, including representation from the dependency court⁶⁰ system, and other community leadership and elected officials. 2. Steering committee comprised of partner organization supervisory-level staff. 3. Operational team (see Provision 1C) <p>Roles, responsibilities, and communication among each of the three governance committees are clearly defined in P&P manual and in MOUs.</p>	<p>Document #1 (P&P Manual): review for governance structure roles, responsibilities, & communication</p> <p>[If noted]: Who is a part of the community-level committee comprised of partner organizations</p> <p>AND⁶¹</p> <p>Document #4 (MOUs): review for roles, responsibilities, & communication between governance committees</p>		

⁶⁰ See section 2.2 of the Site Visit Guide for definitions of special terminology.

⁶¹ See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
1E	<p>Shared Mission & Vision</p> <p>Vision and mission statements are collaboratively developed by partner organizations to be reflective of each system's values, and jointly identify measurable goals and objectives.</p>	<p>Document #1 (P&P Manual): review vision and mission statements for measurable goals and objectives</p>		

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
1F	<p>Communication & Information Sharing</p> <p>FTC has established information-sharing protocols compliant with all confidentiality requirements, ethics, and laws.</p>	<p>Document #1 (P&P Manual): review for information-sharing protocols</p>		

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
1G	<p>Cross-Training & Interdisciplinary Education</p> <p>Team training/education plan offers onboarding/orientation training, annual cross-training, and ongoing interdisciplinary education for the FTC oversight body, steering committee, operational team members, and other community agencies.</p>	<p>Document #1 (P&P Manual): review training/education plan for components as described in provision</p> <p>OR⁶²</p> <p>Document #8 (Orientation Training Curriculum for New Operational Team): review for onboarding and ongoing education</p> <p>OR</p> <p>Document #7 (FTC Team Continuing Education Documents): review for training/education plan for components as described in provision</p>		

⁶² See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
1H	<p>Family-Centered, Culturally-Relevant, and Trauma-Informed Approach⁶³</p> <p>Daily operations and interactions reflect family-centered, culturally relevant, and trauma-informed policies and practices by staff who recognize and respond to signs and symptoms of trauma and are alert to culturally relevant factors.</p>	<p>Document #1 (P&P Manual): review for language that reflects family-centered, culturally-relevant, and trauma-informed policies and practices</p>		

⁶³ See section 2.2 of the Site Visit Guide for definitions of special terminology.

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
11	<p>Policy & Procedure Manual</p> <p>Describes policies, procedures, day-to-day operations, and team member roles and responsibilities.</p> <p>Contains the mission, vision, goals, eligibility criteria, referral and entry process, phase structure, monitoring, recovery and reunification support services, drug and alcohol testing procedures, coordinated responses to behavior, and protocols to determine necessary treatment and complementary services for children, caregivers, and families.</p>	<p>Document #1 (P&P Manual): review for all items described in provision</p>		

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
1J	<p>Pre-Court Staffing & Review Hearing</p> <p>A progress report is developed and read by all team members prior to each staffing.</p> <p>Operational team members attend staffings. Staffing prepares team for hearing.</p> <p>During staffing, team discusses progress and needs of children, caregivers, and family and recommends coordinated response to participant behavior to judge.</p> <p>The FTC court review hearing occurs immediately after staffing.</p>	<p>Document #10 (Child welfare court report(s)/ FTC progress report): review for progress and needs of children, caregivers, and family</p> <p>OR⁶⁴</p> <p>Document #1 (P&P Manual): review staffing protocol for reflection of provision components</p>		

⁶⁴ See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
Standard 2: Role of the Judge				
2A	<p>Convening Partners</p> <p>The judge convenes the operational team and guides members in the development, implementation, and management of ongoing operations and actualization of the FTC's mission and vision.</p>	Document #1 (P&P Manual): review for judge's responsibilities		

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
2E	<p>Professional Training</p> <p>The FTC judge obtains training on mental health, SUDs, child welfare, and legal and constitutional issues related to FTCs. The FTC judge attends annual training conferences and workshops and training with other operational team members to assure cross-training.</p>	<p>Document #6 (Judge's Legal Education/ Training Certificates): review for training described in provision</p>		

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
2F	<p>Length of Judicial Assignment to FTC</p> <p>The FTC judge presides over the FTC for at least two consecutive years.</p>	<p>Document #5 (Judge's Appointment Date): review for length of judicial appointment</p>		

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
Standard 3: Equity and Inclusion				
3A ⁶⁵	<p>Equitable FTC Program Admission Practices</p> <p>The FTC examines its eligibility criteria, screening, referral, entry, and assessment processes, and other entry processes at least annually.</p> <p>Review of criteria and processes aims to identify and correct any disproportionality in access.</p>	Document #11 (Minutes/Notes): review for FTC's examination of admission practices as described in provision		

⁶⁵ See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
3B ⁸	<p>Equitable FTC Retention Rates and Child Welfare Outcomes</p> <p>FTC acts strategically to increase participation, engagement, successful discharge, permanency and well-being outcomes for historically marginalized groups at rates equivalent or better than overall child welfare system population.</p>	<p>Document #11 (Minutes/Notes): review for FTC's strategic methods for achieving equitable retention rates and child welfare outcomes</p>		

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
3C ⁸	<p>Equitable Treatment</p> <p>Family-centered, gender-responsive, trauma-informed, and linguistically and culturally appropriate treatment matches the intensity, dosage, and quality consistent with the needs and preferences of the individual and family. FTC ensures equivalent outcomes across groups.</p>	<p>Document #11 (Minutes/Notes): review for discussion on treatment consistent with the provision</p>		

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
3D ⁶⁶	<p>Equitable Responses to Participant Behavior</p> <p>FTC administers equitable responses across groups. Responses to participant behavior are administered using principles of procedural fairness and regularly monitored to ensure that they are equivalent in similar situations across groups</p>	<p>Document #11 (Minutes/Notes): review for discussion on equitable responses to participant behavior</p>		

⁶⁶ See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
3E	<p>Team Training</p> <p>The FTC provides training on culturally relevant services and supports to its operational team and partners.</p>	<p>Document #7 (FTC Team Continuing Education/ Training Certificates): review for training on components described in provision</p> <p>OR⁶⁷</p> <p>Document #8 (Orientation Training Curriculum for New Operational Team): review for training on components described in provision</p>		

⁶⁷ See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
Standard 4: Early Identification, Screening, and Assessment				
4A	<p>Target Population, Objective Eligibility and Exclusion Criteria</p> <p>FTC targets families that require intensive services, increased support and monitoring, and judicial oversight to comply with child welfare system case plan, complete SUD treatment, and safely reunify with children.</p> <p>FTC defines target population using objective eligibility and exclusion criteria.</p> <p>FTC communicates eligibility criteria in writing to all referral sources.</p> <p>FTCs do not make eligibility determinations based on subjective criteria.</p>	Document #1 (P&P Manual): review for eligibility/ exclusion criteria		

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
4B ⁶⁸	<p>Standardized and Systematic Referral, Screening, and Assessment Process</p> <p>Agreed-upon, standardized, and systematic processes for referring, screening, and assessing all caregivers, children, and families ensure a prompt, systematic, and universal experience for referred cases.</p> <p>Referral sources are trained in when to appropriately refer their participants.</p>	<p>Document #1 (P&P Manual): review for standardized, systematic referral process</p>		

⁶⁸ See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
4C	<p>Use of Valid and Reliable Screening and Assessment for Caregivers and Families</p> <p>Valid and reliable instruments⁶⁹ used to screen and assess:</p> <ul style="list-style-type: none"> • Caregivers/families referred to FTC for program eligibility • appropriate treatment level-of-care • complementary services • case planning for children, caregivers, and family members. 	<p>Document #1 (P&P Manual): review for screening/ assessment protocol</p> <p>[If FTC does their own screening/ assessing]: Document #15 (Assessment instruments): review for screeners/ assessments that are used to determine program eligibility, level-of-care, complementary services, and case planning, and are developmentally appropriate/validated through research</p> <p>OR</p> <p>[If treatment does the assessments]: Document #21 (Assessment instruments): review for assessments that are used to determine program eligibility, level-of-care, complementary services, and case planning, and are developmentally appropriate/ validated through research</p>		

⁶⁹ For information on determining whether a screening/assessment instrument is validated, see Appendix G of the Site Visit Guide.

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
4D	<p>Use of Valid, Reliable, and Developmentally Appropriate Screening and Assessment for Children⁷⁰</p> <p>Children of FTC participants are assessed within a standardized time frame using validated and developmentally appropriate instruments.</p>	<p>[If child welfare or FTC does screening/ assessing]: Document #15 (Assessment instruments): review for screeners/ assessments that are used to determine child needs and are developmentally appropriate/ validated through research</p> <p>[If treatment does the assessments]: Document #21 (Assessment instruments): review for assessments that are used to determine child needs and are developmentally appropriate/ validated through research</p>		

⁷⁰ For information on determining whether a screening/assessment instrument is validated, see Appendix G of the Site Visit Guide.

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
4E	<p>Identification and Resolution of Barriers to Recovery and Reunification</p> <p>The FTC systematically monitors community-based barriers that hinder participants, children, and families from obtaining services or progressing toward goals.</p>	<p>Document #10 (Child welfare court report(s)/ FTC progress report): review for monitoring of community-based barriers</p> <p>Document #11 (Minutes/Notes): review for discussion regarding community-based barriers</p>		

Provision Number	Provision & Key Concepts	Document Source	Notes	Rating
Standard 5: Timely, High-Quality, and Appropriate Substance Use Disorder Treatment				
5B*	<p>Treatment Matches Assessed Need</p> <p>Assessment instruments are valid and reliable⁷¹.</p>	<p>Document #21 (Assessment instruments): review for assessments used to determine participant SUD treatment need, and that are validated through research</p> <p>[If > never]: What is the purpose of these re-assessments?</p>		

⁷¹ For information on determining whether a screening/assessment instrument is validated, see Appendix G of the Site Visit Guide.

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
5F	<p>Gender-Responsive Treatment⁷²</p> <p>Treatment providers are trained in gender-responsive treatment.</p> <p>Treatment meets the needs of all genders:</p> <ul style="list-style-type: none"> • Gender-specific groups • Child care • Medical and nutritional interventions 	<p>Document #23 (treatment group schedule): review for availability of gender-responsive groups</p>		

⁷² See section 2.2 of the Site Visit Guide for definitions of special terminology.

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
51	<p>Evidence-Based Manualized Treatment⁷³</p> <p>SUD treatment agencies that partner with the FTC provide evidence-based, manualized treatments with fidelity to the model.</p> <p>SUD treatment providers are trained, certified (when applicable), and clinically supervised to ensure continuing fidelity to the model.</p>	<p>Document #19 (External or Internal Fidelity Review): review for components described in provision AND⁷⁴</p> <p>Document #18 (Initial Evidence-Based Practice (EBP) Training and Certification): review for components described in provision</p>		

⁷³ For information on determining whether a treatment is evidence-based, see Appendix G of the Site Visit Guide.

⁷⁴ See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
5J	<p>Medication-Assisted Treatment</p> <p>FTC participants receive MAT/MOUD for SUDs based on an objective determination by a qualified medical provider that MAT/MOUD is medically indicated.</p> <p>FTC does not exclude individuals using or considering MAT/MOUD from FTC program.</p> <p>FTC does not mandate MAT/MOUD.</p>	<p>Document #1 (P&P Manual): review for MAT/MOUD protocol that reflects provision components</p>		

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
5K	<p>Alcohol and Other Drug Testing Protocols</p> <p>Standardized drug testing protocol specifies the frequency (a minimum of two times per week), scheduling, randomization procedures, observation, duration, and breadth of testing to monitor participants' use of illicit and licit substances as well as outline processes for confirmation, notification, and dissemination of test results.</p>	<p>Document #1 (P&P Manual): review for alcohol and other drug testing protocols that reflect Provision components</p>		

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
5L	<p>Treatment Provider Qualifications</p> <p>The FTC's treatment providers are licensed, certified, or accredited.</p> <p>Treatment providers receive continuing education and clinical supervision to ensure adoption of best practices in treatment of SUD, mental health, and related disorders.</p>	<p>Document #20 (Treatment Provider State Licensure or Certification): review for treatment provider qualifications</p> <p>AND⁷⁵</p> <p>Document #17 (FTC Providers Continuing Ed/Training Certificates): review for continuing education and clinical supervision</p>		

⁷⁵ See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
Standard 6: Comprehensive Case Management, Services, and Supports for Families				
6A	<p>Intensive Case Management and Coordinated Case Planning</p> <p>Participants are provided intensive supportive case management, including a coordinated case plan (or a set of case plans) based on reliable and valid needs assessments that is systematically monitored to ensure that all family members receive services to meet their needs.</p>	<p>Document #10 (Child welfare court report(s)/FTC progress report): review for case management recommendation based on the results of a needs assessment</p>		

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
6D	<p>High-Quality Parenting Time (Visitation)</p> <p>FTC participants and their children receive high-quality, well-resourced, face-to-face parenting time (visitation).</p> <p>When needed, trained individuals facilitate supervised visitation as caregivers work to achieve unsupervised time.</p> <p>Minimum caregiver visitations by child's age are as follows: < 1 (3-5x wk; 60 min.) 1-2 (2-4x wk; 60 min.) 2-5 (2-4x wk; 60 min.) 6-12 (1-3x wk; 60 min.) 13+ (1-2x wk; 60 min)</p> <p>Minimum sibling visitations: 1x per week; 60 min.</p>	<p>Document #10 (Child welfare court report(s)/FTC progress report): review for discussion of parenting time and strategies to ensure high quality parenting time is occurring</p>		

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
6F	<p>Reunification and Related Supports</p> <p>FTC participants and their families receive reunification and related supports.</p>	<p>Document #10 (Child welfare court report(s)/FTC progress report): review for reunification and related supports</p>		

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
6G	<p>Trauma-Specific Services for Children and Caregivers</p> <p>FTC participants and their children are screened and assessed for trauma.</p> <p>FTC participants and their children receive evidence-based or evidence-informed, trauma-specific, clinical interventions to treat their trauma-related symptoms and disorders.</p> <p>Trained treatment professionals provide trauma-specific therapies with fidelity.</p>	<p>Document #19 (External or Internal Fidelity Review): review for evidence that FTC participants and children have access to evidence-based trauma intervention delivered with fidelity</p>		

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
6H	<p>Services to Meet Children’s Individual Needs</p> <p>Children of participants are connected to a continuum of high-quality prevention, intervention, and treatment services to meet their physical, cognitive, social, emotional, behavioral, developmental, therapeutic, and educational needs identified by a comprehensive assessment, ideally through a medical home for the family.</p> <p>Operational team matches developmentally appropriate services to the child’s identified needs and monitors providers so that services are delivered with fidelity.</p>	<p>Document #10 (Child welfare court report(s)/FTC progress report): review for components related to meeting children’s needs as described in provision</p>		

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
61	<p>Complementary Services to Support Caregivers and Family Members</p> <p>Comprehensive range of complementary support services (e.g., child care, employment, educational, domestic violence, legal, transportation, food, clothing, housing, medical and dental care) are chosen to meet the individual needs of participants and their family members as identified by <i>formal assessment</i> to promote engagement and retention in SUD treatment and for sustained recovery and permanency.</p>	<p>Document #10 (Child welfare court report(s)/FTC progress report): review for case management recommendations identified by formal assessment</p>		

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
6J	<p>Early Intervention Services for Infants and Children Affected by Prenatal Substance Exposure</p> <p>Infants and children under the age of 3 who are experiencing effects of prenatal substance exposure are connected to early intervention services that address the infant's developmental, physical, social and emotional, physical health, and safety needs.</p>	<p>Document #10 (Child welfare court report(s)/Plan(s) of Safe Care): review for protocol for children affected by prenatal substance exposure that includes connection to early intervention</p>		

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
6K	<p>Substance Use Prevention and Intervention for Children and Adolescents</p> <p>Children of participants have access to evidence-based⁷⁶ SUD prevention and early intervention services that are culturally, developmentally, and age appropriate, and are designed to enhance protective factors and reduce risk factors.</p>	<p>Document # 19 (SUD Prevention EBP Fidelity Review Documentation): review for children’s SUD prevention services with components as described in provision</p>		

⁷⁶ For information on determining whether a treatment is evidence-based, see Appendix G of the Site Visit Guide.

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
Standard 7: Therapeutic Responses to Behavior				
7D	<p>FTC Phases</p> <p>The policy and procedure manual and the participant handbook provide the criteria necessary for advancement through the phases and successful discharge.</p> <p>Advancement is based on achievement of realistic, clearly defined behavioral objectives or milestones associated with sustained recovery, stable reunification, and safety, well-being, and permanency for children.</p> <p>FTC does not demote participants.</p>	<p>Document #1 (P&P Manual): review for criteria regarding advancement through phases that adheres to Provision AND⁷⁷</p> <p>Document #3 (Participant Handbook): review for criteria regarding advancement through phases that adheres to provision</p>		

⁷⁷ See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
7G	<p>Certainty</p> <p>The operational team reliably detects and responds consistently to all participant behaviors listed in the FTC P&P Manual.</p>	<p>Document 1 (P&P Manual): review for list of behaviors that receive responses & list of corresponding responses</p>		

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
7H	<p>Advance Notice</p> <p>The FTC notifies participants in advance of the behaviors required for successful participation.</p>	<p>Document #3 (Participant Handbook): review for list of behaviors required for success in FTC</p>		

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
7M	<p>Use of Addictive or Intoxicating Substances</p> <p>Medical experts determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether safe alternatives are available.</p> <p>Use of nonmedically-indicated intoxicating or addictive substances (e.g., alcohol, cannabis, prescription medications) is addressed, regardless of the substance's licit/illicit status.</p>	<p>Document #2 (Prescription Policy): review for information regarding the use of addictive or intoxicating substances that reflects Provision</p>		

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
7N	<p>FTC Discharge Decisions</p> <p>Agreed-upon criteria provide a framework to determine the appropriate discharge for each participant in its policies and procedures manual and participant handbook.</p>	<p>Document #1 (P&P Manual): review for discharge criteria</p> <p>AND⁷⁸</p> <p>Document #3 (Participant Handbook): review for discharge criteria.</p>		

⁷⁸ See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
Standard 8: Monitoring and Evaluation				
8A ⁷⁹	<p>Maintain Data Electronically</p> <p>An electronic database stores information about the services provided to children, caregivers, and family members and monitors participants' performance.</p> <p>The FTC team records participant demographic characteristics; dependency court actions and processes; child welfare indicators; SUD and mental health treatment; other parent or caregiver, child, family, and parenting needs and services; recovery and reunification support; criminal justice involvement; children, caregiver, and family well-being; and long-term outcomes.</p>	Document #13 (Data Report/ Summary): review for variables described in provision.		

⁷⁹ See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
8B	<p>Engage in Process of Continuous Quality Improvement</p> <p><u>Data summaries</u> provide real-time information on participant, process, and outcome measures that inform policy setting, sustainability and quality improvement efforts. Policies, procedures, and outcomes are evaluated annually and an action plan is developed to address challenges, incorporate best practices, and improve outcomes.</p>	<p>Document #13 (Data Report/ Summary): review for characteristics as described in the “<u>data summaries</u>” part of the provision</p>		

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
8C	<p>Evaluate Adherence to Best Practices</p> <p>FTC adheres to best practice standards.</p>	<p>Document #12 (FTC Best Practices Review Report): review for adherence to best practice standards</p>		

Provisi on Number	Provision & Key Concepts	Document Source	Notes	Rating
8D	<p>Use of Rigorous Evaluation Methods</p> <p>Rigorous evaluation methods, including the use of comparison groups when feasible and appropriate, are used to address the pertinent evaluation questions.</p>	<p>Document #14 (Evaluation reports): review for rigorous</p>		