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National Study of Family Treatment Court Best Practices, Outcomes, and Costs

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Background for the National Study of Family Treatment Court Best Practices, Outcomes, and Costs

The National Study of Family Treatment Court Best Practices, Outcomes, and Costs (hereby referred to as the National Study of Family Treatment Courts; NEFTC) was comprised of two integrated and complementary study components, a family treatment court (FTC) Best Practice Study (BPS) and an FTC Outcome and Cost Study (OCS).

These studies sought to fill gaps in our understanding of FTCs by measuring the extent to which FTC's are following the FTC Best Practice Standards and assessing who benefits from FTCs (including how FTCs measure families' risks and needs for program eligibility and service matching), the extent to which FTCs meet the needs of the communities they serve, and the cost-efficiencies of implementing such programs. Specifically, the BPS (1) examines the policies and practices of FTCs, (2) assesses the extent to which the policies and procedures of FTCs are aligned with current best practice standards, (3) describes the characteristics of FTCs (e.g., whether they use a parallel, integrated, or hybrid model); (4) describes eligibility requirements; and, (5) estimates the number and characteristics of families served by FTCs across the country.

The Outcome and Cost Study (OCS) (1) reviews the implementation of four focus sites that reflect the diversity of FTCs across the country; and (2) incorporates child, parent, and family outcomes related to repeat child maltreatment events (i.e., child welfare recidivism) and removals from the home.

Best Practice Study

Research Questions

The Best Practice Study (BPS) addresses the following questions and sub questions:

(1) What is the scope and scale of FTCs across the country?

a. What are the characteristics of families who participate in FTCs?

b. What are the range of eligibility criteria and how much are validated risk and needs assessment tools used to determine eligibility (and determine service needs)?

c. How does scope and scale of FTCs relate to the number of families who could be eligible for and benefit from FTCs?

(2) What practices are FTCs implementing across the country?

a. To what extent are FTCs implementing the FTC Best Practice Standards and other promising practices?

(3) How are FTCs addressing the opioid crisis?

a. To what extent are programs prioritizing those with opioid use disorders?

b. To what extent are FTCs providing or allowing medication for addiction treatment (MAT) for opiate and other drug disorders?

Methods

Participants

Study staff requested lists of FTCs from organizations that frequently work with FTCs, such as All Rise (previously the National Association of Drug Court Professionals), Children and Family Futures (CFF), and state-level treatment court coordinators. Once compiled, 343 FTCs were confirmed as currently active and unique programs as of February 2020. Researchers

contacted each active court with information about the study and with a link to complete the Best Practice Assessment (see Appendix A). One hundred and eighty-two assessments (53%) were fully completed by the end of this phase of data collection.

Completed assessments came from programs in 42 states across the United States, the District of Columbia, and Guam. Although the sample is not randomly distributed and therefore, may not be a representative sample, the data compiled in this portion of the NEFTC study represents the largest FTC dataset to date (see Appendix B for information on sample distribution by state). Additionally, the sample of courts included a variety of characteristics (see Table 1.1). For example, courts reported being implemented across a 27-year span, from 1993 to 2020 (M = 11 years, SD = 6.8 years). Over half of the courts reported functioning as an integrated model where the same judge oversaw both the FTC and the child welfare case, 19% were parallel courts (separate judges oversaw the FTC and dependency cases), and 23% reported being a hybrid of both models[1]. Although not common, some FTCs in the sample reported having participants complete different tracks (providing different services or separating participants into different groups) for treatment based on preexisting diagnoses (e.g., co-occurring mental health disorders) or characteristics (e.g., gender). The FTCs also admitted families at different points in their legal proceedings such as during pre-filing (21.6%), during pre-adjudication (56.4%), and before dispositions occurred (78.2%).

[1] The "hybrid" court model was often selected when courts did not feel like their court fit singularly into either the parallel or integrated model. For example, one court noted that their judge oversaw all child dependency cases in County A then ran an FTC in another County B, which may or may not get participants from County A.

Table 1.1

FTC Characteristics

Program Characteristics	% (N/Total N)
Court Structure	
Integrated court (same judge for the child welfare and FTC cases)	55.5% (101/182)
Parallel court (different judges for the child welfare and FTC cases)	19.2% (35/182)
Hybrid court	23.1% (42/182)
Other court structure (not integrated, parallel, or hybrid)	2.2% (4/182)
Courts' Use of Separate Tracks for Different Groups[2]	
Separate track for participants with co-occurring mental health/substance use disorders	12.4% (22/177)
Separate track for participants using medication assisted treatment	8.5% (15/177)
Separate track for participants with different gender identities	9.6% (17/178)
Different tracks for participants with different risk/need profiles	14.8% (26/180)
Case Status at the Point of Acceptance[3]	
Accepts participants pre-filing	21.6% (27/125)
Accepts participants pre-adjudication	56.4% (79/140)
Accepts participants post-adjudication	78.2% (122/156)
Accepts participants post-disposition	83.9% (130/155)

The number of participants each court had the capacity to serve at any given time varied greatly by court. The courts ranged in capacity from three to 251 (*SD* = 30.5) participants, with a majority of courts (90%) reporting that they could only accommodate 33 participants or less at any given time. At the time of the assessment, the average number of participants reported was 21.3.

[2] Respondents could select more than one option. Approximately 35% of courts did not indicate separate tracks.
[3] Respondents could select more than one option.

Procedures

Statewide treatment court coordinators[4] emailed an introductory message to all the FTCs in their state or jurisdiction on behalf of the study. NPC researchers subsequently disseminated the assessment via email to the local FTC coordinators at each site, including providing unique site-specific links to the assessment and a study description. Researchers also included a frequently asked questions document along with a "helpline" phone number and dedicated email address with the initial email and promised individualized best practice reports as an incentive to complete the assessment. Four weeks after the initial email, researchers sent reminder emails to all non-respondents. Two weeks after the reminder email, researchers began calling all non-respondents by phone and sent a list of non-respondents to each statewide coordinator, All Rise, and CFF, asking that they contact the non-respondents with whom they were familiar. Phone and email reminders to non-respondents were repeated two more times, every other week, unless the respondent asked not to be contacted again.

Researchers reviewed all assessment responses on a rolling basis throughout the data collection period and followed up with questions and clarifications about missing or inconsistent responses by email and telephone. Once the assessment was quality checked, researchers emailed respondents a report summarizing program performance against the FTC standards.

The original planned length of the data collection period was 3 months. Unfortunately, the first invitations with the assessment links were sent the last week of February 2020, coinciding with the rapid spread of COVID-19. As the implications of the pandemic became evident, the study team decided to leave the study window open indefinitely. All follow-up

[4] Or their equivalents, including Court Improvement Program staff or others responsible for overseeing treatment courts.

contacts with non-respondents and those submitting incomplete assessments (which began in early April) included guidance that responses should reflect court practices prior to any changes to program operations made to address the pandemic. To preserve study resources for additional tasks, researchers stopped reaching out to non-respondents and those who submitted incomplete assessments 8 months after the assessment was disseminated. All assessments included in this study were submitted within 14 months of the original survey dissemination, nearly one year longer than originally planned.

Measures

This study used one measurement tool, the Family Treatment Court Best Practice Self-Assessment Tool (FTC BeST or FTC Best Practice Assessment). The FTC BeST is an automated online assessment tool that asks FTC teams for basic, objective information about procedures and practices in their treatment court. The tool includes 171 items related to treatment court procedures and practices and takes approximately 45 minutes to complete. Respondents are asked to collaborate with the entire treatment court team regarding the assessment responses but submit only one assessment per program. The information provided on the BeST is then translated into a report on information about a court's fidelity to research-based best practices. These best practices are defined by the 10 Key Components of Drug Courts (NADCP/All Rise, 1997), the Adult Drug Court Best Practice Standards (NADCP/All Rise, 2013, 2015), and the Family Treatment Court Best Practice Standards (All Rise and CCFF, 2019). The original online tool was developed based on qualitative and quantitative research completed on more than 100 treatment courts (Carey et al., 2010; Ho, Carey, & Malsch, 2018) and is updated yearly based on continued research on and feedback from treatment courts. The assessment was reviewed by a

group of experts in the FTC field including researchers, national technical assistance providers, and FTC team members. Based on feedback provided from the advisors, questions were added to the assessment and question phrasing was modified to best reflect the current knowledge and terminology used in the FTC field.

Data Analysis

The three main research questions and six sub-questions were answered by running descriptive statistics, mostly frequencies of survey responses, to understand how the sample of FTCs are operating in terms of characteristics and current implementation of FTC best practices.

Results

Research Question 1 – What is the Scope and Scale of FTCs Across the County?

a. What are the characteristics of families who participate in FTC's?

Families enter into FTCs for various reasons. Since a criminal case or charge is not always necessary depending on differing FTCs' eligibility criteria, child welfare events such as a child welfare case opening, or the removal of a child in combination with a parent experiencing a substance use disorder (SUD) can prompt a referral to an FTC. Once admitted to a program, courts reported the range of time it took for participants to complete their program. Although the average time to successfully complete a given FTC program was 14.81 months, the reported time ranged between nine months and 52 months.

b. What is the range of eligibility criteria and how much are validated risk and needs assessment tools used to determine eligibility (and determine service needs)?

To be considered for FTC participation, a parent needs a qualifying event and a subsequent referral. In this study, seven different events frequently prompted a referral, a child welfare case filing (87%), the removal of a child (82%), the substantiation of a maltreatment

event (69%), a new arrest (18%), a criminal case filing (13%), a probation/parole violation (11%), or a new criminal conviction (10%). To receive a referral, an individual must also demonstrate the need for substance use treatment – typically by being screened or assessed for a SUD. Most FTCs accepted participants associated with most types of child maltreatment, with sexual abuse serving as a barrier to entry for most programs (see Table 1.2). Additionally, courts frequently exclude individuals for reasons that did not align with FTC Best Practices, including participants who would not admit that they have a SUD (48.6%), participants with prior violent convictions (36.5%), and participants using opioids for pain management (35.7%; see highlighted rows in Table 1.3 for other exclusionary reasons reported that do not algin with best practices).

Table 1.2

Maltreatment Type as Eligibility Criteria

Type of Maltreatment	# (%) of Courts Reporting the Type of Maltreatment as Eligible for Court Participation
Neglect	172 (97.7%)
Child Endangerment	158 (92.4%)
Child Abandonment	144 (85.7%)
Mental Abuse	136 (84.5%)
Physical Abuse	130 (79.8%)
Sexual Abuse	60 (38.7%)

Table 1.3

Number and Percentage of Courts Excluding Participants Based on Indicated Criteria

Exclusionary Criteria	# (%) of Courts that Exclude Participants Based on These Criteria
Have current violence charges	89 (49.2%)
Do not admit to (or recognize) having a substance use disorder	88 (48.6%)
Have prior violence convictions	66 (36.5%)
Currently use prescription opiates for pain management	65 (35.7%)
Have current drug sales or trafficking charges	60 (33.3%)
Currently use prescription benzodiazepines	44 (24.3%)
Have previous termination of parental rights (TPR)	14 (7.7%)
Have current felonies	13 (7.1%)
Use methadone to treat their substance use disorder	12 (6.6%)
Have current drug charges	9 (4.9%)
Use Buprenorphine/Naloxone to treat their substance use disorder	6 (3.3%)
Use Naltrexone to treat their substance use disorder	4 (2.2%)
Legally take prescribed psychotropic medications	3 (1.7%)
Have prior felonies	3 (1.6%)
Have co-occurring mental health disorder	0

Note. Highlighted rows demonstrate reasons courts may deny a person entry that did not align with FTC best practices.

FTCs saw a variety of substances used by participants (see Table 1.4). Fifty-eight percent of participants reported using some form of opioids and half of participants reported using methamphetamines. Although legal in most states, 39% of FTCs reported participant marijuana use and 29% reported alcohol use or misuse. To confirm the presence of a SUD and the risks and needs of each participant, it is recommended that FTCs use validated and standardized assessments. The American Society of Addition Medicine (29%; eLearning by ASAM) and Addition Severity Index (15%; McLellan et al., 1980) were the most commonly used assessments with adult participants to establish both court eligibility and specific

treatment/service needs (see Appendix C for all assessments reported). Children and family assessments were also used to provide additional service recommendations; however, FTCs used a wider variety of assessments for these audiences.

Table 1.4

Percent of Respondents Indicating Prior Substance Use Reported by Participant

Substance Used by Participants	Estimated Average % (SD) of Participants per Court using Substance Prior to Program Entry
Opioids (including Heroin and Prescription Opioids)	58% (27.9)
Methamphetamine	50% (32.2)
Marijuana	39% (29.4)
Alcohol	29% (25.1)
Crack/Cocaine	14% (18.9)
Other Prescription Drug (Misuse)	11% (18.3)
Over the Counter Drug (Misuse)	3% (5.7)

c. How does the scope and scale of FTCs relate to the number of families who could be eligible for and benefit from FTCs?

Although the data collected through the FTC BeST assessment in this study does not represent all current FTCs, it does provide information that can be used to help estimate the potential service reach of these courts. For 2021, it was reported that 116,006 child victims of maltreatment (26.1% of the total incidence of maltreatment) had a caregiver that abused substances – a leading risk factor in child maltreatment (Child Maltreatment Data Book, 2021). In the same year, the FTC BeST assessment was completed and the 182 courts that responded indicated that there were 3,663 adults currently active in the surveyed FTC programs. Therefore, if every active parent in one of these FTCs presented with two counts of child maltreatment in 2021, only 6.3% of cases of child maltreatment where parent substance use was a factor participated in an FTC in our sample.

To further extrapolate, it was estimated that 343 FTCs existed in 2021. By replicating the assumptions above, if all 343 FTCs had similar caseloads and had parents with two counts of maltreatment[5], we can estimate that approximately 12% of child maltreatment cases with a parent with an SUD are being covered by FTC services. This percentage is likely an overestimate since many adults will only have one count of child maltreatment in a given year and FTCs have additional exclusion criteria, as previously discussed.

With FTCs showing positive outcomes for families related to reunification and lower recidivism in the child welfare system (Zhang, 2019), it is important to understand how FTC services can be expanded to meet the needs of more families. An examination of how FTCs are operating through the FTC BeST assessment provides some indication of the services needed to increase FTC capacity.

Research Question 2 - What practices are FTCs implementing across the country?

a. To what extent are FTCs implementing the FTC Best Practice Standards currently under development and other promising practices?

At the time of this study, the FTC BeST assessed 80 FTC Best Practices (BPs). Across the 182 courts assessed, 75% of these 80 BPs were met, with many individual BPs being implemented by 80% or more of FTCs. Because the 10 Key Components (NADCP/All Rise, 1997) represent the original treatment court model (the definition of a treatment court) each set of best practice results is presented by Key Component and associated FTC best practice standard(s).

[5] Using two maltreatment count in these assumptions is likely an undercount based on the number of screened in child maltreatment referrals in 2021 (2,008,904) and the unique count of children that experienced maltreatment (588,630).

Key Component 1- Treatment courts integrate alcohol and other drug treatment services with justice system case processing

- ***FTC Standard 1: Organization and Structure***

The first Key Component is comprised of five BPs that are related to the organization and structure of the FTC as it pertains to the integration of alcohol and drug treatment services with justice system case processing. Three of the BPs in this Key Component reference written communication, such as documents presenting expectations of team members and participants, as well as written communication between team members themselves (see Table 1.5). The remaining two BPs seek to understand team member attendance at court hearings and pre-court staffing meetings.

Related to structures that support collaboration between treatment and the justice system, 87% of FTCs indicated that they had written Memorandums of Understanding (MOUs) that specified team member roles and responsibilities and 95% of FTCs had a written policy and procedure manual for the court documenting FTC processes. Regarding team member communication, 77% of courts reported that their MOU specified what information could be shared between team members and 93% of courts indicated that treatment providers communicated via email with the court to provide timely updates on participant progress. Although documentation was a strength of many FTCs, only 9% reported that all roles considered to be FTC team members attended pre-court team staffing meetings and only 7% attended court/status review hearings. The most challenging team members to get to consistently attend staffing and court were child service providers and parent attorneys. A majority of these positions are characterized by competing responsibilities related to additional cases or appointments, which likely explains the low percentage of courts meeting these BPs.

Table 1.5

Percent of FTCs Performing BPs in Key Component 1

Key Component #1: Treatment courts integrate alcohol and other drug treatment services with justice system case processing o **FTC Standard 1: Organization and Structure**		**% Performing this practice?**
1.	Treatment court has a Memorandum of Understanding (MOU) in place between the treatment court team members (and/or the associated agencies)	70%
1.1a	MOU specifies team member roles	87%
1.1b	MOU specifies what information will be shared	77%
1.2	Treatment court has a written policy and procedure manual	95%
1.3	All key team members attend pre-court team meetings (staffings) (judge, state's/child attorney or guardian ad litem, parent/defense attorney, parent and child treatment and service providers, program coordinator, and child welfare case worker)	9%
1.4	All key team members attend court sessions/status review hearings (judge, state's/child attorney or guardian ad litem, parent/defense attorney, parent and child treatment and service providers, program coordinator, and child welfare case worker)	7%
1.5	Treatment communicates with court via email	93%

Key Component 2 - Using a non-adversarial approach, parent and child attorneys promote public safety while protecting participants' due process rights

- ***FTC Standard 1: Organization and Structure***

The second Key Component includes four BPs related to attorneys being present at either staffing meetings or court hearings on behalf of both parents and their children (see Table 1.6). Between two-thirds and three-quarters of courts reported that either state's/child's attorneys or parent attorneys attend staffing meetings or court hearings. FTCs reported parent attorneys attending either meeting less often than state's attorneys who frequently represent the child's best interest in a given case.

Table 1.6

Percent of FTCs Performing BPs in Key Component 2

Key Component #2: Using a non-adversarial approach, parent and child attorneys promote public/family safety while protecting participants' due process rights ○ **FTC Standard 1: Organization and Structure**		
2.1	A state's attorney and/or child attorney/guardian ad litem attends pre-court team meetings (staffings)	72%
2.2	A state's attorney and/or child attorney/guardian ad litem attends court sessions (status review hearings)	72%
2.3	A defense/parent attorney attends pre-court team meetings (staffings)	61%
2.4	A defense/parent attorney attends court sessions (status review hearings)	63%

Key Component 3 - Eligible participants are identified early and promptly placed in the treatment court program

- ***FTC Standard 1: Organization and Structure***
- ***FTC Standard 3: Ensuring Equity and Inclusion***
- ***FTC Standard 4: Early Identification, Screening, and Assessment***

The third Key Component is comprised of BPs that represent a court's ability to identify potentially eligible participants and enroll them in treatment swiftly. Two BPs are related to time from the qualifying incident to treatment court entry, four BPs reference eligibility criteria, and one relates to providing participants with a program handbook at entry to ensure they understand the program requirements (see Table 1.7).

Most courts reported good documentation practices related to written eligibility criteria to support appropriate referrals from program partners (97%) and the provision of participant handbooks at program entry (90%). FTCs were also enrolling participants who were using medication for addiction treatment (MAT) to assist with SUD recovery (92%) and those who reported having serious mental health diagnoses, as long as proper treatment was available

(88%). Enrolling participants into treatment swiftly from the time of the qualifying incident (typically the child welfare case start date) was challenging for FTCs, which is likely related to when during the child welfare case process the referral occurs. Program enrollment numbers (program census size) were well within the best practice of fewer than 125 participants for almost all programs (98%).

Only 40% of courts reported that they were able to enroll participants into the court within 50 days of the child welfare case opening, which has the potential to impact reunification timelines as well as delay much needed treatment. Further, only 49% of courts reported using validated and standardized tools to assess parent eligibility indicating that the eligibility process for most programs may not be objective and that these FTCs may not have a full understanding of participants social service or treatment needs. In addition, the lack of validated screening and assessment tools and the potential for subjective eligibility decisions can result in disparities in who gets into the FTC.

Table 1.7

Percent of FTCs Performing BPs in Key Component 3

Key Component #3: Eligible participants are identified early and promptly placed in the treatment court program ○ **FTC Standard 1: Organization and Structure** ○ **FTC Standard 3: Ensuring Equity and Inclusion** ○ **FTC Standard 4: Early Identification, Screening, and Assessment**		
3.1	The time between child welfare case opening/substantiated allegation and treatment court program entry is 50 days or less	40%
3.2	Current treatment court caseload/census (number of individuals actively participating at any one time) is less than 125	98%
3.3	The treatment court has written eligibility criteria	97%
3.4	The treatment court accepts individuals with serious mental health diagnoses, as long as appropriate treatment is available	88%
3.5	The treatment court accepts individuals who are using medications to treat a substance use disorder	92%
3.6	Treatment court uses validated, standardized assessment tool(s) to determine parent eligibility	49%
3.7	Participants are given a participant handbook upon entering the treatment court program	90%

Key Component 4 - Treatment courts provide access to a continuum of alcohol, drug and other treatment and rehabilitation services

- ***FTC Standard 3: Ensuring Equity and Inclusion***
- ***FTC Standard 5: Timely, High-Quality, and Appropriate Substance Use Disorder Treatment***
- ***FTC Standard 6: Comprehensive Case Management, Services, and Supports for Families***

The fourth Key Component includes BPs related to courts' provision of a full continuum of care for participants and their children including assessments for social service, mental health, and SUD treatment needs and whether the courts are providing the specific types of services these families require (see Table 1.8).

Just half (51%) of the FTCs reported using a validated assessment to determine participant and family needs. FTCs reported a wide range of services provided to both parents and their children. Most courts reported providing connections to a full continuum of care for SUD treatment, coordinated treatment for those with co-occurring disorders, evidence based cognitive-behavioral treatment, connection to a recovery coach or peer-support specialist, gender-specific services, mental health treatment, parent classes, prenatal-specific services, domestic relation counseling, anger management classes, housing assistance, trauma-related services, criminal thinking interventions, relapse prevention services, and MAT. Nearly all the courts (97%) reported that the treatment providers they used to provide these services were licensed or certified in SUD treatment and 96% of courts indicated that they had processes in place to hold treatment providers accountable.

Although all the programs surveyed were FTCs, courts less frequently reported engaging in practices related to family-centered or child services. Less than half (47%) of the FTC's referred participants to family centered services, and just one-third (37%) made referrals to treatment and other services for participants' children indicating that services are often skewed towards the participant only, as opposed to the family unit and additional family members. Only 15% of courts reported that participants and their families were involved in the creation of their own case plans which guided court participation, treatment, and reunification efforts. It is also worth noting that only 67% of courts reported providing childcare during court activities, which could equate to participation barriers for some families.

Finally, one third of these FTCs were not following best practices for service provision related to meeting at least weekly with a clinical case manager in the first phase of the program,

having fewer treatment providers, or an individual designated to provide oversight to treatment providers to ensure good communication between the justice system and treatment.

Table 1.8

Percent of FTCs Performing BPs in Key Component 4

Key Component #4: Treatment courts provide access to a continuum of alcohol, drug and other treatment and rehabilitation services ○ **FTC Standard 3: Ensuring Equity and Inclusion** ○ **FTC Standard 5: Timely, High-Quality, and Appropriate Substance Use Disorder Treatment** ○ **FTC Standard 6: Comprehensive Case Management, Services, and Supports for Families**	
4.1 The treatment court uses no more than two treatment agencies to provide treatment for a majority of participants or a single agency/individual provides oversight for any other treatment agencies treating treatment court participants	69%
4.2 The treatment court requires participants to meet individually with a treatment provider or clinical case manager weekly in the first phase of the program	66%
4.3 The treatment court offers or makes referrals to a full continuum of care for substance use disorder treatment (detoxification, outpatient, intensive outpatient, MAT, residential)	86%
4.4 Treatment court uses validated, standardized assessment tool(s) to determine level and type of services needed for parents and children	51%
4.5 Participants and their families are involved in developing their case plan	15%
4.6 Participants with co-occurring disorders are connected to coordinated treatment	94%
4.7 Treatment providers administer evidence-based, manualized behavioral or cognitive-behavioral treatments	99%
4.8 The treatment court connects participants with a recovery coach or peer support specialist	87%
4.9 The treatment court offers or makes referrals to gender specific services	86%
4.10 The treatment court offers or makes referrals to mental health treatment	99%
4.11 The treatment court offers or makes referrals to parenting classes	100%
4.12 The treatment court offers or makes referrals to services to meet the needs of pregnant women	87%

4.13	The treatment court offers or makes referrals to domestic relations counseling	97%
4.14	The treatment court offers or makes referrals to family centered services	47%
4.15	The treatment court offers or makes referrals to medical health care	78%
4.16	The treatment court offers or makes referrals to dental care	74%
4.17	The treatment court offers or makes referrals to anger management classes	96%
4.18	The treatment court offers or makes referrals to housing assistance	97%
4.19	The treatment court offers or makes referrals to trauma-related services	98%
4.20	The treatment court offers or makes referrals to criminal thinking interventions	86%
4.21	The treatment court offers or makes referrals to relapse prevention services	97%
4.22	The treatment court offers or makes referrals to treatment and other services for participants' children	37%
4.23	The treatment court offers assistance with childcare while participants are in treatment or in court (or participating in other treatment court requirements)	67%
4.24	The treatment court offers or makes referrals to legally prescribed medication assisted treatment for substance use disorders (MAT)	98%
4.25	The minimum length of the treatment court program is 12 months or more	58%
4.26	Treatment providers are licensed or certified to deliver substance use disorder treatment	97%
4.27	Treatment providers have training and/or experience working with a justice involved population	77%
4.28	The treatment court program has processes in place to ensure the quality and accountability of the treatment provider	96%

Key Component 5 - Abstinence is monitored by frequent alcohol and other drug testing

- ***FTC Standard 5: Timely, High-Quality, and Appropriate Substance Use Disorder Treatment***

The fifth Key Component is a compilation of seven BPs related to drug testing protocols to monitor abstinence from prohibited substances and the appropriate use of prescribed

medications (see Table 1.9). To monitor progress and to measure whether the participant needs service adjustments, most FTCs were conducting random (97%) and witnessed (88%) drug testing, performed by appropriately trained staff (98%) who collect specimens at least twice per week (80%). Drug testing results were typically returned to the FTC in two days or less from the date the testing took place (74%).

The FTCs were less in alignment with the expectation of 90 days of sober time before a participant could graduate the FTC program, with only 65% of courts reporting that this was one of the requirements. About a third of courts also did not drug test on the weekends or during holidays, which are times when individuals may be likely to use**.**

Table 1.9

Percent of FTCs Performing BPs in Key Component 5

Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing ○ **FTC Standard 5: Timely, High-Quality, and Appropriate Substance Use Disorder Treatment**		
5.1	Drug testing is random/unpredictable	97%
5.2	Drug testing occurs on weekends/holidays	63%
5.3	Collection of test specimens is witnessed directly by staff	88%
5.4	Staff who collect drug testing specimens are trained in appropriate collection protocols	98%
5.5	Drug test results are back in 2 days or less	74%
5.6	Drug tests are collected at least 2 times per week[6]	80%
5.7	Participants are expected to have greater than 90 days of negative drug tests before graduation	65%

[6] Assessment asks about frequency of testing during the program's first phase.

Key Component 6 - A coordinated strategy governs drug court responses to participants' compliance

- ***FTC Standard 3: Ensuring Equity and Inclusion***
- ***FTC Standard 7: Therapeutic Responses to Behavior***

The sixth Key Component is made up of 10 BPs related to incentives for program participation, and the use of incentives, sanctions and service adjustments to guide participant behavior and whether structures are in place, such as written guidelines, to ensure these responses are being provided in an equitable way across participants (see Table 1.10).

All FTCs (100%) reported offering incentives for participants to enter and complete the FTC program, including incentives such as access to services and the potential for parent-child reunification. Responses to participant behavior, such as service adjustments, incentives and sanctions were used by the FTCs to help monitor participant behavior, teach new healthy behaviors, reinforce positive participant behavior, and discourage behaviors the court deems to be negative to the participant. Most (82%) of the FTCs reported having individualized response options available to respond to participant behavior and 83% reported a range of incentives and sanctions. However, just two-thirds (66%) reported having responses to behavior documented in writing and provided to team members.

The specifics of how and when incentives, sanctions, and service adjustment were used showed more variation among the courts. For example, only 37% of courts reported that sanctions were imposed immediately after the non-compliant behavior. This is likely related to court teams waiting until regularly scheduled participant meetings or hearings to provide the sanction. Also, 57% of courts reported the best practice of never using parenting time as either an incentive or sanction, which means 43% were using visitation as an incentive or sanction, which

conflicts with the crucial need to have regular parent-child interaction to build healthy family relationships. However, if jail was ever used as a sanction, 89% of courts followed best practices that any jail stay recommended by the court be six days or less.

Several BPs in this Key Component relate to the FTCs requirements for retention in the program and successful completion. Most FTCs (81%) reported that they would retain participants and continue to provide services if the participant acquired a criminal possession charge. Three quarters (76%) of the FTCs indicated that participants were required to either be employed or be attending school with legal means to support themselves and 92% of courts required sober housing to be acquired before graduating.

Table 1.10

Percent of FTCs Performing BPs in Key Component 6

Key Component #6: A coordinated strategy governs drug court responses to participants' compliance ○ **FTC Standard 3: Ensuring Equity and Inclusion** ○ **FTC Standard 7: Therapeutic Responses to Behavior**		
6.1	The treatment court offers benefits for participants to enter and graduate from the program such as increasing the likelihood of reunification or increased access to services	100%
6.2	Sanctions are imposed immediately after non-compliant behavior (e.g., treatment court will impose sanctions in advance of a client's regularly scheduled court hearing)	37%
6.3	Team members are given a written copy of the incentive and sanction guidelines	66%
6.4	Treatment court has a range of response options which are individualized based on participant circumstances and proximal and distal behaviors	82%
6.5	Treatment court has a range of incentives and sanctions (including verbal praise, tangible items such as certificates, and alternatives to jail such as community service, writing essays, etc.)	83%
6.6	Parenting time (visitation) is never used as an incentive or sanction	57%
6.7	In order to graduate participants must have a job, be in school, or be involved in some qualifying positive activity with legal means to support themselves	76%
6.8	In order to graduate participants must have a sober housing environment	92%
6.9	*If jail is used as a sanction,* the treatment court reports that the typical length of jail sanctions is 6 days or less	89%
6.10	The treatment court retains participants with new possession charges (new possession charges do not automatically prompt termination)	81%

Key Component 7 - Ongoing judicial interaction with each participant is essential

- ***FTC Standard 2: Role of the Judge***

The seventh Key Component relates to the role of the judge in the FTC (see Table 1.11). Almost all the courts reported judges participating in a majority of best practices related to Key component seven. For example, 96% of judges spent at least three minutes with each participant during status review hearings. The vast majority of FTCs (88%) reported having status review hearings at least once every two weeks for participants in the first phase of the program, and 85% reported that hearings occurred monthly for participants in the last phase of the program. Judges also remained on the FTC bench for at least two years (97%), received training on the treatment court model (96%), and received training on legal and constitutional issues surrounding treatment courts (94%). Seventy-seven percent of courts reported that judges were assigned to FTC on a voluntary basis.

Table 1.11

Percent of FTCs Performing BPs in Key Component 7

Key Component #7: Ongoing judicial interaction with each participant is essential o **FTC Standard 2: Role of the Judge**		
7.1	Participants have court sessions (status review hearings) every 2 weeks, or once per week, in the first phase	88%
7.2	Judge spends an average of 3 minutes or more per participant during court sessions (status review hearings)	96%
7.3	The judge's term is as least 2 years or indefinite	97%
7.4	The judge was assigned to treatment court on a voluntary basis	77%
7.5	In the final phase of the treatment court program, the clients appear before the judge in court at least once per month	85%
7.6	The judge has received training on the treatment court model	96%
7.7	The judge has had training on the legal and constitutional issues related to treatment courts	94%

Key Component 8 - Monitoring and evaluation measure the achievement of program goals and gauge effectiveness

- ***FTC Standard 3: Ensuring Equity and Inclusion***
- ***FTC Standard 8: Monitoring and Evaluation***

The eighth Key Component includes four BPs related to monitoring and evaluation, both internally and from an external evaluator. Some questions also inquire about how data and results are utilized within a specific court to make positive changes for each program (see Table 1.12). Collecting data is essential to evaluating whether the FTC is having the intended impact, monitoring for disparities in program entry and exit and the provision of services, as well as tracking and responding to individual participant progress.

Most courts reported collecting data for monitoring and self-evaluation (87%), however, only 62% reported reviewing this data themselves and making modifications to the program based on this data. Similarly, only 47% of courts reported making program modifications based on program evaluation results or based on self-review of their data. Additionally, only 62% of programs reported reviewing program data and statistics for disparities related to program entry and exit.

Table 1.12

Percent of FTCs Performing BPs in Key Component 8

Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness ○ **FTC Standard 3: Ensuring Equity and Inclusion** ○ **FTC Standard 8: Monitoring and Evaluation**		
8.1	The results of program evaluations have led to modifications in treatment court operations	47%
8.2	Review of program data and/or regular reporting of program statistics has led to modifications in treatment court operations	62%
8.3	Program statistics have been reviewed for disparities in participant entry and exit statistics	62%
8.4	The treatment court maintains data that are critical to monitoring and evaluation in an electronic database (rather than paper files)	87%

Key Component 9 - Continuing interdisciplinary education promotes effective treatment court planning, implementation, and operations

- ***FTC Standard 1: Organization and Structure***
- ***FTC Standard 3: Ensuring Equity and Inclusion***

This Key Components relates to the training being received by FTC team members, including formal training for new team member orientation and training on a variety of topics including the FTC model and cultural competency (see Table 1.13). The majority of FTCs reported that training on the treatment court model and on cultural competency were not provided to all members. Just 38% reported all team members received training on the FTC model and 29% reported engaging in cultural competency training. New hires into the court were also only given an orientation or completed a formal FTC training in 42% of courts.

Table 1.13

Percent of FTCs Performing BPs in Key Component 9

Key Component #9: Continuing interdisciplinary education promotes effective treatment court planning, implementation, and operations o **FTC Standard 1: Organization and Structure** o **FTC Standard 3: Ensuring Equity and Inclusion**		
9.1	All new hires to the treatment court complete a formal training or orientation	42%
9.2	All members of the treatment court team are provided with training in the treatment court model	38%
9.3	Treatment court staff members receive ongoing cultural competency training	29%

Key Component 10 - Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances treatment court program effectiveness

- ***FTC Standard 1: Organization and Structure***

The final Key Component is comprised of two BPs about creating relationships with relevant community partners to support sustainability (see Table 1.14). Although roughly two-thirds (69%) of courts reported having a steering or policy committee that met to review and improve policies and procedures of the courts, only 39% indicated that they had an advisory committee that included community members such as local agencies that could provide services to program participants or local businesses that could provide monetary support or community goodwill to the treatment court or potential employment for FTC participants.

Table 1.14

Percent of FTCs Performing BPs in Key Component 10

Key Component #10: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances treatment court program effectiveness		
	○ **FTC Standard 1: Organization and Structure**	
10.1	The treatment court has an oversight or advisory committee that includes community members	39%
10.2	The treatment court has a steering committee or policy group that meets regularly to review policies and procedures	69%

The implication of these BP results will be reviewed in the discussion section later in this section.

Research Question 3 - How are FTCs addressing the opioid crisis?

a. To what extent are programs prioritizing those with opioid use disorders?

b. To what extent are FTCs providing or allowing medication for addiction treatment (MAT) for opioid and other drug disorders?

Only 16% of FTCs indicated that they prioritized access to families where a parent was currently engaged in opioid/heroine misuse. Eight percent of courts did provide a separate treatment track for those who used opioids, to ensure that the opioid disorder was being treated with some specificity. Positively, 99% of FTCs reported allowing or providing MAT for participants. Only three FTCs that responded to the FTC BeST did not say that they allowed or provided MAT to participants, possibly because these three courts focused more on youth populations or family law in general than a potentially traditional FTC population.

Discussion

The findings from this study provide the most extensive review of participant demographics, program structure, and FTC alignment to research-based best practices to date, with 182 FTCs participating in the BeST assessment in 42 states, the district of Columbia and Guam. The 182 courts that responded, although a subset of the 343 FTCs that existed nationally at the time of the study, demonstrate a wide variation in court processes that are based on individual court context and participant needs. The FTCs were assessed on their implementation of the FTC Best Practices from All Rise (formally NADCP) and the Center for Children and Family Futures (2019). Results from the aggregated FTC BeST Assessments indicated that courts did well with practices such as communication amongst the team and providing substance use treatment services to participants. There were also practices that courts did not adhere to as frequently. Some of these challenges include a lack of focus on family-centered services and ensuring children are receiving services to address a variety of needs such as intergenerational trauma occurring from the circumstances that brought participants to the court in the first place. The findings, including both strengths and challenges, are discussed.

Strengths: Best Practices Followed by the Majority of Study FTCs

The BPs that a majority of the FTCs in the sample had implemented represent the strengths of the FTC model. Key strengths include strong communication among the FTC team members, documented eligibility criteria including acceptance of more complex participant cases, a large range of treatment services to assist with SUD recovery, individualized responses to participant's behaviors, and using the influence of judges in the recovery process.

To best serve participants, the FTC team members need to work together and engage in frequent communication regarding a participant's progress and behavior, and the provision of

appropriate services. The results of the FTC BeST indicate that most courts were providing written documents that outlined the FTC team members' roles and responsibilities and what kinds of information could be shared within the team. Many key staff members, including judges, coordinators, and case managers also had high attendance at court hearings and pre-court staffing meetings, which allow for specific time to communicate about participant engagement and progress. Between the use of staffing meetings and communicating via technology (e.g., email), team members could learn key information about a participant's recovery journey in a timely way, which is pivotal for implementing proper behavior modification techniques. Communication with key partners, team members, and participants were also supported through courts having written eligibility criteria to help FTC partners with the referral process, a policy and procedure manual for team members to help orient them to the FTC model, and participant handbooks provided at program entry to assist participants in understanding program requirements.

Once participants enter the FTCs, most courts follow best practices related to providing a full continuum of care for SUD treatment. Many courts also provide referrals to person-specific services, such as gender-specific groups, which further individualizes and maximizes each participant's court experience (Prendergast et al., 2011). Moreover, all FTCs in this sample indicated making referrals to parenting classes to assist participants in improving parenting skills in hopes of reducing future interactions with the child welfare system (Barth, 2009).

An important strategy for SUD treatment and other social services, as well as providing key information on participant progress, is completing accurate drug testing. The FTCs in the study reported following research-based drug testing procedures (CFF & All Rise, 2019), which include random drug testing, fully observed by a trained professional, at least twice weekly.

These tests are pivotal for accountability among treatment court participants and enable the FTC team to provide additional service referrals and treatment adjustments as needed.

Another area of strength in these FTCs was the use of many of the best practices in behavior modification techniques. Incentives, service adjustments and sanctions are key for the behavior modification goals in treatment courts. By nature, participation in an FTC offers the incentives of access to services and an increased likelihood of being reunited with children (Gifford et al., 2014; Worcel et al., 2007). Additional incentives, service adjustments and sanctions are used in response to a participant's behavior in the program. FTCs reported using a range of incentives and sanctions to modify participant behavior, which include brief jail stays for many. However, because of the use of jail stays as a sanction, which is controversial for many FTCs since they are not inherently criminal courts, and the frequent delay in providing incentives and sanctions relative to the behavior, these practices will also be discussed in the challenges section.

Finally, courts indicate participating in best practices around the judge-participant relationship. Judges are highly regarded by participants in FTCs and play a large role in motivating parents to participate and succeed (Rossman et al., 2011). The study FTCs reported judges adhering to best practices by holding court sessions at a regular cadence, spending time (at least 3 minutes) with each participant, working with the treatment court for a long period of time (at least 2 years), being trained on the FTC model as well as other key topics such as the impact of substance use disorders on the brain, behavior modification, and motivational interviewing. Taken together, these practices help bolster the relationship between the judge and participant to help motivate and incentivize positive steps towards recovery.

Challenges and Recommendations

Despite a large percentage (75%) of best practices being met in FTCs across the U.S., some challenges remain. Several important practices are not consistently implemented in these programs and could be impeding some court's impact on participants. For example, almost every court that responded to the FTC BeST reported that not all key members of the treatment court team attended staffing meetings and court hearings. The team members most frequently missing include attorneys and service providers. These team members have key information needed for the judge and team to determine the most effective responses to participant behavior and needs, including service adjustments, incentives and sanctions. These team members also often have the most difficult schedules to work around between appointments scheduled with other clients and sometimes do not understand or believe in the necessity to attend treatment court activities. It is recommended that courts work toward additional team member participation through outreach and sharing of the research demonstrating the importance of their roles and look for ways to reduce barriers to their participation. It is particularly important for the treatment or service providers for adults and children to be integrated into the regular treatment court team. Knowing more about child service participation is especially valuable in FTCs in order for them to understand how to more closely meet family needs and decrease barriers to participant recovery.

Research has previously demonstrated that FTCs may benefit from having minimal exclusionary criteria to be able to benefit those families with the most needs (the intended population for treatment courts) as well as the maximum number of families (Developmental Services Group Inc., 2016). Many courts that responded to the FTC BeST Assessment reported that they excluded potential participants for reasons such as, not recognizing that they have an SUD, having prior violent offenses, currently using prescription opioids for pain management or

prescribed benzodiazepines, or having previously terminated parental rights. Excluding participants for these reasons, among others[7], can greatly limit entry for the high risk/high need population that treatment courts work best for (Koetzle et al., 2015). For example, surveyed FTCs accept individuals who have a serious mental health diagnosis, which is aligned with research stating that individuals with complex diagnoses have additional positive impacts from the FTC program if proper treatment is available (Worcel et al., 2007). In light of the small estimated reach of FTCs as a whole, implementing fewer exclusionary criteria would assist more families to engage in FTC services. However, FTCs would also need to increase their capacity, in order to serve more of the population of families in need.

When it comes to enrolling families into the program, most courts indicate it takes 50 days or longer after the opening of a child welfare case. This is likely because it takes time for a child welfare agency to investigate a case, submit proper paperwork, and provide families with targeted services. However, if a parent is in active addiction, waiting 50 plus days before they can begin treatment and have additional supervision could be additionally traumatic or dangerous for the family. The Adoption and Safe Families Act of 1997 (ASFA; HR 867) requires permanency hearings to take place for a child in out of home care within 12-months of the custody removal making it imperative that families gain access to treatment and other resources as soon as possible to have the highest likelihood of reunification. These families continue to be particularly vulnerable to having parental rights taken away because of the time it takes to get referred and enrolled in SUD treatment after the time already spent navigating the child welfare system (Traube et al., 2015).

[7] See Table 3 earlier in this chapter for a full list of reasons for excluding potential participants.

Once parents are enrolled in an FTC program, assessments that are validated and standardized (i.e., accurately measure family risks and needs) should be administered to determine individual service needs (CFF & All Rise, 2019; Sullivan, 2011). However, only about half of FTCs provide services based on validated risk and needs assessments. Having an objective assessment and confirming results with behavioral responses or indicators will ensure that the services that most benefit individual participants and their children are being provided.

After a baseline set of needs are determined, best practices recommend that families be allowed to participate in the creation and monitoring of their own case plan and goals. Families then feel more decision-making control over their treatment and service plans, which can increase buy in for service engagement and completion. In addition to including family member voice in case planning, treatment court professionals are currently trying to understand where to include family participation in treatment courts to further support the person in recovery. Although SUD treatment is typically required for the benefit of the participant, family-centered services (including SUD treatment sessions that include family members) are coming to the forefront as a necessity to improve participant recovery along with family relationships (Baldwin et al., 2012). Currently, only half of FTCs are offering family centered services, meaning that many participants are not receiving assistance related to their familial environment, which can be an ongoing stressor (Lander et al., 2013). By not working towards more positive family dynamics, FTC participants could be at additional risk of relapse based on continued stress and an incongruency of expectations between the participant's recovery process and the rest of the family. Further, only 37% of FTCs reported that children of participants were receiving services. Given that these children are victims of abuse or neglect, and FTCs admit participants based on the presence of abuse or neglect, these children need services to process traumatic events or

long-term stress (Crandall et al., 2019; Felitti et al., 1998). Some of this service provision may be provided by child welfare case workers, however, it would be beneficial for the court to assess for additional needs and work with child welfare workers to create wrap around service plans for the entire family to reduce stress levels and assist in the journey of recovery.

Related to the use of incentives and sanctions, 43% of courts indicated that they used parenting time/visitation as an incentive or sanction. FTCs should not use parenting time/visitation as an incentive or sanction as visitation is part of the treatment process. Reducing parenting time can adversely affect parent/child attachment and result in a direct negative impact on the family (Arditti, 2016; Haight et al., 2003; McWey & Mullis, 2004). Research demonstrates the importance of parent and child visits in child attachment outcomes and for the parent in learning how to appropriately parent, regardless of if a parent is incarcerated or if the family is not residing together (McWey & Cui, 2017; Poehlmann, 2010). Without these visits, the disruption in the parent-child attachment may have long reaching impacts for children, such as behavior problems, academic difficulty, and peer relationship issues (Buehler et al., 2000; Haskins, 2014). Parents are also at risk of missing important information on how to better navigate the child welfare system because of a lack of interaction with the non-profit professionals that often oversee parent-child visits (Harris & Beccera, 2020). Parenting time should be determined through an understanding of the specific family situation and be consistent to help provide stability for the child and parent.

Also, in regard to incentives and sanctions, 89% of FTCs indicated using short jail stays as a sanction. The use of jail stays, albeit short, should also be reconsidered by FTCs unless for a matter of public safety. Although there are large overlaps in the FTC and criminal justice involved populations, FTCs are often not criminal courts and may not have the legal jurisdiction

to jail someone. Additionally, parent arrests and incarcerations can negatively impact children (Haskins, 2014), which may detract from attachment and further propagate intergenerational cycles of disadvantage and trauma (Turney & Goodsell, 2018). Exploring other, more effective and less harmful, options for sanctioning participants with the support of training or technical assistance could provide additional responses for courts to use that have more therapeutic benefits for the whole family.

Many of these challenges can be mitigated through training on the FTC model and purpose. However, only 42% of new hires received formal training or orientation and only 38% were provided with training in the treatment court model. Therefore, the employees working with participants may not have the knowledge they need to fully implement key practices of the treatment court model. This begs the question; can participants possibly be receiving the full benefit of a court program if the staff are not trained on the model they are working in? Engagement in training for FTC team members is necessary to improve court processes and effectiveness, resulting in more positive outcomes for participants. Having a system in place for orientation and training of new team members due to the high turnover rate in treatment teams and in the child welfare system overall.

Finally, there were also relatively few courts functioning with an advisory committee to help support program sustainability. Advisory committees involve connecting with community members who can provide resources such as services in the community for participants (e.g., sober housing, job skill training, peer support), additional funding for things like tangible incentives or other needed items, and jobs for participants. It is recommended that courts take the time to create these community connections and try to leverage that created network to assist with participant incentives and service needs.

Implications

There are many implications for current FTC practices based on the results of this study. First, courts need to expand eligibility criteria and assess for risk and the presence of SUD before a person enters the FTC program. Once the person has become a participant, reliable and validated assessments must be used to understand the correct types of treatment and services to provide. SUD recovery also should be addressed at the family level, which includes assessing the children in these families to provide service referrals. Working to meet the family's needs as a whole, regardless of the individual elements of each situation, can allow for a larger court impact and higher chance of successful SUD recovery. Furthermore, FTCs need to understand the importance of family relationships and reevaluate the use of parent visitation time as sanctions or incentives. Since parent-child reunification is a goal of most FTCs, parent visitation time should be maximized in order to maintain attachment between the parent and child with the hope of reunification. FTCs also need to consider whether the use of jail is appropriate as a sanction given the potential trauma impact on both the parents and the children. The use of jail is also controversial for FTCs since participant eligibility is not generally contingent on criminal court proceedings. Courts should consider more focus on incentives in order to engage parents and families and to teach new behaviors, potentially avoiding the need to sanction participants as frequently. When sanctions are necessary, avoid options that involve taking a person away from their family unit and their engagement in other pro-social activities.

Outcome and Cost Study

Research Questions:

The Outcome and Cost Study (OCS) addresses the following question and sub questions:

(4) What are the outcomes and costs associated with the implementation of FTCs?

a. What are the outcomes associated with participation in FTCs with regard to:

i. Reduced allegations of neglect and abuse?

ii. Reduced time of children in out of home placement?

iii. Increased reunification?

b. How much do the FTC programs cost per participant?

c. What are the costs associated with foster care outcomes for FTC program participants?

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Methods

Study Design

Outcome study design

After the study window closed for the BPS, researchers reviewed assessment results and selected a sample of FTCs (n = 20) to conduct follow up interviews related to a court's data collection practices, availability of data, and willingness to participate in the OCS. Ultimately, five FTCs had both the necessary data available and agreed to participate in the OCS. As the OCS began, only four FTCs had local child welfare agencies with the capacity to provide the data extract required to conduct the subsequently described study design, those four FTCs are described in detail below.

The outcome and cost study followed a quasi-experimental design with a contemporary comparison group. The outcome study assessed repeat child maltreatment episodes (i.e., child physical abuse, emotional abuse, sexual abuse, or neglect), child removals from the home, the amount of time spent in out-of-home care, and reunifications with parents for a sample of FTC participants and a matched comparison group at each site. The study samples included all FTC participants who entered the four programs since the implementation of electronic data collection systems at each site and could be tracked for at least three years after entry—regardless of final program status—along with a comparison group of similar individuals who had similar child welfare events but experienced traditional dependency court proceedings for child welfare cases. The comparison groups were matched to the participants at each site through propensity score weighting and/or matching techniques. Precise propensity score adjustment strategies varied by site, given relative sample size in program and comparison groups and other technical considerations. Based on data availability, program and comparison participants were tracked

through existing administrative databases for a period of three years following the FTC eligibility event. The evaluation team used FTC program datasets from each site and corresponding child welfare datasets from the FTC state or county (depending on availability) to determine whether the program sample and comparison groups differed in repeat child maltreatment events, child removals, removal characteristics, and reunifications with parents over time.

Cost study design

The cost approach used by NPC Research is called Transactional and Institutional Cost Analysis (TICA). The TICA approach views an individual's interaction with publicly funded agencies as a set of transactions in which the individual utilizes resources contributed from multiple agencies. Transactions are those points within a system where resources are consumed and/or change hands. In the case of FTCs, when a participant appears in court or has a drug test, resources such as judge time, defense attorney time, court facilities, and urine cups are used. Court appearances and drug tests are transactions. In addition, the TICA approach recognizes that these transactions take place within multiple organizations and institutions that work together to create the program of interest. These organizations and institutions contribute to the cost of each transaction that occurs for program participants. TICA is an intuitively appropriate approach to conducting cost assessments in an environment such as a FTC, which involves complex interactions among multiple taxpayer funded organizations.

The cost analysis used the same focus sites, participant groups, and comparison groups as the outcome study. Transactions were separated into program specific transactions and outcome transactions. Program transactions are those associated with activities performed as a part of the FTC program. Outcome transactions are those associated with activities that occur outside the

FTC program. Due to a lack of available administrative data, rather than performing a full cost-benefit analysis, the researchers selected a subset of specific program and outcome transactions for cost analysis based on data elements available consistently in the administrative data at all four focus sites. The program-related transactions selected for this study were case management and drug testing. The outcome transaction selected for this study was foster care days. NPC acquired costs for other program transactions (such as court hearings and treatment) as well as criminal justice related outcomes (such as arrests, court cases and victimization costs), but was not able to obtain complete administrative data on these transactions from all sites, so these costs were not included in the analysis. Costs were calculated for outcomes over the same three-year time period as the outcome study.

Focus Sites and Participant Samples

Originally, five FTCs were selected to participate in the outcome and cost study based on their adherence to best practices, diverse geographic locations and their willingness to participate. However, only four statewide child welfare agencies were able to provide data for the study. The final four outcome sites include one FTC in each of four states - California (CA), Georgia (GA), New York (NY), and Texas (TX). Court level descriptive information is presented by state (see Table 2.1).

Table 2.1

Background information on each selected FTC

	CA	GA	NY	TX
Year FTC Started	2007	2007	1998	2008
Judicial Approach	Parallel	Hybrid*	Integrated	Integrated
Maximum Capacity of Court	50	40	100	30
Average time to complete program	14 Months	18 Months	12 Months	18 Months
Child Welfare Eligibility Events	• SUD • Open child welfare case • Substantiated charge • Child removal	• SUD • Open child welfare case • Child removal	• SUD • Open child welfare case • Substantiated charge • Child removal	• SUD • Open child welfare case • Substantiated charge • Child removal • Open child abuse or neglect lawsuit
Most Frequently Used Substances	• Methamphetamine • Alcohol • Opioids/heroine • Marijuana • Crack/cocaine	• Methamphetamine • Opioids/heroine • Marijuana • Crack/cocaine • Alcohol • Misuse of opioid prescriptions	• Opioids/heroine • Alcohol • Misuse of opioid prescriptions • Crack/cocaine • Misuse of other prescription drugs • Marijuana	• Methamphetamine • Marijuana • Opioids/heroine • Alcohol • Crack/cocaine
% of participants with reporting polysubstance use	50%	80%	85%	38%
Average Household Income for County	$126,730	$81,339	$97,543	$124,940
% of County Below Poverty Line	12%	11.6%	10.2%	6.8%

*Note * in GA, the judge was currently just taking on FTC cases when the BP assessment was completed. The court reported both hybrid and parallel cases.*

Procedures

Data Collection

Outcome Data Collection. Research staff worked with FTC program coordinators from the OCS sites to extract comprehensive program data from each data system used. These datasets included information on participant demographics, dates related to FTC-specific events (e.g., court entry, drug tests), and child demographics used to connect families (for a full list of data elements requested, see Appendix D[8]). FTC program coordinators also provided contacts at state- or county-wide child welfare agencies, who were each met with to discuss the child welfare data needs required to conduct an appropriate quasi experimental research design for the evaluation. Child welfare datasets included information on child-level interactions with the child welfare systems including information on substantiated abuse and neglect, removals from the home, foster care placements, and reunifications (for a full list of child welfare data elements requested, see Appendix E[9]). All data was transferred to NPC Research using a secure file transfer protocol system and identifiers were removed after each site's program data was linked with the associated child welfare data.

Cost Data Collection. Obtaining the cost of FTC transactions for case management and drug testing involved asking each FTC team member for the average amount of time they spend on these activities (including any time needed to prepare for these activities), and obtaining each FTC team member's annual salary and benefits from a supervisor or financial officer at each agency involved in the program. As this is typically public information, some of the salaries were found online, but detailed benefits information often came from the agency's financial

[8] Not all data elements requested were received from sites.
[9] Not all data elements requested were received from child welfare agencies.

officer or human resources department. In addition to salary and benefits, the indirect support rate and jurisdictional overhead rate were used in a calculation that results in a fully loaded cost per participant. The indirect support rates and overhead rates for each agency involved in the program were obtained from agency budgets that were found online or by contacting the agencies directly.

Case Management. Cost information for case management is based on the amount of staff time dedicated to case management activities during a regular work week and is then translated into a total cost for case management per participant, per day (taking staff salaries and benefits, and support and overhead costs into account).

Drug Testing. Cost data for drug testing involved obtaining the cost of urinalysis (UA) tests performed by court staff or treatment agencies.

The cost of a ***Foster Care Day*** was obtained from state and local agencies that provide foster care services. NPC contacted staff at these agencies to obtain time and cost information, and some cost information was also obtained online from agency budgets or reports. The foster care rates used in this analysis are the published reimbursement rates for the basic level of care for children in the middle age range (typically 6-11). Children with special needs or needing a higher level of care have higher reimbursement rates, so the costs for foster care calculated in this study are conservative estimates.

Data Cleaning and Analysis

Outcome Data. Upon receipt of each administrative dataset, data analysts checked that participants and children were uniquely identified, had a unique identifier other than name for the deidentification process, and cleaned additional variables. The Link King program (Campbell, 2005) was then used to associate participants to their children's child welfare records, therefore, effectively merging each program dataset into the correct child welfare dataset. Once all adult and child information was merged together, unique families were identified. The family identification process allowed researchers to count the number of adults that ever had an interaction with the child welfare system by aggregating indicators from the child to the adult level. For example, if two children were in a family and both had an open child welfare case, the adult of that family would receive a 'yes' indicator for having an interaction with the child welfare system. FTC participants were identified and made up the program group for each site used. Closely associated family members of FTC participants and those who were referred to a FTC but did not enter the program were excluded from the comparison pool to distinguish families that were demographically similar to FTC participants but did not interact with the FTCs. Indicators for the type of child welfare event that led to FTC program eligibility (hereby referred to as the eligibility event), or a similar timeframe event for the comparison group participants, were selected based on individual FTC eligibility criteria and the proximity of the data of the event with the date of a referral or entry to each court. Child welfare events that occurred before an eligibility event were counted as prior child welfare involvement to eligibility events. Variables to indicate if a prior child welfare event occurred one or two years before the eligibility event were calculated in preparation for sample creation. Child welfare recidivism was counted if a child welfare event occurred at any point 12-, 24-, or 36-months after the eligibility

event date for a given family, since comparison group participants did not have any sort of program entry dates.

Once both the participant group and the comparison pool were correctly identified, various methods were integrated into a matching framework to create an appropriate comparison group. Propensity Score Matching (PSM; Rosenbaum & Rubin, 1983) methods, Mahalanobis Distance Matching (MDM; Ho et al., 2011) and exact matching methods (Ho et al., 2011) were integrated into the framework, as applicable by site based on sample size, comparison pool size, and demographic variability. Three matches were performed on each site, one with a sample that had no prior reported child welfare system involvement (i.e., no priors[10]), one with participants that had prior child welfare system involvement one year before the eligibility event, and one with a sample of participants that were involved in the child welfare system two years before an eligibility event. Groups were matched based on adult age at the eligibility event, adult gender, adult race, number of adults and children in a family, child age at the eligibility event, and type of eligibility event (e.g., allegation or removal). Covariates may not be present in a given matching framework if a covariate showed balance between the program and comparison groups before the match took place and if the sample size was small. Because of vast differences in each FTC, data analysis was completed separately for each site. Final sample sizes for each site are presented in Table 2.2.

[10] Study participants that had no priors either had older children but did not have previous interactions with the child welfare system, or based on child age may be a first-time offender.

Table 2.2

Final sample sizes for adults and related children in the outcome sites

	CA		GA		NY		TX	
	# of Adults	# of Children	# of Adults	# of Children	# of Adults	# of Children	# of Adults	# of Children
FTC Program Participants	249	471	103	548	295	793	303	500
Comparison Group	249	478	103	358	295	833	303	574

Note. 1:1 Matching adults without replacement was used for each site.

Descriptive statistics were run for each site on all variables used for matching purposes. The percentage of child victims that experienced child welfare allegations and the percentage of adults with associated child welfare allegations were counted for each group. Either Poisson or Negative Binomial Count Models[11] for both adult level indicators and child level indicators were run to further understand any statistically significant differences between groups on each type of allegation (i.e., physical abuse, sexual abuse, emotional abuse, and neglect) at 12-, 24-, and 36-months post eligibility event. Control variables for these models included an indicator of child age at the eligibility event, child gender, number of children and adults in a family, and adult age at the eligibility event. The percentage of children removed from homes was also calculated along with the percentage of children that were reunified into parental care. Kaplan-Meier survival analysis was run to understand how many months children in both the FTC and comparison groups were in a removal. Chi-square tests were run on removal variables to see if differences were statistically significant between program and comparison groups.

Cost Data. The typical TICA data collection and analysis methodology is described here, although full program and outcome costs were not calculated for this study due to lack of

[11] Differences in which count models were run were based on the parameterization of the data at each site.

available administrative data on all program and outcome transactions. Table 2.3 describes the processes used to gather information and calculate costs for the limited transactions included in this analysis.

Table 2.3

The six steps of the TICA methodology

Step	Description	Tasks
Step 1	Determine flow/process (i.e., how program participants move through the system).	Site visits/direct observations of program practice. Interviews with key informants (agency and program staff) using a treatment court typology and cost guide.
Step 2	Identify the transactions that occur within this flow (i.e., where clients interact with the system).	Analysis of process information gained in Step 1.
Step 3	Identify the agencies involved in each transaction (e.g., court, treatment, police).	Analysis of process information gained in Step 1.
Step 4	Determine the resources used by each agency for each transaction (e.g., amount of judge time per transaction, amount of attorney time per transaction, number of transactions).	Interviews with key program informants using program typology and cost guide. Administrative data collection of number of transactions (e.g., number of court appearances, number of treatment sessions, number of drug tests).
Step 5	Determine the cost of the resources used by each agency for each transaction.	Interviews with budget and finance officers. Document review of agency budgets and other financial paperwork.
Step 6	Calculate cost results (e.g., cost per transaction, total cost of the program per participant).	Indirect support and overhead costs (as a percentage of direct costs) are added to the direct costs of each transaction to determine the cost per transaction. The transaction cost is multiplied by the average number of transactions to determine the total average cost per transaction type. These total average costs per transaction type are added to determine the program and outcome costs.

The TICA methodology is based upon six distinct steps (as described Table 2.3). NPC conducted Step one (determining program process) through analysis of program documents and through interviews with key informants. Researchers completed Step two (identifying program transactions) and Step three (identifying the agencies involved with transactions) by analyzing the information gathered in Step one. Step four (determining the resources used) was performed through extensive interviewing of key informants, and by collecting administrative data from the agencies involved in the program. NPC completed Step five (determining the cost of the resources) through interviews with program staff and with agency financial officers and other staff, as well as analysis of budgets found online or provided by agencies. Finally, Step six (calculating cost results) involved calculating the cost of each transaction and multiplying this cost by the number of transactions. For example, to calculate the cost of drug testing, NPC multiplied the drug test cost by the average number of drug tests performed per person. All the transactional costs for each individual were added to determine the overall cost per program participant/comparison group individual. This was reported as an average cost per person for case management and drug testing activities for the program, and outcome/impact costs due to days children spent in foster care after the FTC eligible event.

Results

Sample Descriptions

Descriptive statistics describing the study samples for each site were run on all variables related to the matching framework (see Table 2.4, Table 2.5, and Table 2.6). For categorical variables frequencies were run to understand the percentage of a characteristic in each group. For continuous variables, means, standard deviations, and ranges were run to understand measures of central tendency. Demographic results indicated that vast majority of participants in the four FTC sites reported as white females. CA demonstrated the most diversity related to race and ethnicity of participants and included participants who reported as American Indian/Alaska Native (AIAN) or Asian/Pacific Islander (API). Both the TX and CA sites had more participants enter the FTC without prior allegations related to the participant maltreating a child in their care (i.e., did not have priors), whereas GA and NY FTC participants mostly had prior allegations related to the participant maltreating a child in their care in the two-year period before the eligibility event that led to FTC entry.

Table 2.4

Adult study participant characteristics by site (categorical variables)

Adult Categorical Variables		**CA**		**GA**		**NY**		**TX**	
		FTC	**Comp**	**FTC**	**Comp**	**FTC**	**Comp**	**FTC**	**Comp**
Gender	Male	18%	21%	16%	15%	18%	18%	9%	10%
	Female	82%	79%	85%	85%	82%	82%	91%	90%
Race	AIAN	2%	2%	-	-	-	-	-	-
	API	4%	3%	-	-	-	-	-	-
	Black	27%	31%	16%	16%	9%	9%	20%	20%
	Latinx	26%	30%	11%	13%	13%	14%	40%	40%
	White	40%	35%	73%	69%	88%	83%	80%	77%
	Multiracial	-	-	1%	3%	-	-	-	-
	Missing	1%	-	-	-	-	-	-	-
Prior Child Welfare Allegations	No CW Priors to Eligibility Event	36%	36%	6%	6%	8%	8%	51%	51%
	Had a prior 1-year before eligibility event	9%	9%	2%	2%	3%	3%	7%	7%
	Had a prior 2-years before eligibility event	55%	55%	92%	92%	89%	89%	43%	43%

Notes. Any value that equals 0 is shown as a dash. For NY and TX, the race categories are not mutually exclusive and sum to greater than 100%.

Children of adult FTC participants were reported as about half female and half male for each site and tend to demonstrate slightly more racial diversity than the participants, although large percentages of children in GA, NY, and TX are reported as white. Neglect was the most common allegation that led to parents' FTC entry followed by having a child removed from the home. A majority of children in the CA and GA sites were three years old or less, whereas children in NY were mostly older than three, and half of the children at the TX site were older than three.

Table 2.5

Child study participant characteristics by site (categorical variables)

Child Categorical Variables		**CA**		**GA**		**NY**		**TX**	
		FTC	**Comp**	**FTC**	**Comp**	**FTC**	**Comp**	**FTC**	**Comp**
Gender	Male	48%	48%	50%	48%	52%	49%	48%	52%
	Female	52%	52%	41%	52%	48%	52%	52%	48%
	Missing	-	-	10%	<1%	<1%	-	-	<1%
	Unknown	1%	1%	-	-	-	-	-	-
Race	AIAN	3%	3%	-	-	-	-	-	-
	API	36%	39%	20%	25%	16%	15%	31%	23%
	Black	37%	38%	4%	8%	19%	26%	52%	48%
	Latinx	24%	20%	66%	54%	71%	67%	76%	74%
	White	-	-	10%	13%	-	-	-	-
	Multiracial	-	-	-	-	2%	3%	-	-
	Missing	18%	13%	28%	19%	5%	7%	25%	34%
Allegation Type at Eligibility Event	Physical Abuse	16%	16%	-	1%	6%	9%	<1%	1%
	Emotional Abuse	7%	2%	1%	5%	1%	1%	2%	2%
	Sexual Abuse	79%	89%	91%	87%	77%	86%	78%	79%
	Neglect	17%	21%	38%	24%	23%	12%	14%	14%
	Removals	68%	62%	64%	63%	11%	10%	43%	44%
Child Age	Under 1 year	78%	71%	89%	80%	24%	21%	55%	57%
	Under 3 years	48%	48%	50%	48%	52%	49%	48%	52%

Notes. Any value that equals 0 is shown as a dash. For NY and TX, the race categories are not mutually exclusive and sum to greater than 100%.

Adults in the CA and NY sites were slightly older than adults in either GA or TX, however, average ages for all sites hovered in a five year range from 29 to 34 years old. Additionally, families in CA and TX were comprised of two adults and two children, on average. Families in GA and NY tended to be larger with between three to five children and more associated adults.

Table 2.5
Adult and child study participant characteristics by site (continuous variables)

Adult and Child Continuous Variables	**CA**		**GA**		**NY**		**TX**	
	FTC	**Comp**	**FTC**	**Comp**	**FTC**	**Comp**	**FTC**	**Comp**
	M (SD)	***M (SD)***	***M (SD)***	***M (SD)***	***M (SD)***	***M (SD)***	***M (SD)***	***M (SD)***
Adult Age	32.8 (7.7)	33.0 (8.0)	29.5 (5.8)	29.8 (7.0)	34.0 (7.7)	34.3 (7.7)	29.1 (5.6)	28.7 (5.6)
# Adults in Family	1.9 (1.2)	1.9 (1.2)	3.7 (2.9)	3.3 (3.3)	3.8 (3.1)	3.3 (2.1)	1.6 (1.2)	1.8 (1.2)
# Children in Family	2.0 (1.9)	2.1 (1.8)	5.2 (4.2)	4.7 (4.6)	3.2 (2.4)	3.1 (2.2)	1.8 (1.6)	1.9 (1.6)

Research Question #4: What are the outcomes and costs associated with the implementation of FTCs?

Research Question 4(a)i: What are the outcomes associated with participation in FTCs regarding reduced allegations of child neglect and abuse?

Percentages of child welfare recidivism (i.e., repeat instances of child maltreatment) at 12-, 24-, and 36- months post eligibility event, by substantiated allegation type, were run at both the adult- and child-level. Count models (either Poisson or Negative Binomial models dependent on data parameterization) were then run on all child welfare recidivism events at 12-, 24-, and 36- months post eligibility event, to determine if differences present in percentages between the program and comparison groups were statistically significant. The adult level represents the instances where the adult has come into repeat contact with the child welfare system on behalf of their child(ren), since children are the subject of the child welfare cases but adults are the participants in FTCs. The child-level results demonstrate the number of children that can be impacted by what could be considered a single child welfare case for the parent (i.e., a child can have more than one case, or two or more children can be present on a single case). The percentages of unsubstantiated child welfare recidivism are included in the results tables for

comparison and additional context, however, the statistical models run to answer this research question were only performed on substantiated allegations.

Beginning at the adult level, results indicated a relatively low percentage of child welfare recidivism in general for abuse or neglect allegations across sites (see Table 2.6). This low count of repeat allegations resulted in most of the statistical models not converging except for the models including child neglect, which was the most frequently occurring repeat maltreatment event for all FTC sites. The only statistically significant difference occurred in TX, where being in the FTC program was significantly related to lower instances of substantiated child neglect at 12-months after the eligibility event (*program* = 2.4%, *comparison* = 6.4%, $p < .0001$). However, it is worth noting GA and NY did experience a smaller percentage of specific repeat child maltreatment events in the FTC group than the comparison group. GA FTC participants had a lower percentage of repeat substantiated child neglect at 12-months post eligibility event. NY FTC had lower percentages of substantiated physical abuse at 36-months post eligibility event and lower percentages of substantiated neglect at both 12- and 24- months post eligibility event.

Table 2.6

Percentage of repeat child welfare allegations for FTC and comparison adults

Allegation Type	Months post-eligibility event		CA		GA		NY		TX	
			FTC	Comp	FTC	Comp	FTC	Comp	FTC	Comp
Physical	12 months	Sub	-	-	3%	2%	-	-	<1%	1%
		Unsub	2%	<1%	1%	5%	<1%	1%	1%	2%
	24 months	Sub	-	-	3%	3%	-	-	2%	1%
		Unsub	6%	3%	3%	6%	1%	2%	2%	2%
	36 months	Sub	1%	-	4%	3%	1%	1%	2%	1%
		Unsub	8%	4%	5%	10%	2%	2%	3%	3%
Emotional	12 months	Sub	-	-	-	-	-	-	-	-
		Unsub	-	1%	-	1%	-	-	-	-
	24 months	Sub	<1%	-	-	-	-	-	-	-
		Unsub	1%	2%	-	1%	-	-	-	-
	36 months	Sub	1%	-	-	-	-	-	-	-
		Unsub	3%	3%	-	1%	-	-	-	-
Sexual	12 months	Sub	-	-	-	-	-	-	<1%	-
		Unsub	-	-	-	-	-	<1%	-	-
	24 months	Sub	-	-	-	-	-	-	<1%	<1%
		Unsub	<1%	-	1%	-	-	<1%	-	-
	36 months	Sub	-	-	-	-	-	-	<1%	<1%
		Unsub	2%	-	2%	-	-	1%	<1%	-
Neglect	12 months	Sub	3%	-	5%	8%	1%	2%	2%***	6%
		Unsub	3%	3%	19%	19%	2%	6.%	<1%	3%
	24 months	Sub	6%	-	10%	10%	3%	4%	12%	11%
		Unsub	7%	6%	33%	23%	9%	9%	2%	3%
	36 months	Sub	10%	-	14%	11%	7%	7%	18%	17%
		Unsub	10%	7%	39%	27%	19%	11%	3%	5%

*Note. * p<.05, **p<.001, ***p<.0001. Any value that equals 0 is shown as a dash. Green shading indicates positive results for an FTC program.*

Because more children were frequently impacted by one instance of parental abuse or neglect (i.e., multiple children impacted by one parental instance of maltreatment), higher percentages are reported in Table 2.7, which also enabled more statistical models to converge. Results indicated that at 12-months after the eligibility event children in GA and NY experienced significantly *fewer* repeated incidences of neglect if their parent was part of the FTC programs compared to children whose parents were not enrolled in the FTC. For NY, this trend continued,

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indicating that children with parents in the FTC were significantly *less likely* to experience substantiated neglect 12-, 24, and 36-months after the eligibility event than the children in the comparison group. Children with parents involved in the CA FTC experienced significantly *more* repeat substantiated neglect at 36-months post eligibility event compared to children with parents in the comparison group. However, it is important to interpret these results in tandem with the following results on child removals, which directly influences the ability of a parent to maltreat a child since they may not be in that parent's care.

Table 2.7

Percentage of repeat child welfare allegations for FTC and comparison children

Allegation Type	Months post-index CW event		CA		GA		NY		TX	
			FTC	Comp	FTC	Comp	FTC	Comp	FTC	Comp
Physical	12 months	Sub	<1%	-	1%	1%	<1%	1%	<1%	1%
		Unsub	5%	1%	2%	2%	1%	1%	<1%	1%
	24 months	Sub	<1%	-	2%	2%	<1%	1%	1%	2%
		Unsub	11%	5%	4%	5%	2%	2%	1%	2%
	36 months	Sub	1%	-	4%	3%	1%	2%	1%	2%
		Unsub	15%	7%	6%	9%	5%	3%	3%	3%
Emotional	12 months	Sub	<1%	-	-	-	-	-	-	-
		Unsub	1%	2%	-	-	-	-	-	-
	24 months	Sub	1%	-	-	-	-	-	-	-
		Unsub	5%	5%	-	-	-	-	-	-
	36 months	Sub	1%	-	-	-	-	-	-	-
		Unsub	9%	5%	-	-	-	-	-	-
Sexual	12 months	Sub	<1%	-	-	<1%	-	<1%	<1%	<1%
		Unsub	1%	1%	<1%	-	<1%	1%	-	<1%
	24 months	Sub	1%	-	<1%	<1%	-	<1%	<1%	<1%
		Unsub	1%	1%	1%	-	1%	1%	1%	<1%
	36 months	Sub	1%	-	<1%	<1%	-	1%	<1%	<1%
		Unsub	2%	1%	3%	-	1%	2%	1%	<1%
Neglect	12 months	Sub	5%	-	2%***	8%	2%***	5%	2%	<1%
		Unsub	6%	7%	12%	23%	6%	10%	<1%	2%
	24 months	Sub	15%	-	11%	11%	5%***	10%	10%	9%
		Unsub	22%	16%	35%	40%	17%	18%	3%	2%
	36 months	Sub	21%***	<1%	14%	13%	10%*	14%	19%	14%
		Unsub	34%	22%	49%	55%	37%	27%	7%	3%

*Note. * p<.05, **p<.001, ***p<.0001. Any value that equals 0 is shown as a dash. Green shading indicates positive results for an FTC program, whereas red shading indicates negative results for an FTC program.*

Research Question 4(a)ii - What are the outcomes associated with participation in FTCs regarding time spent for children in out of home placements?

FTC sites experienced different percentages of child removals (see Table 2.8). NY reported the lowest percentages of child removals out of any site for both the FTC and comparison groups. CA's FTC group demonstrated the largest percentage of children being

removed from the home. The percentage of children being removed was significantly larger for both CA and TX FTCs compared to the other sites.

Table 2.8

Percent of children that experienced a removal, by site

	CA		GA		NY		TX	
Percent of children that had a removal	**FTC**	**Comp**	**FTC**	**Comp**	**FTC**	**Comp**	**FTC**	**Comp**
	61%***	40%	28%	33%	11%	9%	49%***	35%

*Note. * p<.05, **p<.001, ***p<.0001. Green shading indicates positive results for an FTC program, whereas red shading indicates negative results for an FTC program.*

Kaplan-Meier survival models were run to understand how long children in the FTC and comparison groups were remaining out of the home if they were removed during the study window. Children that were removed from the home experienced significantly *less* time in that removal if their parent was participating in the CA, GA, or TX FTCs compared to children whose parents were in the comparison group (see Table 2.9). Therefore, children whose parents participated in FTCs spent fewer months on average in out of home placements. The NY site did not demonstrate a difference in the average number of months children spent out of the home during a removal between the FTC and comparison group families (see Appendix F for survival function graphs.

Table 2.9

The average number of months spent removed from the home, by site

	CA		GA		NY		TX	
Average number of months spent out of home	**FTC**	**Comp**	**FTC**	**Comp**	**FTC**	**Comp**	**FTC**	**Comp**
	21***	29	30***	33	24	23	29***	32

*Note. * p<.05, **p<.001, ***p<.0001. Green shading indicates positive results for an FTC program, whereas red shading indicates negative results for an FTC program.*

Research Question 4(a)iii - What are the outcomes associated with participation in FTCs regarding increased parent-child reunifications?

Three of the four FTCs had higher percentages of child reunification with parents compared to the families in the comparison group (CA, GA, and TX; see Table 2.10). The NY site had a very similar percentage of children being reunified with parents for both the FTC and comparison groups (1.6% difference, favoring the comparison group families).

Table 2.10

Percent of children reunified with parents and subsequently removed again from the home

	CA		GA		NY		TX	
	FTC	Comp	FTC	Comp	FTC	Comp	FTC	Comp
Percent of children that were reunified	67.3%***	36.3%	40.0%	32.2%	44.3%	45.9%	32.8%	26.6%

*Note. * p<.05, **p<.001, ***p<.0001. Green shading indicates positive results for an FTC program, whereas red shading indicates negative results for an FTC program.*

Research Questions 4(b) - How much are FTC program costs per participant?

The costs of the two program transactions measured in this study (case management and drug testing) for each of the four FTC programs are presented in Table 2.11. Table 2.11 displays the unit cost per program transaction (i.e., the cost per day of case management and the cost per single drug test) and the average number of transactions of each type per participant. Unit costs across sites vary for case management, with the cost per day ranging from a low of $6.33 in GA to a high of just over $39 in TX. The higher case management costs are generally due to FTC teams that have large numbers of staff performing case management activities. The unit cost for drug testing is low in two of the sites, $6.95 per test in GA and $9.50 per test in NY, but are between 8 and 12 times those amounts in the other two sites, $60 per test in CA and $87 per test in TX (see Table 2.12). The large differences in drug testing costs are due to GA and NY using primarily instant tests while CA and TX primarily use a lab for testing, which charge higher

costs for more rigorous testing techniques. The number of case management days and drug tests per participant are similar across sites, though TX has slightly higher numbers for both transactions.

Table 2.11
Unit Cost of Program Transactions and Average Number of Transactions of Each Type per Participant

	CA		GA		NY		TX	
	Unit Cost	Average # of Transactions per Participant	Unit Cost	Average # of Transactions per Participant	Unit Cost	Average # of Transactions per Participant	Unit Cost	Average # of Transactions per Participant
Case Management Days	$9.02	351.79	$6.33	373.92	$26.75	373.92	$39.46	412.45
Drug Tests	$60.00	38.30	$6.95	39.13	$9.50	39.13	$87.00	50.21

Table 2.12 displays the average cost per individual (the unit cost multiplied by the number of transactions) for each type of transaction for all participants who exited the program regardless of exit status[12]. The total cost per participant is the sum of these two transactions for each FTC program.

The total FTC cost per participant for these transactions ranges from $2,639 to $20,643. The largest contributor to the cost of the program in every site was case management. The total cost was highest in TX due to both higher unit costs and a higher number of transactions. This cost per program is just for these two transactions. Full program costs would be much higher in every site if all FTC transactions (including key program activities such as court sessions and treatment services) were included in the analysis.

[12] Program participants included in the program cost analysis are those who had sufficient time to complete the program and who exited the program either through graduation or termination. Active participants were not included in the analysis as they were still using program services so did not represent the cost of the full program from entry to exit.

Table 2.12

Average Cost per Participant for Case Management and Drug Testing

	CA	GA	NY	TX
Case Management Days	$3,173	$2,367	$9,690	$16,275
Drug Tests	$2,298	$272	$459	$4,368
Total per Participant	**$5,471**	**$2,639**	**$10,149**	**$20,643**

Research Question 4(c) - What are the costs associated with foster care outcomes for FTC program participants?

Tables 2.13 provides the unit cost per day spent in foster care, the average number of days spent in foster care, and the total cost of foster care per individual for all FTC participants (regardless of completion status) and the comparison group over three years. Days in foster care were counted from the FTC eligible event for both FTC participants and the comparison group.

As demonstrated in Table 2.13, the unit cost per day in foster care is similar across states, ranging from just over $27 to just under $42 per day. The average time per child spent in foster care in each site varied by site and by group (FTC participant and comparison). The shortest time for a child in foster care was just under one year while the longest time was over two years. In three of the four sites (CA, GA, and TX), the children of FTC participants spent less time in foster care over the three-year outcome period than the comparison group, resulting in a cost savings. In one site (NY) the children of FTC participants spent more time in foster care.

The CA FTC had a savings, or cost-offset, of $4,400 per FTC participant, due to FTC children spending less time in foster care. Likewise, the GA FTC had a savings of $4,852 per participant and the TX FTC had a savings of $298 per participant. In contrast, the NY FTC had a *loss* of $1,822 per participant due to FTC children spending more days in foster care. It is

possible that outcome savings might be much different if all types of outcome costs (child welfare, criminal justice system, and victimization outcomes) were included in the cost analysis.

Table 2.13

Unit Cost, Average Number of Foster Care Days per Participant and Total Cost for Foster Care per Participant in the 3 Years After the Eligible Event

	CA		GA		NY		TX	
	FTC	Comp	FTC	Comp	FTC	Comp	FTC	Comp
Unit Cost per Foster Care Day	$34.92		$35.42		$41.42		$27.07	
Average # of Foster Care Days per Individual	426	552	748	879	398	354	507	518
Total Cost of Foster Care per Individual	**$14,876**	**$19,276**	**$26,282**	**$31,134**	**$16,485**	**$14,663**	**$13,724**	**$14,022**

Discussion and Implications

The results from this study provide an evaluation of four distinct FTCs situated across the United States (i.e., CA, GA, NY, and TX) that provide services to inherently different populations. Because of the distinct differences in context related to each FTC (e.g., geographically, politically, etc.) each site's findings will be discussed within their own unique context. Information and recommendations based on each court's best practice assessments are also provided.

California

The FTC in California was situated in San Francisco County, which overall shows low rates of child welfare event reporting (see San Francisco Child Welfare Dashboard, 2021). The small number of, or complete lack of, repeat child welfare allegations present in the FTC and comparison group reinforces that trend. Although there were slightly higher percentages of repeat child maltreatment for children in the FTC group than the comparison group, it is likely

this could be due to a surveillance effect for program families. In other words, families involved in the FTC program are more closely monitored than comparison group families, meaning they could have slightly elevated child welfare events simply because they are being watched for those events. The rate of unsubstantiated repeat maltreatment events also supports this theory because those event percentages are consistently higher in the FTC program group, indicating that more potential incidents of repeat maltreatment are being investigated. Despite these slightly higher percentages in the FTC program group, they were largely not significant. There was only one statistically significant finding that indicated children in the FTC program group had more substantiated neglect at 36-months after the eligibility event compared to comparison group children.

Children in the FTC group experienced a higher percentage of removals after the eligible event than comparison children, however, 30% more children in the FTC group experienced reunification with parents compared to children in the comparison group. Removals also ended (i.e., children and parents were reunified) an average of nine months sooner for children in the FTC group, meaning that the FTC program was able to reunify children with parents more often and more quickly.

Georgia

The Georgia FTC, located in Douglas County, generally reports around 16% of children in a given year experience substantiated child maltreatment (Georgia Family Partnership Connections, 2023). According to the same report, the FTC likely served a disproportionate number of white adults and children compared to the county population. Since children of color are typically disproportionately represented in the child welfare system, it is likely that Black and

Latinx children may have shown to be even more underserved by this FTC if the report had compared the FTC to the proportion of non-white children in the child welfare system.

Adults in the FTC program and comparison group did not have any statistically significant differences in child maltreatment allegations at any of the outcome window time points for physical, emotional, or sexual abuse. However, the children in the FTC program experienced fewer instances of repeat substantiated neglect than comparison group children at 12-months after the eligibility event. This significant difference was not sustained at 24- or 36-months post eligibility event, meaning that although there initially were benefits to participating in the GA FTC related to the incidents of substantiated child neglect, those benefits did not continue two and three years after that initial FTC eligible child welfare event. It is worth noting that the percentages of substantiated child maltreatment during the three-year outcome windows were small for both groups, indicating low likelihood of repeat substantiated child maltreatment overall.

Children in the GA FTC group did experience a lower percentage of removals from the home. When children in the GA FTC were removed from the home, the time spent out of home was three months shorter than the comparison group. Children in the GA FTC were also reunified with parents more often than in the comparison group.

New York

The New York FTC site was located in Suffolk County, which reported low rates of substantiated child maltreatment and children in foster care (New York State Council on Children & Families, Kids' Well-being Indicators Clearinghouse Report, 2022). These county trends were confirmed in the data for both the FTC and comparison groups. Although the NY FTC had

slightly higher percentages than the CA site (i.e., greater than zero in many instances), the percentage of adult cases including repeat child maltreatment were small and not statistically different between study groups. Children whose parents participated in the FTC did experience fewer instances of repeat physical abuse at 12-, 24- and 36-months post the eligibility event than the comparison group, though these results were not significant. Significant differences were found for neglect at 12-, 24-, and 36-months post eligibility event compared to comparison group children whose parents did not participate in the FTC. This indicates that the NY FTC program is helping parents to engage more positively with their children within the families that they serve. The Suffolk County NY FTC also served the racial and ethnic demographics represented in the state; however, it is unknown if the FTC population serves a proportionate amount of each racial and ethnic group that was reported in the child welfare system for the area.

The removals in both the FTC and comparison groups in NY were the lowest of any of the four study sites, only 11% of program children and 9% of comparison children were removed. Children that were removed were out of the home for an average of about 23 months (just under two years) regardless of comparison or FTC program group affiliation. Children in both groups were reunified with parents at a similar rate (1% difference favoring the comparison group). Taken together, these results may indicate that Suffolk County, NY has less children being removed than other sites and because less children are removed the NY site is able to focus efforts on reducing repeat substantiated child maltreatment with FTC program participants. Since less children in the FTC program group are experiencing substantiated repeat neglect, results indicate that the program is having a positive impact on the families they serve.

Texas

The Texas site was located in Travis County, Texas and was the only site that demonstrated a statistically significant difference between groups at the adult level for reduced substantiated child neglect. Specifically, FTC participants were less likely to have repeat substantiated child maltreatment at 12-months post eligibility event compared to the comparison group. This indicates that the FTC program was having a positive impact on the reduction of substantiated repeat neglect specifically while participants were likely still in the program (at 12-months post eligibility event). The TX FTC was the only site that did not show any statistically significant differences between repeat child maltreatment at the child level, either positively or negatively.

Children in the FTC group also reported that more children were removed from the home than in the comparison group. The time children spent out of the home was roughly two and a half years for both groups. However, the time spent out of home was three months shorter for FTC group. The FTC group also showed a higher percentage of reunifications with parents than the comparison group.

Best Practices

Each FTC had different best practices that were or were not being met. TX had the highest adherence to best practices, meeting 88% of the 80 FTC best practices measured in this study, GA had the next highest meeting 78%, and CA and NY both met 67% of best practices. Although different practices were being implemented across the courts, there were several best practices not being met in common across sites and there are associated recommendations that apply to all. For example, each court needs to improve its focus on family-centered services and

involving families in the process of case planning. Although FTCs interface mostly with the parent since they are the court participant, it is necessary to intervene at the family-level and provide services for children and the family as a unit to help sustain participant sobriety, facilitate healthy parent-child relationships, and support the participant on the path to long-term recovery. Having a range of incentives and sanctions that do not include jail stays is also important for courts to support behavior change, with a particular focus on incentives to maintain engagement and support participants in learning new behaviors. In addition, the timing of providing responses to behavior was frequently an issue. Providing timely responses to correctly reinforce positive behaviors and discourage negative ones is a vital part of effective behavior modification. Finally, training in the FTC model is necessary to provide a foundation for the purpose of the court. These trainings need to be provided to all employees during the on-boarding process so the court team can work as a unit towards the common goal of family well-being (through parental sobriety and child safety) within the FTC framework.

Limitations

Limitations were present in both studies. Most notably, the FTC BeST was sent out to courts shortly before the COVID-19 related shutdowns, which led to many assessments going unanswered. Even after several follow up attempts and keeping the assessment window open for a year longer than anticipated, only about half of the desired FTCs completed the assessment. Therefore, although we achieved a response rate of over half of the existing FTC programs in 42 states, the sample may not be representative of all FTCs currently in operation, particularly with changes that have occurred in FTC operations after the advent of Covid. Finally, these practices are not linked to participant level data in this particular study, which means we cannot currently

draw conclusions related to these specific courts adhering to best practices and the subsequent participant outcomes.

There were also limitations related to the outcome and cost study. First, three datasets that are extremely valuable to this work, arrest records, court records, and treatment records were not able to be obtained for all sites. This meant that parent criminal justice involvement and treatment participation or completion could not be assessed. The fifth site, an FTC in New Mexico also was unable to provide child welfare data to the research team because of a lack of resources at their child welfare office to extract the data needed, disqualifying them from being included in the outcome and cost study.

For the analyses that were completed, the number of repeat maltreatment episodes for children were often so low that statistical models did not converge. This is positive in the sense that children were not experiencing high rates of maltreatment but did make disentangling results between study and comparison groups difficult. Finally, utilizing three-year outcome windows seemed to not be long enough to fully understand the issues surrounding child permanency in placements once a removal ended. Specifically, removals often lasted two to three years for comparison group children (shorter in some sites for program group children) which meant that comparison group children often were not returned home in time to have additional removals present themselves in the study models.

Finally, because of a lack of criminal justice data and because some data elements were not provided in the child welfare data, the data elements available for developing program and outcome costs were minimal. The costs reported in this study only captured a small part of the actual costs to run these programs, as well as underestimating the potential costs and savings related to participant outcomes.

Future Research

The co-principal investigators of this research study intend to apply for additional funding to continue statistical analysis using the data already compiled and cleaned. Some future directions for this work include collecting complete criminal justice data (i.e., arrest and court records) to understand the impact on FTC involvement on criminal justice system recidivism as well as the impact of criminal justice involvement on substantiated child maltreatment, removals from the home, and reunification. In addition, collecting further data on program activities and criminal justice outcomes would allow a more complete cost-benefit analysis related to these FTCs. Additional models that could help disentangle effects around children that are being re-removed after a reunification will also be pursued. Participant level data, such as drug testing records, that represent FTC Best Practices can also be related to court outcomes.

Deviations From Original Design

There were several deviations from the original proposed NEFTC design. First, as mentioned in the limitations section, the FTC BeST Assessment was sent out just prior to major shutdowns related to the COVID-19 pandemic. The research team extended the timeline for the best practice study, therefore, severely delaying the timeline for selecting the outcome and cost focus sites and beginning administrative data collection from those sites. Administrative data collection was challenging and took more than two years to complete. Because of delays in the original projected timeline, the research team opted not to collect parole/probation, prison, and DMV data. Additional desired datasets such as criminal arrest and court data, and treatment agency data were pursued but not all sites were able or willing to provide those datasets within the time frame needed for the study. The complexity of the child welfare administrative datasets

also provided challenges such as data errors that made it difficult to connect parent FTC program data with child welfare records, duplicated records which required additional time to evaluate contextual factors and make decisions, and children in the system that were both victims and perpetrators of maltreatment. Between the condensed timeline, the amount of time required to collect data, and the data complexity, the research team chose to analyze only the program and child welfare data for the four outcome study sites where both datasets were provided. Additional funding will be pursued to complete additional analyses with the current data and to pursue datasets that could benefit the study results.

Other deviations from the original study included an inability to answer some of the original proposed research questions. In the best practice study, there was a proposed research question about practices directed toward the needs of individuals dependent on opioids that was not answered because the research team did not have any data on specific practices that courts engaged in for those that used opioids. Another original research question asked about differences in FTC program outcomes for courts that used different judicial models (i.e., parallel vs. integrated), however, three of the four outcome sites operated as integrated courts. With only one court operating as a parallel process FTC, it is difficult to disentangle the effects of the judicial structure versus other components of the court that could be causing any differences in outcomes observed between courts. Additionally, one other original research question asked what practices FTCs engage in are related to better outcomes for families. Since best practices were collected at the court-level via the FTC BeST assessment and the data used in measuring outcomes are at the person-level, only the four focus sites have both best practice information and outcomes. It is not possible to perform a study to determine best practices related to positive outcomes with a sample of only four. However, this research question is extremely important to

answer, and some of the administrative data collected may be used to determine which participants experienced specific FTC practices. This would allow the research team to examine the impact of specific practices across multiple participants. The research team will be including a more specific version of this question (i.e., specifying several practices) in any proposals to seek additional funding related to this work.

Artifacts

Dissemination Activities and Products

- At the time of this report, one manuscript was published in 2022.

Rodi, M. S., Dahlgren, J. A., Smith, L., & Kissick, K. (2022). Characteristics of family treatment courts, the families they serve, and their capacity to meet the demands of their communities. *Child Welfare, 100*(3), 103-130. Link: https://www.jstor.org/stable/48713759

- A majority of the dissemination from the NEFTC thus far was through presentations at conferences or research gatherings. The presentations are detailed by year they were presented.

Rodi, M. S. (2022). Research Update on the National Evaluation of Family Treatment Court Study. Virtual presentation at the annual research symposium hosted by Children and Family Futures.

Rodi, M. S., & Dahlgren, J. A. (2022). Implementing Best Practices in Family Treatment Courts. Presented at the National Association of Drug Court Professionals Conference. Nashville, TN.

Rodi, M. S. (2022). Implementing Best Practices in Family Treatment Courts. Presented at the American Society of Criminology Conference. Atlanta, GA.

Dahlgren, J. A. (2023). Common Challenges Associated with Implementing Family Treatment Courts. Poster presented at the National Institute of Justice Conference. Arlington, VA.

Dahlgren, J. A, & Children & Family Futures. (2023). Common Challenges Associated with Implementing Family Treatment Courts and Strategies to Address Them. Presented at the National Association of Drug Court Professionals Conference. Houston, TX.

Dahlgren, J. A. (2023). Research Update on the National Evaluation of Family Treatment Court Study. Virtual presentation at the annual research symposium hosted by Children and Family Futures.

Datasets

Best Practice Assessment and Outcome Study datasets resulted from this set of studies.

- The *BeST Practice Assessment dataset* includes information by site related to best practices completed.
- The *outcome datasets* include program and child welfare data and calculated variables used to perform all outcome analyses for each focal FTC site.

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Appendix A

Best Practice Assessment Copy

National Evaluation of Family Treatment Courts

NPC.Family.Treatment.Court.Assessment

Hello - Welcome to NPC's Family Treatment Court assessment. This assessment is part of the National Evaluation of Family Treatment Courts (NEFTC) funded by the Office of Juvenile Justice and Delinquency Prevention and managed by the National Institute of Justice. Your team's response to the items in this survey will contribute to this nationwide study of all Family Treatment Courts in the U.S.

The purpose of this assessment is to help your FTC team and NPC understand how your program is uniquely implementing the various practices associated with the Family Treatment Court Best Practice Standards including the Key Components of the Drug Court model. Your responses to this assessment will also be combined with those from all other FTCs and used to address some of the most pressing questions facing FTCs and communities implementing FTCs.
The questions in this assessment ask for information about various procedures and practices of your FTC program and also about your participant population. There is no wrong answer. It is not a grading tool, it is intended to help us understand how FTCs are currently operating in the United States.

After you complete the assessment, NPC will generate, at no cost to you, a report tailored to your program, based on your answers to the assessment questions. You will also be invited to participate in a Webinar during which nationally recognized experts will provide guidance for interpreting the findings and how you might use your report to improve program quality, improve sustainability, and garner community support.

By clicking “next” at the bottom of this page, you consent to have your answers to this survey used in this national study of FTCs. Your participation in this study is completely voluntary. There will be no negative consequence for refusing to participate. There are no benefits to participating other than the report and webinar described above, nor are there any known risks. Your responses will be analyzed along with responses from all other FTCs in the country. No individual court report will be disseminated to any other court or any other audience with your name or the name of your FTC. The data will be aggregated in all reports so that no one will be able to match the data to you or your FTC program. The study is intended to inform the courts, child welfare, and substance use treatment fields about practices and policies being implemented in FTCs.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

If you have any questions, feel free to contact our study helpdesk at FTCSurveyHelp@npcresearch.com or our helpline at 503-680-6085. You may also contact Chad Rodi PhD, the study's co-principal investigator, at Rodi@npcresearch.com. Thank you very much for taking the time to complete this assessment.

INSTRUCTIONS:

Please answer every question. We would like you to fill out the assessment collaboratively with your team by going over the assessment as a group (e.g., in a team meeting) or in some way checking on answers with your team members. You can print out this PDF version to review with your team. However, the survey needs to be entered online. It takes about an hour to enter the answers once information is gathered. Please.note?question.numbers. may.not.match.PDF.due.to.skip.patterns¡

In the process of filling out the assessment, if you cannot complete it in one sitting you may use your individual link to re-access your assessment. Alternatively, click on “Save and continue later” at the top or bottom of the page you are working on. At that point you will be asked for an email address in order for the system to save your progress, then you will receive an email from SurveyGizmo containing the link you may use in order to continue working on your assessment.

The “Next” button, located at the bottom of each page, moves you to the next page of the assessment. On some pages, you may need to scroll down in order to see it. Once you reach the end of the assessment, click “Submit.”

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

FAMILY TREATMENT COURT: CHARACTERISTICS

Note that all possible questions are included in this PDF. However, the online version of this assessment employs skip patterns (i.e., how you answer some questions will determine whether other questions will appear). Therefore, while question numbers in this PDF will not match the online version, the order of questions will be the same. Use the text of the question, not the question number, to ensure you are answering the correct question online.

7).Please.verify.your.program.type¿

( ) Family Treatment Court

( ) Adult Treatment Court

( ) DUI/DWI Treatment Court

( ) Juvenile Treatment Court

( ) Tribal Healing to Wellness Court

( ) Mental Health Treatment Court

( ) Veterans Treatment Court

( ) Hybrid Treatment Court (please specify your hybrid programs):

_____

( ) Other (please specify your other programs):

_____

2) For the person filling out this assessment: please type your name, email address, and role in the treatment court program. If you are not the coordinator, please provide the coordinator's email address as well.

_____

_____

_____

_____

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

9).Please.provide.us.with.the.official.name.(including.your.county?.region?.jurisdiction?.etc¡).and.address.of.your.Family.Treatment.Court.program¿

TREATMENT COURT NAME: _____

Address: _____

Address 2: _____

City/Town: _____

State: _____

Zip: _____

4) Please list the names and roles of the other team members that will help you (or who you will check with) as you fill out this assessment. If you filled out the assessment on your own (with no help from other team members) please type "none."

_____

_____

_____

_____

❶.When.was.your.treatment.court.program.implemented?

Month (mm): _____

Year (yyyy): _____

❷.How.would.you.describe.the.judicial.structure.of.the.family.treatment.court.program?

( ) The judge presiding over the family treatment court is the same judge that is assigned to the child welfare/dependency case

( ) The judge presiding over the family treatment court is NOT the same judge that is assigned to the child welfare/dependency case

( ) Both of the above - please explain: _____

( ) Other - please explain: _____

❸.Do.you.have.separate.tracks.within.your.treatment.court.for¿

	Yes	No
Different risk and need levels	( )	( )
Co-occuring disorders	( )	( )
Medication assisted treatment	( )	( )
Gender	( )	( )
Veterans	( )	( )

Comments¿

8) Please give us your estimate of the average number of months it takes for participants to complete the program:

_____

FAMILY TREATMENT COURT: ELIGIBILITY & REFERRAL

❺).Are.your.participants.(check.all.that.apply)¿

	Yes	No
Pre-filing?	( )	( )
Pre-adjudication?	( )	( )
Post-adjudication/pre-disposition?	( )	( )
Post-adjudication/post-disposition?	( )	( )

76).Which.of.the.following.people ~~a~~gencies.can.refer.potential.participants.to.the.program¿

	Yes	No
Court/Judge	( )	( )
Child Welfare Case Worker	( )	( )
Child Welfare Attorney/Prosecuting Attorney	( )	( )
Parent's Attorney/Defense Attorney	( )	( )
Guardian ad Litem	( )	( )
School	( )	( )
Public (e.g., family members, significant others, etc.)	( )	( )
Probation	( )	( )
Law Enforcement (e.g., Police, Sheriff, Tribal Police, Village Public Safety Officer)	( )	( )

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77).Are.your.treatment.court.program.eligibility.requirements.written?

( ) Yes

( ) No

78).If.the.eligibility.requirements.are.written?are.all.people ~~a~~gencies.who.can.make.referrals.given.a.copy.of.the.eligibility.requirements?

( ) Yes, all referring agencies have them

( ) Most should have them

( ) Most do not have them

( ) Unsure

( ) Not applicable (there aren't written eligibility requirements)

79).What.types.of.allegations ~~pe~~titions.are.eligible.for.program.entry?

	Yes	No
Neglect	( )	( )
Endangerment	( )	( )
Abandonment	( )	( )
Physical Abuse	( )	( )
Mental Abuse	( )	( )
Sexual Abuse	( )	( )

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70).What.kind.of.event.prompts.a.referral.to.your.program.(Check.all.that.apply)

[ ] An investigation (into a child welfare allegation)

[ ] A child welfare substantiated charge or disposition

[ ] An open child welfare case (a case filing)

[ ] The removal of a child from the home/parent(s)

[ ] A new arrest

[ ] A criminal justice case filing

[ ] A new conviction

[ ] A probation/parole violation

[ ] Other (please specify): _____

7❶.Do.you.have.a.target.population?

( ) Yes (please describe target population):

_____

( ) No

7❷.Which.populations.receive.priority.access.to.your.program.(check.all.that.apply)?

[ ] Not applicable - there is no priority access to our program (we are a strictly first come, first serve)

[ ] Families including a pregnant mother in active substance use

[ ] Families with a parent currently engaged in opiate/heroin misuse

[ ] Families in other situations (please specify):

_____

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7❸.Please.indicate.the.percent.of.participants.who.regularly.use.each.of.the.following.substances¡. Please.include.participants.who.use.multiple.substances.in.as.many.categories.in.the.list.below.as. applicable.(the.total.of.the.percents.may.add.to.greater.than.766↘ ·.enter.whole.numbers.only._no. letters.or.symbols)¿

Alcohol (%): _____

Marijuana (%): _____

Crack/Cocaine (%): _____

Methamphetamine (%): _____

Opiate/heroin (%): _____

Misuse of opiate prescriptions (%): _____

Misuse of over-the-counter medications and other substances (such as huffing) (%): _____

Misuse of other prescriptions (%): _____

Other substance #1 (% only, list name of substance in next question): _____

Other substance #2 (% only, list name of substance in next question): _____

7❹.If.you.marked.fotherf.above?please.specify.the.other.primary.substances(s).used¿

Name of other substance #1: _____

Name of other substance #2: _____

19) Please estimate what percentage of your participants use more than one substance at a time:

_____

86).Do.you.accept.potential.participants¿

	Yes	No
Who do not admit to having a substance use disorder?	( )	( )
Who have a co-occurring mental health disorder?	( )	( )
Who are using methadone to treat their substance use disorder?	( )	( )
Who are using Naltrexone (Vivitrol) to treat their substance use disorder?	( )	( )
Who are using buprenorphine/naloxone (Suboxone) to treat their substance use disorder?	( )	( )
Who are taking legally prescribed psychotropic medications?	( )	( )
Who are currently using prescription benzodiazepines?	( )	( )
Who are currently using prescription opiates for pain management issues?	( )	( )
Who have current felonies?	( )	( )
Who have prior felonies?	( )	( )
Who have current violence charges?	( )	( )
Who have prior violence convictions?	( )	( )
Who have current drug charges?	( )	( )
Who have current drug sales or trafficking charges?	( )	( )
Who have previous termination of parental rights (TPR)?	( )	( )

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87).Does.your.program.assess.participants.for¿

	Yes	No
History of child welfare involvement	( )	( )
Antisocial associates (e.g., who they spend time with and whether the associates are engaged in illicit substance use or criminal activities)	( )	( )
School or employment performance (e.g., education level and needs, whether they have legal employment)	( )	( )
Living situation (e.g., homelessness, unstable housing)	( )	( )
Family/marital issues (e.g., supportive or unsupportive family members, marital status, communication problems, domestic violence)	( )	( )
Parenting capacity	( )	( )
Parent-child relationship	( )	( )
Trauma history	( )	( )
Suicidal ideation	( )	( )
Dental health	( )	( )
Physical/medical health	( )	( )
Appropriateness for medication assisted treatment (MAT)	( )	( )
History of antisocial behavior (e.g., criminal history)	( )	( )
Antisocial attitudes or cognitions (e.g., criminal thinking)	( )	( )
Antisocial personality patterns (e.g., diagnosed personality disorder)	( )	( )

88).If.you.use.screening.and~~-or~~.assessment.tools?have.they.been.validated.and.standardized.for.your.treatment.court.population?

( ) Yes

( ) Some are validated

( ) No

( ) Not Sure

( ) Not Applicable - we do not use a screening and/or assessment tool

89).Do.the.children.of.parents.in.your.program.receive.assessments?

( ) Yes (please list the assessment you use):

_____

( ) No

80).Screening.and.Assessments.Part.7¿Which.of.the.following.screening.or.assessment.tools.are.currently.being.used.in.your.program?.(Check.all.that.apply¡)

PLEASE.NOTE¿THIS.QUESTION.IS.SET.AT.THE.ANSWER.ƒNOƒ.FOR.EACH.TYPE.OF.ASSESSMENT.UNLESS.YOU.SELECT.ONE.OR.MORE.OF.THE.POSSIBLE.YES.ANSWERS¡.(Please.check.all.that.apply)

	Yes, to determine eligibility	Yes, to determine level and type of treatment or other service	Yes, to determine level of monitoring or supervision	No
Youth Level of Service/Case Management Inventory (YLS/CMI)	[ ]	[ ]	[ ]	[ ]
Youth Assessment and Screening Instrument (YASI)	[ ]	[ ]	[ ]	[ ]
Structured Assessment of Violence Risk in Youth (SAVRY)	[ ]	[ ]	[ ]	[ ]

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	Yes, to determine eligibility	Yes, to determine level and type of treatment or other service	Yes, to determine level of monitoring or supervision	No
Positive Achievement Change Tool (PACT)	[ ]	[ ]	[ ]	[ ]
Structured Decision-Making Risk Assessment	[ ]	[ ]	[ ]	[ ]
North Carolina Family Assessment Scale (NCFAS)	[ ]	[ ]	[ ]	[ ]
Strengths and Stressors Tracking Device	[ ]	[ ]	[ ]	[ ]
Family Assessment Form	[ ]	[ ]	[ ]	[ ]
Family Assessment Checklist	[ ]	[ ]	[ ]	[ ]
Ackerman-Schoendorf Scales for Parent Evaluation of Custody	[ ]	[ ]	[ ]	[ ]
Darlington Family Assessment System	[ ]	[ ]	[ ]	[ ]
Ages and Stages	[ ]	[ ]	[ ]	[ ]
Child Behavior Checklist	[ ]	[ ]	[ ]	[ ]

8❶.Screening.and.Assessments.Part.8¿Which.of.the.following.screening.or.assessment.tools.are.currently.being.used.in.your.program?.(Check.all.that.apply¡)

PLEASE.NOTE¿THIS.QUESTION.IS.SET.AT.THE.ANSWER.ƒNOƒ.FOR.EACH.TYPE.OF.ASSESSMENT.UNLESS.YOU.SELECT.ONE.OR.MORE.OF.THE.POSSIBLE.YES.ANSWERS¡.(Please.check.all.that.apply)

	Yes, to determine eligibility	Yes, to determine level and type of treatment or other service	Yes, to determine level of monitoring or supervision	No
Risk and Need Triage (RANT)	[ ]	[ ]	[ ]	[ ]
DUI Risk and Need Triage	[ ]	[ ]	[ ]	[ ]
Ohio Risk Assessment System (ORAS) (or a version of this tool modified for your state)	[ ]	[ ]	[ ]	[ ]
Level of Service Inventory – Revised (LSI-R)	[ ]	[ ]	[ ]	[ ]
Level of Service/Case Management Inventory (LS/CMI)	[ ]	[ ]	[ ]	[ ]
Correctional Offender Management Profiling for Alternative Sanctions (COMPAS)	[ ]	[ ]	[ ]	[ ]
Global Appraisal of Individual Needs (GAIN)	[ ]	[ ]	[ ]	[ ]
Addiction Severity Index (ASI)	[ ]	[ ]	[ ]	[ ]

	Yes, to determine eligibility	Yes, to determine level and type of treatment or other service	Yes, to determine level of monitoring or supervision	No
American Society of Addiction Medicine (ASAM) Assessments	[ ]	[ ]	[ ]	[ ]
Texas Christian University (TCU) screen/assessment tool	[ ]	[ ]	[ ]	[ ]
Impaired Driving Assessment (IDA)	[ ]	[ ]	[ ]	[ ]
Women's Risk Needs Assessment (WRNA)	[ ]	[ ]	[ ]	[ ]
Inventory of Offender Risk, Needs and Strengths (IORNS)	[ ]	[ ]	[ ]	[ ]
Static Risk and Offender Needs Guide Revised (STRONG-R)	[ ]	[ ]	[ ]	[ ]
Tool developed locally - Please type in name(s) of local tool(s) in the box below	[ ]	[ ]	[ ]	[ ]
Other assessment(s) - Please type in the box below the name of any assessment(s) you are using that are not listed above	[ ]	[ ]	[ ]	[ ]
Other family focused assessment(s) - Please type in	[ ]	[ ]	[ ]	[ ]

	Yes, to determine eligibility	Yes, to determine level and type of treatment or other service	Yes, to determine level of monitoring or supervision	No
the box below the name of any assessment(s) you are using				
Other child focused assessment(s) - Please type in the box below the name of any assessment(s) you are using	[ ]	[ ]	[ ]	[ ]

26) Please type name(s) of additional assessment(s) used here:

_____

_____

_____

_____

8❸).Are.individuals.screened~~-a~~ssessed.for.mental.health.disorders?

( ) Yes

( ) Sometimes

( ) No

8❹).Are.individuals.with.serious.mental.health.issues.(diagnosable.mental?behavioral?or.emotional.disorder.that.substantially.interferes.with.or.limits.one.or.more.major.life.activities).eligible.for.the.program?

( ) Yes, always

( ) Yes, if assessed as being capable of understanding and following program requirements

( ) No

8❺).If.individuals.are.found.to.have.mental.health.disorders?is.mental.health.treatment.required.as.part.of.their.treatment.court_related.treatment?

( ) Yes

( ) No

( ) Not Applicable (e.g., individuals with mental health disorders are not allowed in treatment court)

96).What.level.of.criminogenic.risk.do.you.accept?.(Check.all.that.apply)

[ ] High Risk

[ ] Moderate Risk

[ ] Low Risk

[ ] Not applicable

97).Do.you.accept.individuals.into.your.program.who.(check.all.that.apply)¿

[ ] Do not have a substance use disorder

[ ] Are assessed as having a mild substance use disorder

[ ] Are assessed as having a moderate substance use disorder

[ ] Are assessed as having a severe substance use disorder

[ ] Not applicable - participants are not assessed for substance use disorder

98).Is.the.treatment.court.voluntary.for.all.participants?.or.are.some.participants.mandated.to.attend?

( ) All participants are voluntary

( ) Some participants are mandated to attend treatment court

( ) All participants are mandated to attend

99).Have.you.refused.program.entry.to.people.based.on.their.attitude.towards.treatment.or.readiness.for.treatment.(including.people.who.don't.think.they.have.a.problem.with.alcohol.or.drugs)?.[Please.note?.these.types.of.criteria.do.not.include.eligibility.requirements.based.on.scores.from.standardized.assessments]¡

( ) Frequently

( ) Sometimes

( ) Rarely

( ) No, never have

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90).Please.indicate.whether.the.following.items.are.benefits.for.participants.to.enter.and.graduate.from.the.program¿

	Yes	No
Increased likelihood of being reunified with child	( )	( )
Possibility of increased visitation	( )	( )
Increased access to services	( )	( )
Possibility of preventing removal	( )	( )
Avoiding jail time	( )	( )

9❶.What.is.your.estimate.of.the.typical length of time between.an.investigation.and.referral.to.the.treatment.court.program?

( ) 0 to 7 days

( ) 8 to 14 days

( ) 15 to 21 days

( ) 22 to 30 days

( ) 31 to 50 days

( ) 51 to 100 days

( ) 100+ days

9❷.What.is.your.estimate.of.the.typical length of time between.referral.and.treatment.court entry?

( ) 0 to 7 days

( ) 8 to 14 days

( ) 15 to 21 days

( ) 22 to 30 days

( ) 31 to 50 days

( ) 51+ days

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FAMILY TREATMENT COURT: SERVICES

9❸.How.many.treatment.agencies.work.with.your.treatment.court.participants?

	0	1	2	3-5	6-10	11+
Substance use treatment agencies	( )	( )	( )	( )	( )	( )
Mental health treatment agencies	( )	( )	( )	( )	( )	( )

9❹.Do.the.treatment.provider(s).have.a.written.agreement~~-c~~ontract.or.an.MOU~~-M~~OA.directly.with.the.court.to.deliver.services.to.treatment.court.participants?

( ) Yes

( ) No

9❺.If.you.use.more.than.one.treatment.agency¿

	Yes	No
Does one agency provide treatment to the majority of the participants?	( )	( )
Is there one agency or individual who coordinates or provides oversight of treatment for participants at all agencies?	( )	( )
Is there at least one agency or individual who represents treatment on your team?	( )	( )

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06).Treatment.providers.that.work.with.your.treatment.court.are¿

	Yes	Yes for some	No
Licensed or certified to deliver substance use disorder treatment	( )	( )	( )
Licensed or certified to deliver mental health treatment	( )	( )	( )
Experienced in working with child welfare involved populations	( )	( )	( )
Experienced in working in family-centered treatment	( )	( )	( )
Experienced in working with criminal justice populations	( )	( )	( )

07).Please.indicate.whether.your.treatment.court.performs.any.of.the.following.activities¿

	Yes	No
Team members (or a representative from the treatment court) conduct site visits of treatment providers	( )	( )
State conducts audits or site visits for treatment provider certification	( )	( )
Team discusses evidence-based practices with the provider	( )	( )
Team discusses how fidelity of the treatment model is monitored	( )	( )
Participants are surveyed about their perception of treatment	( )	( )
Participants with co-occurring disorders (mental health and substance use disorders) receive coordinated mental health and substance use treatment	( )	( )

(1 of 6) The following questions are intended to identify which services and treatment options are available to both participants and their children. These questions cover a wide array of options, and it is important to answer each item for participants (select one response) as well as whether or not that item is also available for children (checkbox).

08).Part.7¿Substance.use.disorder.treatment.(SUD).and.related.services

Which.of.the.following.services.are.available.to.participants.as.a.part.of.the.treatment.court.program.and.which.services.are.available.for.their.children?

	Select one:			Yes/No
	Not available	Available based on participant assessed need	Required for all participants	Is this service available for children/ adolescents?
Detox	( )	( )	( )	[ ]
SUD Outpatient individual sessions	( )	( )	( )	[ ]
SUD Outpatient group sessions	( )	( )	( )	[ ]
SUD Intensive outpatient (IOP)	( )	( )	( )	[ ]
SUD Day treatment	( )	( )	( )	[ ]
SUD Residential treatment	( )	( )	( )	[ ]
Relapse prevention classes and/or services	( )	( )	( )	[ ]
Self-help meetings (e.g., AA or NA)	( )	( )	( )	[ ]
Medication assisted treatment for substance use disorders (e.g., Naltrexone for alcohol and opiate dependence)	( )	( )	( )	[ ]

Gender-specific treatment sessions	( )	( )	( )	[ ]

(2 of 6) The following questions are intended to identify which services and treatment options are available to both participants and their children. These questions cover a wide array of options, and it is important to answer each item for participants (select one response) as well as whether or not that item is also available for children (checkbox).

09).Part.8¿Mental.health.treatment.and.related.services

Which.of.the.following.services.are.available.to.participants.as.a.part.of.the.treatment.court.program.and.which.services.are.available.for.their.children?

	Select one:			Yes/No
	Not available	Available based on participant assessed need	Required for all participants	Is this service available for children/ adolescents?
Mental health counseling	( )	( )	( )	[ ]
Psychiatric services (e.g., testing, treatment)	( )	( )	( )	[ ]
Medication management	( )	( )	( )	[ ]
Trauma-related services	( )	( )	( )	[ ]
Anger management/violence prevention	( )	( )	( )	[ ]
Domestic violence counseling	( )	( )	( )	[ ]
Family/domestic relations counseling	( )	( )	( )	[ ]
Crisis intervention	( )	( )	( )	[ ]
Illness self-management	( )	( )	( )	[ ]
Criminal thinking interventions	( )	( )	( )	[ ]

(3 of 6) The following questions are intended to identify which services and treatment options are available to both participants and their children. These questions cover a wide array of options, and it is important to answer each item for participants (select one response) as well as whether or not that item is also available for children (checkbox).

00).Part.9¿Family.treatment.and.related.services

Which.of.the.following.services.are.available.to.participants.as.a.part.of.the.treatment.court.program.and.which.services.are.available.for.their.children?

	Select one:			Yes/No
	Not available	Available based on participant assessed need	Required for all participants	Is this service available for children/ adolescents?
Parenting classes	( )	( )	( )	[ ]
Prenatal/perinatal program or other services for pregnant women	( )	( )	( )	[ ]
Child developmental services	( )	( )	( )	[ ]
Family/domestic relations counseling	( )	( )	( )	[ ]
Domestic violence counseling	( )	( )	( )	[ ]

(4 of 6) The following questions are intended to identify which services and treatment options are available to both participants and their children. These questions cover a wide array of options, and it is important to answer each item for participants (select one response) as well as whether or not that item is also available for children (checkbox).

0❶.Part.0¿Auxiliary.services

Which.of.the.following.services.are.available.to.participants.as.a.part.of.the.treatment.court.program.and.which.services.are.available.for.their.children?

	Select one:			Yes/No
	Not available	Available based on participant assessed need	Required for all participants	Is this service available for children/ adolescents?
Job training/vocational program	( )	( )	( )	[ ]
Employment assistance	( )	( )	( )	[ ]
GED/education assistance	( )	( )	( )	[ ]
Health education (AIDS/HIV, nutrition, etc.)	( )	( )	( )	[ ]
Housing/homelessness assistance	( )	( )	( )	[ ]
Transportation	( )	( )	( )	[ ]
Health care	( )	( )	( )	[ ]
Dental care	( )	( )	( )	[ ]
Peer specialist/ Recovery Coach	( )	( )	( )	[ ]
Language-specific services	( )	( )	( )	[ ]
Culturally-specific programs	( )	( )	( )	[ ]
Acupuncture	( )	( )	( )	[ ]
Life Skills	( )	( )	( )	[ ]

In-house services	( )	( )	( )	[ ]

(5 of 6) The following questions are intended to identify which services and treatment options are available to both participants and their children. These questions cover a wide array of options, and it is important to answer each item for participants (select one response) as well as whether or not that item is also available for children (checkbox).

02.Part.1a¡.Treatment.Modalities

Which.of.the.following.types.of.treatment.are.provided.to.participants.and.which.are.available.for.their.children?

	Select one:			Yes/No
	Not available	Available based on participant assessed need	Required for all participants	Service is available for children/ adolescents
Child-Parent Psychotherapy (CPP)	( )	( )	( )	[ ]
Eye movement desensitization and reprocessing (EMDR)	( )	( )	( )	[ ]
Trauma Recovery Empowerment Model (TREM)	( )	( )	( )	[ ]
Nurturing Parents Program (NPP)	( )	( )	( )	[ ]
Triple P (Positive Parenting Program)	( )	( )	( )	[ ]
Incredible Years	( )	( )	( )	[ ]
Circle of Security (Parenting)	( )	( )	( )	[ ]
Attachment Based Family Therapy (ABFT)	( )	( )	( )	[ ]
Positive Indian Parenting (PIP)	( )	( )	( )	[ ]

	Select one:			Yes/No
	Not available	Available based on participant assessed need	Required for all participants	Service is available for children/ adolescents
SafeCare Model	( )	( )	( )	[ ]
Celebrating Families (CF)	( )	( )	( )	[ ]
Strengthening Families	( )	( )	( )	[ ]
Family Behavioral Therapy (FBT)	( )	( )	( )	[ ]
Functional Family Therapy (FFT)	( )	( )	( )	[ ]

(6 of 6) The following questions are intended to identify which services and treatment options are available to both participants and their children. These questions cover a wide array of options, and it is important to answer each item for participants (select one response) as well as whether or not that item is also available for children (checkbox).

03.Part.1b¡.Treatment.Modalities

Which.of.the.following.types.of.treatment.are.provided.to.participants.and.which.are.available.for.their.children?

	Select one:			Yes/No
	Not available	Available based on participant assessed need	Required for all participants	Service is available for children/ adolescents
Moral Reconation Therapy (MRT)	( )	( )	( )	[ ]
Hazelden Co-occurring Disorders Program (CDP)	( )	( )	( )	[ ]

	Select one:			Yes/No
	Not available	Available based on participant assessed need	Required for all participants	Service is available for children/ adolescents
Dialectical Behavioral Therapy (DBT)	( )	( )	( )	[ ]
Seeking Safety (trauma intervention)	( )	( )	( )	[ ]
Motivational Interviewing	( )	( )	( )	[ ]
Twelve Step Facilitation Therapy	( )	( )	( )	[ ]
Contingency Management	( )	( )	( )	[ ]
Matrix Model	( )	( )	( )	[ ]
Living in Balance (LIB)	( )	( )	( )	[ ]
The Adolescent Community Reinforcement Approach (ACRA)	( )	( )	( )	[ ]
Cognitive Behavioral Therapy (CBT)	( )	( )	( )	[ ]
MultiSystemic Therapy (MST)	( )	( )	( )	[ ]
Brief Strategic Family Therapy (BSFT)	( )	( )	( )	[ ]
Multidimensional Family Therapy (MDFT)	( )	( )	( )	[ ]

04).Do you provide any services and or regularly refer to services for children of participants in your program?

( ) Yes

( ) No

05).Does your treatment court offer or provide assistance locating child care for participants with small children when the participants are engaged in treatment court activities?

( ) Yes

( ) No

50) If your treatment court has any opioid specific treatment or services available to participants, please describe below:

_____

_____

_____

_____

17).Is an individualized treatment court case plan created for each participant?

( ) Yes

( ) Sometimes

( ) No

18).Who is typically involved with developing the individual participant case plan?.(Check all that apply¡)

[ ] Child welfare case worker

[ ] Treatment provider

[ ] Case manager

[ ] Participant/Parent

[ ] Child(ren)

[ ] Family member

[ ] Other (please specify): _____

19).Who is responsible for maintaining the individual participant case plan?.(Check all that apply¡)

[ ] Child welfare case worker

[ ] Treatment provider

[ ] Case manager

[ ] Participant/Parent

[ ] Other (please specify): _____

❿).What.information.is.used.to.develop.the.case.plan?.(Check.all.that.apply¡)

Information.regarding¿

[ ] Family/marital stressors

[ ] Parental responsibilities

[ ] Substance use

[ ] Employment status

[ ] Education status

[ ] Pro-social leisure or recreation activities

[ ] Traumatic experiences

[ ] Transportation issues

[ ] Housing

[ ] Cognitive status/abilities

[ ] Pain management

[ ] Antisocial personality/temperament

[ ] Antisocial thinking

[ ] Antisocial peers

[ ] Supportive adults in their natural environment

[ ] Strengths

[ ] Interests

[ ] Connections to the faith community

[ ] Connections to cultural activities

[ ] Connections to community activities

⓫).What.is.included.in.the.case.plan?.(Check.all.that.apply¡)

[ ] Short-term/immediate goals

[ ] Longer-term goal(s)

[ ] Court requirements

[ ] Parental responsibilities

[ ] Parent-child family time

[ ] Incentives and sanctions

[ ] Treatment plan

[ ] Medical care plan

[ ] Identified support people

[ ] Supervision (e.g., monitoring, probation, parole) requirements

[ ] Complementary/ancillary service plan (e.g., education, housing, employment, life skills)

[ ] Interventions for criminal thinking

[ ] Interventions for anti-social personality disorder

12. Do treatment providers have a clinical treatment plan for each participant (for substance use disorder and ~~or~~ mental health treatment)?

( ) Yes

( ) Sometimes

( ) No

13. Each participant's clinical treatment plan is (check all that apply)¿

[ ] Integrated with their treatment court case management plan

[ ] Integrated with their child welfare/protective services plan

[ ] Separate from both their child welfare/protective services plan and their treatment court case management plan

14. Is a case plan developed for the family (check all that apply)?

[ ] Yes - it is integrated with participants' individualized case plan

[ ] Yes - it is separate from participants' individualized case plan

[ ] No

FAMILY TREATMENT COURT: TEAM

15).Please.check.off.everyone.that.you.consider.to.be.a.treatment.court.team.member (you.can.check.more.than.one.option.for.a.single.person.if.one.person.fulfills.multiple.roles)¿

[ ] Judge

[ ] Treatment Court Coordinator

[ ] Child Welfare Attorney/Prosecuting Attorney

[ ] Parent's Attorney/Defense Attorney

[ ] Child's Attorney/Guardian ad Litem

[ ] Court Appointed Special Advocate (CASA)

[ ] Case Manager

[ ] Child Welfare Case Worker

[ ] Substance Use Disorder Treatment Provider(s)/Counselor(s)

[ ] Mental Health Treatment Provider

[ ] Recovery Support Specialist

[ ] Psychologist

[ ] Child Treatment/Service Provider

[ ] Physician/Nurse

[ ] Probation/Parole

[ ] Law Enforcement (e.g., Police, Sheriff, Tribal Police, Village Public Safety Officer)

[ ] Bailiff/Court Security

[ ] Court Clerk

[ ] Cultural Advisor(s)

[ ] Community Partners

[ ] Other (please specify other people you consider to be a treatment court team member):

_____

26).Do.you.have.any.team.members.who.are.new.within.the.past.year?

( ) Yes

( ) No

27).On.average?how.long.have.most.of.your.current.team.members.been.on.the.team?

( ) Less than 1 year

( ) 1-3 years

( ) More than 3 years

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28).How.long.has.your.longest_term.team.member.been.on.your.team?

( ) Less than 1 year

( ) 1-3 years

( ) 3-10 years

( ) More than 10 years

29).Do.you.have.a.standard.rotation.schedule.for.the.following.roles?.(e¡g¡?every.year?every.8.years?.etc¡)

	Yes	No	Not Applicable - not a member of the team
Child Welfare Attorney/Prosecuting Attorney	( )	( )	( )
Parent's Attorney/Defense Attorney	( )	( )	( )
Treatment Court Coordinator	( )	( )	( )
Child welfare case worker	( )	( )	( )
Treatment Provider	( )	( )	( )
Child Treatment/Service Provider	( )	( )	( )
Case manager	( )	( )	( )
Probation/Parole	( )	( )	( )

20). Is there a Memorandum of Understanding (MOU) in place between the team members (and ~~or~~ their associated agencies)?

( ) Yes

( ) No

21). If your program has an MOU? does it specify (define) team member roles?

( ) Yes

( ) No

( ) N/A

22). If your program has an MOU? does it specify what information will be shared between team members?

( ) Yes

( ) No

( ) N/A

23). Is there a written policy and procedure manual for your treatment court program?

( ) Yes

( ) No

24). Are participants given a Participant Handbook upon entering the program?

( ) Yes

( ) No

25). Does your treatment court have regular meetings where participant progress is discussed (e.g. team meetings [staffings] or pre-court meetings)?

( ) Yes

( ) No

36).How.often.does.your.treatment.court.have.team.meetings–staffings.(regular.meetings.where.participant.progress.is.discussed)?

( ) Twice per week or more

( ) Once per week

( ) Twice per month

( ) Once per month

( ) Once per quarter

( ) Yearly

71) What is the average length of time of a typical team meeting (staffing) (# of minutes)?

_____

38).Please.check.how.often.the.following.people–agencies.attend.treatment.court.team.meetings.(staffings).where.participant.progress.is.discussed¡.Please.choose.a.response.for.every.role.in.the.table?even.if.the.answer.is.Not.Applicable¡

	Always/ Most of the Time	Sometimes	Never	Not applicable - not a member of the team
Judge	( )	( )	( )	( )
Treatment Court Coordinator	( )	( )	( )	( )
Child Welfare Attorney/Prosecuting Attorney	( )	( )	( )	( )
Parent's Attorney/Defense Attorney	( )	( )	( )	( )
Child's Attorney/Guardian ad Litem	( )	( )	( )	( )
Court Appointed Special Advocate (CASA)	( )	( )	( )	( )
Case Manager	( )	( )	( )	( )

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	Always/ Most of the Time	Sometimes	Never	Not applicable - not a member of the team
Child Welfare Case Worker	( )	( )	( )	( )
Substance Use Disorder Treatment Provider(s)/Counselor(s)	( )	( )	( )	( )
Mental Health Treatment Provider	( )	( )	( )	( )
Recovery Support Specialist	( )	( )	( )	( )
Psychologist	( )	( )	( )	( )
Child Treatment/Service Provider	( )	( )	( )	( )
Physician/Nurse	( )	( )	( )	( )
Probation/Parole	( )	( )	( )	( )
Law Enforcement (e.g., Police, Sheriff, Tribal Police, Village Public Safety Officer)	( )	( )	( )	( )
Bailiff/Court Security	( )	( )	( )	( )
Court Clerk	( )	( )	( )	( )
Cultural Advisor(s)	( )	( )	( )	( )
Community Partners	( )	( )	( )	( )

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❸❾).Please.check.how.often.the.following.people~~-a~~gencies.attend.status.review.hearings.(court.appearances)¡.Please.choose.a.response.for.every.role.in.the.table?even.if.the.answer.is.Not.Applicable¡

	Always/ Most of the Time	Sometimes	Never	Not applicable - not a member of the team
Judge	( )	( )	( )	( )
Treatment Court Coordinator	( )	( )	( )	( )
Child Welfare Attorney/Prosecuting Attorney	( )	( )	( )	( )
Parent's Attorney/Defense Attorney	( )	( )	( )	( )
Child's Attorney/Guardian ad Litem	( )	( )	( )	( )
Court Appointed Special Advocate (CASA)	( )	( )	( )	( )
Case Manager	( )	( )	( )	( )
Child Welfare Case Worker	( )	( )	( )	( )
Substance Use Disorder Treatment Provider(s)/Counselor(s)	( )	( )	( )	( )
Mental Health Treatment Provider	( )	( )	( )	( )
Recovery Support Specialist	( )	( )	( )	( )
Psychologist	( )	( )	( )	( )

	Always/ Most of the Time	Sometimes	Never	Not applicable - not a member of the team
Child Treatment/Service Provider	( )	( )	( )	( )
Physician/Nurse	( )	( )	( )	( )
Probation/Parole	( )	( )	( )	( )
Law Enforcement (e.g., Police, Sheriff, Tribal Police, Village Public Safety Officer)	( )	( )	( )	( )
Bailiff/Court Security	( )	( )	( )	( )
Court Clerk	( )	( )	( )	( )
Cultural Advisor(s)	( )	( )	( )	( )
Community Partners	( )	( )	( )	( )

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30). Please indicate whether the following team members ~~a~~gencies make home visits¡ Please choose a response for every role in the table? even if the answer is Not Applicable¡

	Yes	No	Not applicable - not a member of the team
Substance Use Disorder Treatment Provider(s)/Counselor(s)	( )	( )	( )
Case Managers	( )	( )	( )
Child Welfare Case Worker	( )	( )	( )
Guardian ad Litem	( )	( )	( )
Court Appointed Special Advocate (CASA)	( )	( )	( )
In-home Service Provider	( )	( )	( )
Home Visiting Nurse/Services	( )	( )	( )
Probation/Parole	( )	( )	( )
Treatment Court Coordinator	( )	( )	( )
Other Court Staff	( )	( )	( )
Community Partners	( )	( )	( )
Law Enforcement (e.g., Police, Sheriff, Tribal Police, Village Public Safety Officer)	( )	( )	( )

75) How many people in your treatment court perform case management for your participants?

Case.management.is.defined.as.the.coordination.of.services.across.multiple.providers¡.It.includes.the.process.of.proper.and.timely.assessment(s)?participant.engagement?developing.a.service ~~t~~reatment.plan?connecting.and.providing.necessary.services.and.interventions?and.monitoring.progress¡

_____

❸❷).Where.is.the.person.or.people.who.perform.case.management.housed?.Please.choose.a.response.for.every.role.in.the.table?even.if.the.answer.is.Not.Applicable¡

	Yes	No	Not applicable - not a member of the team
Child Welfare	( )	( )	( )
Treatment	( )	( )	( )
Court	( )	( )	( )
Probation/Parole	( )	( )	( )
Community-Based Organization	( )	( )	( )
Community Partners	( )	( )	( )

❸❸).Does.the.person.or.people.who.perform.case.management.have.other.duties?.(Check.all.that.apply¡)

[ ] Yes, treatment court coordination (the program coordinator or manager)

[ ] Yes, supervision/monitoring (e.g., probation, child welfare)

[ ] Yes, treatment (e.g., SUD/MH treatment provider)

[ ] Yes, Other - please specify

[ ] No (i.e., case manager only does case management)

34).Does.each.participant.have.an.assigned.person.who.provides.case.management.for.them?

( ) Yes

( ) Sometimes

( ) No

35).What.does.the.person~~-p~~people.who.perform.case.management.do?.(Check.all.that.apply¡)

[ ] Child/Family Needs Assessment

[ ] Family Case Planning and Referral

[ ] Develop individualized case plan

[ ] Ongoing monitoring of case plan

[ ] Track progress toward goals

[ ] Refer to services

[ ] Assist participant in connecting to services

[ ] Risk assessment

[ ] Needs assessment

[ ] Coordinate services among different providers

[ ] Guide participants through treatment court requirements

[ ] Impose sanctions

[ ] Provide incentives

[ ] Report progress to the treatment court team

[ ] Advocate for the participant as needed

[ ] Involve the participant in the development of the case plan

46).Does.your.treatment.court.have.a.steering.committee.or.policy.committee.that.meets.separately.from.regular.treatment.court.team.meetings.(to.discuss.treatment.court.program_level.policies.or.practices)?

( ) Yes

( ) No, policy issues are discussed at the same meetings where participant progress is discussed or at other committee meetings (e.g., advisory committee meetings)

( ) No

47).How.often.does.your.steering.committee.meet?

( ) Monthly

( ) Quarterly

( ) Semiannually

( ) Annually

( ) Other (please specify): _____

48).Who.participates.on.the.steering–policy.committee? (either.team.members.or.supervisory_level. representatives.from.the.following.agencies–groups)

	Yes	No
Judge	( )	( )
Treatment Court Coordinator	( )	( )
Child Welfare Attorney/Prosecuting Attorney	( )	( )
Parent's Attorney/Defense Attorney	( )	( )
Child's Attorney/Guardian ad Litem	( )	( )
Court Appointed Special Advocate (CASA)	( )	( )
Child Welfare Services	( )	( )
Substance Use Disorder Treatment	( )	( )
Mental Health Treatment Provider	( )	( )
Recovery Support Specialist	( )	( )
Psychologist	( )	( )
Child Treatment/Service Provider	( )	( )
Medical, Public Health and/or Maternal and Child Health	( )	( )
Probation/Parole	( )	( )
Law enforcement (e.g., Police, Sheriff, Tribal Police, Village Public Safety Officer)	( )	( )

	Yes	No
Housing Authority	( )	( )
Faith Community	( )	( )
Cultural Advisor(s)	( )	( )
Community Partners	( )	( )

39). Does your treatment court have an advisory or oversight committee board? (This is a group that meets at least annually and brings in people representing the community? including business community? faith community? social services non_profits? other stakeholders or other people who may be able to promote sustainability? political support? and generate resources to meet participant needs¡ This group does not make program policies¡ This committee may include some of the same people as your team or your steering policy committee? if you have one¡)

( ) Yes

( ) No. Sustainability, community connections, and participant needs are discussed within the team at the same meetings where participant progress is discussed or at steering/policy committee meetings

( ) No

40). How often does your oversight or advisory committee meet?

( ) Monthly

( ) Quarterly

( ) Semiannually

( ) Annually

( ) Other (please specify): _____

41). Who participates on the oversight or advisory committee board? (either team members or supervisory_level representatives from the following agencies groups)

	Yes	No
Judge	( )	( )
Treatment Court Coordinator	( )	( )
Child Welfare Attorney/Prosecuting Attorney	( )	( )

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	Yes	No
Parent's Attorney/Defense Attorney	( )	( )
Child's Attorney/Guardian ad Litem	( )	( )
CASA	( )	( )
Probation/Parole	( )	( )
Child Welfare	( )	( )
Substance Use Disorder Treatment	( )	( )
Mental Health Treatment Provider	( )	( )
Psychologist	( )	( )
Child Treatment/Service Provider	( )	( )
Medical, Public Health and/or Maternal and Child Health	( )	( )
Law Enforcement (e.g., Police, Sheriff, Tribal Police, Village Public Safety Officer)	( )	( )
Housing Authority	( )	( )
Faith Community	( )	( )
Cultural Advisor(s)	( )	( )
Community Partner(s)sing Authority	( )	( )

42).Has.your.treatment.court.program.formed.an.independent.167(c)(9).or.other.non_profit.organization?

( ) Yes

( ) No

43. Is the information from the treatment provider given to the court in a timely way (i.e., in advance of the staffing meeting)?

( ) Always

( ) Sometimes

( ) Rarely

( ) Never

44. Please indicate whether treatment providers communicate with the court in the following ways:

	Yes	No
Verbally in team meetings	( )	( )
Verbally during status review hearings (court appearances)	( )	( )
Through written progress reports	( )	( )
Through email	( )	( )
By phone or text	( )	( )

45.Please.indicate.whether.team.member.communicate.with.each.other.in.the.following.ways¿

	Yes	No
Verbally in team meetings	( )	( )
Verbally during status review hearings (court appearances)	( )	( )
Through written progress reports	( )	( )
Through email	( )	( )
By phone or text	( )	( )

FAMILY TREATMENT COURT: DRUG/ALCOHOL TESTING

56).Please.answer.yes.or.no.about.whether.the.following.items.about.drug.and.alcohol.testing.are.true.in.your.treatment.court¿

	Yes	No
There is an equal chance each day that a participant could be drug/alcohol tested. Participants cannot predict when they will be asked to provide a sample for testing?	( )	( )
Drug/alcohol testing is performed for cause (e.g., client appears to be under the influence)?	( )	( )
Drug/alcohol testing occurs on a regular schedule (client is aware when the testing will occur)?	( )	( )
Drug/alcohol testing occurs on regular business days (5 days per week)?	( )	( )
Drug/alcohol testing occurs on weekends and holidays?	( )	( )

57).Does.your.program.use.random.drug~~-a~~lcohol.testing?

( ) Yes - we have a random call-in system (e.g., with ID numbers or colors)

( ) Yes - participants are selected randomly to be tested during court sessions

( ) Yes - we have another method for random testing (please describe the method you use to ensure that testing is random): _____

( ) No - our testing is on a regular schedule

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58).Please.indicate.whether.or.not.the.following.types.of.drug.and.alcohol.tests.are.used¿

	Yes	No
Urine (UA or UDS): Instant tests (e.g., cups or dipsticks)	( )	( )
Urine (UA or UDS): Sent out to lab for testing	( )	( )
Urine (UA or UDS): Sent out to lab for confirmation of positive instant test	( )	( )
Urine (UA or UDS): In-House lab	( )	( )
EtG	( )	( )
Patch	( )	( )
Hair	( )	( )
Breath	( )	( )
Blood	( )	( )
Oral Swab	( )	( )
Bracelet/Tether (alcohol) (e.g., SCRAM)	( )	( )
Ignition Interlock Devices	( )	( )

Feel free to add any explanation or clarification about the drug and alcohol tests used, if desired:

_____

_____

_____

_____

59).Does.the.staff.who.collects.UAs.perform.direct.observation.during.sample.collection?

( ) Yes

( ) No

( ) Not Applicable

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50). Does drug testing staff ever use indirect observation methods (such as mirrors)?

( ) Yes - instead of direct observation of the participant

( ) Yes - simultaneous with direct observation of the participant

( ) No

51). Are staff members who collect specimens trained in standard collection protocols?

( ) Yes

( ) No

52). Are samples tested for¿

	Yes	No
Dilution? (i.e., creatinine testing is conducted)	( )	( )
Adulteration? (e.g., temperature)	( )	( )

53). How quickly are urine drug test results obtained (excluding tests sent for confirmation)?

( ) Within minutes

( ) Same day

( ) Within 24 hours

( ) Within 48 hours

( ) Within one week

( ) Other (please specify): _____

54). Please indicate whether or not the following agencies staff collect drug alcohol test samples (e¡g¡? urine) or perform drug alcohol testing¿

	Yes	No
Substance Use Disorder Treatment Provider(s)/Counselor(s)	( )	( )
Case Manager	( )	( )
Probation/Parole	( )	( )
Treatment Court Coordinator	( )	( )

Child welfare	( )	( )
Other Court Staff	( )	( )
Law Enforcement (e.g., Police, Sheriff, Tribal Police, Village Public Safety Officer)	( )	( )
Drug Testing Agency	( )	( )

FAMILY TREATMENT COURT: STATUS REVIEW SESSIONS

99) What is the average length of time (in minutes) of a status review hearing (court appearance) for your program? For example, if your status review hearings typically last 2 hours, put 120. (If you have status review hearings on more than one day, pick one day as an example).

_____

100) On average, approximately how many participants attend a status review hearing (court appearance) during the length of time you entered for the previous question?

_____

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FAMILY TREATMENT COURT: JUDGE

For the following questions, if you have more than one active treatment court judge, choose one judge (e.g., the judge who sees the most participants) and answer these questions for that judge. For the other judge(s), please enter any information you would like us to have in the comment box at the end of this section.

767).Does.the.judge.speak.directly.to.each.participant.individually.during.their.court.appearances?

( ) Yes

( ) Sometimes

( ) No

768).Where.is.the.judge.positioned.during.court.hearings?

( ) On the bench

( ) At the podium

( ) At a table with the team

( ) In a circle with the team and participants

( ) Other (please specify): _____

769).Does.the.judge.wear.a.robe.during.the.hearing?

( ) Yes

( ) No

760).Are.children.included.at.status.review.hearings.(court.appearances)?

( ) Yes

( ) No

76❶).Does.the.judge.interact.with¿

( ) Just the parent

( ) Both parent and child(ren)

76❷).Has.the.judge¿

	Yes	No
Attended professional treatment court related conferences (such as NADCP's annual training conference or state treatment court conferences) ?	( )	( )

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Attended official treatment court training sessions or workshops that were individualized for your team?	( )	( )
Received training by previous treatment court judges in this or another treatment court?	( )	( )
Observed other treatment courts?	( )	( )
Had training on legal and constitutional issues related to treatment courts?	( )	( )
Had education on child welfare case processes and requirements?	( )	( )

76❸.Is.the.treatment.court.judge.assigned.voluntarily?

( ) Yes - the position is voluntary

( ) No - this is a required assignment

76❹.Do.you.have.a.backup.judge.who.can.cover.status.review.hearings.(court.appearances).during.the.absence.of.the.primary.judge?

( ) Yes

( ) No

76❺.Is.the.backup.judge.trained.in.the.treatment.court.philosophy.and.protocols?

( ) Yes

( ) No

776).Is.the.primary.judge.assigned.to.treatment.court.indefinitely.or.does.the.position.rotate?

( ) Indefinitely

( ) Position rotates

777).Approximately.how.often.does.the.primary.judge.rotate.(that.is?how.often.does.the.judge.position.rotate.to.a.new.judge)?

( ) Every 6 months

( ) Yearly

( ) Every 2 years

( ) Every 3 years

( ) Other (please specify): _____

778).Do.the.same.judges.rotate.through.the.treatment.court.assignment.more.than.once?

( ) Yes

( ) No

If you have further information you would like to share about your treatment court's structure regarding the judge(s), (for example, if you have multiple judges that preside over the same program) please include it here:

_____

_____

_____

_____

FAMILY TREATMENT COURT: PHASES

779).What.is.the.minimum.length.of.time.necessary.for.a.participant.to.complete.your.treatment.court.program?.(What.is.the.least.amount.of.time.a.participant.could.spend.in.the.program.and.successfully.graduate?)

( ) 6 months

( ) 9 months

( ) 12 months

( ) 18 months

( ) 24 months

( ) Other (please specify in months): _____

770).Please.indicate.the.number.of.phases.in.your.program.(if.you.have.no.phases?.please.enter.ƒ7ƒ.and.continue.to.the.next.question?.entering.the.information.about.phase.requirements.as.a.single.phase.program)¿

( ) 1

( ) 2

( ) 3

( ) 4

( ) 5

( ) 6

( ) 7+

FAMILY TREATMENT COURT: FIRST OR SINGLE PHASE

77❶.What is the minimum length of your first phase? or for your program if you have no phases? (Note? for multi_phase programs we are not asking details about all phases? just your first and last phases¡)

( ) There is no minimum

( ) Number of weeks: _____

77❷.How often are participants administered drug tests during phase 7?

( ) 4 or more times per week

( ) 3 times per week

( ) 2 times per week

( ) 1 time per week

( ) Once every two weeks

( ) Once per month

( ) Less than once per month

( ) Specific to participant/no general requirements

77❸.How often do participants attend group treatment sessions during phase 7?

( ) 4 or more times per week

( ) 3 times per week

( ) 2 times per week

( ) 1 time per week

( ) Once every two weeks

( ) Once per month

( ) Less than once per month

( ) Specific to participant/no general requirements

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77❹.How.often.do.participants.attend.individual treatment.sessions.during.phase.7?

( ) 4 or more times per week

( ) 3 times per week

( ) 2 times per week

( ) 1 time per week

( ) Once every two weeks

( ) Once per month

( ) Less than once per month

( ) Specific to participant/no general requirements

77❺.How.often.do.participants.meet.with.someone.who.performs.clinical.case.management.activities.during.phase.7?

Clinical case management activities include assessing participants needs, brokering referrals for indicated services, coordinating care between partner agencies, and reporting progress information to the treatment court team. These individuals may administer clinical assessments, interpret the results, coordinate treatment delivery, and gauge treatment progress.

( ) 4 or more times per week

( ) 3 times per week

( ) 2 times per week

( ) 1 time per week

( ) Once every two weeks

( ) Once per month

( ) Less than once per month

( ) Specific to participant/no general requirements

786).How.often.are.participants.required.to.attend.status.review.hearings.(court.appearances).during.phase.7?

( ) 4 or more times per week

( ) 3 times per week

( ) 2 times per week

( ) 1 time per week

( ) Once every two weeks

( ) Once per month

( ) Less than once per month

( ) Specific to participant/no general requirements

787).How.often.are.participants.required.to.meet.with.treatment.court.staff.who.perform.case.management.to.review.progress?status.of.treatment?and.ongoing.needs.during.phase.7?

( ) 4 or more times per week

( ) 3 times per week

( ) 2 times per week

( ) 1 time per week

( ) Once every two weeks

( ) Once per month

( ) Less than once per month

( ) Specific to participant/no general requirements

788).Are.participants.required.to.attend.community.support.groups.(e¡g¡?SMART.Recovery?78_step.meetings).during.phase.7?

( ) Yes

( ) No

FAMILY TREATMENT COURT: LAST PHASE

789).What.is.the.minimum.length.of.your.last.phase?.(Note?for.multi_phase.programs.we.are.not.asking.details.about all phases?just.your.first.and.last.phases¡)

( ) There is no minimum

( ) Number of weeks: _____

780).How.often.are.participants.administered.drug.tests.during.the.last.phase?

( ) 4 or more times per week

( ) 3 times per week

( ) 2 times per week

( ) 1 time per week

( ) Once every two weeks

( ) Once per month

( ) Less than once per month

( ) Specific to participant/no general requirements

781).How.often.are.participants.required.to.attend.status.review.hearings.(court.appearances).during.the.last.phase?.

( ) 4 or more times per week

( ) 3 times per week

( ) 2 times per week

( ) 1 time per week

( ) Once every two weeks

( ) Once per month

( ) Less than once per month

( ) Specific to participant/no general requirements

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78❷.How.often.are.participants.required.to.meet.with.treatment.court.staff.who.perform.case.management.to.review.progress?status.of.treatment?and.ongoing.needs.during.the.last.phase?

( ) 4 or more times per week

( ) 3 times per week

( ) 2 times per week

( ) 1 time per week

( ) Once every two weeks

( ) Once per month

( ) Less than once per month

( ) Specific to participant/no general requirements

78❸.Are.participants.required.to.attend.community.support.groups.(e¡g¡?SMART.Recovery?78_step.meetings).during.the.last.phase?

( ) Yes

( ) No

78❹.Are.participants.required.to.have.custody.of.their.child(ren).in.the.last.phase?

( ) Yes

( ) Sometimes

( ) No

FAMILY TREATMENT COURT: PAYMENT

785). Are treatment court participants required to pay any fees as part of the treatment court program (e.g., court fees, treatment fees, drug/alcohol tests, etc.)?

( ) Yes

( ) No

796). Do the fees vary according to participants' ability to pay?

( ) Yes

( ) No

131) Please give your estimate of the total fees paid per participant on average? (Example: If $2000, enter it as 2000)

_____

798). Who receives those fees? (Mark all that apply)

[ ] Court

[ ] Treatment

[ ] Probation/Parole

[ ] Child Welfare

[ ] Other (please specify): _____

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FAMILY TREATMENT COURT: RESPONSES TO PARTICIPANT BEHAVIOR

799).Have.any.of.the.following.team.members.had.training.in.the.use.of.incentives?.sanctions?.and.therapeutic.responses.to.modify.the.behavior.of.treatment.court.participants?.Please.choose.a.response.for.every.role.in.the.table?.even.if.the.answer.is.Not.Applicable¡

	Yes	No	Not applicable - not a member of the team
Judge	( )	( )	( )
Treatment Court Coordinator	( )	( )	( )
Child Welfare Attorney/Prosecuting Attorney	( )	( )	( )
Parent's Attorney/Defense Attorney	( )	( )	( )
Child's Attorney/Guardian ad Litem	( )	( )	( )
Court Appointed Special Advocate (CASA)	( )	( )	( )
Case Manager	( )	( )	( )
Child Welfare Case Worker	( )	( )	( )
Substance Use Disorder Treatment Provider(s)/Counselor(s)	( )	( )	( )
Mental Health Treatment Provider	( )	( )	( )
Recovery Support Specialist	( )	( )	( )
Psychologist	( )	( )	( )
Child Treatment/Service Provider	( )	( )	( )

	Yes	No	Not applicable - not a member of the team
Physician/Nurse	( )	( )	( )
Probation/Parole	( )	( )	( )
Law Enforcement (e.g., Police, Sheriff, Tribal Police, Village Public Safety)	( )	( )	( )
Bailiff/Court Security	( )	( )	( )
Court Clerk	( )	( )	( )
Cultural Advisor(s)	( )	( )	( )
Community Partner(s)	( )	( )	( )

790).Please.indicate.which.of.the.following.statements.are.true.about.how.the.treatment.court.responds.to.participant.behavior¡

	Yes	No
The team is given a written copy of the guidelines for program/team responses to participant behavior	( )	( )
Responses to participant behavior are standardized with a specific response always provided for each specific behavior	( )	( )
Responses to participant behavior are individualized (e.g., based on the specific circumstances of the participant)	( )	( )
Responses vary based on whether a participant's behavior is a proximal or distal goal	( )	( )

	Yes	No
Possible responses to participant behavior are discussed as a team	( )	( )
Responses to participant behavior are decided by a team vote (with the majority making the final decision)	( )	( )
The team strives for consensus in deciding on responses to participant behavior	( )	( )
The judge makes the final decision on responses to participant behavior	( )	( )

79❶).Please.think.about.the.INCENTIVES.provided.by.your.treatment.court.and.indicate.which.of.the.following.statement(s).is~~-a~~re.true¿

	Yes	No
Participants are given tangible incentives (such as movie tickets, candy, key chains)	( )	( )
Participants are given intangible incentives (applause, praise from Judge or Team)	( )	( )
Increased parenting time (visitation with children) is used as an incentive to ensure parent compliance with treatment court requirements	( )	( )
Participants are given a written list of possible incentives	( )	( )
Participants are given a written list of the behaviors that lead to incentives	( )	( )
Incentives can only be provided during status review hearings (court appearances) and by the judge	( )	( )
Staff provide incentives outside of status review hearings (court appearances)	( )	( )

Participants are given a choice of incentives or are asked what incentives they prefer	( )	( )

79❷).INCENTIVES¿Which.of.the.following.responses.are.used.in.your.treatment.court.to.reward.positive.behavior?

	Yes	No
Certificates of accomplishments	( )	( )
Coins or other recognition of sobriety time	( )	( )
Gift certificates (e.g., for coffee shops, gyms, salons, or restaurants)	( )	( )
Increased visitation/parenting time with children	( )	( )
Decreased number or frequency of treatment sessions	( )	( )
Decreased frequency of court appearances	( )	( )
Decreased frequency of drug or alcohol tests	( )	( )

79❸).Please.think.about.the.SANCTIONS.provided.by.your.treatment.court.and.indicate.which.of.the.following.statement(s).is~~a~~re.true¿

	Yes	No
Sanctions are imposed immediately after the non-compliant behavior (before the next scheduled status review hearing)	( )	( )
Sanctions may be imposed outside of court by team members other than the judge	( )	( )
Sanctions are imposed at the first status review hearing (court appearance) after the non-compliant behavior	( )	( )
Participants are given notice before the court hearing of upcoming sanctions	( )	( )

	Yes	No
Participants are given a written list of possible sanctions	( )	( )
Participants are given a written list of the behaviors that lead to sanctions	( )	( )

79❹.SANCTIONS¿Which.of.the.following.responses.are.used.in.your.treatment.court.to.help.decrease.or.stop.participant.non_compliant.behavior?

	Yes	No
Writing Essays	( )	( )
Sit sanctions (sit in court to watch on a day participant is not scheduled for court)	( )	( )
Decreased (less frequent) visitation/parenting time with children	( )	( )
Community service	( )	( )
Residential treatment	( )	( )
Increased frequency of drug or alcohol tests	( )	( )
Increased frequency of court appearances	( )	( )
Increased number or frequency of treatment sessions	( )	( )
Return to an earlier phase	( )	( )

795). Is jail detention used as one of the possible sanctions in your treatment court?

( ) Yes

( ) No

706). How often do you use jail detention for the following behaviors¿

	Always	Sometimes	Rarely	Never
For positive drug/alcohol screens?	( )	( )	( )	( )
For continued use?	( )	( )	( )	( )
For noncompliance with program rules or case plan?	( )	( )	( )	( )
For failure to appear for court?	( )	( )	( )	( )
For failure to appear for treatment?	( )	( )	( )	( )
For on-going failure to appear to court?	( )	( )	( )	( )
After the first positive drug/alcohol test?	( )	( )	( )	( )
After the second positive drug/alcohol test?	( )	( )	( )	( )
After the third positive drug/alcohol test?	( )	( )	( )	( )

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707).When.a.jail ~~d~~etention.sanction.is.used?would.you.say.that.the.length.of.the.sanction.is.generally¿

	Often	Sometimes	Rarely	Never
1 day	( )	( )	( )	( )
2 days	( )	( )	( )	( )
3 - 5 days	( )	( )	( )	( )
6 days	( )	( )	( )	( )
1 week	( )	( )	( )	( )
2 weeks	( )	( )	( )	( )
Longer than 2 weeks	( )	( )	( )	( )

708).Is.jail ~~d~~etention.used.as.an.alternative.for.detox.or.residential.treatment.when.detox.or.residential.treatment.is.not.available?

( ) Always

( ) Sometimes

( ) Rarely

( ) Never

FAMILY TREATMENT COURT: COMPLETION

709).Is.there.a.minimum.length.of.time.participants.must.have.custody.of.their.child(ren).before.graduation-successful.program.completion?

( ) Yes

( ) No

144) What is the minimum number of days a participant must have custody of their child(ren) before successful program completion? Please type in the number of days, or write "It depends" and explain.

_____

70❶).Is.there.a.minimum.number.of.days.that.participants.must.be.drug-alcohol.free.before.they.can.successfully.complete.the.treatment.court.(graduate)?

( ) Yes

( ) No

70❷).What.is.the.minimum.number.of.days.that.a.participant.must.be.drug-alcohol.free.in.order.to.graduate?

( ) 0 to 29 days

( ) 30 to 59 days

( ) 60 to 89 days

( ) 90 to 119 days

( ) 120 days or more

70❸).Is.there.a.minimum.number.of.negative.drug-alcohol.tests.participants.must.have.before.they.can.graduate?

( ) Yes

( ) No

148) What is the minimum number of negative drug/alcohol tests that a participant must have before they can graduate?

_____

70❺).In.order.to.graduate?.are.participants.required.to¿

	Yes	No
Have a job, be in school, or be involved in some other activity that helps ensure their ability to support themselves legally?	( )	( )

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Have a sober housing environment?	( )	( )
Have custody of their child(ren)?	( )	( )
Have a safety plan for children and other family members in the home?	( )	( )
Have their child-welfare case closed	( )	( )
Complete community service?	( )	( )
Write a sobriety/relapse prevention plan?	( )	( )
Pay all treatment court or treatment fees?	( )	( )
Pay all court-ordered fines and fees not related to treatment court (e.g., restitution) or fulfill alternative requirements?	( )	( )

7❶6).Does.your.treatment.court.have¿

	Yes	No
A continuing care or maintenance program for participants that is available after graduation?	( )	( )
Peer specialists or recovery coaches that continue working with participants after graduation?	( )	( )
An alumni group that meets regularly after graduation?	( )	( )
An alumni group that provides support for current participants?	( )	( )

7❶7).What.would.prompt.removing.an.individual.from.participating.in.the.treatment.court.program.(unsuccessful.exit)?.(Check.all.that.apply¡)

[ ] Child welfare plan no longer includes reunification

[ ] New dependency, neglect, abuse case

[ ] Repeated unsafe behavior with children

[ ] Failure to separate from unsafe or dangerous partners

[ ] Failure to appear in court with no excuse/multiple failures to appear

[ ] Consistently missing treatment sessions

[ ] Repeated positive drug tests

[ ] Continued substance use

[ ] Continual lack of progress in program

[ ] Continual lack of progress in treatment

[ ] An arrest

[ ] An arrest for drug possession

[ ] An arrest for trafficking

[ ] An arrest for violent offense

[ ] What other reasons would prompt removal (unsuccessful exit)?:
_____

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FAMILY TREATMENT COURT: MONITORING & EVALUATION

7❶8).Does.your.treatment.court.collect.electronic.data.for.program.performance.monitoring.or.case.management?.(Check.all.that.apply¡)

[ ] Yes - for program performance monitoring

[ ] Yes - for individual participant case management

[ ] No - we do not collect electronic data for either of the above purposes

153) What year did your treatment court program start collecting electronic data?

_____

7❶0).Please.answer.the.following.questions.about.your.treatment.court.data¿

	Data includes information from:		Data is entered directly by staff from:	
	Yes	No	Yes	No
Parent treatment provider(s)	( )	( )	( )	( )
Family/child treatment provider(s)	( )	( )	( )	( )
Court case management	( )	( )	( )	( )
Child welfare	( )	( )	( )	( )
Probation/other supervision	( )	( )	( )	( )

7❶1).Does.your.treatment.court.monitor.the.information.it.collects.on.participants.to¿

	Yes	No
Assess whether the treatment court is moving towards its goals?	( )	( )
Assess whether there are disparities (e.g., gender, racial, etc.) in who enters the program?	( )	( )
Assess whether there are disparities (e.g., gender, racial, etc.) in who successfully completes (graduates) from the program?	( )	( )

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	Yes	No
Assess safety, permanency, and well-being of children	( )	( )

7❶❷.If.yes.to.any.of.the.above?.has.your.treatment.court.made.adjustments.in.policy.or.practice.based.on.this.monitoring?

( ) Yes

( ) No

( ) Not applicable

7❶❸.Have.you.had.an.outside.evaluator.measure.whether.the.treatment.court.is.being.implemented.as.intended?

( ) Yes

( ) No

7❶❹.Have.you.had.an.outside.evaluator.measure.whether.the.treatment.court.is.achieving.its.intended.outcomes?

( ) Yes

( ) No

7❶❺.If.yes.to.either.of.the.above.questions?.have.adjustments.in.policy.or.practice.in.your.treatment.court.been.made.based.on.feedback.from.the.outside.evaluation?

( ) Yes

( ) No

( ) Not applicable

FAMILY TREATMENT COURT: TRAINING

7❷6).Please.indicate.which.of.the.following.treatment.court.team.members.have.received.training.or.education.specifically.on.the.treatment.court.model.(other.than.on_the_job.training)¡.Please.choose.a.response.for.every.role.in.the.table?even.if.the.answer.is.Not.Applicable¡

	Yes	No	Not applicable - not a member of the team
Judge	( )	( )	( )
Treatment Court Coordinator	( )	( )	( )
Child Welfare Attorney/Prosecuting Attorney	( )	( )	( )
Parent's Attorney/Defense Attorney	( )	( )	( )
Child's Attorney/Guardian ad Litem	( )	( )	( )
Court Appointed Special Advocate (CASA)	( )	( )	( )
Case Manager	( )	( )	( )
Child Welfare Case Worker	( )	( )	( )
Substance Use Disorder Treatment Provider(s)/Counselor(s)	( )	( )	( )
Mental Health Treatment Provider	( )	( )	( )
Recovery Support Specialist	( )	( )	( )
Psychologist	( )	( )	( )
Child Treatment/Service Provider	( )	( )	( )
Physician/Nurse	( )	( )	( )
Probation/Parole	( )	( )	( )

	Yes	No	Not applicable - not a member of the team
Law Enforcement (e.g., Police, Sheriff, Tribal Police, Village Public Safety Officer)	( )	( )	( )
Bailiff/Court Security	( )	( )	( )
Court Clerk	( )	( )	( )
Cultural Advisor(s)	( )	( )	( )
Community Partner(s)	( )	( )	( )

7❷7).Please.indicate.how.accurate.you.feel.the.following.statements.are.about.training.at.your.treatment.court¿

	True for All	True for Some	Not True at All
Treatment court team members have received training specifically about the target population in your court including age, gender, race/ethnicity, or substances used.	( )	( )	( )
Treatment court team members receive ongoing cultural competency training.	( )	( )	( )
Treatment court team members have attended treatment court related trainings specific to their role on the treatment court team (e.g., judge, child attorney, case manager, counselor, etc.).	( )	( )	( )
Treatment court team members have received training on strength-based philosophy and practices (e.g., Motivational Interviewing).	( )	( )	( )

	True for All	True for Some	Not True at All
Treatment court team members bring new information on treatment court practices including substance use disorders and treatment to team meetings.	( )	( )	( )
New treatment court team members get training on the treatment court model before or soon after starting work.	( )	( )	( )
Treatment court team members are trained in early engagement strategies (to ensure eligible parents enter the program as soon as possible and stay engaged).	( )	( )	( )
Treatment court team members have received training on the relationships between trauma, substance use, and child welfare involvement.	( )	( )	( )
The treatment court team has received training in how to implement trauma-informed policies and practices.	( )	( )	( )
The treatment court team has received training on family-centered treatment.	( )	( )	( )

FAMILY TREATMENT COURT: PARTNERSHIPS

728).Please.indicate.how.much.you.agree.with.the.following.statements.about.your.treatment.court¡

	Strongly Agree	Agree	Disagree	Strongly Disagree
The treatment court has relationships with organizations that can provide services for program participants in the community.	( )	( )	( )	( )
The treatment court regularly refers participants to services available in the community.	( )	( )	( )	( )
The treatment court team includes representatives from community service providers that work regularly with treatment court participants (e.g., employment assistance)	( )	( )	( )	( )
172The treatment court has a partnership with a service provider that provides employment or life skill building services.	( )	( )	( )	( )
The treatment court has a partnership with a service provider that provides housing.	( )	( )	( )	( )
The treatment court has a partnership with a service provider that provides educational services.	( )	( )	( )	( )

FAMILY TREATMENT COURT: FUNDING

7❷9).How.is.your.treatment.court.currently.funded?.(Check.all.that.apply¡)

[ ] OJJDP

[ ] BJA

[ ] Byrne (Edward Byrne Memorial Justice Assistance Grants)

[ ] SAMHSA

[ ] Other federal funding (please specify the source of funding):

_____

[ ] State funding (please specify the source of funding):

_____

[ ] Tribal funding (please specify the source of funding):

_____

[ ] County/city/local public funds (please specify):

_____

[ ] Please specify any other type of funding:

_____

7❷0).Does.your.treatment.court.have.stable.funding.(such.as.dedicated.state?county?or.Tribal.funds).or.do.you.rely.on.grants?

	Yes	No
Dedicated funds	[ ]	[ ]
Rely on grants	[ ]	[ ]

165) Please use this comment box for any clarifications about treatment court funding or sustainability.

_____

_____

_____

_____

FAMILY TREATMENT COURT: STATISTICS

Finally, we would like to know about your treatment court statistics. Use whatever data are accessible to you. Please remember that if you need to, you can exit the assessment, collect the information, then re-enter this assessment by going back to the link in your email.

7❷❷).What.gender.are.your.currently.active.participants?.Please.estimate.the.percentage.of.males.and.females.in.your.program¿

Male: _____

Female: _____

Other identity: _____

7❷❸).What.race-ethnicity.are.your.current.participants?.Please.give.us.your.best.estimate.of.the.percentage.of.participants.for.each.of.the.race-ethnicities.listed.below.(percents.may.add.to.greater.than.766)¿

American Indian or Alaska Native: _____

Asian: _____

Black or African American: _____

Hispanic, Latino, or Spanish Origin: _____

Middle Eastern or North African: _____

Native Hawaiian or Other Pacific Islander:

_____

White: _____

Other: _____

168) What percentage of your participants are two or more races?

_____

7❷❺).What.age.are.your current.participants?.Please.give.your.best.estimate.of.the.percentage.of.your.participants.in.each.of.the.following.age.groups¿

% 18-24 years: _____

% 25-34 years: _____

% 35-50 years: _____

% 51+: _____

170) What is the capacity of your program? (How many people can your program serve at one time?)

_____

7❸7).Is.your.program.at.maximum.capacity?.(Is.your.program.full?)

( ) Yes

( ) No

7❸8).Counting.all.the.participants.since.the.first.day.of.your.treatment.court.to.the.present.(or.the.7st.date.data.are.available)?please.answer.the.following.questions¡.(Note¿the.first.box.should.add.up.to.the.sum.of.the.following.four.boxes¡)

How many participants have entered the program since it was implemented?:

_____

How many participants are currently active?:

_____

How many total participants have completed the program (graduated)?:

_____

How many total participants have been terminated/been revoked/been unsuccessful?:

_____

How many participants have not completed the program due to relocation, medical issues, death, or other reason beyond their control?:

_____

Feedback:

Do you have any additional comments, information, or clarifications about any of the information on this assessment?

_____

_____

_____

_____

Thank You!

You did it! We appreciate you taking the time to fill out our assessment. Your answers will be of great assistance in our understanding of your treatment court program.

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Appendix B

Sample Distribution of FTCs Represented in the Present Study

State	# of confirmed FTCs at the time of the assessment	% of all FTCs	# of responses	Within-state response rate[16]
Alabama	15	4.4%	1	7%
Alaska	2	0.6%	2	100%
Arizona	2	0.6%	1	50%
Arkansas	2	0.6%	0	0%
California	33	9.6%	9	27%
Colorado	10	2.9%	5	50%
District of Columbia	1	0.3%	1	100%
Florida	11	3.2%	5	45%
Georgia	21	6.1%	15	71%
Guam	1	0.3%	1	100%
Hawaii	2	0.6%	0	0%
Idaho	2	0.6%	0	0%
Illinois	1	0.3%	0	0%
Indiana	15	4.4%	13	87%
Iowa	12	3.5%	12	100%
Kentucky	1	0.3%	0	0%
Louisiana	7	2.0%	3	43%
Maine	3	0.9%	3	100%
Maryland	5	1.5%	5	100%
Massachusetts	1	0.3%	1	100%
Michigan	8	2.3%	3	38%
Minnesota	4	1.2%	3	75%
Mississippi	4	1.2%	2	50%
Missouri	15	4.4%	4	27%
Montana	6	1.7%	5	83%
Nebraska	3	0.9%	1	33%
Nevada	5	1.5%	2	40%
New Mexico	5	1.5%	2	40%
New York	17	5.0%	17	100%
North Carolina	7	2.0%	4	57%
Ohio	33	9.6%	21	64%
Oklahoma	6	1.7%	5	83%
Oregon	8	2.3%	4	50%
Pennsylvania	5	1.5%	5	100%

[16] Or jurisdiction

State	# of confirmed FTCs at the time of the assessment	% of all FTCs	# of responses	Within-state response rate[16]
Rhode Island	1	0.3%	1	100%
South Dakota	1	0.3%	0	0%
Tennessee	1	0.3%	0	0%
Texas	15	4.4%	1	7%
Utah	13	3.8%	0	0%
Virginia	4	1.2%	2	50%
Washington	20	5.8%	14	70%
West Virginia	5	1.5%	5	100%
Wisconsin	8	2.3%	4	50%
Wyoming	2	0.6%	0	0%
TOTAL	**343**	**100%**	**182**	**53%**

Appendix C

Assessments FTC's Use with Their Participants and Their Families

Assessment	Citations	# (%) of Courts Utilizing Each Assessment
Adult Assessments		
American Society of Addiction Medicine (ASAM)	eLearning by ASAM	52 (29%)
Addiction Severity Index (ASI)	McLellan et al., (1980)	27 (15%)
Level of Service/Case Management Inventory	Andrews et al., (2004)	17 (9%)
Global Appraisal of Individual Needs (GAIN)	Dennis et al., (2002)	15 (8%)
Texas Christian University (TCU) screen/assessment tool	Institute of Behavioral Research: TCU. (2020)	14 (8%)
Structured Decision-Making Risk Assessment	Gambrill & Shlonsky (2000)	13 (7%)
Risk and Need Triage (RANT)	Marlowe et al., (2011)	13 (7%)
Level of Service Inventory – Revised (LSI-R)	Hsu et al., (2009)	7 (4%)
Ohio Risk Assessment System (ORAS)	Latessa et al., (2017)	6 (3%)
Women's Risk Needs Assessment (WRNA)	Van Voorhis, Bauman, & Brushett (2013)	5 (3%)
DUI Risk and Need Triage	Treatment Research Institute (2015)	3 (2%)
Correctional Offender Management Profiling for Alternative Sanctions (COMPAS)	Brennan & Dietrich (2017)	3 (2%)
Inventory of Offender Risk, Needs and Strengths (IORNS)	Miller (2017)	1 (<1 %)
Other adult assessments*		38 (21%)
Child/Youth Assessments		
Ages and Stages Questionnaire (ASQ)	Goldsmith (2013)	18 (10%)
The Childhood and Adolescent Needs and Strengths Assessment	Lyons (2009)	15 (8%)
Child Behavior Checklist	Moretti & Obsuth (2010)	11 (6%)
Positive Achievement Change Tool (PACT)	Baglivio (2017)	4 (2%)
Adverse Childhood Experiences	Felitti et al., (1998)	4 (2%)

Assessment	Citations	# (%) of Courts Utilizing Each Assessment
Youth Level of Service/Case Management Inventory (YLS/CMI)	Hoge (2005)	3 (2%)
Youth Assessment and Screening Instrument (YASI)	Jones, Brown, Robinson, & Frey (2016)	2 (1%)
Structured Assessment of Violence Risk in Youth (SAVRY)	Borum (2006)	2 (1%)
CHET Child Health and Assessment Tool	Kerns et al., (2014)	2 (1%)
Trauma Symptom Checklist for Children	Briere (1996)	2 (1%)
Devereux's Early Childhood Assessment	LeBuffe & Naglieri (1999)	1 (<1%)
Child and Adolescent Trauma Screen	Sachser et al., (2017)	1 (<1%)
Comprehensive Behavioral Health Assessment		1 (<1%)
Denver Developmental Screening Tests	Frankenburg & Dodds (1967)	1 (<1%)
Eyberg Child Behavior Inventory	Eyberg & Pincus (1999)	1 (<1%)
Other child/youth assessments*		47 (26%)
Family Assessments		
Family Assessment Questionnaire	Carr & Stratton (2017)	36 (20%)
North Carolina Family Assessment Scale (NCFAS)	Lee & Lindsey (2010)	14 (8%)
Strengths and Stressors Tracking Device		3 (2%)
Other family assessments*		Unknown**

* "Other assessments" were included with the Adult and Child Assessments as an open text field (those listed by name here were 'select all that apply' with a pre-populated list or their trade names were clearly discernable from the open text field and found in the refereed research as validated tools).

** The number of "other" family assessments is unknown as there was not a separate text field unique to Family Assessments

Appendix D

Program Data Request Form

The following is a list of desired data elements for family treatment court participants, as requested by NPC Research. We are requesting all available records for participants and individuals who were referred to treatment court, even if not accepted (e.g., includes waitlisted, declined, and accepted individuals). NPC can accept the following file formats: fixed width text, tab delimited, CSV, SPSS, Excel, or Access data files. Items in red are the minimum required data elements that correspond to participant data.

Variable/Data Element	Notes	Available?
Participant Identifiers		
Name	First, Last, Middle, Aliases	
Social Security Number		
Driver's license number	Include state issuing license	
Any other person-level or case-level identifiers	Treatment court ID, FBI ID, Medicaid ID, corrections IDs, etc.	
Birth Date		
Gender	Include data dictionary if coded/abbreviated	
Race/ethnicity	Include data dictionary if coded/abbreviated	
Treatment Court Referral & Status		
Date referred to treatment court		
Referring entity	Examples: District Attorney, Jail, Defense Attorney, Probation, Participant, etc.	
Treatment court acceptance status	Examples: Accepted, denied, waitlisted	
Treatment court acceptance date	Date the participant was accepted into the program	
If individual not accepted into program, reason	Examples: not eligible, team member veto, individual declined, etc.	
Treatment court entry date	This may be the same date as acceptance date, or may be date of first court appearance or service	
Treatment court exit date		
Treatment court status	Examples: active, graduated, terminated, absconded, death, other	
If participation in treatment court was revoked or terminated, reason		
Child Welfare case disposition on exit	Examples: reunification, Termination of Parental Rights (TPR), Still Open, etc.	
Date of child welfare allegation or charge leading to FTC program entry		
Child welfare allegation or charge leading to FTC program entry		
Child welfare case number for case leading to FTC program participation		

Variable/Data Element	Notes	Available?
Probation start and end dates for treatment court case	If applicable	
Social Indicators at Entry and Exit		
Highest educational attainment at program entry	Examples: 8th grade, high school diploma, GED, some college, etc.	
Highest educational attainment at program exit		
Employment status at program entry	Examples: unemployed, employed part-time, employed full time, not in labor force (retired, disabled, or homemaker)	
Employment status at program exit		
Housing status at program entry	Examples: rent or own, temporarily staying with friends/family, halfway house, residential treatment facility, hotel, shelter, etc.	
Housing status at program exit		
Monthly income level at program entry		
Monthly income level at program exit		
Income source at program entry	Examples: employment, social security, unemployment benefits, etc.	
Income source at program exit		
Living situation (or parenting time/custody) of children/dependents		
Is family involved in the child dependency system?		
Age at time of first contact with justice system		
Any other social indicators or demographics		
Child Data (for each child of participants)		
Child Name		
Child DOB		
Mental Health Diagnosis		
Drug exposure at birth (yes/no)		
Date of assessment for service needs and types of services needed		
Date of referral to service and type of service		
Participated in referred service (yes/no)		
Who has legal custody of child?		
Parent is in physical custody of the child at entry and exit		
Parent remained in physical custody of the child for duration of program (yes/no)		
Other adults in household with child(ren)		
Treatment Court Activities		
Dates of entry into each phase		
Dates of scheduled UAs, attendance, and results		

Variable/Data Element	Notes	Available?
Dates of other drug tests, attendance, and results	Examples: PBTs, oral swabs, blood, hair, etc.	
Agency providing test results		
Dates of treatment court scheduled appearances/hearings and attendance		
Assessment Results (e.g., ASQ, ASAM, ACE scores) at program entry	Include assessment name (e.g., ACE), raw score (e.g., 8), and level (e.g., Above average/above cut off for at-risk)	
Assessment Results (e.g., Risk/Need scores) at program exit		
Non-compliant events	Include date and type	
Sanctions related to non-compliant event	Include date, type, and duration	
Detention/jail time as a sanction	Include start date and end date, or start date and number of days	
Rewards/incentives	Include date, type, and amount	
Treatment Services		
Substance use disorder diagnoses		
Mental health diagnoses		
Other relevant history or diagnoses	Examples: TBI, trauma, etc.	
Substances used	Can include multiple substances; often referred to as primary substance, secondary substance, etc.	
Age of first substance use and type		
Prior treatment history	Examples: number of prior treatment episodes, type, and discharge status	
Treatment referrals	Include dates and type of referral	
Dates of treatment services received with types/modalities of service received: -Group treatment sessions -Individual treatment sessions -Residential treatment -Inpatient treatment -Medication assisted treatment (e.g., methadone) -Other treatment services	Note: If specific dates are not available, can also accept: -start date of service & end date of service with total number of sessions (if outpatient) -total number of hours -total cost	
Treatment completion status	Examples: successfully completed, unsuccessfully completed	
Other Services		
Referrals for other services	Include dates and types	
Dates of other services received: -Parenting classes -Family therapy -Employment services		
Other service completion status		
Agency providing each service		
Continuing care services (dates and types)		
Child Welfare & Other Recidivism		

Variable/Data Element	Notes	Available?
Dates of new allegations, charge associated with allegation and outcome (e.g., substantiated or confirmed, dismissed, etc.)		
Dates of new open child welfare cases		
Dates of foster care entry and exit for children of FTC participants		
Dates of reunification/TPR/Adoption		
Dates of rearrests or rereferrals during program participation		
Charges/allegations associated with rearrests/rereferrals during program participation		
Outcomes of rearrest/rereferrals during program participation	Examples: convicted, dismissed, etc.	
Other probation/supervision violations during program participation	Include dates, type, and outcome	
Other Outcome Data		
Dates of ER visits		
Dates of hospitalizations		
Dates and amount of welfare/food stamps		
Dates and amount of taxes paid		

Appendix E

Child Welfare Data Request Form

The following is a list of desired data elements for the National Evaluation of Family Treatment Courts, as requested by NPC Research. In order to create an appropriately matched comparison group, NPC is requesting all records related to the study sample (TBD). This includes admissions records dating back to at least (Date Here), or as early as records are available. Items in red are the minimum required data elements.

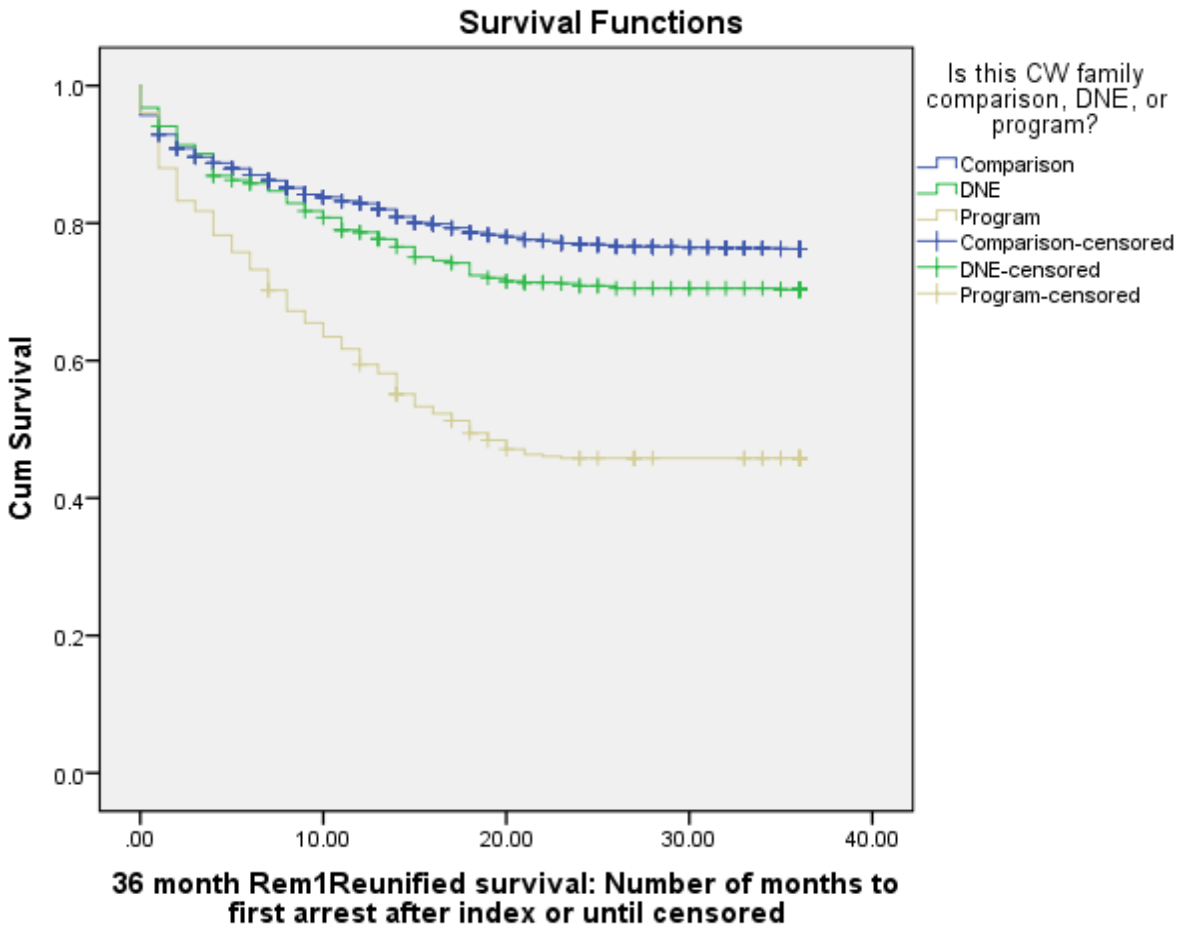
Variable/Data Element	Notes	Available?
Adult Name		
Adult Unique Identifier	e.g., State ID	
Adult SSN		
Adult Date of Birth		
Child Name		
Child Unique Identifier	e.g., State ID	
Child Date of Birth		
Child Gender		
Child Race		
Child Ethnicity		
Child Prior Abuse Victim		
Adult Race		
Adult Ethnicity		
Prior Perpetrator		
Child victim of substantiated/indicated maltreatment		
Dates of maltreatment reports/allegations		
Dates of maltreatment report disposition (substantiated/not substantiated)		
First type of maltreatment		
Second type of maltreatment		
Third type of maltreatment		
Fourth type of maltreatment		
Dates of removal from home		
Reason for removal		
Dates of placement in foster care setting		
Dates of discharge from foster care		
Discharge reason		
Dates and type of disposition (e.g., TPR, child reunified with parent or caregiver)		
Date file opened with child welfare system		
Date case closed in child welfare system		
Adult victim of prior abuse		
Adult has history in foster care		

Notes about file formats: Multiple records per person are expected, and NPC does not have any file size restrictions (e.g., thousands/millions of records are expected). NPC can accept the following file formats: fixed width text, tab delimited, CSV, SPSS, Excel, or Access data files. If you are unable to provide the data in one of the formats listed above, please let us know as soon as possible so that we can discuss other possible formats.

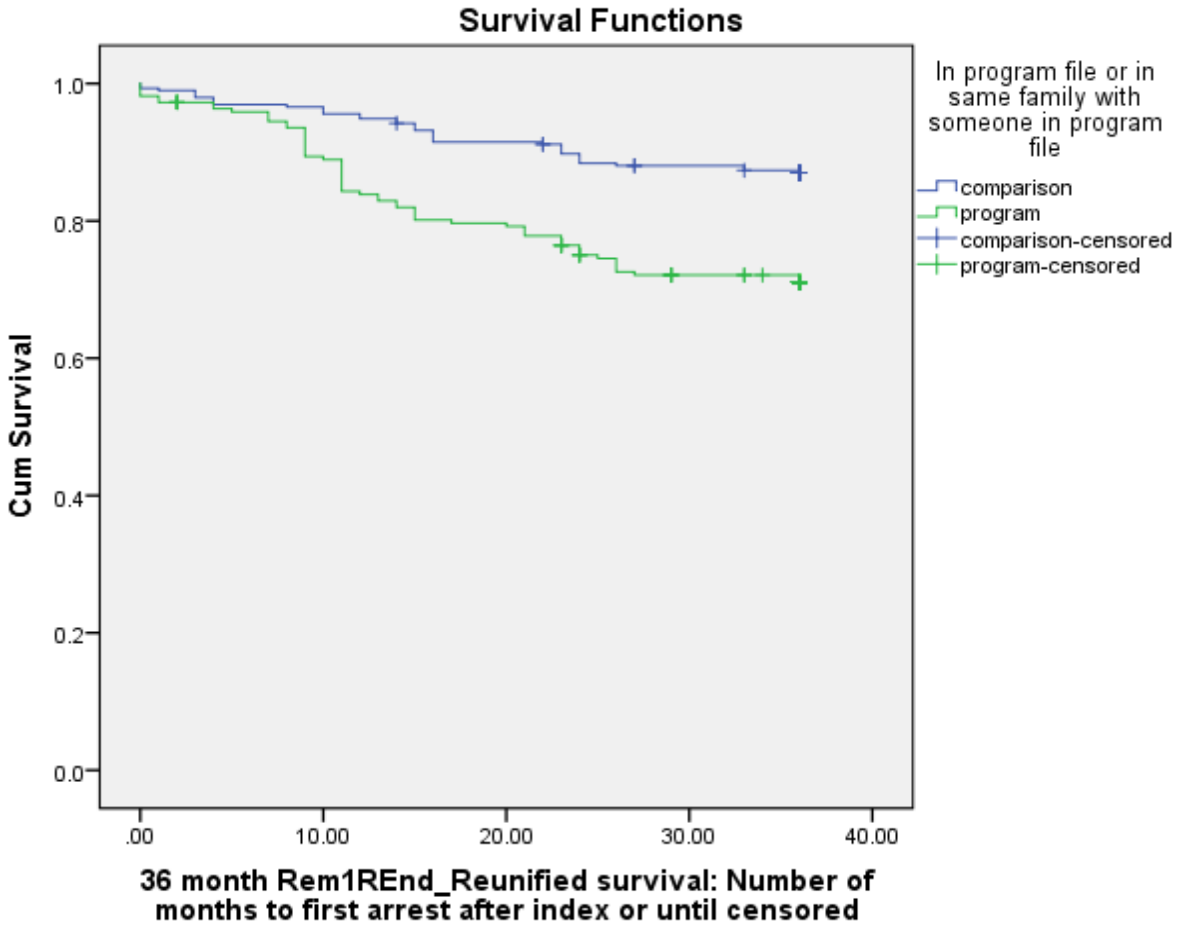
Appendix F

Kaplan-Meier Survival Graphs by Site

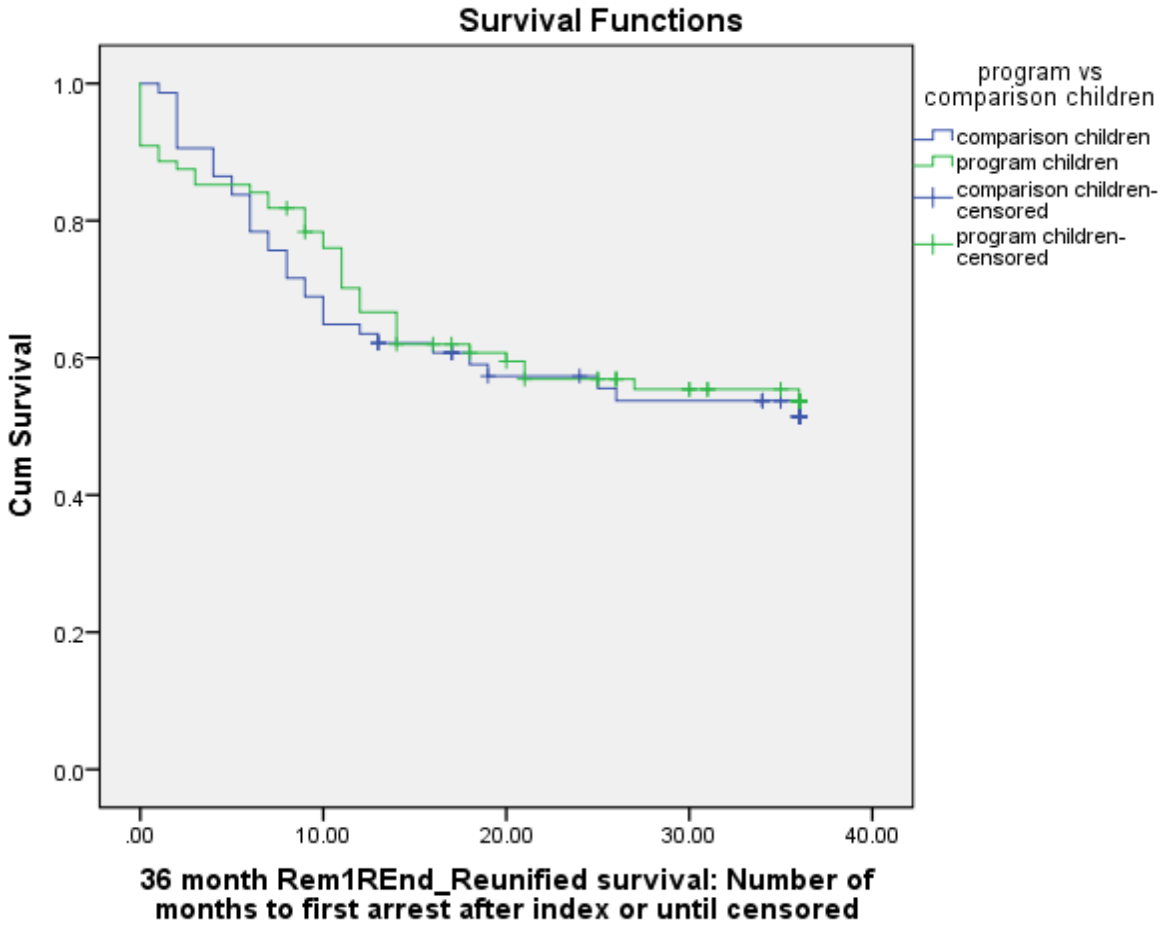
California



Georgia



New York



Texas