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Family Treatment Court
Model Standards Implementation Scale

Site Visit Guide

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Table of Contents

1.	Introduction	4
2.	Background	4
2.1	Family Treatment Courts	4
2.2	Terminology	5
2.3	Family Treatment Court Best Practice Standards: An Overview	6
2.4	Model Standards Implementation Scale (MSIS)	6
2.4.1	What does the MSIS measure?	6
2.4.2	What are the sources of information?	19
2.4.3	How is information obtained?	19
2.4.4	How is information rated & scored?	20
2.4.5	How much time is required to complete the assessment?	20
2.4.6	Who does the assessment?	20
2.4.7	Does this assessment work for all types of family treatment courts?	20
3.	Scheduling the Site Visit	20
4.	Preparing for the Site Visit	20
4.1	Document Request	21
4.2	Example of Informed Consent Process	21
5.	Conducting the Site Visit	22
5.1	Schedule	22
5.2	Informed Consent	22
6.	Data Sources	23
6.1	Interviews	23
6.1.1	Court Setting Interview	24
6.1.2	Treatment Setting Interview	24
6.2	Observations	24
6.3	Document Review	25
6.4	Administrative Data	26
7.	Data Collection Instrument	26
8.	Ratings & Scoring	27
8.1	Ratings Overview	27
8.2	Implementation Ratings for Each Provision and Data Source	27
8.3	“Split Provisions”	28

8.4 Interviews.....	28
8.5 Observations	28
8.6 Document Review	29
8.6.1 Document Review Checklist.....	29
8.6.2 Document Ratings.....	29
8.6.3 AND/OR Reviews.....	29
8.6.4 No Document Received	30
Appendix A: MSIS Site Visit Protocol	32
Appendix B: Notice to Judges	34
Appendix C: Document Letter – FTC Coordinator	36
Appendix D: Document Letter – Treatment	38
Appendix E: Information Sheet.....	40
Appendix F: Interviewer Script.....	43
Appendix G: Information on Validated Assessments & Evidence-Based Interventions.....	44
Appendix H: Administrative Data for Validity Check	45
Appendix I: Detailed Scoring Information.....	47
Calculation of Total Observation Ratings.....	47
Calculation of the Overall Provision Score.....	47
Calculation of the Overall Provision Score—Special Cases.....	48
Provisions 1A, 1B, 2B, 4D, and 8B	48
Provisions 1F and 5B	48

1. Introduction

Thank you for using the Model Standards Implementation Scale (MSIS) Site Visit Guide. We strongly recommend reading the complete **MSIS Site Visit Guide** (this document) before using the **MSIS Data Collection Instrument**. Data for the MSIS are collected using interviews, observations, and document review conducted during a site visit to the FTC being assessed. The purpose of this manual is to prepare individuals conducting the site visit to use the **MSIS Data Collection Instrument** and **MSIS Scoring Instrument**.

We developed the MSIS so that Family Treatment Courts (FTCs), program evaluators, county or state administrators, and other interested parties can assess one or more FTC for adherence to the *Family Treatment Court Best Practice Standards* (referred to as “the *Standards*” throughout this document; Children and Family Futures and National Association of Drug Court Professionals, 2019), which includes eight standards comprised of a total of 67 provisions. The MSIS is a *fidelity review* tool and process that balances measurement precision and replicability with feasibility and usability. By following the procedures outlined in this manual, two FTC in different settings, assessed by different teams of reviewers, but which are implementing the *Standards* in equal measure, should receive equivalent MSIS scores.

This manual includes a brief literature review of research on outcomes associated with FTC; definitions of key terminology; an overview of the *Standards*; an overview of the MSIS; guidelines for scheduling, preparing for, and conducting the site visit; a description of data collection methods in court and treatment settings; a description of the data collection instruments; and instructions on scoring procedures. The appendices contain the MSIS site visit protocol; the notice to the judges to be sent in preparation for the site visit; the letters to the courts and treatment programs requesting documents; a sample information sheet (only relevant for use of the MSIS for research); an interviewer script; information on determining whether a screening tool or program is evidence-based; and instructions for checking the validity of MSIS ratings using administrative data. The MSIS Scoring Instrument is a separate Excel workbook.

2. Background

2.1 Family Treatment Courts

Untreated parental substance use disorders (SUD) are one of the most common reasons families enter the child welfare system, with prevalence rates increasing markedly in recent years concurrent with the opioid crisis (Young, 2016). The overrepresentation of children with parental SUD in foster care is concerning because compared to their peers without parental SUD, these children experience worse outcomes at every measurable point in child welfare system involvement, including more time spent in foster care and reduced likelihood of reunification (Maluccio & Ainsworth, 2003; Akin et al., 2015).

Formerly referred to as “family drug courts,” FTCs were first implemented in the mid-1990s to increase the chances of recovery and stable reunification for families affected

by SUD. Typical FTC practices include specialty training in addictions for FTC professionals; use of non-adversarial, team-based courtroom processes; frequent case management-driven hearings; judicially monitored SUD treatment and intervention for comorbid issues; behavior modification techniques to improve participant compliance and engagement; and phased progression through the FTC program (Young et al., 2013). A growing body of literature indicates that FTCs outperform traditional dependency courts on several indicators of interest to this population, including increased rates of reunification, improved treatment outcomes, and fewer days in foster care (Doab et al., 2015; Lloyd, 2015).

2.2 Terminology

The *Standards* use several special terms that require further definition and explanation. For the sake of brevity, we refer you to discussions in the *Standards* that provide additional clarification on certain terms.

Caregiver: Biological or adoptive parent(s) or other caregiver(s) serving in the primary caregiver role. The *Standards* uses the term “parent,” but the term should be interpreted conceptually and not legally (i.e., serving in the role of a parent but not necessarily legal “parent”).

Dependency court: As stated in the *Standards*, “The term ‘dependency court’ is used throughout the document to identify the court with jurisdiction in cases of child abuse or neglect. The name of this court varies in different jurisdictions. For instance, in some jurisdictions, these cases are managed in the juvenile court with a dependency docket or perhaps a family court with a child in need of assistance docket” (Center for Children and Family Futures and the National Association of Drug Court Professionals, 2019, p. i).

Family-centered: Programming which focuses on the adult as a parent and person in recovery, and the children and family as a unit. See the Rationale and Key Considerations for Standard 5, Provision E in *the Standards* for more details regarding this concept (pp. 85-87).

Gender-responsive: Separate programming based on gender, including gender-specific content. See the Rationale and Key Considerations for Standard 5, Provision F in *the Standards* for more details regarding this concept (pp. 88-89).

Linguistically and culturally relevant: FTC team matches the demographics of clients and includes bilingual providers when appropriate. Signage and all other program materials are culturally appropriate and respectful. Discussions include tribal and/or Latinx involvement when appropriate. See the Rationale and Key Considerations for Standard 5, Provision H in *the Standards* for more details regarding this concept (pp. 92-93).

Procedural fairness: (MacKenzie, 2016). Free from bias or apprehension of bias by the decision-maker; rational or based on evidence that is logically capable of supporting the facts; providing people likely to be adversely affected by decisions an opportunity to

present their case and have their response taken into consideration before the decision is made.

Trauma-informed: FTC team is trained in trauma-responsive practice and displays awareness of the emotional and affective impact of trauma on adults and children. Key features include the use of consistency, boundaries, and security procedures. See the Rationale and Key Considerations for Standard 6, Provision G in *the Standards* for more details regarding this concept (pp. 129-130).

2.3 Family Treatment Court Best Practice Standards: An Overview

In 2017, Children and Family Futures (CFF) and the Office of Juvenile Justice & Delinquency Prevention published the *National Strategic Plan for Family Treatment Courts* (the “*Strategic Plan*”). The purpose of the *Strategic Plan* was to identify key goals, strategies, and activities for advancing the field of FTC and improving child welfare practices for all families affected by SUD. One of the first major outputs stemming from the *Strategic Plan* was the *Standards*. The *Standards* enumerate characteristics of FTC that have resulted in better outcomes of interest compared to treatment-as-usual in prior research. The *Standards* also reflect evidence from FTC-relevant research on SUD treatment, with several treatment-specific provisions. As noted, there are eight standards and 67 accompanying provisions, or specific evidence-based practices that reflect the implementation of the standard.

2.4 Model Standards Implementation Scale (MSIS)

2.4.1 What does the MSIS measure?

The purpose of the MSIS is to score the extent to which a given FTC implements the standards as described in the *Standards*. Thus, the MSIS measures the following standards and related provisions:

Standard 1. Organization and Structure (10 provisions)

“The FTC has agreed-upon structural and organizational principles that are supported by research and based on evidence-informed policies, programs, and practices. The core programmatic components, day-to-day operations, and oversight structures are defined and documented in the FTC policy and procedure manual, participant handbook, and memoranda of understanding (MOUs)” (Children and Family Futures and National Association of Drug Court Professionals, 2019, p. 11).

Provision A. Multidisciplinary and Multisystem Collaborative Approach

- Coordination and collaboration between the court, child welfare, SUD treatment, mental health treatment, children’s services, and related health, education, and social service systems

Provision B. Partnerships, Community Resources, and Support

- Established partnerships between the court, child welfare, SUD treatment, mental health treatment, child/adolescent services, and related services and

systems to access, define, and provide services for children, parents, and families

- The FTC formalizes these partnerships through MOUs that describe roles, responsibilities, functions, services provided, and outcomes to be achieved

Provision C. Multidisciplinary Team

- Ongoing FTC operations are administered by a team of professionals, including the judge, FTC coordinator, child welfare agency/state's attorney, parent's attorney, child's attorney, guardian ad litem and/or court-appointed special advocate, child welfare caseworker, and providers from SUD treatment, mental health treatment, child and adolescent services, and related agencies

Provision D. Governance Structure

- The FTC's governance structure includes an oversight body (comprised of executive-level staff, community leadership, and elected officials), a steering committee (comprised of supervisory-level staff), and an operational team (comprised of direct service staff providers), with representation from partner organizations on each level
- The functions of each entity, roles and responsibilities of the agencies and professionals, and communication protocols within and between agencies are defined in the FTC policy and procedure manual and MOUs

Provision E. Shared Mission and Vision

- The FTC's mission and vision statements are jointly developed by partner organizations to be reflective of each system's mandates, perspectives, and values, and identify goals and objectives to measure achievement

Provision F. Communication and Information Sharing

- The FTC team shares case information in a timely and confidential manner to support both recovery and family reunification efforts; monitors the progress of children, parents, and families; and reviews and responds to participant behavior
- Information-sharing protocols comply with FTC partners' confidentiality requirements and ethical rules, federal law and regulations (e.g., HIPAA, 42 CFR Part 2), and all other laws

Provision G. Cross-Training and Interdisciplinary Education

- FTC team members engage in continuous interdisciplinary education and understand professional responsibilities and ethics
- The FTC maintains a team education plan which offers onboarding/orientation training and ongoing, annual cross-training and interdisciplinary education for the oversight body, steering committee, operational team members, and other community agencies

Provision H. Family-Centered, Culturally Relevant, and Trauma-Informed Approach

- Daily operations and interactions reflect family-centered, culturally relevant, and trauma-informed policies and practices
- All staff are trained to recognize and respond to signs and symptoms of trauma and are alert to culturally relevant factors

Provision I. FTC Policy and Procedures Manual

- Developed collaboratively by partner organizations, this manual describes FTC policies, procedures, day-to-day operations, and team member roles and responsibilities
- 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, parents, and families

Provision J. FTC Pre-Court Staffing and Review Hearing

- Operational team members discuss the progress and needs of the children, parents, and family in pre-court staffing
- In preparation for the staffing, a progress report is developed and disseminated to team members with information critical to recovery and reunification of children, parents, and families
- The FTC court review hearing occurs on the same day, immediately after the staffing
- Related support services and social service agencies may participate in pre-court staffings and court review hearings when determined appropriate by the MOUs

Standard 2. Role of the Judge (6 provisions)

“Judicial leadership is critical to the effective planning and operation of the FTC. The FTC judge works collectively with leaders of partner agencies and other stakeholders to establish clear roles and a shared mission and vision. He or she has the unique ability to engage the leaders and stakeholders in the development, implementation, and ongoing operations of the FTC. The judge is a vital part of the operational team, convening meetings that encourage team members to identify shared values, voice concerns, and find common ground. Additionally, the judge’s development of rapport with participants is among the most important components of the FTC” (Children and Family Futures and National Association of Drug Court Professionals, 2019, p. 33).

Provision A. Convening Partners

- 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

Provision B. Judicial Decision Making

- 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

- The judge makes the final decision about the court-ordered response

Provision C. Participation in FTC Pre-Court Staffing

- During pre-court staffing, the judge receives updates from the operational team and related agencies related to the recovery and reunification of children, parents, and families, as well as updates on behaviors that might benefit from a response
- The judge is aware of all applicable judicial canons, the code of ethics, and case law relating to ex parte communication and the appropriate use of information

Provision D. Interaction with Participants

- At FTC hearings, the judge spends a minimum of three minutes talking to each participant about engagement in treatment and services, provides a rationale for the responses being delivered, and reinforces treatment adjustments and safety interventions imposed
- The judge builds rapport with the participant in an engaging, supportive, and encouraging way, and emphasizes participant strengths and the importance of continued engagement in treatment and services
- The judge encourages the participant to discuss his or her progress, the children's progress, activities to enhance parenting skills, and parenting challenges or unmet needs

Provision E. Professional Training

- The judge obtains training on mental health, SUDs, child welfare, and legal and constitutional issues related to FTCs, attends annual training conferences and workshops on FTCs, and takes part in training sessions with other operational team members to assure cross-training

Provision F. Length of Judicial Assignment to the FTC

- The judge presides over the FTC for at least 2 consecutive years

Standard 3. Ensuring Equity and Inclusion (5 provisions)

"Family treatment court has an affirmative obligation to consistently assess its operations and those of partner organizations for policies or procedures that could contribute to disproportionality and disparities among historically marginalized and other underserved groups. The FTC actively collects and analyzes program and partner organization data to determine if disproportionality or disparities exist in the program; if so, the FTC oversight body, steering committee, and operational team implement corrective measures to eliminate them" (Children and Family Futures and National Association of Drug Court Professionals, 2019, p. 41).

Provision A. Equitable FTC Program Admission Practices

- Eligibility criteria, screening, referral, entry and assessment processes, and other entry processes are examined at least annually to ensure that bias, subjective decision-making, or other factors do not contribute to disproportionate access to the FTC and its services
- Examination identifies and corrects processes that might contribute to inequitable access

Provision B. Equitable FTC Retention Rates and Child Welfare Outcomes

- Strategic actions seek to increase the likelihood that participants from historically marginalized groups are offered and successfully engage in services, are discharged from the FTC, and achieve permanency and well-being outcomes at rates equivalent to or better than the overall child welfare population

Provision C. Equitable Treatment

- Treatment is family-centered, gender-responsive, trauma-informed, and linguistically and culturally appropriate, resulting in equivalent outcomes across groups
- Participants and their family members receive assessment-driven services consistent with their needs and preferences regarding intensity, dosage, quality, and relevance

Provision D. Equitable Responses to Participant Behavior

- 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

Provision E. Team Training

- Training is provided to the operational team and partners to ensure that culturally relevant services and supports are implemented for children, parents, and families to achieve stable recovery, reunification, and positive child welfare case closure

Standard 4. Early Identification, Screening, and Assessment (5 provisions)

“The process of early identification, screening, and assessment provides the greatest opportunity to fully meet the comprehensive needs of children, parents, and families affected by SUDs that come to the attention of the child welfare system. Family treatment court team members and partner agencies screen and assess all referred families using objective eligibility and exclusion criteria based on the best available evidence indicating which families can be served safely and effectively in the FTC. Team members use validated assessment tools and procedures to promptly refer children, parents, and families to the appropriate services and levels of care. They conduct ongoing validated assessments of children, parents, and families while also addressing barriers to recovery and reunification throughout the case. Service referrals match identified needs and connect children, parents, and family members to evidence-based interventions, promising programs, and trauma-informed, culturally responsive, and family-centered

practices. FTC team members take on varying roles for this process to occur in a timely and efficient manner” (Children and Family Futures and National Association of Drug Court Professionals, 2019, p. 61).

Provision A. Target Population, Objective Eligibility, and Exclusion Criteria

- Objective eligibility and exclusion criteria are used to identify families involved in the child welfare system when parental SUD is a contributing factor and intensive services, increased support and monitoring, and routine judicial oversight are necessary for the parent to comply with the child welfare case plan, complete SUD treatment, and safely reunify with and provide a safe, stable, and permanent placement for his or her child(ren)

Provision B. Standardized and Systematic Referral, Screening, and Assessment Process

- Agreed-upon processes for referring, screening, and assessing all parents, children, and families ensure a prompt, systematic, and universal experience for referred cases
- Referral sources are trained in when to appropriately refer their clients

Provision C. Use of Valid and Reliable Screening and Assessment for Parents and Families

- Parents and families referred to the FTC are screened for the possible presence of a condition or disorder (i.e., SUD, co-occurring mental health disorder) and assessed to identify its effects, severity, and consequences using valid, reliable tools
- Screening and assessment tools inform FTC eligibility, treatment plans, complementary services, case planning, and monitoring for children, parents, and family members

Provision D. Use of Valid, Reliable, and Developmentally Appropriate Screening and Assessment for Children

- Children of FTC participants receive timely and comprehensive screening and assessment with valid, developmentally appropriate instruments, as well as referrals to evidence-based services
- Assessments reoccur at developmentally appropriate intervals and service plans are modified to reflect changes in each child’s needs

Provision E. Identification and Resolution of Barriers to Recovery and Reunification

- The FTC monitors and assists in resolving community-based barriers that hinder participants, children, and families from obtaining services or progressing toward goals
- Evidence-based service options are favored (See Standard 6)

Standard 5. Timely, High-Quality, and Appropriate SUD Treatment (12 provisions)

“Substance use disorder treatment is provided to meet the individual and unique substance-related clinical and supportive needs of persons with SUDs. For participants in FTC, it is important that the SUD treatment agency or clinician provide services in the

context of the participants' family relationships, particularly the parent-child dyad, and understand the importance of and responsibility for ensuring child safety within the Adoption and Safe Families Act timeline for child permanency. A treatment provider's continuum of services includes early identification, screening, and brief intervention; comprehensive standardized assessment; stabilization; appropriate, manualized, evidence-based treatment including medications if warranted; ongoing communication with the FTC team; and continuing care. The parent, child, and family treatment plan is based on individualized and assessed needs and strengths and is provided in a timely manner including concurrent treatment of mental health and physical health" (Children and Family Futures and National Association of Drug Court Professionals, 2019, p. 76).

Provision A. Timely Access to Appropriate Treatment

- The FTC has protocols and practices to ensure timely access to appropriate treatment to address SUD and affected areas of life functioning
- To monitor timely access, the time between case opening and treatment entry is tracked as a routine process measure

Provision B. Treatment Matches Assessed Needs

- Treatment is based on a valid and reliable clinical assessment by a qualified treatment provider and adjusted through ongoing reassessment to meet participants' needs

Provision C. Comprehensive Continuum of Care

- Participants have access to a continuum of care services sufficient to achieve and sustain stable health and recovery, including post-acute SUD treatment services (e.g., clinical and recovery management services which help participants prevent a return to using)
- Continuum of SUD treatment may include medication management in each level of care: outpatient treatment, intensive outpatient treatment, partial hospitalization, residential or inpatient treatment, medically managed intensive inpatient services

Provision D. Integrated Treatment of Co-Occurring Substance Use and Mental Health Disorders

- Integrated treatment plans address the needs of participants who have co-occurring substance use and mental health disorders in a coordinated manner

Provision E. Family-Centered Treatment

- Comprehensive family-centered SUD treatment plans engage the individual and family unit in the recovery process by addressing and meeting the needs of participants as well those of each family member to improve individual and family recovery and functioning
- Participants have access to residential SUD treatment that allows their children to reside with them when it is in the best interests of the children

Provision F. Gender-Responsive Treatment

- Treatment providers receive ongoing training and clinical supervision to ensure that treatment modalities, staffing, and environments are safe and supportive for participants of all genders

Provision G. Treatment for Pregnant Women

- The FTC has a protocol to identify the unique needs of pregnant participants and provide treatment and other services to meet their needs, including integrated prenatal, perinatal, and postnatal medical care, and SUD interventions, such as medication-assisted treatment (MAT) or medication for opioid disorder (MOUD)

Provision H. Culturally Responsive Treatment

- Treatment providers are respectful of and responsive to the cultural and linguistic needs of participants
- Operations, services, and staff at all levels demonstrate an understanding of factors that shape participants' cultural orientations, including attitudes, backgrounds, religious beliefs, experiences, social relationships, and values

Provision I. Evidence-Based Manualized Treatment

- Treatment providers (including providers that partner with FTC) are trained, certified (when applicable), and clinically supervised to ensure participants receive appropriate evidence-based, manualized treatments that research shows can achieve desired outcomes

Provision J. Medication-Assisted Treatment

- Participants receive MAT/MOUD for SUDs based on an objective determination by a qualified medical provider
- The FTC does not exclude individuals who are prescribed or considering MAT/MOUD from entering, remaining in, or completing the program as recommended by a medical provider, nor does it mandate MAT/MOUD as a prerequisite for the program, even if clinically indicated

Provision K. Alcohol and Other Drug Testing Protocols

- To monitor participants' substance use, the FTC uses a standardized drug testing protocol that specifies the frequency (a minimum of two times per week), scheduling, randomization procedures, observation, duration, and breadth of testing, as well as outlines processes for confirmation, notification, and dissemination of results

Provision L. Treatment Provider Qualifications

- Treatment providers are licensed, certified, or accredited as determined by state standards, have experience working with families involved with the child welfare system and the courts, and are trained and supervised to ensure fidelity to evidence-based treatment models and adoption of best practices in the treatment of SUD, mental health, and related disorders

Standard 6. Comprehensive Case Management, Services, and Supports for Families (11 provisions)

“Family treatment court ensures that children, parents, and family members receive comprehensive services that meet their assessed needs and promotes sustained family safety, permanency, recovery, and well-being. In addition to high-quality substance use and co-occurring mental health disorder treatment, the FTC’s family-centered service array includes other clinical treatment and related clinical and community support services. These services are trauma responsive, include family members as active participants, and are grounded in cross-systems collaboration and evidence-based or evidence-informed practices implemented with fidelity” (Children and Family Futures and National Association of Drug Court Professionals, 2019, p. 113).

Provision A. Intensive Case Management and Coordinated Case Planning

- The FTC team provides participants with 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

Provision B. Family Involvement in Case Planning

- The FTC team uses a family-centered, culturally responsive, and strengths-based approach in which children, parents, and family members (as appropriate) are active partners in identifying needs and strengths, making decisions about treatment, setting goals, and achieving outcomes

Provision C. Recovery Supports

- Participants are connected to professionally trained and, in some cases, certified recovery specialists (also known as recovery coaches), or with peer support specialists (also known as peer mentors) to promote treatment engagement and retention, and sustained recovery
- Recovery support services begin before or soon after the participant enters the FTC, and continues throughout the child welfare case process and after FTC discharge to build a community-based recovery support network and may include optional support groups

Provision D. High-Quality Parenting Time (Visitation)

- Participants and their children engage in high-quality, well-resourced, face-to-face parenting time (visitation) when the child is in out-of-home placement that is frequent enough to establish, maintain, and strengthen the parent-child relationship while protecting the child’s safety, addressing the child’s developmental and physical needs, and working to achieve sustained permanency
- Parenting time is not used as an incentive or sanction for participant behavior
- As needed, trained individuals facilitate supervised parenting time

Provision E. Parenting and Family-Strengthening Programs

- Participants receive evidenced-based, culturally appropriate parenting or family-strengthening programs which include a parent-child interaction component (in

which parents and children attend sessions together) and are designed to meet the needs of families affected by parental SUDs and co-occurring additional risk factors

Provision F. Reunification and Related Supports

- Upon a child placed in out of home care, participants and their family members receive reunification services and related supports to promote sustained engagement in complementary services, connect with community resources, help build healthy support networks, and support sustained family stability and safety in preparation for reunification and for post-reunification

Provision G. Trauma-Specific Services for Children and Parents

- Trained professionals provide evidence-based or evidence-informed, trauma-specific, clinical interventions to participants and their children to treat trauma-related symptoms and disorders to facilitate recovery, healing, and resilience

Provision H. Services to Meet Children's Individual Needs

- 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
- The operational team matches developmentally-appropriate services to the child's identified needs and monitors providers so that services are delivered with fidelity

Provision I. Complementary Services to Support Parents and Family Members

- A comprehensive range of complementary support services (e.g., child care, employment, education, domestic violence, legal, transportation, food, clothing, housing, medical and dental care) are provided to meet the individual needs of participants and their family members as identified by formal assessment to promote engagement and retention in SUD treatment and for sustained recovery and permanency

Provision J. Early Intervention Services for Infants and Children Affected by Prenatal Substance Exposure

- Infants and children under the age of 3 who are exposed to substances prenatally are connected to early screening and assessment through federal and state entitlements under Part C of the Individuals with Disabilities Education Act to determine the need for intervention services that address developmental, physical, social and emotional, physical health, and safety needs

Provision K. Substance Use Prevention and Intervention for Children and Adolescents

- Children of participants have access to evidence-based SUD prevention and early intervention services that are culturally, developmentally, and age-appropriate, and are designed to enhance protective factors and reduce risk factors

Standard 7. Therapeutic Responses to Behavior (14 provisions)

“The FTC operational team applies therapeutic responses (e.g., child safety interventions, treatment adjustments, complementary service modifications, incentives, sanctions) to improve parent, child, and family functioning; ensure children’s safety, permanency, and well-being; support participant behavior change; and promote participant accountability. The FTC recognizes the biopsychosocial and behavioral complexities of supporting participants through behavior change to achieve sustainable recovery, stable reunification, and resolution of the child welfare case. When responding to participant behavior, the FTC team considers the cause of the behavior as well as the effect of the therapeutic response on the participant, the participant’s children and family, and the participant’s engagement in treatment and supportive services” (Children and Family Futures and National Association of Drug Court Professionals, 2019, p. 149).

Provision A. Child and Family Focus

- The FTC team’s responses support and promote improved parenting, healthy parent-child relationships, and family functioning by making decisions about parenting and family time based on the children’s best interests, including safety, well-being, and permanency
- Responses do not have a detrimental effect on participants, children, or families, and are not used as an incentive or sanction

Provision B. Treatment Adjustments

- When treatment expectations, child welfare case plan goals, or FTC phase expectations are not met by the participant, the clinical treatment professionals in consultation with members of the FTC team reassess the individual to determine if adjustments in the type of treatment, level of care, and dosage are needed to address the participant’s substance use and mental, physical, social, and emotional health

Provision C. Complementary Service Modifications

- Inconsistent or non-compliant behavior is assessed for unavoidable structural (e.g., lack of transportation, housing, income) and individual barriers (e.g., learning disabilities, health disabilities), and responded to by providing additional supports and services to help the participant achieve stable recovery and closure of the child welfare case

Provision D. FTC Phases

- The policy and procedure manual and the participant handbook (See Standard 1) indicate the criteria necessary for advancement through the phases and successful discharge
- Advancement is based on the achievement of realistic, clearly defined behavioral objectives or milestones associated with sustained recovery, stable reunification, and safety, well-being, and permanency for children

Provision E. Incentives and Sanctions to Promote Engagement

- Incentives and sanctions of varying magnitudes are developed and administered by the operational team with the goals of enhancing participant engagement; encouraging behaviors that support sustained recovery, healthy family relationships, and long-term reunification; and holding participants accountable for expected outcomes

Provision F. Equitable Responses

- 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
- All relevant factors for each participant are considered and team members must articulate their reasoning when recommending consequences for a participant before the judge

Provision G. Certainty

- Participant behavior and compliance and noncompliance, including attendance at and participation in court, treatment, and child welfare case plan activities, are monitored by the operational team to ensure that responses, interventions, services, and supports are offered in a timely, consistent manner

Provision H. Advance Notice

- Participants are notified in advance of the expectations and orders required for successful participation and provided a participant handbook and policy and procedure manual that identify a broad range of responses to compliance or noncompliance

Provision I. Timely Response Delivery

- 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

Provision J. Opportunity for Participants to Be Heard

- Participants are given the opportunity to express their perspectives on their behavior, disagreements about facts, address concerns/questions, and/or ask their attorney or defense representative to do so

Provision K. Professional Demeanor

- The FTC team's interactions with the participant, children, family, and other members of the participant's support system are respectful and professional

Provision L. Child Safety Interventions

- Child safety interventions are appropriate and changes in placement and/or parenting time are based on safety, well-being, and permanency indicators

Provision M. Use of Addictive or Intoxicating Substances

- Use of nonmedically-indicated intoxicating or addictive substances (e.g., alcohol, cannabis, prescription medications) is addressed, regardless of the substance's licit/illicit status
- Medical experts determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether safe alternatives are available

Provision N. FTC Discharge Decisions

- The policies and procedures manual and participant handbook contain agreed-upon criteria which provide a framework to determine the appropriate discharge for each participant

Standard 8. Monitoring and Evaluation (4 provisions)

"The FTC collects and reviews data to monitor participant progress, engage in a process of continuous quality improvement, monitor adherence to best practice standards, and evaluate outcomes using scientifically reliable and valid procedures. The FTC establishes performance measures for shared accountability across systems, encourages data quality, and fosters the exchange of data and evaluation results with multiple stakeholders. The FTC uses this information to improve policies and practices in addition to monitoring the strengths and limitations of various service components. Evaluation results and data are also critical components of effective stakeholder outreach and sustainability, helping the FTC "tell its story" of success and needs" (Children and Family Futures and National Association of Drug Court Professionals, 2019, p. 171).

Provision A. Maintain Data Electronically

- An electronic database is used to store information about services provided to children, parents, and family members, and monitor participants' performance
- 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, parent, and family well-being; and long-term outcomes

Provision B. Engage in a Process of Continuous Quality Improvement

- Data entry occurs within 48 of each activity/event and is routinely monitored for quality assurance
- Data summaries 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

Provision C. Evaluate Adherence to Best Practice

- The FTC adheres to best practice standards informed by research on FTCs and in the related areas of child welfare; dependency court; the treatment court model;

SUD and mental health treatment; children’s developmental service and related health, educational, and social services

- A standardized approach is used to monitor provider services, outcomes, and fidelity to evidence-based programs and practices

Provision D. Use Rigorous Evaluation Methods

- Rigorous evaluation methods, including the use of comparison groups when feasible and appropriate, are used to address the pertinent evaluation questions

2.4.2 What are the sources of information?

The MSIS score is based on data collected from four or five sources:

- 1) Interviews with the FTC coordinator
- 2) Interviews with FTC treatment professionals
- 3) Court observations (i.e., staffing meetings and status hearings)
- 4) Documents from the FTC coordinator, treatment professionals, or other body
- 5) Administrative data from the FTC (strongly suggested)

These sources of information aim to capture ratings on both the FTC origins and current practices (that occurred within the prior 12 months). Specifically, several Standard 1 provisions relate to the origins, or the development and initial implementation, of the FTC. For these provisions, ratings are made regarding the process by which the FTC was created. The remaining provisions relate to current practices, including those that occurred within the past 12 months. For example, Provision 3E states that the FTC trains its operational team and partners on culturally relevant services and supports. Assessing implementation involves obtaining both documentary and interview evidence that this type of event occurred within the prior 12 months. If such an event occurred 13 months ago, the provision would be rated as “not implemented.” More information on scoring is included in [Ratings & Scoring](#).

2.4.3 How is information obtained?

“Site visits” to the FTC and at least one randomly selected treatment program that serves FTC participants for a given location will be conducted by at least one, but ideally, two raters. To aid in random selection of a treatment program, we recommend assigning numbers (1, 2, 3, etc.) to each treatment program in a given location and then using a [random number generator](#) to select the number/treatment program to focus on for the site visit.

Interviews and observations are conducted during site visits. Documents may be requested from the FTC, selected treatment provider, and/or other body that maintains noted documents (e.g., state mental health authority, state courts oversight body). Raters will evaluate participating courts and professionals according to the items in the MSIS to assess the implementation of the *Standards*. The “Observation Checklist” (see the **MSIS Scoring Instrument**) should be used during observations to help raters score items. Document review may occur before or after observations are conducted.

2.4.4 How is information rated & scored?

Instructions about ratings and scoring are available in [Ratings & Scoring](#). Provisions are rated on a three-point scale: (1) not implemented, (2) partially implemented, and (3) fully implemented. We have created the **MSIS Scoring Instrument** to aid in inputting ratings, calculating final scores, and providing feedback to FTC programs.

Each provision is rated based on at least two different sources of data to increase the validity of the results and account for situations in which data from one given source is not able to be obtained. Final implementation ratings reflect the highest rating across data source(s).

2.4.5 How much time is required to complete the assessment?

A site visit can be completed in two or three days.

2.4.6 Who does the assessment?

The assessment may be completed by one rater; however, having two raters will increase its validity. Raters should have some familiarity and knowledge of FTCs and how they function. Raters may be researchers, administrators within the court system, program coordinators, or individuals working with state- or county-level agencies.

2.4.7 Does this assessment work for all types of family treatment courts?

This assessment is intended for use in all types of FTCs, including integrated model settings, in which one judge oversees both the child welfare case and the FTC case plan; parallel model settings, in which one judge oversees the child welfare case and a different judge oversees the FTC case plan; and hybrid model settings. This tool may also be used to evaluate the extent to which a traditional dependency court implements best practices for working with families affected by SUD.

3. Scheduling the Site Visit

The MSIS site visit protocol is available to aid in planning and completing the site visit. The protocol includes a checklist of all tasks required 60 days, 30 days, 1 week, and less than a week before the site visit. Refer to [Appendix A: MSIS Site Visit Protocol](#) for additional information.

4. Preparing for the Site Visit

As indicated in the MSIS site visit protocol, the notice to judges should be emailed to judges 60 days before the site visit. The purpose of this document is to request an agreement from judges regarding the upcoming site visit, including dates for observation sessions. This document also provides an overview of the evaluation and opens up communication channels if judges have any questions or concerns for the evaluation team. Refer to [Appendix B: Notice to Judges](#) for additional information.

The following tasks should also be completed 60 days before the site visit:

- Obtain or confirm contact information for the FTC coordinator
- Request a list of treatment programs that partner with the FTC
- Randomly select treatment programs for assessment
- Obtain or confirm contact information for a point of contact at the treatment program selected for interviews and observation
- Schedule all observations and interviews with court and treatment professionals

The following tasks should be completed in the week before the site visit:

- Confirm scheduled interviews and observations

4.1 Document Request

Document request letters should be emailed to the FTC coordinator and the treatment professional on the FTC team from the randomly selected treatment program. As indicated in the MSIS site visit protocol, the document request letter should be emailed to court professionals 30 days before the site visit. Refer to [Appendix C: Document Letter – FTC Coordinator](#) and [Appendix D: Document Letter – Treatment](#) for additional information.

Publicly available documents may also be retrieved through channels other than the FTC or treatment provider.

4.2 Example of Informed Consent Process

Informed consent must be obtained from participants if the information collected will be disseminated and/or used for research purposes. The use of the MSIS for research must be approved and monitored by an Institutional Review Board (IRB). When the MSIS is used for evaluation purposes only, IRB review and informed consent are not required.

When the information collected will be disseminated and/or used for research purposes, informed consent should be obtained from all professionals who will be interviewed or observed, including the FTC coordinator, SUD treatment provider, child’s treatment provider (if applicable), judge, district attorney, caregiver’s attorney, child’s attorney, and child welfare caseworker.

As indicated in the MSIS site visit protocol, the consent form should be emailed to all court and treatment professionals who will be interviewed and/or observed a week before the site visit. Professionals should provide verbal consent immediately before the first observation or interview. Refer to [Appendix E: Information Sheet](#) for additional information.

The following email template can be used when reaching out to professionals to obtain consent:

Greetings! As you know, the site visit in [county name] is scheduled for the week of[date]. During that time, [evaluators names] of [agency name] will be conducting interviews and court observations using the Model Standards Implementation

Scale. The interviews will be conducted with the FTC coordinator and treatment professional. The observations will take place during FTC staffing and status hearings. Each of these activities has already been scheduled. If you are unsure about your involvement in each of these activities, please contact [evaluator name] at [evaluator email address].

Although we will not be collecting your protected or personal information, you are considered a research study participant because some of the activities we are assessing involve an expectation of privacy or semi-privacy (e.g., closed-door case discussions among professionals). Therefore, in order for us to include you in our data collection, we must obtain your informed consent. Attached is the IRB-approved information sheet. Please review this form and direct any questions regarding its contents to [evaluator name] at [evaluator email address]. If you agree to participate in the scheduled interviews and/or observational assessment, we will obtain your verbal consent at the time of the observation, before the observation begins. You do not need to sign this document.

In the event you do not wish to participate, the observation will still occur, however, your role, comments, and input will not be assessed using the Model Standards Implementation Scale. A note of “did not receive consent” will be recorded for any relevant items. If an interview was scheduled with you, but you no longer wish to participate, please let us know and we will schedule an interview with another professional able to provide us with the needed information.

Thank you for your time and consideration.

Sincerely,

[Principal Investigator name]

5. Conducting the Site Visit

5.1 Schedule

Site visits for a given FTC and its corresponding treatment program will occur over the span of approximately two to three days.

5.2 Informed Consent

The guidelines in this section only apply to research activities regulated by an IRB.

Before the interview/observation, the rater should discuss the information sheet with the professional participant, providing a full description of the study, potentially identifying data to be collected, risks and benefits, and participant rights and privileges. Participants should be informed that they are welcome to withdraw from the study at any time. After

answering questions and obtaining verbal consent, the rater may proceed with the first MSIS site visit.

Raters must obtain verbal consent before each interview/observation to ensure that all professionals have been through the consent process.

No professionals should be interviewed without first providing verbal consent. However, not all court professionals must agree to participate for an observation to be conducted. If a court professional does not agree to participate, their role, comments, and input should not be assessed using the MSIS. If an item relies on information involving a professional who did not provide consent, “not applicable” should be selected for the rating, and “did not provide consent” should be recorded in the notes for relevant MSIS items.

6. Data Sources

Data will be collected using three methods: interview, observation, and document review. For each method, data will be collected from two types of settings: the court and the treatment program.

If time and resources permit, administrative data can be analyzed for an important validity check. Refer to [Appendix H: Administrative Data for Validity Check](#) for additional information.

6.1 Interviews

Procedures: If using the MSIS for research governed by an IRB, begin by obtaining verbal consent from the participant. For all interviews, read the interviewer script to the participant (see [Appendix F: Interviewer Script](#)). Then, proceed to the interview questions in the **MSIS Data Collection Instrument**.

Interview questions are designed to solicit information about the extent of implementation of all or certain key concepts in each provision. To maximize the reliability and validity of the MSIS, it is important to administer the interview in a standardized manner. Ask questions exactly as worded, read questions slowly so that the respondent understands their meaning, keep a neutral attitude, and do not suggest answers to the respondent. However, should the respondent not understand the question, the rater can clarify using examples as appropriate. Furthermore, in our experience, respondents may need additional clarification that interview questions are in regards to the entire FTC team or treatment agency, not just the person being interviewed. Finally, in the event the respondent does not know the answer to a particular question (e.g., the FTC coordinator is relatively new in their position), the rater may follow up with another FTC team member or treatment provider as needed within ten days of the original interview.

The rater should use the respondent’s answers to all interview questions and probes, if necessary, for each provision to determine whether the key concepts are implemented and, if so, to what extent (either partially or fully implemented). During the interview, we

strongly encourage the rater to take notes documenting the respondent's answers. The rater need not select a rating during the interview. We find it helpful to take notes summarizing the respondent's answers to the interview questions and make a rating assessment immediately after the interview. An interview sheet containing the provisions and interview questions with space for note taking is included as an Appendix to the **MSIS Data Collection Instrument**. As stated in the interviewer script, respondents have up to 10 days to revise their answers. The rater should update their implementation rating as needed based on the respondent's revised answer.

Confidentiality: Raters are obligated to protect the confidentiality of all identifiable information collected during the evaluation. The data collected during the interview are not expected to be personal; however, participants may reveal sensitive information about court or treatment practices. For example, they may reveal practices that may be considered outdated or problematic and cast the FTC in an unflattering light. This information must be kept confidential. Participants should be assured that their names will not be associated with their interview responses. It is the responsibility of the raters to maintain the integrity and confidentiality of the data entrusted to them during the interview.

6.1.1 Court Setting Interview

Respondents: At the FTC, interviews will be conducted with the FTC coordinator. If there is more than one person in this position or other individuals who may have useful knowledge regarding court structure, practices, and processes, multiple people may be invited to participate in the interview.

Duration: Interviews with the FTC coordinator should last approximately 90 minutes.

6.1.2 Treatment Setting Interview

Respondents: At the selected treatment program, interviews will be conducted with the treatment professional who serves on the FTC team. If there is more than one person in this position or other individuals who may have useful knowledge regarding treatment practices for FTC clients, multiple people may be invited to participate in the interview.

Duration: The interview with the treatment professional should last approximately 45 minutes.

6.2 Observations

Subject: Observations of the court will occur at a staffing meeting and a status hearing.

Duration: Observations of the staffing meeting and the status hearing should last the duration of the meeting and hearing, respectively. In rural settings with small caseloads, observations may need to occur on multiple days or specific dates to observe a variety of cases.

Procedures: If using the MSIS for research governed by an IRB, begin by obtaining verbal consent from the professionals being observed. Then, proceed to the observation items in the **MSIS Data Collection Instrument**.

Observation items are designed to capture information about the extent of implementation of all or certain key concepts in each provision. To maximize the reliability and validity of the MSIS, it is important to conduct the observation in a standardized manner. Approach the observation session with a neutral attitude seeking to document the relevant key concepts in each provision. Raters should make their assessment based on activities observed during the current observation session, not based on knowledge or experience with previous observations of the court practices.

The rater should use the observation items as described for each provision to determine whether the key concepts are implemented and, if so, to what extent (either partially or fully implemented). During the observation sessions, we strongly encourage the rater to take notes documenting professionals' actions and other relevant activities that occur during the staffing or hearing. The rater need not select a rating during the observation session. We find it helpful to take notes summarizing the observed activities and make a rating assessment immediately after the observation session. An observation sheet containing the provisions and observation items with space for note taking is included as an Appendix to the **MSIS Data Collection Instrument**. While each rater should make an independent rating, if a rater is struggling to recall a particular interaction or activity, they may ask clarifying questions to the other rater to inform their assessment.

In the event one or more FTC team members is not present during the staffing or hearing on the schedule site visit date (e.g., due to illness), raters may consider rescheduling the observations to ensure the opportunity to observe typical practice.

Confidentiality: Raters are obligated to protect the confidentiality of all identifiable information collected during the evaluation. The data collected during the observations are not expected to be personal; however, raters may observe sensitive information about court or treatment practices. For example, they may observe practices that may be considered outdated or problematic and cast the FTC in an unflattering light. This information must be kept confidential. Participants should be assured that their names will not be associated with the observation. It is the responsibility of the raters to maintain the integrity and confidentiality of the data entrusted to them during the site visit.

6.3 Document Review

The **MSIS Scoring Instrument** includes a document review checklist for the FTC and partnering treatment provider. This checklist will help you track which documents you have requested and received from the court and partnering treatment provider.

Procedures: Documents received from the FTC Coordinator and from the randomly selected treatment provider (see [Appendix C](#) & [Appendix D](#)) should be reviewed by both raters using the **MSIS Data Collection Instrument**.

Document review items are designed to capture information about the extent of implementation of all or certain key concepts in each provision. To maximize the reliability and validity of the MSIS, it is important to conduct the document review in a standardized manner. Approach the review with a neutral attitude seeking to identify the relevant key concepts in each provision within the noted document. Raters should make their assessment based on the noted document, not based on other knowledge or experience of the court practices.

The rater should use the document review items as described for each provision to determine whether the key concepts are implemented and, if so, to what extent (either partially or fully implemented). During the document review, we strongly encourage the rater to take notes that summarize relevant text or other attributes of the documents. The rater need not select a rating during the document review. We find it helpful to take notes summarizing the documents and make a rating assessment immediately after the document review. A document review sheet containing the provisions and review items with space for note taking is included as an Appendix to the **MSIS Data Collection Instrument**.

Confidentiality: Raters are obligated to protect the confidentiality of all identifiable information collected during the evaluation. The data collected during the document review are not expected to be personal; however, raters may read sensitive information about court or treatment practices. For example, they may read about practices that may be considered outdated or problematic and cast the FTC in an unflattering light. This information must be kept confidential. Participants should be assured that their names will not be associated with the document review. It is the responsibility of the raters to maintain the integrity and confidentiality of the data entrusted to them during the site visit.

6.4 Administrative Data

Although scores for each provision can be calculated without the use of administrative data, we find that the assessment of Standards implementation is incomplete without an examination of outcomes using administrative data. For example, Standard 3, Provision B indicates that FTC programs must take “strategic actions” to ensure equitable retention rates and child welfare outcomes by race/ethnicity and across other historically marginalized groups. Although the provision can be rated as fully implemented if the program engages in a practice of monitoring these indices and strategically addressing any documented disparities, the use of administrative data to validate that the program is achieving equitable retention rates and outcomes *ensures* that this best practice is at work in the FTC. Thus, we strongly encourage individuals using the MSIS to request administrative data from the FTC, state or county child welfare agency, and state or county substance use treatment authority. Recommended variables, calculations, and definitions of “fully implemented” are included in [Appendix H: Administrative Data for Validity Check](#).

7. Data Collection Instrument

Refer to the **MSIS Data Collection Instrument** for all interview questions for the FTC and partnering treatment provider; observation items for the FTC staffing meeting and FTC hearing; and document review items for the FTC and partnering treatment provider. Ratings can be noted by hand on the **MSIS Data Collection Instrument**. However, final ratings must be entered into the **MSIS Scoring Instrument** to generate scores.

8. Ratings & Scoring

8.1 Ratings Overview

The MSIS uses a 3-point scale to gauge implementation. Each provision is scored based on the extent to which that provision was implemented.

- 3 = Fully Implemented: All items in the provision language are implemented fully
- 2 = Partially Implemented: Some, but not all, of the items in the provision language are implemented fully
- 1 = Not Implemented: None or nearly zero items in the provision language are implemented fully

Each rater must select their ratings from a dropdown menu in the **MSIS Scoring Instrument**, which will automatically calculate final scores across both raters. Additionally, the “Observation Checklist” (on the first tab of the MSIS Scoring Instrument) should be completed at the beginning of both the staffing meeting and status hearing (see [Observations](#) for more information).

Each rater should complete their scoring sheet independently from the other rater at the time of the interview/observation. Raters may modify their ratings for up to 10 days after the interview/ observation.

Final scores do not account for the administrative data validity check, since the MSIS can be used without accessing administrative data. Individuals using the MSIS with the administrative data validity check should use the language and instructions provided in [Appendix H: Administrative Data for Validity Check](#) to evaluate whether findings using administrative data corroborate the raters’ MSIS scores. If final scores are not corroborated by the administrative data, these discrepancies should be addressed by all levels of FTC governance.

8.2 Implementation Ratings for Each Provision and Data Source

Each provision is assessed by at least one data source. Raters will give a separate implementation rating for each data source. For example, Provision 2C is assessed by court interview and court observation. Data yielded from the interview may suggest the judge actively participates in the pre-court staffing, and that this provision is “Fully Implemented.” However, data yielded from the observation may suggest little involvement of the judge in the pre-court staffing (“Not Implemented”). Provision 2C will be rated as “Fully Implemented” for the interview and “Not Implemented” for the observation. Each

assessment (interview, observation, etc.) will be completed “in a vacuum,” meaning raters should not adjust ratings based on information gathered from another assessment type or any knowledge they previously held.

Raters will enter implementation ratings in the following six categories: 1) interview with FTC, 2) interview with treatment, 3) document rating, 4) observation of staffing, 5) observation of hearing, and 6) observation of treatment. Although implementation ratings are initially entered for six categories, only four implementation ratings are used to calculate the overall provision score. In brief, this is because a *total observation rating*, based on the two observation ratings from different settings, is calculated. After calculation of the total observation rating, the result will be implementation ratings from the following four sources: 1) interview with FTC, 2) interview with treatment, 3) document rating and 4) total observation rating.

8.3 “Split Provisions”

Some items assess certain components of the provision using one data source and other components with another data source. The **MSIS Data Collection Instrument** clarifies which data source (i.e., interview, document, or observation) should be used to rate the provision component. Ratings of “fully implemented” are reserved for instances in which all provision components are implemented according to the specific data source(s) capturing component implementation.

8.4 Interviews

On the Rater 1 and Rater 2 tabs of the **MSIS Scoring Instrument**, assess the extent to which the provision item (i.e., all aspects described in the provision language) is “fully implemented,” “partially implemented,” or “not implemented” based on the interview responses for that provision. Raters should record “N/A” if the participant does not know and/or does not provide an answer.

8.5 Observations

For both the staffing meeting and the status hearing, use the “Observation Checklist” (the first tab in the **MSIS Scoring Instrument**) to indicate whether each professional is present (“Yes,” “No,” “N/A”) and engaged/actively participating in discussions (“Yes,” “No,” “N/A”). Your responses on the “Observation Checklist” will assist your assessment of Provision numbers 1C and 1J.

On the “Rater 1 Scoresheet” and “Rater 2 Scoresheet” tabs of the **MSIS Scoring Instrument**, evaluate whether each provision item is implemented. For each provision, assess the extent to which the item (all aspects described in the provision language) is implemented based on the event being observed (e.g., status hearing).

For ease of use, raters are asked to enter ratings for both staffings and hearings. This way, raters can enter a rating right at the time of observation in their staffing, rather than wait until they have completed both observations of the staffing and hearing before

coming up with one rating that accounts for both settings. However, all observation ratings will ultimately be considered one data source since the staffing and hearing both occur in the FTC setting and frequently assess similar components of each provision. Because observation ratings are grouped as one data source, the two observation ratings will be converted into one total observation rating.

Raters should record “N/A” if, based on their judgment of the observed case, the provision would never be implemented in the conceivable universe (e.g., the rater sees a case involving a teenager aging out and there is no way the teenager would be offered post-reunification services; Provision 6F). The rater should record “Not Implemented” if, in the conceivable universe, the practice could have been observed but was not (e.g., the rater should observe a child and family focus in every hearing regardless of case specifics; Provision 7A). Remember, the court will get a higher rating if another assessment type reveals the practice is implemented. The rater should record “Partially Implemented” if some aspects of the practice were observed. The rater should record “Fully Implemented” if all aspects of the practice were observed. The only time a rating may be adjusted is if the rater extends the observation within the same site visit period to gain more information.

8.6 Document Review

8.6.1 Document Review Checklist

The **MSIS Scoring Instrument** contains a “Document Review Checklist” for the FTC and treatment provider. On the “Document Review Checklist” tab, indicate whether a given document has been requested (“Yes,” “No,” “N/A”) and received (“Yes,” “No,” “N/A”). For the provision ratings, raters should record “N/A” if the relevant documents were not received from the court or treatment provider.

8.6.2 Document Ratings

In the **MSIS Scoring Instrument** Rater Scoresheets, you will evaluate the extent to which each provision item is implemented. Based on the source listed in the provision (e.g., Policy and Procedure Manual; P&P Manual), assess the extent to which the item (all aspects described in the provision language) is “Fully Implemented,” “Partially Implemented,” or “Not Implemented.”

8.6.3 AND/OR Reviews

Some provisions specify that the given component must appear in two documents (i.e., the Policies & Procedures Manual and the Participant Handbook). These instances are made clear in the **MSIS Data Collection Instrument** because a bolded, capitalized **AND** appears between the document names. For example, Provision 1D requires that “Roles, responsibilities, and communication among each of the three governance committees are clearly defined in P&P Manual and in MOUs.” Therefore, this provision should not be rated “Fully Implemented” unless it is defined in both the P&P Manual as well as the MOUs.

Other provisions may be assessed using more than one document, but evidence of provision implementation need not appear in both/all documents. These instances are made clear in the **MSIS Data Collection Instrument** because a bolded, capitalized **OR** appears between the document names. For “OR” reviews, if the information needed to assess implementation is found in one document, it is not necessary to also find evidence of implementation in the other named documents. If the information needed to assess implementation is not found in the first document, persist through all noted documents before making a rating.

8.6.4 No Document Received

If the documents necessary to assess a given provision were not received, indicate a rating of “N/A.”

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Appendix A: MSIS Site Visit Protocol

60 Days Before Site Visit:

- Request agreement from the judge regarding upcoming visit, including dates for observation sessions
- Schedule the following:
 - Observation sessions during one FTC staffing meeting and one status hearing
 - 90-minute interview with FTC coordinator
- Request list of treatment centers that partner with FTC
- Randomly select a treatment center
- Obtain/confirm contact information for all professionals who will be interviewed
- Schedule the following with the selected treatment center:
 - 45-minute interview with the treatment professional who serves on the FTC team

30 Days Before Site Visit:

- Obtain/confirm contact information for all professionals who will be interviewed
- Obtain/confirm contact information for all professionals who will be observed during staffing
- Request the following documents from 1 FTC coordinator (to the extent they exist):
 - Current policies and procedures manual (or another governance document)
 - All current written policies regarding participant use of prescriptions
 - Participant handbook (or other materials that participant receives at program start)
 - All current memoranda of understanding (MOU) with partner agencies (e.g., substance use treatment, social services providers) and with governance entities
 - Documentation confirming the judge's appointment (including dates of appointment)
 - All continuing legal education/training certificates or records of other training attendance obtained by the judge during the past calendar year
 - All continuing education/training certificates or records of training attendance obtained by other FTC team members during the past calendar year
 - Orientation training curriculum for new operational team
 - Orientation training curriculum for steering/oversight committees
 - 5 randomly chosen examples of participant progress reports or other pre-hearing participant status summary reports (names and other identifying information redacted) which could include:
 - Child welfare court report(s)
 - Plan(s) of safe care
 - Reporting of minutes/notes from meetings(s) that occurred in the previous 12 months during which FTC practices, policies, procedures, or outcomes were discussed

- FTC best practices review report (or similar document summarizing the annual review of FTC for alignment with FTC best practices)
- Data report/summary (or similar document summarizing key data elements used for continuous quality improvement)
- Evaluation reports (or similar document outlining key evaluation findings completed by the FTC or external evaluator)
- All assessment instruments used with adults, their children, and any other family members
 - Includes any assessment used in determining program eligibility and any other risk assessments, substance use assessments, developmental assessments, etc.
- Request the following documents from 1 professional at selected FTC treatment partner:
 - All current written policies regarding participant use of prescriptions
 - All continuing education/training certificates or records of other training attendance obtained by providers who serve FTC-involved clients during the past calendar year
 - Initial evidence-based practice training and certification documentation
 - Documentation of external or internal fidelity review from the past 12 months for any evidence-based interventions provided to FTC-involved clients
 - Treatment provider state licensure or certification (if applicable)
 - All assessment instruments used with adults, their children, and any other family members
 - Includes any assessment used in determining program eligibility and any other risk assessments, substance use assessments, developmental assessments, etc.
 - 5 randomly chosen examples of FTC client case plans (names and any other identifying information redacted) which could include:
 - Child welfare court report(s)
 - Plan(s) of safe care

1 Week Before Site Visit:

- Confirm scheduled interviews
- Email a copy of the interview questions to all professionals who will be interviewed
- Confirm scheduled observation sessions
- Only if conducting research governed by an IRB: Email information sheet to all professionals whose semi-private behavior will be observed
- Email information sheet to all professionals who will be interviewed

Appendix B: Notice to Judges

Greetings!

Thank you for your willingness to review this memo regarding the ***Family Treatment Court (FTC) Model Standards Evaluation***. This evaluation is being done to measure the extent to which the FTC has implemented the Model Standards described in the FTC Best Practice Standards published in September 2019. Your involvement is critical to this evaluation.

Project Overview

The findings from this evaluation will help determine how the FTC can be improved to better help families with parental substance use disorders.

This evaluation will rely on a site visit to assess the judge/courtroom for adherence to the FTC Best Practice Standards. We are hoping to schedule the site visit in the month of _____. The visit will last around 2-3 hours and will entail observing the court, interviewing the FTC coordinator, and requesting and reviewing certain non-privileged or redacted documents.

Our Initial Site Visit: What We Need from You

For our initial site visit, we are requesting to schedule:

- Observation of one of your status hearings
- Observation of one of your staffing meetings
- 90-minute interview with the FTC coordinator
- 45-minute interview with a treatment professional from the FTC team

We intend to conduct the status hearing observation in your courtroom.

[Include only if conducting research governed by IRB review]: Because we will be observing you in a semi-private setting (an FTC status hearing), you will be considered a research participant and we are required to obtain your informed consent. Attached is a copy of the information sheet that we will request you review before we visit your courtroom. **We will focus our observation and measurement on you and other professionals engaged in the status hearing (e.g., attorneys, guardian ad litem), and will not be making any type of assessments regarding the parents or children who happen to be at the status hearing.** Therefore, we will only obtain informed consent from you and other professionals in the courtroom. We will obtain your verbal consent to participate in the observation. You do not need to sign the information sheet.

Should you foresee that you will be unable or unwilling to participate in the evaluation at the above-noted time, we would greatly appreciate you informing us of such at your

earliest opportunity. Of course, no judge or case manager is required to participate in this project.

Questions or Concerns

Should you have any further questions regarding any aspect of this project, please do not hesitate to reach out to [evaluator name] at [evaluator email].

Sincerely,

[evaluator name]

Appendix C: Document Letter – FTC Coordinator

[DATE]

Greetings!

Thank you for participating in our evaluation of the [FTC name]’s adherence to the FTC Best Practice Standards. As you are aware, a site visit in your county is scheduled for the week of [date], during which time we will be conducting interviews and observations using the Model Standards Implementation Scale (MSIS). In addition to collecting interview and observation-based information, we are also requesting documents from each court. These documents will assist us with our assessment.

We ask that you prepare these documents for us by the time of the site visit. You may send these documents through any combination of the following methods, whichever is most convenient for you:

- (1) As hard copies by mail to:
[evaluator mailing address]
- (2) By email to:
[evaluator email address]
- (3) As hard copies, in person, at the time of the site visit.

Please note that clients' and children’s names should be redacted from all documents. Any document that contains confidential information not suitable for facsimile should be made available as a hard copy during the site visit.

Please prepare the following documents, to the extent each exists:

Policies, Manuals, and Forms

- Current policies and procedures manual (or another governance document)
 - All current written policies regarding participant use of prescriptions
- Participant handbook (or other materials that participant receives at program start)
- All current memoranda of understanding (MOU) with partner agencies (e.g., substance use treatment, social services providers) and with governance entities
- Documentation confirming the judge’s appointment (including dates of appointment)

Training Materials and Documentation

- All continuing legal education/training certificates or records of other training attendance obtained by the judge during the past calendar year

- All continuing education/training certificates or records of training attendance obtained by other FTC team members during the past calendar year
- Orientation training curriculum for new operational team
- Orientation training curriculum for steering/oversight committees

Internal Reporting

- 5 randomly chosen examples of participant progress reports or other pre-hearing participant status summary reports (names and other identifying information redacted) which could include:
 - Child welfare court report(s)
 - Plan(s) of safe care
- Reporting or minutes/notes from the meeting(s) that occurred in the previous 12 months during which FTC practices, policies, procedures, or outcomes were discussed
- FTC Best Practices review report (or similar document summarizing the annual review of FTC for alignment with FTC Best Practices)
- Data report/summary (or similar document summarizing key data elements used for continuous quality improvement)
- Evaluation reports (or similar document outlining key evaluation findings completed by the FTC or external evaluator)

Assessments

- All assessment instruments used with adults, their children, and any other family members
 - Includes any assessment used in determining program eligibility and any other risk assessments, substance use assessments, developmental assessments, etc.
 - NOTE: If the treatment provider conducts assessments, please indicate as such.

Please let us know if you need any clarification regarding the documents we have requested above. Thank you very much for your help in preparing these documents and your participation in this evaluation.

Sincerely,

[evaluator name]
[evaluator address]

[evaluator phone number]
[evaluator email address]

Appendix D: Document Letter – Treatment

[DATE]

Greetings!

Thank you for participating in our evaluation of the [FTC name]’s adherence to the FTC Best Practice Standards. As you are aware, a site visit in your county is scheduled for the week of [DATE], during which time we will be conducting interviews and observations using the newly developed Model Standards Implementation Scale (MSIS). In addition to collecting interview and observation-based information, we are also requesting documents from each court. These documents will assist us with our assessment.

We ask that you prepare these documents for us by the time of the site visit. You may send these documents through any combination of the following methods, whichever is most convenient for you:

- (1) As hard copies by mail to:
[evaluator address]
- (2) By email to:
[evaluator email address]
- (3) As hard copies, in person, at the time of the site visit.

Please note that clients’ and children’s names should be redacted from all documents. Any document that contains confidential information not suitable for facsimile should be made available as a hard copy during the site visit.

Please prepare the following documents, to the extent each exists:

Policies, Manuals, and Forms

- All current written policies regarding participant use of prescriptions
- A schedule of treatment groups showing all types of groups currently available to FTC clients

Training Materials and Documentation

- All continuing education/training certificates or records of other training attendance obtained by providers who serve FTC-involved clients during the past calendar year
- Initial evidence-based practice training and certification documentation
- Documentation of external or internal fidelity review from the past 12 months for any evidence-based interventions provided to FTC-involved clients
- Treatment provider state licensure or certification (if applicable)

Assessments and Case Plans

- All assessment instruments used with adults, their children, and any other family members
 - Includes any assessment used in determining program eligibility and any other risk assessments, substance use assessments, developmental assessments, etc.
- 5 randomly chosen examples of FTC client case plans (names and other identifying information redacted) which could include:
 - Child welfare court reports(s)
 - Plan(s) of safe care
- A schedule of treatment groups showing all types of groups currently available to FTC clients

Please let us know if you need any clarification regarding the documents we have requested above. Thank you very much for your help in preparing these documents and your participation in this evaluation.

Sincerely,

[evaluator name]

[evaluator address]

[evaluator phone number]

[evaluator email address]

Appendix E: Information Sheet

Information Sheet for Participation in a Research Study

Principal Investigator: [PI NAME]

Study Title: [ADD]

Introduction

You are invited to participate in a research study to determine if family treatment court practice standards, when implemented, predict better outcomes for parents with substance use disorders (SUDs), their children, and their families. You are being asked to participate because you are either:

A courtroom professional in a dependency docket in one of the participating counties in [State].

A substance use treatment professional in one of the participating counties in [State].

Why is this study being done?

The purpose of this research is to determine if family treatment court practice standards, when implemented, predict better outcomes for parents with SUDs, their children, and their families.

What are the study procedures? What will I be asked to do?

If you agree to take part in this study, you will be observed during semi-private professional activities as a component of bi-annual (twice per year) site visits between [DATE] and [DATE]. During the site visit, a Field Data Liaison and Researcher will conduct an observational survey and interview using the Family Treatment Court Model Standards Implementation Scale (MSIS). The data collected using this Scale will only be used for research and statistical purposes. Observations and interviews may be conducted either in person and/or virtually (i.e., by phone or video conferencing software).

What are the risks or inconveniences of the study?

The study involves no physical, psychological, economical, or other known risks to you. However, because we will be observing your professional behavior, there is a small risk that this activity could raise uncomfortable feelings and stress. If this happens, you can choose to stop being observed at any time. If you are negatively affected by the data collection, we will encourage you to seek help.

There is also a small risk that a loss of confidentiality will occur. Your professional role and setting will be documented, but extremely careful procedures will be used to ensure that

these data are not accessible to anyone outside of the research team. Every precaution will be taken to mitigate the possible risk associated with a potential loss of privacy. Any data that could identify a participant will be kept private.

If you disclose information that you may cause immediate harm to yourself or another person, the researcher may report this information to appropriate authorities.

What are the benefits of the study?

You may enjoy knowing that your participation will help researchers understand the impact of family treatment courts on families affected by SUDs. We hope that what we learn from you and other participants will lead to improvements to these courts so that they are more helpful to families. Otherwise, you may not directly benefit from this research.

Will I receive payment for participation? Are there costs to participate?

There are no costs to be in this study. You will not receive payment for participation.

How will my personal information be protected?

The following procedures will be used to protect the confidentiality of your data. All data will be collected using a password-protected project laptop only accessible by the research team. Data will be entered directly into an excel spreadsheet. The computing facilities where data and software will be hosted include the latest technologies and secure environments for conducting data collection for research. The computing facilities were designed with policies and rules that meet or exceed HIPAA and other Federal information security regulations. Only authorized members of the research team will have access to data through individual user IDs and passwords.

The research team will keep any information you give us confidential, and will not share it with anyone outside of the research team, with certain exceptions.

Study records including identifiable information will be kept for three years from the end of the study period ([DATE]). Thereafter, de-identified datasets will be downloaded from the University server and stored on the lead researcher's University-issued, password-protected computer. The project will be deleted and scrubbed from University servers.

The following procedures will be used to protect the confidentiality of your data. The researchers will keep all study records (including any codes to your data) locked in a secure location. Research records will be labeled with a code. The code will be derived from a number that reflects the date of the site visit, the courtroom, and the county. For example, the [DATE] site visit in Courtroom A in _____ County will get the code [CODE]. A master key that links identifying information and codes will be maintained in a separate and secure location. The master key and any recordings will be destroyed after three years. All electronic files (e.g., database, spreadsheet) containing identifiable information will be

password protected. Any computer hosting such files will also have password protection to prevent access by unauthorized users. Only the members of the research staff will have access to the passwords. Data that will be shared with others will be coded as described above to help protect your identity.

At the conclusion of this study, the researchers may publish their findings. Information will be presented in summary format and you will not be identified in any publications or presentations.

You should also know that the _____ Institutional Review Board (IRB) and Research Compliance Services may inspect study records as part of its auditing program, but these reviews will only focus on the researchers and not on your responses or involvement. The IRB is a group of people who review research studies to protect the rights and welfare of research participants.

Can I stop being in the study and what are my rights?

You do not have to be in this study if you do not want to. If you agree to be in the study, but later change your mind, you may drop out at any time for any reason. There are no penalties or consequences of any kind if you decide that you do not want to participate. You do not have to answer any question that you do not want to answer.

Whom do I contact if I have questions about the study?

Take as long as you like before you make a decision. We will be happy to answer any questions you have about this study. If you have further questions about this study or if you have a research-related problem, you may contact the principal investigator, (NAME, CONTACT INFORMATION). If you have any questions concerning your rights as a research participant, you may contact the Institutional Review Board (IRB) at _____.

Appendix F: Interviewer Script

[Obtain verbal consent for participation if the interview is being conducted as part of research governed by an IRB]

Thank you for your willingness to speak with me today regarding the _____ County Family Treatment Court [or alternative terminology as appropriate]. For the next 60-90 minutes, I will be asking you questions about the FTC's [or alternative terminology as appropriate] history, policies, practices, and operations. Your answers to these questions will give us some information about the extent to which the FTC [or alternative terminology as appropriate] has implemented various Model Standards.

If any of the questions I ask do not make sense, please ask for clarification. If a question does not apply to your FTC, I can record that as well. If there are any items that you do not know the answer to, please do not guess. Instead, please let me know whom I should ask instead to get the answer.

It is important that we get the most accurate information possible. Keep in mind that this evaluation aims to see how the FTC [or alternative terminology as appropriate] can be improved to better help families with parental substance use disorders.

My questions are going to follow the format of the Model Standards. Therefore, there may be some repetition or redundancy. If there are any answers you provide and, following our discussion, you realize that you provided an inaccurate or incomplete answer, please do not hesitate to reach out to me. I can revise your responses for up to 10 days after this interview.

Let's get started!

Appendix G: Information on Validated Assessments & Evidence-Based Interventions

Given the ongoing and continually evolving nature of research on various screening tools, assessments, and interventions, we have chosen not to provide a list of validated screening tools and assessments or evidence-based interventions. Instead, we instruct site visitors and evaluators to assess screening tools, assessments, or interventions available to family treatment court participants using the following information:

1. The *Standards* includes examples of validated assessments and screening tools:
 - a. for children, in the Rationale and Key Considerations for Standard 4, Provision D (p. 70)
 - b. for parents' SUD, in the Rationale and Key Considerations for Standard 5, Provision G (p. 90), and
 - c. for families, in the Rationale and Key Considerations for Standard 4, Provision C (pp. 68-69)
2. If the intervention requires "fidelity monitoring," it is evidence-based
3. If the instrument is copyrighted, it is validated
4. If items 1-3 do not clarify the status of the instrument or intervention,
 - a. Conduct a web search for the instrument or intervention:
 - i. A tool or assessment is considered "validated" if a peer-reviewed scientific article has been published on the psychometric properties of the instrument
 - ii. A program or intervention is considered "evidence-based" according to a variety of criteria including the number, quality, and results of peer-reviewed scientific research on the program
 - b. [The Cochrane Library](#) and [The Campbell Collaboration](#) also provide information on specific programs and catalog interventions according to the quality of evidence
 - c. Children & Family Futures is an excellent resource for [FTC technical assistance needs](#), including guidance on whether a screening tool, assessment, or intervention is evidence-based.

Appendix H: Administrative Data for Validity Check

Provision 3B

Using FTC and child welfare system (CWS) data, compare the FTC population to the overall child welfare population in terms of the percentage of enrolled, successfully discharged, and achieving permanency within 24 months for different races, ethnicities, genders, and other historically marginalized groups. The provision is fully implemented if retention and outcomes are equivalent across groups.

Provision 3C

Using Treatment Episode Data Set (TEDS) data, assess that treatment outcomes are equivalent for participants across race, ethnicity, and gender categories. Treatment outcomes include the level of treatment, time to treatment (treatment start date minus child removal date), length of stay (treatment exit date minus treatment start date), and treatment completion (percentage of successful exits). The provision is fully implemented if treatment outcomes are equivalent across groups.

Provision 3D

Using FTC data on sanctions (if such data is kept), assess that responses to participants are fair (equal response to an equal infraction) across race, ethnicity, and gender categories. The provision is fully implemented if sanctions for similar infractions in similar circumstances are equivalent across groups.

Provision 4B

To calculate “prompt” screening, subtract the FTC screening interview date from the child removal date. To calculate “prompt” entry into the FTC, subtract the FTC start date (obtained from FTC data) from the child removal date (obtained from CWS data). This provision is fully implemented if the average and maximum length of time from removal to FTC start date is “prompt.” The FTC executive committee should define “prompt” according to the constraints of their larger systems.

Provision 5A

To assess the timeliness of treatment access, measure the timing of SUD assessment and SUD treatment start. To calculate the length of time from removal to SUD assessment, subtract the SUD assessment date (obtained from TEDS data) from the child removal date (obtained from CWS data). To calculate the length of time from removal to treatment enrollment, subtract the SUD treatment enrollment date (obtained from TEDS data or FTC data) from the child removal date (obtained from CWS data). Confirm that the FTC routinely tracks the time between case opening and SUD treatment entry. This provision is fully implemented if the average and maximum timeframes for treatment assessment and treatment start date are “timely” and the FTC routinely tracks this information. The FTC executive committee should define “timely” according to the constraints of their larger systems.

Provision 5C

Use treatment start and end date (obtained from TEDS data) to assess the average treatment duration for participants. Use TEDS data to assess treatment levels available

to participants. This provision is fully implemented if participants are enrolled in treatment for at least 90 days and have access to residential, recovery housing, and outpatient treatment.

Provision 8A

Verify that the FTC collects information about the services provided to children, parents, and families (e.g., drug test results, services attendance) and participants' performance in the FTC in an electronic database (such as attendance to court hearings and treatment sessions). Verify that the FTC records information about participant demographic characteristics; dependency court actions and processes; child welfare indicators; SUD and mental health treatment; other parent or caregiver, child, family, and parenting services; recovery and reunification support; criminal justice involvement; and child, caregiver, and family well-being, and to the extent possible, long-term outcomes of child and family well-being. This provision is fully implemented if the FTC collects all the above data elements.

Appendix I: Detailed Scoring Information

Because scores are calculated automatically by the **MSIS Scoring Instrument**, an understanding of the information contained in this section is not necessary to use the MSIS. However, we provide a detailed explanation of how overall provisions scores are calculated for those who are interested.

Calculation of Total Observation Ratings

For some provisions, only one type of observation is used to assess their implementation. In these cases, the overall observation rating will be equal to that single observation rating.

For other provisions, two types of observation are assessed—specifically, there will be an observation rating from the staffing and the hearing. The total observation rating for these provisions will be calculated according to the following rules:

- If both observation ratings are “Fully Implemented,” “Partially Implemented,” “Not Implemented,” or “N/A,” the total observation rating is “Fully Implemented,” “Partially Implemented,” “Not Implemented,” or “N/A,” respectively
- If one observation rating is “Fully Implemented” and the other is “Partially Implemented” or “Not Implemented,” the total observation rating is “Partially Implemented”
- If one observation is rated as “Partially Implemented” and the other is “Not Implemented,” the total observation rating is “Partially Implemented”
- If one observation rating is “N/A” and the other is “Fully Implemented,” “Partially Implemented,” or “Not Implemented,” the total observation rating is “Fully Implemented,” “Partially Implemented,” or “Not Implemented,” respectively

After calculation of the total observation rating, the result will be implementation ratings from the following four sources: 1) interview with FTC, 2) interview with treatment, 3) document rating and 4) total observation rating.

Calculation of the Overall Provision Score

The overall provision score will range from 1-3. A score of 3 means the provision was fully implemented, a score of 2 means the provision was partially implemented, and a score of 1 means the provision was not implemented.

Functions in the **MSIS Scoring Instrument** will automatically calculate an overall provision score based on both raters' scores for each provision across data sources. With a few exceptions (see the section *Calculation of the Overall Provision Score—Special Cases* below), scores will be calculated according to the following guidelines:

- First, the average provision score is derived by calculating the mean rating between raters for each data source. Specifically, mean ratings between Rater 1

and Rater 2 will be calculated for the FTC interview, treatment interview, document, and total observation. If only one rater is entering implementation ratings, then a mean rating will not be calculated. The result will be four mean ratings.

- Across mean ratings for each data source, the highest rating will be used as the overall provision score.

Calculation of the Overall Provision Score—Special Cases

Overall provision scores for provisions 1A, 1B, 1F, 2B, 4D, 5B, and 8B will be calculated differently than the other provisions. For these provisions, a portion of the provision is assessed by one data source and another portion of the provision is assessed by another data source. For all other provisions, the entire provision is assessed by more than one data source. For provisions 1A, 1B, 1F, 2B, 4D, 5B, and 8B, a total implementation rating that accounts for all the data sources will be calculated first.

Provisions 1A, 1B, 2B, 4D, and 8B

For provisions 1A, 1B, 2B, 4D, and 8B, total implementation ratings will be calculated according to similar rules as the total observation rating described above. Specifically:

- If the provision receives the same rating according to both data sources, then that rating will be the total implementation rating
- If the provision is rated “Fully Implemented” according to one data source and “Partially Implemented” or “Not Implemented” according to the second data source, the total implementation rating is “Partially Implemented”
- If the provision is rated as “Partially Implemented” according to one data source and “Not Implemented” according to the second data source, the total implementation rating is “Partially Implemented”
- If the provision is rated as “N/A” according to one data source, then the rating according to the second data source will be used as the total implementation rating

The overall provision score for provisions 1A, 1B, 2B, 4D, and 8B will be derived by calculating the mean total implementation rating between raters.

Provisions 1F and 5B

Provisions 1F and 5B are assessed in part by interviews conducted at both the FTC and the partnering treatment provider, as well as document review. To calculate the total implementation rating for provisions 1F and 5B, first, the maximum interview rating across the FTC and the treatment provider will be calculated. The maximum interview rating will serve as one data source and the document rating will serve as a second data source. Total implementation ratings and the overall provision score for provisions 1F and 5B will be calculated according to the same rules as provisions 1B, 2B, 4D, and 8B described above.

