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The FIT: Family Treatment Court Implementation Tool

Data Collection Instrument

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Table of Contents

FIT: Family Treatment Court Implementation Tool Data Collection Instrument – Full Full	1
Appendix A: Interview – FTC Coordinator	1
Appendix B: Interview – Treatment	65
Appendix C: Observation – FTC Staffing	83
Appendix D: Observation – FTC Hearing	100
Appendix E: Document Review	119

FIT: Family Treatment Court Implementation Tool Data Collection Instrument – Full

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item				
	Standard 1: Organization & Structure							
1A	Multidisciplinary & Multisystemic Collaborative Approach	FTC Coordinator		FTC Staffing & FTC Hearing				
	Assessed with Interview and Observation¹: There is coordination and collaboration in setting policy and overseeing FTC operations between the FTC and the child welfare system, substance use treatment, mental health system, children's services system, related health systems, related education systems, related social services systems. Assessed with Interview: The involved executives collaborate to ensure that the FTC's structures and operations adhere to the mandates of each system to improve outcomes across systems.	Who are the administrators, or organizational executives, that oversee the FTC? [If respondent provides individual executive's names] What systems do these executives represent? How effectively do these interdisciplinary partners collaborate in developing policy and implementing the FTC operations?		Multidisciplinary team members collaborate, particularly those who would typically have an adversarial relationship in a traditional court setting. Each professional "stays in their lane" while also collaborating.				
1B	Partnerships, Community Resources & Support	FTC Coordinator	Document #4 (MOU): Describes					
	Assessed with Interview ¹ :	What partnerships make up the FTC?	community					
	There is coordination and collaboration in	La lata de la FTC de la lata de la lata de la lata de la lata de la FTC de la lata de lata de la lata de lata	partnerships'					
	supporting service access between the FTC and	In what ways do FTC partners contribute to	roles,					
	the child welfare system, substance use treatment system, mental health system,	serving FTC-involved families?	responsibilities, and functions.					

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

children's services system, related health			Observation Item
,			
systems, related education systems, and related			
social services systems.			
Assessed with Document Review:			
Community partnerships formalized through			
MOUs that describe roles, responsibilities, and			
functions.			
Multidisciplinary Team		Document #1 (P&P Manual):	FTC Staffing & FTC Hearing
Ongoing FTC operations are administered by a		review list of	Team members engaged at
,		operational team	staffing and hearing include FTC
,		members for team	coordinator, the judge, child
		composition as	welfare/state's attorney,
,, ,		described in	caregiver's attorney, children's
• • • • • • • • • • • • • • • • • • • •		provision	attorney, guardian ad litem or
		'	court appointed special
			advocate, child welfare
			caseworker, substance use
			treatment provider, mental
			health treatment provider,
			children's services provider, and
			other social services agency
			representative.
			(See Observation
			Checklist on the FIT
			Scoring Instrument)
(1 t (i i i i i i i i i i i i i i i i i i	Community partnerships formalized through MOUs that describe roles, responsibilities, and functions.	Community partnerships formalized through MOUs that describe roles, responsibilities, and functions. Multidisciplinary Team Ongoing FTC operations are administered by a team of professionals, including the judge, FTC coordinator, child welfare agency/state's attorney, caregiver's attorney, child's attorney, guardian ad litem and/or court-appointed special advocate, child welfare worker, and providers from SUD treatment, MH treatment, child &	Community partnerships formalized through MOUs that describe roles, responsibilities, and functions. Multidisciplinary Team Ongoing FTC operations are administered by a team of professionals, including the judge, FTC coordinator, child welfare agency/state's attorney, caregiver's attorney, child's attorney, guardian ad litem and/or court-appointed special advocate, child welfare worker, and providers from SUD treatment, MH treatment, child &

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
1D	Governance Structure	FTC Coordinator	Document #1 (P&P Manual):	FTC Staffing and FTC Hearing
	FTC governance structure includes	Does the FTC have an oversight/executive	Includes a clear	Team members present at
	oversight/executive body, steering committee, and operational team. The oversight/executive	committee, steering committee, and operational team?	definitions of governance	staffing and hearing include FTC coordinator, the judge, child
	body includes executive-level representatives	operational team:	structure roles,	welfare/state's attorney,
	from the child welfare court system, all partner	[If the respondent mentions an	governance	caregiver's attorney, children's
	organizations, and other community	oversight/executive committee but	structure	attorney, guardian ad litem or
	leadership/elected officials. The steering	doesn't say who it includes, ask]	responsibilities,	court appointed special
	committee includes supervisory-level staff of all	Who is a part of the community-	and	advocate, child welfare
	partner organizations.	level committee comprised of	communication	caseworker, substance use
	Roles, responsibilities, and communication	partner organizations (the "tier two" committee)?	protocols among	treatment provider, mental health treatment provider,
	among each of the three governance committees	two committee):	governance structures.	children's services provider, and
	are clearly defined.	[If the respondent mentions a	Structures.	other social services agency
	,	steering committee but doesn't say	Notes three-tier	representatives.
		who it includes, ask] Who is a part	governance	
		of the community-level committee	structure that	
		comprised of partner organizations	includes	
		(the "tier two" committee)?	oversight/	
		What are the roles and	executive body, steering	
		responsibilities of each committee?	committee, and	
			operational team.	
			States that	
			oversight/executiv	
			e body includes	
			executive-level representatives	
			from the child	
			welfare court	

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
			system, all partner organizations, and other community leadership/electe d officials. States that	
			steering committee includes supervisory-level staff of all partner organizations.	
			Document #4 (MOU): Describes governance committees' roles, responsibilities, and communication protocols.	

 $^{^{2}}$ See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

Provision	Purching & Kan Cananata	lutanian 0	D	Ohaamatian Hana
Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
1E	Shared Mission & Vision	FTC Coordinator	Document #1 (P&P Manual):	
	Vision and mission statements exist and were collaboratively developed by partner organizations. Vision and mission statements	Does the FTC have vision and mission statements?	Vision and mission statements include	
	were developed to reflect each system's values and jointly identify measurable goals and objectives.	[If yes]: Who developed the vision and mission statements?	measurable goals and objectives.	
	, and the second	[If yes]: How were the vision and mission statements developed?		
1F	Communication & Information Sharing	FTC Coordinator What is the FTC team's method of	Document #1 (P&P Manual):	
	Assessed with Interview ³ :	communication in between	Information-	
	Team shares case information in a timely manner using email.	staffings/hearings?	sharing protocols are explicit and	
		What type of information is being shared	compliant with all	
	Team shares information with each other on participant behavior, caregiver progress, child	among the FTC team?	confidentiality requirements,	
	progress, and family progress.	Why is information being shared among the FTC team?	ethics, and laws.	
	Purpose of information sharing is to support recovery, family reunification efforts, monitor	Treatment		
	progress, and review and respond to participant behavior.	How do your providers communicate information to the FTC team regarding participant behaviors?		
	Assessed with Document Review:			
	FTC has established information-sharing protocols compliant with all confidentiality requirements, ethics, and laws.	What information is shared?		

³ This is a "split provision." See section 8.2 of the Site Visit Guide.

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
	Assessed with Interview: Team uses email.			
16	Cross-Training & Interdisciplinary Education Team training/education plan offers FTC has a training and education plan. Training and education for FTC operational team includes onboarding/orientation training, annual cross-training, and ongoing interdisciplinary education. Training and education is offered to FTC oversight body, steering committee, operational team members and other community agencies. Training and education for steering committee and executive body includes onboarding/orientation training, annual cross training, ongoing interdisciplinary education. Training and education for other community agencies include onboarding/orientation training, annual cross training, and ongoing interdisciplinary education.	FTC Coordinator What kind of training did team members complete in the last 12 months? [If not already answered]: Does your FTC have a training/education plan for team members? [If yes]: What does the training/education plan involve? [If not already answered]: What is your orientation process for new FTC team members? [If not already answered]: Does the FTC provide education or training to other committees or levels within the FTC governance structure? [If yes]: What does this involve? [If not already answered]: What is your orientation process for new members to governance structure committees or levels?	Document #1 (P&P Manual): review training/education plan for components as described in provision OR Document #7 (FTC Team Continuing Education Documents): Indicates that training & education for FTC operational team includes annual cross-training and ongoing interdisciplinary education. OR	

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
		[If not already answered]: Do the FTC team members provide education or training to community partners? [If yes]: What does this involve?	Document #8 (Orientation Training Curriculum for New Operational Team Members): Indicates that FTC operational team members receive onboarding/orient ation training.	
1H	Family-Centered, Culturally-Relevant, and Trauma-Informed Approach ⁴ Daily operations and interactions reflect family-centered, culturally relevant, and trauma-informed approaches and practices by staff who recognize and respond to signs and symptoms of trauma and are alert to culturally relevant factors.	FTC Coordinator Do FTC team members focus on the whole family? Do FTC team members use culturally-relevant approaches? Do FTC team members recognize and respond to trauma?	Document #1 (P&P Manual): Uses language that reflects a family-centered approach, meaning it address the needs of the entire family; a culturally relevant approach, meaning it is alert to culturally relevant factors; and a trauma- informed approach,	

⁴ See section 2.2 of the Site Visit Guide for definitions of special terminology.

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
			meaning it recognizes and responds to signs & symptoms of trauma.	
11	Assessed with Interview: All partner organization team members have an up-to-date copy of the manual and are familiar with the policies and procedures of the FTC. Assessed with Document Review: Describes policies, procedures, day-to-day responsibilities of team members, and team member roles. Contains the mission, vision, goals, eligibility criteria, referral and entry process, phase structure, monitoring, recovery and reunification support services, drug and alcohol testing procedures, coordinated responses to behavior, and protocols to determine necessary services for children, caregivers, and families.	Does the FTC have a policies & procedures manual? [If yes]: Do all team members have a current copy of the P&P manual? [If yes] Are all team members familiar with its contents?	Document #1 (P&P Manual): review for all items described in provision	
1J	Pre-Court Staffing & Review Hearing FTC team participates in pre-court staffing meetings. Staffing meeting occurs immediately before the FTC court review hearing. During staffing, team discusses progress and needs of	FTC Coordinator Does the FTC team engage in pre-hearing meetings to discuss cases that will be seen in Court that day?	Document #9 (Child welfare court reports/FTC progress reports/Plan of Safe Care):	FTC Staffing All FTC team members present at staffings.

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
	children, caregivers, and family and recommends	[If yes]: When do staffings occur	Includes	Team discusses progress and
	coordinated response to participant behavior to	and what is discussed during them?	information on	needs of children, progress and
	judge.		progress and	needs of
		[If yes] What is discussed during	needs of children,	caregivers/participants, and
	A progress report is developed and read by all	staffings?	caregivers, and	progress and needs of family.
	team members prior to each staffing.		family.	
		[If not noted already]: Are progress reports	_	Team makes recommendations
		on participants/cases distributed prior to	OR ⁵	to judge regarding participant
		staffings?		behaviors.
			Document #1	
			(P&P Manual):	
			States that FTC	FTC Hearing
			team participates	The server server discovered at
			in pre-court	The same cases discussed at
			staffing meetings.	staffing appear during the hearing.
			States that	ilearnig.
			staffing meeting	The same information discussed
			occurs	at staffing is presented to
			immediately	participants during hearing.
			before the FTC	participants during neumbr
			court review	(See Observation
			hearing.	Checklist on the FIT
			States that during	Scoring Instrument)
			staffing, team	
			discusses progress	
			and needs of	
			children,	

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

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
			caregivers, and family.	
			States that during staffing, team recommends coordinated response to participant behavior to judge.	
		Standard 2: Role of the Judge		
2A	Convening Partners The judge convenes the operational team, steering committee, and executive committee. During these convenings, the judge guides the	Please describe the judge's role with regards to the operational team, steering committee, and oversight committees.	Document #1 (P&P Manual): Outlines judicial responsibilities to include convening the operational	
	operational team in the development, implementation, and management of ongoing operations and actualization of the FTCs mission and vision.	Describe the judge's role in maintaining and developing relationships with community partners.	team, convening the steering committee, convening the executive committee, oversight of the development of	
			ongoing operations and actualization of the FTC's mission and vision,	

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
			oversight of ongoing operations and actualization of the FTC's mission and vision, and management of ongoing operations and actualization of the FTC's mission and vision.	
2B	Judicial Decision Making	FTC Coordinator		FTC Staffing
	Assessed with Observation ⁶ : In pre-court staffing, the judge and operational team discuss the recommended responses for each case based on information about participant attendance, progress, engagement in treatment, complementary services received, children's needs and services, and compliance with child welfare court system and child welfare agency requirements.	Who makes the final decisions about court-ordered responses to participants?		During staffings, judge guides the team, considers contributions from all team members when making decisions, and asks for professional input as necessary. Judge makes the final decision about court-ordered responses.
	Assessed with both Interview & Observation: The judge makes the final decision about the court-ordered response.			

⁶ This is a "split provision." See section 8.2 of the Site Visit Guide.

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
2C	Participation in Pre-Court Staffings	FTC Coordinator		FTC Staffing
	The FTC judge consistently attends pre-court staffing to discuss participant progress, updates, and behaviors. The FTC judge discusses participant progress, updates, and behaviors.	How often does the FTC judge participate in pre-court staffing? [If the respondent's answer is not clear] Always, most of the time, about half of the time, infrequently, or never? [If the judge attends staffings] During pr- court staffings, what discussions is the judge involved in?		Judge is present and engaged at staffing; Judge is involved in discussions regarding all participants. FTC Hearing Judge is present and engaged at hearing.
2D	Interaction with Participants	FTC Coordinator		FTC Hearing
	At FTC hearings, judge spends a minimum of three minutes talking to each participant. Judge responds to the participant's behavior and provides a rationale for these responses. Judge reinforces the treatment adjustments and responses to behaviors. Judge encourages the participant to discuss his/her progress, progress the children are making, activities to enhance parenting skills,	Describe a typical exchange between a judge and a participant. [If not answered]: How long is a typical exchange? [If not clear]: What is discussed during typical exchange? [If not addressed]: Describe the dynamic between the judge and		Judge spends at least 3 minutes talking to each participant about their engagement in required FTC services, child welfare case plan requirements, and services for the participant's children and family. Judge explains to participants-in plain language- the reasoning
	parenting challenges, and unmet needs.	the participant.		behind incentives, sanctions, and treatment adjustments.

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
	Judge emphasizes participant strengths and the importance of the participant's continued engagement in treatment and services.			Judge provides consistent information to participants regarding treatment adjustments and safety interventions imposed in
	Judge is engaging, supportive, and encouraging, and works to build rapport with the participant.			response to participant behaviors.
				Judge demonstrates warmth and eye contact with participants. Judge uses participant's name. Judge engages in two-way conversation. Judge provides positive feedback to participants. Judge highlights participants' strengths/achievements. Judge asks participant to verbalize their own opinions on their progress, their children's progress, challenges, etc.
2E	Professional Training The FTC judge obtains training on mental health, substance use disorders, child welfare, and legal and constitutional issues related to FTCs.	FTC Coordinator Has the FTC judge had training on mental health? Substance use disorders? Child welfare? Legal and constitutional issues related to FTCs?	Document #6 (Judge's Legal Education/ Training Certificates): Indicates that FTC judge has	

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
	The FTC judge attends annual training conferences and workshops. The FTC judge attends training with other	Has the FTC judge attended a training conference or workshop on best practices or trends in FTCs in the last 12 months?	obtained training on mental health, substance use disorders, child	
	operational team members to assure cross-training.	Has the judge attended a training with other operational team members?	welfare, and legal and constitutional issues related to FTCs.	
			Indicates that FTC judge attended annual training conferences and workshops.	
			Indicates that FTC judge attended training with other operational team members to assure crosstraining.	
2F	Length of Judicial Assignment to FTC The FTC judge presides over the FTC for at least two consecutive years.	FTC Coordinator What month and year did the current judge begin his/her term presiding over the FTC? How long will the judge be on the bench?	Document #5 (Judge's Appointment Date): Indicates that FTC judge has presided over FTC for at least 2 consecutive years.	

Provision	Provision & Key Concepts	Interview Q	Document Source	Observation Item		
Number						
	Standard 3: Equity and Inclusion					
3A ⁷	Equitable FTC Program Admission Practices	FTC Coordinator	Document #10 (Minutes/Notes):			
	The FTC annually examines its eligibility criteria,	Have the screening, referral, entry, and	Indicates that the			
	screening processes, referral processes, entry	assessment processes been reviewed by	FTC annually			
	processes, and assessment processes.	the team since the FTC's inception?	examines its			
			eligibility criteria,			
	Review of criteria and processes aims to identify	[If yes]: How often did these	screening			
	and correct any disproportionality in access.	reviews occur?	processes, referral			
		Different Mathematical Control of the Control of th	processes, entry			
		[If yes]: What was the purpose of these reviews?	processes, and			
		triese reviews?	assessment			
		[If answer is unclear]:: What data	processes.			
		was used during these reviews?	Indicates that any			
		was used daring these reviews.	identified inequity			
			is being corrected.			
3B ⁸	Equitable FTC Retention Rates and Child Welfare	FTC Coordinator	Document #10			
	Outcomes	Heatha FTC aversing dita program	(Minutes/Notes): Indicates that the			
	FTC acts strategically to achieve equivalent or	Has the FTC examined its program retention and child welfare outcomes	FTC is using			
	better outcomes for historically marginalized	across different groups? For example,	strategic methods			
	groups compared to the overall child welfare	different races/ethnicities, languages, and	for achieving			
	system population.	family types?	equitable			
		, 5/2-55.	retention rates			
	FTC examines equity across the following	[If yes]: What did you find?	and child welfare			
	outcomes: participation, engagement, successful	,	outcomes.			
	discharge, permanency, and well-being.					

⁷ See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
		[If disparity found]: What was done to address this disparity?		
3C ⁸	Equitable Treatment	FTC Coordinator	Document #10	
	Treatment for FTC participants is family centered, gender-responsive, trauma-informed, and linguistically and culturally appropriate. 8	How does the FTC match treatment with the needs and preferences of a client and their family?	(Minutes/Notes): Documents discussion that treatment for FTC participants is	
	Treatment for FTC participants matches the intensity, dosage, and quality consistent with the needs and preferences of the individual and family. FTC ensures equivalent outcomes across groups.	Has the FTC examined its treatment experiences and outcomes across different groups? For example, different races/ethnicities, languages, and family types?	family-centered, gender- responsive, trauma-informed, and linguistically and culturally	
	The chauces equivalent outcomes across groups.	[If yes]: What did you find?	appropriate.	
		[If disparity found]: What was done to address this disparity?	Documents discussion that treatment for FTC participants matches the intensity, dosage, and quality consistent with	

 $^{^{\}rm 8}$ See section 2.2 of the Site Visit Guide for definitions of special terminology.

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
			the needs and preferences of the participant and family.	
3D ⁹	Equitable Responses to Participant Behavior FTC administers equitable responses across groups. Responses to participant behavior are administered using principles of procedural fairness and are regularly monitored to ensure that they are equivalent in similar situations across groups	FTC Coordinator Are responses to participant behavior the same across different groups? For example, different races/ethnicities, languages, and family types? [If no]: How are they different? What philosophy or principles guide responses to participant behavior? Has the FTC examined its responses to participant behavior across different groups? For example, different races/ethnicities, languages, and family types? [If yes]: What did you find? [If disparity found]: What was done to address this disparity?	Document #10 (Minutes/Notes): Documents discussion on equitable responses to participant behavior.	

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

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
Provision Number 3E	Provision & Key Concepts Team Training The FTC provides training on culturally relevant services and supports to its operational team and partners.	Interview Q FTC Coordinator Does the FTC provide training on culture and culturally-relevant services and supports to its operational team and partners? [If yes]: What does this training entail?	Document \$ource Document #7 (FTC Team Continuing Education Documents): Indicates that team receives training on culturally relevant supports and services. OR¹0 Document #8 (Orientation Training Curriculum for New Operational Team Members): Indicates that team onboarding training includes information on culturally relevant	Observation Item
			supports and services.	

 $^{^{10}}$ See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item				
	Standard 4: Early Identification, Screening, and Assessment							
4A	Target Population, Objective Eligibility and Exclusion Criteria FTC targets families that are high risk/high need, meaning they require intensive services, increased support and monitoring, and judicial oversight to comply with child welfare system case plan, completed substance use disorder treatment and safely reunify with children. This high rick/high need target population is defined in the FTCs objective eligibility and exclusion criteria. FTC communicates eligibility criteria in writing to all referral sources. FTCs do not make eligibility determinations based on subjective criteria.	FTC Coordinator Who does the FTC target for inclusion? What is the eligibility criteria for program participation? What is the exclusion criteria for program participation? Is FTC program eligibility/exclusion criteria communicated to referral sources? [If yes]: How is this information communicated? To what extent does the FTC consider subjective suitability when making eligibility/exclusion determinations?	Document #1 (P&P Manual): Specifies that the FTC targets families that are high risk/high need, meaning they require intensive services, increased support and monitoring, judicial oversight to comply with child welfare system case plan, complete SUD treatment, and safely reunify with children. Includes objective eligibility and exclusion criteria. Specifies that FTCs do not make eligibility determinations based on	FTC Staffing All eligibility/exclusion determinations are based on objective assessment and criteria.				

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
1B ¹¹	Standardized and Systematic Referral,	FTC Coordinator	Document #1	
	Screening, and Assessment Process	Describe the greenes by which petartial	(P&P Manual):	
	The FTC uses processes for referring, screening	Describe the process by which potential participants are identified and referred to	Specifies standardized	
	and assessing.	the FTC.	processes for	
	6		referring,	
	These processes for referring, screening and	[If response is unclear]: What	screening, and	
	assessing FTC participants are agreed upon,	happens when the FTC receives a	assessing.	
	standardized, and systematic.	referral?	6	
	These standardized referral, screening, and	[If response is unclear]: Do all	States that the standardized	
	assessment processes apply to caregivers,	referral sources follow the same	referral,	
	children, and families.	process for making referrals?	screening, and	
		, it is a grant of	assessment	
	Referral sources are trained in when to	[If response is unclear]: Do all	processes apply to	
	appropriately refer their participants.	referrals follow the same screening	caregivers,	
		and assessment process?	children, and	
		[If response is unclear]: Do all	families.	
		partners agree upon and use the		
		same referral, screening, and		
		assessment processes?		

¹¹ See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
		[If response is unclear]: What do these referral, screening, and assessment processes apply to?		
4C	Use of Valid and Reliable Screening and Assessment for Caregivers and Families	FTC Coordinator	Document #1 (P&P Manual):	
	Valid and reliable instruments ¹² used to screen and assess caregivers/families referred to FTC for	How are decisions made about program eligibility?	Specifies that valid and reliable instruments are	
	program eligibility, case planning for children, caregivers, and family members, appropriate treatment level-of-care, complementary services.	[If response is unclear]: Is an assessment instrument used? If yes, what assessment instrument?	used to screen and assess caregivers/familie s referred to FTC	
		How are case or service plans developed?	for program eligibility, case	
		[If response is unclear]: Are assessment instruments used? If yes, what assessment instruments?	planning for children, caregivers, and family members,	
		[If not answered with service plan question]: How are decisions made about substance use treatment level of care? What assessment instruments are used?	appropriate treatment level- of-care, and complementary	
		[If not answered with service plan question]: How are decisions made about complementary services? What assessment instruments are used?	services.	

¹² For information on determining whether a screening/assessment instrument is validated, see Appendix G of the Site Visit Guide.

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
			[If FTC does their	
		Treatment	own screening/	
		What assessment instruments are used to	assessing]:	
		make SUD treatment decisions with FTC	Document #14,	
		clients?	Document #15,	
			Document #16,	
			Document #17	
			(Assessment	
			Instruments from	
			FTC): Includes	
			valid and reliable	
			instruments used	
			to screen and	
			assess	
			caregivers/familie	
			s referred to FTC	
			for program	
			eligibility, case	
			planning for	
			children,	
			caregivers, and	
			family members,	
			appropriate	
			treatment level-	
			of-care, and	
			complementary	
			services.	
			OR	
			SIGN	
			[If treatment does	
			the assessments]:	

Provision	Provision & Key Concepts	Interview Q	Document Source	Observation Item
Number	, .		Dogument #24	
			Document #24,	
			Document #25,	
			Document #26,	
			Document #27	
			(Assessment	
			Instruments from	
			Treatment):	
			Includes valid and	
			reliable	
			instruments used	
			to screen and	
			assess	
			caregivers/familie	
			s referred to FTC	
			for program	
			eligibility, case	
			planning for	
			children,	
			caregivers, and	
			family members,	
			appropriate	
			treatment level-	
			of-care, and	
			complementary	
			services.	
4D	Use of Valid, Reliable, and Developmentally	FTC Coordinator	[If child welfare	
	Appropriate Screening and Assessment for		or FTC does	
	Children ¹³		screening/	
			assessing]:	

¹³ For information on determining whether a screening/assessment instrument is validated, see Appendix G of the Site Visit Guide.

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
	Assessed with Interview and Document	Are children of FTC participants screened or	Document #16	
	Review ¹⁴ :	assessed at the beginning of their	(Assessment	
	Children of FTC participants are assessed within a	involvement in the FTC?	Instruments from	
	standardized time frame. Children of FTC		FTC): Includes	
	participants are assessed using validated and	[If yes]: Describe this process.	valid and reliable	
	developmentally appropriate instruments. Child		instruments used	
	assessments reoccur at developmentally	[If responses are unclear]: :	to screen and	
	appropriate intervals.	What are they assessed	assess case	
		for? What instruments are	planning for	
	Assessed with Interview:	used?	children.	
	Child assessments reoccur at developmentally			
	appropriate intervals.	During their case, are children re-assessed	OR	
		at any point?		
			[If treatment does	
		[If yes]: Describe this process.	the assessments]:	
			Document #16	
		[If responses are unclear]:	(Assessment	
		What are they re-assessed	Instruments from	
		for? What instruments are	Treatment):	
		used?	Includes valid and	
			reliable	
			instruments used	
			to screen and	
			assess case	
			planning for	
			children.	
4E	Identification and Resolution of Barriers to	FTC Coordinator	Document #9	FTC Staffing and FTC Hearing
	Recovery and Reunification		(Child welfare	

 $^{^{14}}$ This is a "split provision." See section 8.2 of the Site Visit Guide.

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
	The FTC systematically monitors community-based barriers to obtaining services or progressing towards goals for participants, children and families.	Describe the process(es) used to identify and address community-based barriers (e.g., transportation, barriers to parenting time) to participant progress.	court reports/FTC progress reports/Plan of Safe Care): Documents that the FTC team systematically monitors community-based barriers to obtaining services for participants, children, and families. OR Document #10 (Minutes/Notes): Documents discussion monitoring and resolution to community-based barriers for participants and their families.	Team uses the same process of identifying problems for all participants (e.g., relies on case reports for all clients). Team engages in problemsolving to resolve any identified barriers to progress.

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

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
5A ¹⁵	Timely Access to Appropriate Treatment	FTC Coordinator		
	Protocols and practices ensure timely access to an appropriate SUD treatment.	How does the FTC program ensure that participants access treatment as quickly as possible?		
	Time between case opening and treatment entry is tracked as a routine process measure.	[If response is unclear]: Does the FTC track time between case opening and substance use treatment entry to strategize improvements in timely treatment access?		
		Treatment		
		How does your agency ensure that FTC participants access treatment as quickly as possible?		
5B*	Treatment Matches Assessed Need	FTC Coordinator		
	Level of care assessment is conducted by a qualified treatment provider. Treatment is adjusted based on ongoing formal reassessments to meet participants' clinical needs.	Describe the process of substance use disorder treatment level-of-care referral or placement. [If response is unclear]: How often are FTC-referred participants reassessed for substance use disorder treatment need during their program participation?		

¹⁵ See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
Number		[If reassessments occur]:What is		
		the purpose of these re-		
		assessments?		
		Treatment		
		Describe the process of SUD treatment		
		level-of-care referral or placement.		
		How often are FTC-referred participants re-		
		assessed for SUD treatment need during their program participation?		
		their program participations		
		[If > never]: What is the purpose of		
		these re-assessments?		
5C ¹⁶	Comprehensive Continuum of Care	FTC Coordinator		
	Participants have access to a continuum of	What levels of substance use treatment do		
	substance use disorder treatment that includes outpatient treatment, intensive outpatient	FTC-referred participants have access to?		
	treatment, partial hospitalization, residential or inpatient treatment, and medical detox.	How long are participants in substance use disorder treatment?		
	Medication management is available at each level	[If no mention of aftercare already]: Are		
	of care.	aftercare services available to FTC-referred		
	Each participant's substance use disorder	participants? If so, can you describe the aftercare services?		
	treatment dosage and duration are sufficient to	artereure services:		
_	achieve and sustain recovery.	Treatment		

¹⁶ See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

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

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
		health disorders]: Are FTC clients referred elsewhere for treatment that addresses co-occurring substance use and mental health disorders?		
5E	Family-Centered Treatment ¹⁷	FTC Coordinator		
	Substance use disorder treatment is comprehensive and family-centered because it meets caregivers' needs, meets children's and family members' needs, addresses effects of participant substance use disorder on family, and permits children to stay in residential with caregivers.	Describe how the needs of family members are addressed when crafting a treatment plan for an FTC-referred participant. [If not answered]: Are participants' children permitted to reside with them in residential treatment?		
		Treatment Does the treatment center you represent provide family-centered treatment to clients?		
		[If yes]: Describe the family- centered nature of SUD treatment offered to FTC-referred caregivers.		
		[If no]: Are FTC clients referred elsewhere for family-centered treatment?		

 $^{^{17}}$ See section 2.2 of the Site Visit Guide for definitions of special terminology.

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
5F	Gender-Responsive Treatment ¹⁸	Treatment	Document #28	
	Treatment providers are trained in gender-responsive treatment.	How often do your providers who work with FTC-referred participants receive training related to gender-responsive or	(Treatment Group Schedule): Indicates availability of	
	Treatment meets the needs of all genders:	gender-specific services (e.g., women-	gender-responsive	
	Gender-specific groupsChild care	centered treatment)?	groups.	
	Medical and nutritional interventions	Does the treatment center you represent provide gender-responsive or gender-specific treatment to participants (e.g., women-centered treatment)?		
		[If yes]: Describe the gender- responsive nature of SUD treatment offered to FTC-referred caregivers.		
		[If no]: Are clients referred elsewhere for gender-responsive treatment?		
5G	Treatment for Pregnant Women	FTC Coordinator		
	FTC protocol and practices identify the unique needs of pregnant participants.	What services and supports are available to pregnant FTC participants?		
	FTC provides treatment and other services to meet these women's needs, including substance use treatment interventions that include	[If not already answered]: Does the FTC provide or coordinate medication assisted treatment for		

 $^{^{18}}$ See section 2.2 of the Site Visit Guide for definitions of special terminology.

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
	medication assisted treatment when clinically integrated prenatal, perinatal, and postnatal medical care.	pregnant women who have an opioid use disorder?		
		[If not already answered]: Does the FTC coordinate with pre- and post-natal medical care?		
		Treatment		
		What services and supports are available to pregnant women who are FTC participants?		
		[If not already answered]: Does your agency coordinate or provide MAT treatment for pregnant women who have an opioid use disorder?		
		[If no]: Are clients referred elsewhere for MAT?		
5H	Culturally Responsive Treatment ¹⁹	FTC Coordinator		
	The services and practices of the FTC substance use treatment providers are respectful of and responsive to the cultural and linguistic needs of FTC participants.	What does the FTC do in terms of treatment referrals for participants with different cultural and/or linguistic needs?		
		Treatment		

 $^{^{19}}$ See section 2.2 of the Site Visit Guide for definitions of special terminology.

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
		How does your agency respond to the cultural and/or linguistic needs of FTC participants?		
		[If agency does not respond]: Are clients referred elsewhere for culturally and linguistically responsive treatment?		
51	Evidence-Based Manualized Treatment ²⁰	FTC Coordinator	Document #20 (Treatment Model	
	Substance use treatment agencies that partner	What evidence-based, manualized	Fidelity Review):	
	with the FTC provide evidence-based, manualized	treatments are used with FTC-referred	Indicates that	
	treatments.	caregivers, children, and families?	fidelity to the evidence-based,	
	For these agencies, fidelity to the evidence-	How frequently is model fidelity assessed	manualized	
	based, manualized treatments model is assessed	for these evidence-based treatments?	treatments model	
	on a regular basis.		is assessed on a	
		What training and/or certification do	regular basis.	
	To ensure continuing fidelity to the model,	clinicians delivering evidence-based		
	substance use treatment providers are trained, certified (when applicable), and clinically	interventions with FTC-referred participants undergo?	AND ²¹	
	supervised.		Document #19	
		Treatment	(Initial Evidence-	
			Based Practice	
		What evidence-based, manualized	Training &	
		treatments are used with FTC-referred	Certification):	
		caregivers, children, and families?		

²⁰ For information on determining whether a treatment is evidence-based, see Appendix G of the Site Visit Guide.

²¹ See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
		What ongoing fidelity training and/or clinical supervision is provided for clinicians delivering evidence-based interventions with FTC-referred participants?	Indicates that treatment provider is using evidence-based, manualized treatments.	
			Indicates that treatment providers are trained, certified (when applicable), and clinically supervised.	
5J	Medication Assisted Treatment	FTC Coordinator	Document #1 (P&P Manual):	
	FTC does not exclude individuals using or	Are individuals using medication assisted	Specifies that FTC	
	considering medication assisted treatment.	treatment excluded from the FTC program?	does not exclude individuals using	
	FTC participants receive medication assisted treatment for substance use disorders based on an objective determination by a qualified medical provider that medication assisted treatment is	How is it determined that a participant is eligible/appropriate to receive medication assisted treatment?	or considering MAT from FTC program.	
	medically indicated.	How are cases handled in which medication assisted treatment is recommended to an	Specifies that FTC participants	
	FTC does not mandate medication assisted	FTC-referred participant but the participant	receive MAT for	
	treatment.	does not want to use it?	substance use	
			disorders based	
		Treatment	on an objective	
			determination by	
			a qualified	

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
		To your knowledge, are individuals using MAT excluded from the FTC program? How is it determined that a participant is eligible/appropriate to receive MAT? How are cases handled in which MAT is recommended to an FTC-referred participant but the participant does not want to use it?	medical provider that MAT is medically indicated. Specifies that FTC does not mandate MAT.	
5K	Alcohol and Other Drug Testing Protocols Standardized drug testing protocol specifies the frequency (a minimum of two times per week), scheduling, randomization procedures, observation, duration, and breadth of testing. The purpose of drug testing protocol is to monitor participants use of illicit and licit substances, outline processes for confirmation of test results, outline processes for notification of test results.	FTC Coordinator How does the FTC monitor participants' use of substances throughout their FTC participation? [If not already answered]: Describe drug testing procedures used with FTC participants. [If not already answered]: Is drug testing random? Is drug testing observed? Is drug tested completed at least 2x weekly? [If not already answered]: Do participants have an equal chance of getting tested every day, even on weekends and holidays?	Document #1 (P&P Manual): Specifies drug testing protocol including frequency (a minimum of two times per week), scheduling, randomization procedures, observation, duration, and breadth of testing. States that purpose of drug testing protocol is to monitor participants use of illicit and licit	

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
		What are the purposes of drug testing	substances,	
		protocol?	outline processes	
			for confirmation	
		Treatment	of test results,	
			outline processes	
		Does your agency conduct drug testing with	for notification of	
		FTC-referred participants?	test results, and	
			outline processes	
		[If yes]: What are the testing	for dissemination	
		protocols used with these	of test results.	
		participants?		
5L	Treatment Provider Qualifications	FTC Coordinator	Document #23	
			(Certification):	
	The FTC's treatment providers are licensed,	Are all treatment providers that the FTC	Indicates that	
	certified, or accredited.	refers participants to licensed or otherwise	treatment	
		certified?	providers are	
	Treatment providers receive continuing		licensed, certified,	
	education and clinical supervision to ensure	Treatment	or accredited.	
	adoption of best practices in treatment of SUD,	What are the entities that license, certify,		
	mental health, and related disorders.	or accredit your agency?	AND ²²	
		[If entities specified]: How	Document #18	
		frequently is	(FTC Providers	
		licensure/certification/or	Continuing	
		accreditation renewed?	Education/Trainin	
			g Certificates):	
		What are the continuing education training	Provides evidence	
		requirements for providers at your agency?	of continuing	
			education and	

²² See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
			clinical supervision.	
	Standard 6: Comprehe	nsive Case Management, Services, and Suppo	rts for Families	
6A	Intensive Case Management and Coordinated Case Planning	FTC Coordinator	Document #9 (Child welfare	FTC Staffing
	Participants are provided intensive supportive case management, including a coordinated case plan (or a set of case plans) based on reliable and	Describe the FTC's approach to case management with program participants and their families.	court reports/FTC progress reports/Plan of Safe Care):	Team discusses connecting participants with services to address issues identified in assessments, how involved
	valid needs assessments that is systematically monitored to ensure that all family members receive services to meet their needs.	[If not already answered]: Does the FTC case plan (or set of case plans) include the child welfare dispositional order and treatment recommendations?	Documents that case management recommendations are based on the results of a valid/reliable needs assessment.	participants are with services and resources, and how participants are progressing with services and resources.
6B	Family Involvement in Case Planning	FTC Coordinator		FTC Staffing
	FTC operational team's approach to case planning is family-centered, culturally responsive and strengths based.	For a typical case, to what extent are children, caregivers, and family members involved in case planning?		Case planning discussions demonstrate focus on strengths of other family members.
	While case planning, FTC team actively involves children, caregivers, and family members (as appropriate) in identifying needs and strengths,	[If not already answered]: What does this involvement entail?		FTC Hearing Feedback regarding case planning is solicited from

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
	making decisions about treatment, setting goals and achieving desired outcomes.			participant and other family members.
6C	Recovery Supports	FTC Coordinator		FTC Hearing
	The FTC links participants with professionally trained or certified recovery specialists (also known as recovery coaches), or with peer support specialists (also known as peer mentors). FTC team actively works with participants to build a community-based recovery support network. FTC does not require participants to attend any specific peer support group, but rather provides a range of options.	Does the program use recovery specialists/coaches or peer support specialists/mentors? [If yes]: How do participants gain access to these supports? To which community-based recovery programs does the FTC refer participants? Are participants required to attend? Treatment Does your agency connect FTC-referred participants with recovery specialists/coaches or peer support specialists/mentors? How do FTC-referred participants gain access to these supports?		Team encourages participant to engage with recovery coach/peer specialist and community-based recovery. Team problem-solves with client on the topic of peer and community/natural recovery supports when warranted.
6D	High-Quality Parenting Time (Visitation)	FTC Coordinator	Document #9 (Child welfare	
	FTC participants and their children receive high-quality, well-resourced, and face-to-face.	Describe visitations, or parenting time, in the FTC.	court reports/FTC progress reports/Plan of Safe Care):	

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
	Minimum caregiver visitations by child's age are	How frequently does visitation typically	Discusses	
	as follows:	occur for children under the age of 1?	parenting/family	
	< 1 (3-5x week; 60 min.)		time (visitation).	
	1-2 (2-4x week; 60 min.)	For children aged 1-5?		
	2-5 (2-4x week; 60 min.)		Discusses	
	6-12 (1-3x week; 60 min.)	For children aged 6-12?	strategies to	
	13+ (1-2x week; 60 min.)		ensure high-	
		For children aged 13 or older?	quality	
	Minimum sibling visitations:		parenting/family	
	1x per week; 60 min.	Who facilitates supervised visitations?	time (visitation) is	
	When needed, trained individuals facilitate		occurring.	
	supervised visitation as caregivers work to	[If someone facilitates supervised		
	achieve unsupervised time.	visits]: What, if any, training do		
		individuals receive to facilitate		
		supervised visitation?		
6E	Parenting and Family-Strengthening Programs	FTC Coordinator		
	All evidenced-based interventions ²³ include a	What parenting or family-strengthening		
	caregiver-child interaction component (in which	programs are offered to FTC/FTC-referred		
	caregivers and children attend sessions together)	participants?		
	and are culturally appropriate, designed to meet			
	the needs of families affected by parental SUDs	[If one or more programs are		
	and co-occurring additional risk factors.	identified]: What are the		
		components of the parenting and		
	FTC team matches interventions to the needs of	family-strengthening		
	each child, parent, and family.	interventions?		

 $^{^{23}}$ For information on determining whether a treatment is evidence-based, see Appendix G of the Site Visit Guide.

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
		[If not already answered]: Do caregivers and children interact as a part of the intervention/program?		
		How does the team determine who is referred to the family interventions/programs?		
		Treatment		
		Does your agency provide parenting and family-strengthening interventions to FTC-involved participants?		
		[If yes]: Describe these services.		
		How do FTC-referred participants gain access to these supports?		
6F	Reunification and Related Supports	FTC Coordinator	Document #9 (Child welfare	FTC Hearing
	FTC participants and their families receive reunification and related supports.	What reunification supports are available to FTC participants and their families? For how long are reunification supports available to participants after reuniting?	court reports/FTC progress reports/Plan of Safe Care): Documents that participants and family are receiving reunification and related supports.	Participants who are nearing or have completed reunification are offered specific reunification supports.

Provision & Key Concepts	Interview Q	Document Source	Observation Item
Trauma-Specific Services for Children and	FTC Coordinator	Document #21	
Caregivers		(Trauma	
	What trauma services are available to FTC	Intervention	
Trauma-specific interventions are available to FTC	participants and their child(ren)?	Fidelity Review):	
participants and FTC children.	[If not already answered]: Are	Provides evidence	
	these services evidence-based or	that FTC	
These trauma-specific interventions are	evidence-informed?	participants and	
evidence-based or evidence-informed.		children have	
	Who provides these services?	access to	
Trained treatment professionals provide trauma-		evidence-based	
specific therapies with fidelity.	What trauma screens/assessments are	trauma	
	used with participants and their child(ren)?	intervention	
FTC participants are screened/assessed for		delivered with	
trauma.	Treatment	fidelity	
FTC children are screened/assessed for trauma.	What trauma services are available to FTC		
	participants and their child(ren)?		
FTC participants and their children receive			
evidence-based or evidence-informed, trauma-	What trauma screens/assessments are		
specific, clinical interventions to treat their	used with participants and their child(ren)?		
trauma-related symptoms and disorders.			
Services to Meet Children's Individual Needs	FTC Coordinator	Document #9	FTC Hearing
		,	
	, , ,	•	Participants' children are
comprehensive assessment.			referred for services.
	services.	• •	
· · · · · · · · · · · · · · · · · · ·		•	Children's behaviors and
, , ,		•	progress in services are
needs.	_		discussed.
	time?	children's needs	
	Trauma-Specific Services for Children and Caregivers Trauma-specific interventions are available to FTC participants and FTC children. These trauma-specific interventions are evidence-based or evidence-informed. Trained treatment professionals provide trauma-specific therapies with fidelity. FTC participants are screened/assessed for trauma. FTC children are screened/assessed for trauma. FTC participants and their children receive evidence-based or evidence-informed, trauma-specific, clinical interventions to treat their trauma-related symptoms and disorders.	Trauma-Specific Services for Children and Caregivers What trauma services are available to FTC participants and FTC children. These trauma-specific interventions are evidence-based or evidence-informed. Trained treatment professionals provide trauma- specific therapies with fidelity. FTC participants are screened/assessed for trauma. FTC children are screened/assessed for trauma. FTC children are screened/assessed for trauma. FTC participants and their children receive evidence-based or evidence-informed, trauma- specific, clinical interventions to treat their trauma-related symptoms and disorders. Services to Meet Children's Individual Needs Children's needs are identified by a comprehensive assessment. Operational team matches developmentally appropriate services to the child's identified needs. FTC Coordinator What trauma services are available to FTC participants and their child(ren)? Treatment What trauma services are available to FTC participants and their child(ren)? What trauma services are available to FTC participants and their child(ren)? Treatment What trauma services are available to FTC participants and their child(ren)? FTC cordinator FTC Coordinator FTC Coordinator Describe the process of identifying and referring children and adolescents to services. Operational team matches developmentally appropriate services to the child's identified needs.	Trauma-Specific Services for Children and Caregivers Trauma-specific interventions are available to FTC participants and FTC children. Trained treatment professionals provide traumaspecific therapies with fidelity. FTC participants are screened/assessed for trauma. FTC children are screened/assessed for traumaspecific, clinical interventions to treat their trauma-related symptoms and disorders. Services to Meet Children's Individual Needs Children's needs are identified by a comprehensive assessment. Operational team matches developmentally appropriate services to the child's identified in matches developmentally appropriate services to the child's identified in matches developments and children's services care available to FTC participants and their child(ren)? FTC Coordinator What trauma services are available to FTC participants and their child(ren)? What trauma services are available to FTC participants and their child(ren)? What trauma services are available to FTC participants and their child(ren)? What trauma services are available to FTC participants and their child(ren)? What trauma services are available to FTC participants and their child(ren)? What trauma services are available to FTC participants and their child(ren)? What trauma services are available to FTC participants and their child(ren)? What trauma services are available to FTC participants and their child(ren)? What trauma services are available to FTC participants and their child(ren)? FTC Cordinator FTC Coordinator Children's needs are identified by a count reports/FTC progress reports/Plan of Safe Care): review for compronents related to meeting of countering children's services change over

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
	Children of participants are connected to a continuum of high-quality services that include prevention and intervention/treatment. Children's services are available to address needs along the following dimensions: physical, cognitive, social, emotional, behavioral, developmental, and therapeutic.	[If not answered]: What types of services are children of FTC participants referred for? Does the team monitor children's/adolescent providers to ensure services are delivered with fidelity? [If yes]: Describe this process.	as described in provision.	Children's service plans change in response to newly identified needs.
61	Complementary Services to Support Caregivers and Family Members FTC clients have access to a comprehensive range of complementary support services such as child care, employment, educational, domestic violence, legal, transportation, food, clothing, housing, medical and dental care. Complementary services are chosen to meet the individual needs of participants and their families. Complementary service needs are identified by formal assessment. Complementary service needs promote engagement/retention in substance use treatment, sustained recovery, and permanency.	What support services are available to participants and their family members? How are decisions to refer participants and their family members to case management services made? What is the purpose of providing these support services?	Document #9 (Child welfare court reports/FTC progress reports/Plan of Safe Care): Documents that case management recommendations are based on the results of a valid/reliable needs assessment.	Participants and their family members are offered support services to address identified unmet needs (e.g., child care, employment, educational, domestic violence, legal, transportation, food, clothing, housing, medical and dental care).

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
6J	Early Intervention Services for Infants and Children Affected by Prenatal Substance Exposure Infants and children under the age of 3 who are experiencing effects of prenatal substance exposure are connected to early intervention services that address the infant's developmental, physical health, social/emotional, and safety needs.	FTC Coordinator What is the process used when an FTC case has an infant affected by prenatal substance exposure? [If not already answered]: What types of services are available for infants of FTC participants who are affected by prenatal substance exposure?	Document #9 (Child welfare court reports/FTC progress reports/Plans of Safe Care): Indicates protocol for children affected by prenatal substance exposure that includes connection to early intervention.	
бК	Substance Use Prevention and Intervention for Children and Adolescents Children of participants have access to services for substance use disorder prevention and early intervention for substance use disorder. These services are culturally appropriate, developmentally appropriate, age appropriate, designed to enhance protective factors, designed to reduce risk factors and are evidence-based.	FTC Coordinator What substance use disorder prevention and early intervention services are available to the children of FTC participants? [If yes]: Are these services culturally appropriate? Developmentally appropriate? Age appropriate? Designed to enhance protective factors and reduce risk factors? Are these services evidence-based and monitored for fidelity?	Document #22 (SUD Prevention EBP Fidelity Review Documentation): Provides evidence that children of participants have access to services for substance use disorder prevention and early intervention for substance use disorder.	

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
			Provides evidence that these services are culturally appropriate, developmentally appropriate, age appropriate, designed to enhance protective factors, designed to reduce risk factors, and evidence-based.	
	Stand	dard 7: Therapeutic Responses to Behavior		
7A	Child and Family Focus	FTC Coordinator		FTC Staffing
	Responses to behavior are made in the child's best interest, do not negatively affect participants, do not negatively affect children, do not negatively affect families, do not interfere with court hearings, and do not interfere with court requirements. Parenting time is not used as an incentive or sanction.	How are decisions about parenting and family time communicated so that they are not perceived as an incentive or sanction? [If not already answered]: Is parenting time used as an incentive or sanction?		Decisions about parenting/family time are made with input from child welfare specialists and based on child's best interests. FTC Hearing Team models strengths orientation & consistency to caregivers.

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
				Team applauds/incentivizes strengths-based, consistent parenting-
				Parenting time is not used as a reward or punishment.
				Team provides incentives that support positive family time and are child-focused (things for, or to do with, children).
7B	Treatment Adjustments	FTC Coordinator		FTC Staffing & FTC Hearing
	Team considers whether non-compliance is due to a therapeutic problem before issuing a sanction. If such a non-compliance issue exists, adjustments in the type of treatment, level of care, and dosage are based on the clinical needs of the participant, including substance use and mental, physical, social or emotional health. Adjustments made in consultation with clinical treatment professionals. Treatment adjustments are not used as incentive	What are some key considerations when a participant is noncompliant? How are adjustments in treatment, including type, level of care, and dosage determined for FTC-referred participants? [If not already answered]: What factors and considerations influence these decisions? [If not answered]: Are treatment adjustments used as an incentive or sanction?		Treatment adjustments are implemented by treatment professionals, in consultation with members of the FTC team. Team members discuss whether non-compliance could be a result of needing a treatment adjustment. Treatment adjustments are not a reward or punishment. Judge discusses treatment
	or sanction.	Treatment		adjustments in a health- and wellbeing-centered way.

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
		How are adjustments in treatment, including type, level of care, and dosage determined for FTC-referred participants? [If not answered]: What factors and considerations influence these decisions?		
7C	Complementary Service Modifications	FTC Coordinator		FTC Staffing
	Team considers whether noncompliance is due to an unavoidable or structural barrier before issuing a sanction. If non-compliance is determined to be due to an unavoidable or structural barrier, the FTC team responds by providing additional complementary supports and services.	How does the FTC respond when participants face compliance barriers such as a lack of transportation, lack of safe housing, or cognitive impairment to compliance?		Team discusses whether non-compliance could be related to the need for a support service modification (e.g., transportation, change in housing). When service needs arise, the team responds by identifying additional supports and services. FTC Hearing Participants are not punished when structural or individual barriers result in non-compliance.

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
7D	FTC Phases	FTC Coordinator	Document #1	
			(P&P Manual):	
	Advancement is based on achievement of	Please describe the phases or milestones	Outlines realistic,	
	realistic, clearly defined behavioral objectives or	for this FTC program.	clearly defined	
	milestones associated with sustained recovery,		behavioral	
	stable reunification, and safety, well-being, and	[If not already answered]: How do	objectives for	
	permanency for children.	participants advance through the	phase/milestone	
		phases or milestones?	advancement.	
	The policy and procedure manual and the			
	participant handbook provide the criteria	Are there any circumstances in which a	Provides the	
	necessary for advancement through the phases	participant would phase up or down in a	criteria necessary	
	and successful discharge.	manner not described in the participant	for successful	
	FTC does not demote participants.	handbook?	discharge.	
	FIC does not demote participants.	[If yes]: Please describe.	Specifies that the	
		[ii yes]. Flease describe.	FTC does not	
		Does the FTC demote participants?	demote	
		parasiparite	participants.	
			AND ²⁴	
			Document #3	
			(Participant	
			Handbook):	
			Outlines realistic,	
			clearly defined	
			behavioral	
			objectives for	
			phase/milestone	
			advancement.	

 $^{^{\}rm 24}$ See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
			Provides the criteria necessary for successful discharge.	
			Specifies that the FTC does not demote participants.	
7E	Incentives and Sanctions to Promote	FTC Coordinator		FTC Staffing
	The FTC develops a range of responses (incentives and sanctions) of varying magnitudes	Please describe the incentives and sanctions used in this FTC.		Team discusses incentives and sanctions.
	that it employs throughout each participant's time in the FTC.	Explain the decision-making process around determining sanctions and incentives.		FTC Hearing
	FTC uses more incentives than sanctions.	[If not already answered]: Does the FTC use more incentives than sanctions?		Judge delivers a variety of incentives and sanctions. Judge uses incentives more often than sanctions.
7F	Equitable Responses	FTC Coordinator		FTC Hearing
	All relevant factors for each participant are considered when recommending sanctions.	What factors influence recommended sanctions? How is this information communicated to the judge?		Responses to participants are of an equivalent magnitude for similar infractions.
	Consequences to any given participant are equivalent to those received by other participants who engage in comparable conduct	Does the FTC keep records of the incentives and sanctions imposed for each participant?		Responses to participants do not differ across race/ethnicity, and gender.

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

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
71	Timely Response Delivery	FTC Coordinator		FTC Hearing
	The FTC team responds to compliant or noncompliant behavior as soon as possible in adherence to FTC policies and procedures to minimize the time from event to response.	How long after a participant's behavior occurs is the behavior therapeutically responded to (e.g., incentive or sanction)? How does the FTC communicate about		Participant behaviors are addressed at the first opportunity.
	The FTC adheres to legal and ethical communication protocols.	participant behavior?		
7J	Opportunity for Participants to be Heard	FTC Coordinator		FTC Hearing
	The FTC gives all participants an opportunity to express their perspectives on their behavior, disagreements about facts, and other relevant issues, and/or ask their attorney or defense representative to do so.	Describe if and how participants are given opportunities to share their side of the story when involved in a controversy or given a sanction.		When there is evidence of non-compliance, participants have an opportunity to confer with an attorney and share their explanation of the behavior with the judge.
7K	Professional Demeanor	FTC Coordinator		FTC Staffing & FTC Hearing
	Operational team's interactions are respectful and professional with the participant, participant's children, family, and other members of the participant's support system.	Give an example in which a participant was either angry or disengaged. How did the team respond?		Team uses person-centered, respectful language when discussing participant needs and progress.
		[If not already answered]: How does the team respond to the participant's children?		FTC Hearing
		[If not already answered]: How does the team respond to the participant's family and other		Team uses participants' and natural supports' names, eye contact with participants, respectful and professional

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
		members of the participant's support system?		tone, and formal and professional language.
7L	Child Safety Interventions	FTC Coordinator		FTC Staffing
	Appropriate child safety interventions, placement, and parenting time changes are made based on safety, well-being, and permanency indicators. Child welfare workers are responsible for ensuring child safety and may not delegate that responsibility.	What factors influence child safety interventions, including placement and parenting time changes? Who makes decisions about changes in visitations, custody, and child placement?		Decisions about parenting/family time are made with input from child welfare specialists and based on child's best interests. Changes in placement are based on the best interest of the child(ren) and safety, wellbeing, and permanency indicators.
7M	Use of Addictive or Intoxicating Substances Medical experts determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether safe alternatives are available. Use of nonmedically-indicated intoxicating or addictive substances (e.g., alcohol, cannabis, prescription medications) is addressed, regardless of the substance's licit/illicit status.		Document #2 (FTC Prescription Policy): States that medical experts determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether safe alternatives are available.	PTC Staffing Decisions regarding prescription medications are made only by doctors or medical experts. FTC Staffing & FTC Hearing Regardless of whether the substance is legal or illegal, substance use behaviors are treated the same.

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
			Addresses use of nonmedically-indicated intoxicating or addictive substances (e.g., alcohol, cannabis, prescription medications), regardless of the substance's licit/illicit status.	
7N	FTC Discharge Decisions Agreed-upon criteria provide a framework to determine the appropriate discharge for each participant in its policies and procedures manual and participant handbook.	FTC Coordinator Are there ever instances where a participant's discharge decision differs from that described in the Participant Handbook? [If yes]: Please explain.	Document #1 (P&P Manual): Provides the criteria necessary for successful discharge. AND ²⁵ Document #3 (Participant Handbook): Provides the	
			criteria necessary for successful discharge.	

 $^{^{\}rm 25}$ See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
		Standard 8: Monitoring and Evaluation		
8A ²⁶	An electronic database stores information about participant demographic characteristics, participant performance, participant needs, substance use treatments, mental health treatments, recovery supports, reunification supports, criminal justice involvement, child needs, services provided to children, other parent/caregiver needs, family needs, services provided to family members, child welfare court action (e.g., trial reunification), child welfare court processes (e.g., continuance), child welfare indicators (e.g., reunification), child well-being indicators (e.g., assessment findings), caregiver well-being indicators (e.g., assessment findings), family well-being indicators (assessment findings), and long-term outcomes (e.g., reentry).	FTC Coordinator Does the FTC maintain its own data system? [If yes]: When (how frequently) does data entry into the FTC system occur? [If yes]: What data does the FTC collect? [If not answered]: What specific variables do the FTC track throughout a participant's involvement in the FTC?	Document #12 (Data Report/ Summary): Provides information on participant demographic characteristics, participant performance, participant needs, substance use treatments, mental health treatments, recovery supports, reunification supports, criminal justice involvement, child needs, services provided to children, other parent/caregiver needs, family	

²⁶ See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
			needs, services	
			provided to family	
			members, child	
			welfare court	
			actions (e.g., trial	
			reunification),	
			child welfare	
			court processes	
			(e.g.,	
			continuance),	
			child welfare	
			indicators (e.g.,	
			reunification),	
			child well-being	
			indicators (e.g.,	
			assessment	
			findings),	
			caregiver well-	
			being (e.g.,	
			assessment	
			findings), family	
			well-being	
			indicators (e.g.,	
			assessment	
			findings), and	
			long-term	
			outcomes (e.g.,	
			reentry).	
8B	Engage in Process of Continuous Quality	FTC Coordinator	Document #12	
	Improvement		(Data Report/	
		When does data entry occur?	Summary):	

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
	Assessed with Interview ²⁷ :		Provides	
	Data entry occurs within 48 hours of each	What happens with the data that are	information on	
	activity/event.	collected?	participant	
			demographic	
	Data are routinely monitored for quality	[If not answered]: Does the team	characteristics,	
	assurance.	view data summaries or reports?	participant	
			performance,	
	Data summaries provide real-time information on	[If yes]: What type of	participant needs,	
	participants, processes, and outcome measures.	information do these	substance use	
		summaries cover?	treatments,	
	Data summaries inform policy setting,		mental health	
	sustainability efforts, and quality improvement	Does the steering and/or oversight	treatments,	
	efforts.	committee view data summaries or	recovery supports,	
		reports?	reunification	
	Policies, procedures, and outcomes are evaluated		supports, criminal	
	annually.	[If yes]: What does the	justice	
		steering and/or oversight	involvement, child	
	After this review, action plan is developed to	committee do with this	needs, services	
	address challenges, incorporate best practices,	information?	provided to	
	and improve outcomes.		children, other	
		How often are policies, procedures, and	parent/caregiver	
	Assessed with Document Review:	outcomes evaluated?	needs, family	
	Data summaries provide real-time information on		needs, services	
	participant, process, and outcome measures that	[If not answered]: How is the data	provided to family	
	inform policy setting, sustainability and quality	used to improve policies and	members, child	
	improvement efforts.	practices?	welfare court	
			actions (e.g., trial	
			reunification),	
			child welfare	
			court processes	

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 $^{^{\}rm 27}$ This is a "split provision." See section 8.2 of the Site Visit Guide.

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
			(e.g., continuance), child welfare indicators (e.g., reunification), child well-being indicators (e.g., assessment findings), caregiver well-being (e.g., assessment findings), family well-being indicators (e.g., assessment findings), and long-term outcomes (e.g., reentry).	
8C	Evaluate Adherence to Best Practices FTC adheres to best practice standards.	FTC Coordinator How does the FTC monitor its adherence to	Document #11 (FTC Best Practices Review	
		best practice standards?	Report): Documents adherence to best practice standards.	
8D	Use of Rigorous Evaluation Methods	FTC Coordinator	Document #13 (Evaluation	

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

Appendix A: Interview – FTC Coordinator

Provision Number	Provision & Key Concepts	Interview Q	Notes	Rating
		Standard 1: Organization & Structure		
1A	Multidisciplinary & Multisystemic Collaborative Approach	Who are the administrators, or organizational executives, that oversee the FTC?		
	There is coordination and collaboration in setting policy between the FTC and the child welfare system, substance use treatment system, mental health system, , children's services system, and related health, education, and social service systems. The involved executives collaborate to ensure that the FTC's structures and operations adhere to the mandates of each system to improve outcomes across systems.	[If respondent provides individual executives' names]: What systems do these executives represent? How effectively do these interdisciplinary partners collaborate in developing policy and implementing the FTC operations?		

Provision Number	Provision & Key Concepts	Interview Q	Notes	Rating
1B	Partnerships, Community Resources & Support	What partnerships make up the FTC?		
18	There is coordination and collaboration in supporting service access between the FTC and the child welfare system, substance use treatment system, mental health system, children's services system, related health systems, related education systems, and related social services systems.	In what ways do FTC partners contribute to serving FTC-involved families?		

Governance Structure FTC governance structure includes oversight/executive body, steering committee, and operational team. The oversight/executive body includes executive-level representatives from the child welfare court system, all partner organizations, and other community leadership/elected officials. The steering committee includes supervisory-level staff of all partner organizations. Roles, responsibilities, and communication among each of the three governance committees are clearly defined. Roles of the three governance committees are clearly defined. Boos the FTC have an oversight/executive committee, and operational team? Does the FTC have an oversight/executive committee, and operational team? [If the respondent mentions and operational team? Who is a part of the executive/oversight committee comprised of partner organization leadership (the "top tier" committee)? [If the respondent mentions and steering committee but doesn't say who it includes, ask]: Who is a part of the community-level committee comprised of partner organizations (the "tier two" committee)? What are the roles and responsibilities of each committee?	Provision	Provision & Key Concepts	Interview Q	Notes	Rating
	Number 1D	Governance Structure FTC governance structure includes oversight/executive body, steering committee, and operational team. The oversight/executive body includes executive-level representatives from the child welfare court system, all partner organizations, and other community leadership/elected officials. The steering committee includes supervisory-level staff of all partner organizations. Roles, responsibilities, and communication among each of the three governance committees	Does the FTC have an oversight/executive committee, steering committee, and operational team? [If the respondent mentions an oversight/executive committee but doesn't say who it includes, ask]: Who is a part of the executive/oversight committee comprised of partner organization leadership and other community leadership (the "top tier" committee)? [If the respondent mentions a steering committee but doesn't say who it includes, ask]: Who is a part of the community-level committee comprised of partner organizations (the "tier two" committee)?	Notes	Kating

Provision Number	Provision & Key Concepts	Interview Q	Notes	Rating
1E	Shared Mission & Vision	Does the FTC have vision and mission		
		statements?		
	The vision and mission statements exist.			
		[If yes]: Who developed the vision		
	The vision and mission statements were	and mission statements?		
	collaboratively developed by partner			
	organizations.	[If yes]: How were the vision and		
		mission statements developed?		
	The vision and mission statements were			
	developed to reflect each system's values, jointly			
	identify measurable goals and objectives.			

Provision Number	Provision & Key Concepts	Interview Q	Notes	Rating
1F	Communication & Information Sharing	What is the FTC team's method of		
	3	communication in between		
	Team shares case information in a timely manner using email.	staffings/hearings?		
		What type of information is being shared		
	Team shares information with each other on participant behavior, caregiver progress, child	among the FTC team?		
	progress, and family progress.	Why is information being shared among the FTC team?		
	Purpose of information sharing is to support recovery and family reunification efforts, monitor progress, and review and respond to participant behavior.			

Provision Number	Provision & Key Concepts	Interview Q	Notes	Rating
1G	Cross-Training & Interdisciplinary Education	What kind of training did team members complete in the last 12 months?		
	FTC has a training and education plan.			
		[If not already answered]: Does your FTC		
	Training and education for FTC operational team includes onboarding/orientation training, annual	have a training/education plan for team members?		
	cross-training, and ongoing interdisciplinary education.	[If yes]: What does the		
	education.	[If yes]: What does the training/education plan involve?		
		training/education plan involves		
		[If not already answered]: What is your		
		orientation process for new FTC team		
		members?		
		[If not already answered]: Does the FTC		
		provide education or training to other		
		committees or levels within the FTC		
		governance structure?		
		[If yes]: What does this involve?		
		[If not already answered]: What is your		
		orientation process for new members to		
		governance structure committees or levels?		
		0		
		[If not already answered]: Do the FTC team		
		members provide education or training to		
		community partners?		
		[If yes]: What does this involve?		

Provision Number	Provision & Key Concepts	Interview Q	Notes	Rating
1H	Family-Centered, Culturally-Relevant, and Trauma-Informed Approach ²⁸	Do FTC team members focus on the whole family?		
	Daily operations and interactions reflect a family centered approach, meaning the staff addresses the needs of the entire family, a culturally	Do FTC team members use culturally relevant approaches?		
	relevant approach, meaning the staff are alert to culturally relevant factors, and trauma informed approach, meaning staff recognize and respond to signs and symptoms of trauma.	Do FTC team members recognize and respond to trauma?		
	S , 1			

 $^{^{\}rm 28}$ See section 2.2 of the Site Visit Guide for definitions of special terminology.

Provision Number	Provision & Key Concepts	Interview Q	Notes	Rating
	Policy & Procedure Manual FTC has a P&P manual. All team members are familiar with the policies and procedures of the FTC.	Interview Q Does the FTC have a policies & procedures manual? [If yes]: Do all team members have a current copy of the P&P manual? [If yes]: Are all team members familiar with its contents?	Notes	Rating

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

		Standard 2: Role of the Judge	
2A	Convening Partners The judge convenes the operational team, steering committee, and executive committee. During these convenings, the judge guides the operational team in the development of ongoing operations and actualization of the FTC's mission and vision, implementation of ongoing operations and actualization of the FTC's mission and vision, and management of ongoing operations and actualization of the FTC's mission and vision.	Describe the judge's role with regards to the operational team, steering committee and oversight committees. Describe the judge's role in maintaining and developing relationships with community partners.	

2B	Judicial Decision Making	Who makes the final decisions about court-	
		ordered responses to participants?	
	The judge makes the final decision about the		
	court-ordered response.		

2C	Participation in Pre-Court Staffings	How often does the FTC judge participate in pre-court staffing?	
	The FTC judge consistently attends pre-court		
	staffing to discuss participant progress, updates, and behaviors.	[If the respondent's answer is not clear]: Always, most of the time, about half of the time, infrequently,	
	The FTC judge discusses participant progress, updates, and behaviors.	or never?	
		[If the judge attends staffings]:	
		During pre-court staffings, what	
		discussions is the judge involved in?	

Interaction with Participants	Describe a typical exchange between a		
	judge and a participant.		
At FTC hearings, judge spends a minimum of			
three minutes talking to each participant.	[If not answered]: How long is a typical exchange?		
Judge responds to the participant's behavior and			
provides a rationale for these responses.	<pre>[If not clear]: What is discussed during a typical exchange?</pre>		
Judge reinforces the treatment adjustments and	0 /1		
responses to behaviors.	[If not answered]: Describe the dynamic between the judge and the participant.		
Judge encourages the participant to discuss his or			
her progress, progress the children are making,			
activities to enhance parenting skills, and			
parenting challenges or unmet needs.			
Judge emphasizes participant strengths and the			
importance of the participant's continued			
engagement in treatment and services.			
Judge is engaging, supportive, and encouraging,			
and works to build rapport with the participant.			
	At FTC hearings, judge spends a minimum of three minutes talking to each participant. Judge responds to the participant's behavior and provides a rationale for these responses. Judge reinforces the treatment adjustments and responses to behaviors. Judge encourages the participant to discuss his or her progress, progress the children are making, activities to enhance parenting skills, and parenting challenges or unmet needs. Judge emphasizes participant strengths and the importance of the participant's continued engagement in treatment and services.	At FTC hearings, judge spends a minimum of three minutes talking to each participant. Judge responds to the participant's behavior and provides a rationale for these responses. Judge reinforces the treatment adjustments and responses to behaviors. Judge encourages the participant to discuss his or her progress, progress the children are making, activities to enhance parenting skills, and parenting challenges or unmet needs. Judge emphasizes participant strengths and the importance of the participant's continued engagement in treatment and services. Judge is engaging, supportive, and encouraging,	Judge responds to the participant's behavior and provides a rationale for these responses. Judge reinforces the treatment adjustments and responses to behaviors. Judge encourages the participant to discuss his or her progress, progress the children are making, activities to enhance parenting skills, and parenting challenges or unmet needs. Judge emphasizes participant strengths and the importance of the participant's continued engagement in treatment and services. Judge is engaging, supportive, and encouraging,

2E	Professional Training	Has the FTC judge had training on mental	
		health? Substance use disorders? Child	
	The FTC judge obtains training on mental health,	welfare? Legal and constitutional issues	
	substance use disorders, child welfare, and legal and constitutional issues related to FTCs.	related to FTCs?	
		Has the FTC judge attended a training	
	The FTC judge attends annual training	conference or workshop on best practices	
	conferences and workshops.	or trends in FTCs in the last 12 months?	
	The FTC judge attends training with other operational team members to assure crosstraining.	Has the judge attended a training with other operational team members?	

2F	Length of Judicial Assignment to FTC The FTC judge presides over the FTC for at least two consecutive years.	What month and year did the current judge begin his/her term presiding over the FTC? How long will the judge be on the bench?	

		Standard 3: Equity and Inclusion	
3A ²⁹	Equitable FTC Program Admission Practices The FTC annually examines its eligibility criteria, screening, referral, entry, and assessment processes. Review of eligibility criteria and processes aims to identify and correct any disproportionality in access.	Standard 3: Equity and Inclusion Have the screening, referral, entry, and assessment processes been reviewed by the team since the FTC's inception? [If yes]: How often did these reviews occur? [If yes]: What was the purpose of these reviews? [IF answer unclear]: What data was used during these reviews?	

²⁹ See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

3B ⁸	Equitable FTC Retention Rates and Child Welfare Outcomes	and child welfare outcomes across different groups? For example, different	
	FTC acts strategically to achieve equivalent or better outcomes for historically marginalized groups compared to the overall child welfare system population.	races/ethnicities, languages, and family types? [If yes]: What did you find?	
	FTC examines equity for the following outcomes: participation, engagement, successful discharge,	[If disparity found]: What was done to address this disparity?	
	permanency and well-being.		

3C ⁸	Equitable Treatment Treatment for FTC participants is Family-centered, gender-responsive, trauma-informed, and linguistically and culturally appropriate ³⁰ Treatment for FTC participants matches the intensity, dosage, and quality consistent with the needs and preferences of the individual and family. FTC ensures equivalent outcomes across groups.	How does the FTC match treatment with the needs and preferences of a client and their family? Has the FTC examined its treatment experiences and outcomes across different groups? For example, different races/ethnicities, languages, and family types? [If yes]: What did you find? [If disparity found]: What was done to address this disparity?		
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 $^{^{\}rm 30}$ See section 2.2 of the Site Visit Guide for definitions of special terminology.

3D ³¹	Equitable Responses to Participant Behavior FTC administers equitable responses across groups.	Are responses to participant behavior the same across different groups? For example, different races/ethnicities, languages, and family types?	
	Responses to participant behavior are administered using principles of procedural fairness, being free from bias or apprehension of bias from the decision maker. Decision is rational or based on evidence that is logically capable of supporting the facts providing people likely to be adversely affected by decisions an opportunity to present their case and have their response taken into consideration before a decision is made. Responses are regularly monitored to ensure that they are equivalent in similar situations across groups	[If no]: How are they different? What philosophy or principles guide responses to participant behavior? Has the FTC examined its responses to participant behavior across different groups? For example, different races/ethnicities, languages, and family types? [If yes]: What did you find? [If disparity found]: What was done to address this disparity?	

³¹ See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

3E	Team Training	Does the FTC provide training on culture	
50	ream training		
		and culturally-relevant services and	
	The FTC provides training on culturally relevant	supports to its operational team and	
	services and supports to its operational team and	partners?	
	partners.		
		[If yes]: What does this training	
		entail?	

	Standard 4	4: Early Identification, Screening, and Assessm	ent	
4A	Target Population, Objective Eligibility and Exclusion Criteria	Who does the FTC target for inclusion?		
	FTC targets families that are high risk/high need, meaning they require intensive services,	What is the eligibility criteria for program participation?		
	increased support and monitoring, and judicial oversight to comply with child welfare system	What is the exclusion criteria for program participation?		
	case plan, complete substance use disorder treatment, and safely reunify with children.	Is FTC program eligibility/exclusion criteria communicated to referral sources?		
	The high risk/high need target population is defined in the FTC's objective eligibility and exclusion criteria.	[If yes]: How is this information communicated?		
	FTC communicates eligibility criteria in writing to all referral sources.	To what extent does the FTC consider		
	FTCs do not make eligibility determinations based	subjective suitability when making eligibility/exclusion determinations?		
	on subjective criteria.			

4B ³²	Standardized and Systematic Referral,	Describe the process by which potential	
	Screening, and Assessment Process	participants are identified and referred to	
	3,	the FTC.	
	The FTC uses processes for referring, screening,		
	and assessing.	Describe the process by which potential	
		participants are assessed for the FTC.	
	These processes for referral, screening, and		
	assessing FTC participants are agreed upon,	[If response is unclear]: What	
	standardized, and systematic.	happens when the FTC receives a	
		referral?	
	These standardized referral, screening, and		
	assessment processes apply to caregivers,	[If response is unclear]: Do all	
	children, and families.	referral sources follow the same	
		process for making referrals?	
	Referral sources are trained in when to		
	appropriately refer their participants.	[If response is unclear]: Do all	
		referrals follow the same screening	
		and assessment process?	
		[If response is unclear]: Do all	
		partners agree upon and use the	
		same referral, screening and	
		assessment processes?	
		[If response is unclear]: Who do	
		these referral, screening, and	
		assessment processes apply to?	
		assessment processes apply to:	
		Are all referral sources trained in the FTC	
		referral processes?	

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

4C	Use of Valid and Reliable Screening and Assessment for Caregivers and Families	How are decisions made about program eligibility?	
	Valid and reliable instruments ³³ used to screen and assess caregivers/families referred to FTC for program eligibility, case planning for children, caregivers, and family members, appropriate treatment level of care, and complementary	[If answer is unclear]: Is an assessment instrument used? If yes, what assessment instrument? How are case or service plans developed?	
	services.	[If response is unclear]: Are assessment instruments used? If yes, what assessment instruments?	
		[If not answered with service plan question]: How are decisions made about substance use treatment level of care? What assessment instruments are used?	
		[If not answered with service plan question]: How are decisions made about complementary services? What assessment instruments are used?	

³³ For information on determining whether a screening/assessment instrument is validated, see Appendix G of the Site Visit Guide.

4D	Use of Valid, Reliable, and Developmentally Appropriate Screening and Assessment for Children ³⁴	Are children of FTC participants screened or assessed at the beginning of their involvement in the FTC?	
	Children of FTC participants are assessed within a standardized time frame. Children of FTC participants are assessed using validated and developmentally appropriate instruments. Child assessments reoccur at developmentally appropriate intervals.	[If yes]: Describe this process. [If response is unclear]: What are they assessed for? What instruments are used? During their case, are children re-assessed at any point? [If yes]: Describe this process. [If response is unclear]: What are they re-assessed for? What instruments are used?	

³⁴ For information on determining whether a screening/assessment instrument is validated, see Appendix G of the Site Visit Guide.

4E	Identification and Resolution of Barriers to Recovery and Reunification The FTC systematically monitors community-based barriers to obtaining services or progressing toward goals for participants, children, and families.	Describe the process(es) used to identify and address community-based barriers (e.g., transportation, barriers to parenting time) to participant progress.	

	Standard 5: Timely, Hig	h-Quality, and Appropriate Substance Use Disorder Treatment	
5A ³⁵	Timely Access to Appropriate Treatment	How does the FTC program ensure that	
		participants access treatment as quickly as	
	Protocols and practices ensure timely access to	possible?	
	an appropriate substance use treatment.		
		[If response is unclear]: Does the	
	Time between case opening and treatment entry	FTC track time between case	
	is tracked as a routine process measure.	opening and SUD treatment entry?	
		Does the FTC use that information	
		to strategize improvements in	
		timely treatment access?	

³⁵ See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

5B*	Treatment Matches Assessed Need	Describe the process of SUD treatment	
		level-of-care referral or placement.	
	Level of care assessment is conducted by a		
	qualified treatment provider.	[If response is unclear]: How often	
		are FTC-referred participants re-	
	Treatment is adjusted based on ongoing formal	assessed for SUD treatment need	
	reassessments to meet participants' clinical	during their program participation?	
	needs.		
		[If reassessments occur]: What is	
		the purpose of these re-	
		assessments?	

5C ³⁶	Comprehensive Continuum of Core	What levels of substance use treatment do	
30-3	Comprehensive Continuum of Care		
		FTC-referred participants have access to?	
	Participants have access to a continuum of		
	substance use treatment that includes the	How long are participants in SUD	
	following levels of care: outpatient treatment,	treatment?	
	intensive outpatient, partial hospitalization,		
	residential/inpatient treatment, and/or medical	[If no mention of aftercare already]: Are	
	detox.	aftercare services available to FTC-referred	
		participants? If so, can you describe the	
	Medication management is available at each level	aftercare services?	
	of care.		
	Each participant's SUD treatment dosage and		
	duration are sufficient to achieve and sustain		
	recovery.		
	recovery.		
	After acute SUD treatment no longer required,		
	participants engage in continuing care to		
	maintain stable health and recovery.		

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

5D	Integrated Treatment of Co-Occurring Substance	What services are provided to FTC-referred	
	Use and Mental Health Disorders	participants who have co-occurring	
	Ose and Mental Health Disorders	substance use and mental health disorders?	
		Substance use and mental health disorders:	
	Integrated treatment plans address the needs of		
	participants who have co-occurring substance use		
	and mental health disorders in a coordinated		
	manner.		

5E	Family-Centered Treatment ³⁷	Describe how the needs of family members	
		are addressed when crafting a treatment	
	SUD treatment is comprehensive and family-	plan for an FTC-referred participant.	
	centered because it meets caregivers' needs,		
	meets children's and family members' needs,	[If not answered]: Are participants' children	
	addresses effects of participant substance use	permitted to reside with them in residential	
	disorder on family, permits children to stay in residential with caregivers.	treatment?	

 $^{^{}m 37}$ See section 2.2 of the Site Visit Guide for definitions of special terminology.

5G	Treatment for Pregnant Women	What services and supports are available to pregnant FTC participants?	
	FTC protocol and practices identify the unique		
	needs of pregnant participants.	[If not already answered]: Does the FTC provide or coordinate MAT treatment for	
	FTC provides treatment and other services to meet these women's needs including, substance use treatment interventions that include MAT	pregnant women who have an opioid use disorder?	
	when clinically indicated and integrated prenatal, perinatal, and postnatal medical care.	[If not already answered]: Does the FTC coordinate with pre- and post-natal medical care?	

5H	Culturally Responsive Treatment ³⁸	What does the FTC do in terms of treatment referrals for participants with different	
	The services and practices of the FTC SUD treatment providers are respectful of and responsive to the cultural and linguistic needs of FTC participants.	cultural and/or linguistic needs?	

 $^{^{\}rm 38}$ See section 2.2 of the Site Visit Guide for definitions of special terminology.

51	Evidence-Based Manualized Treatment ³⁹ Substance use treatment agencies that partner with the FTC provide evidence-based, manualized treatments. For these agencies, fidelity to the evidence-based, manualized treatments model is assessed on a regular basis. To ensure continuing fidelity to the model, substance use treatment providers are trained, certified (when applicable), and clinically supervised.	What evidence-based, manualized treatments are used with FTC-referred caregivers, children, and families? How frequently is model fidelity assessed for these evidence-based treatments? What training and/or certification do clinicians delivering evidence-based interventions with FTC-referred participants undergo?	

 $^{^{39}}$ For information on determining whether a treatment is evidence-based, see Appendix G of the Site Visit Guide.

5J	Medication-Assisted Treatment (MAT)	Are individuals using MAT excluded from the FTC program?	
	FTC does not exclude individuals using or		
	considering MAT from FTC program.	How is it determined that a participant is eligible/appropriate to receive MAT?	
	FTC participants receive MAT for substance use		
	disorders based on an objective determination by	How are cases handled in which MAT is	
	a qualified medical provider that MAT is	recommended to an FTC-referred	
	medically indicated.	participant but the participant does not	
	ETC doos not mandata MAT	want to use it?	
	FTC does not mandate MAT.		

5K	Alcohol and Other Drug Testing Protocols	How does the FTC monitor participants' use	
SK	Alcohol and Other Drug Testing Protocols		
		of substances throughout their FTC	
	Standardized drug testing protocol specifies the	participation?	
	frequency (a minimum of two times per week),		
	scheduling, randomization procedures,	[If not already answered] Describe drug	
	observation, duration, and breadth of testing.	testing procedures used with FTC	
		participants.	
	The purpose of drug testing protocol is to		
	monitor participants' use of illicit and licit	[If not already answered] Is drug testing	
	substances; outline processes for confirmation,	random? Is drug testing observed? Is drug	
	notification, and dissemination of test results.	tested completed at least 2x weekly?	
	notineation, and dissemination of test results.	tested completed at least 2x weekly:	
		[If not already answered] Do participants	
		[If not already answered] Do participants	
		have an equal chance of getting tested	
		every day, even on weekends and holidays?	
		What are the purposes of the drug testing	
		protocol?	

5L	Treatment Provider Qualifications	Are all treatment providers that the FTC	
		refers participants to licensed or otherwise	
	The FTC's partner treatment providers are	certified?	
	licensed, certified, or accredited.		

4	Intensive Case Management and Coordinated	Describe the FTC's approach to case	
	Case Planning	management with program participants and	
		their families.	
	Participants are provided intensive supportive		
	case management, including a coordinated case	[If not already answered]: Does the FTC	
	plan (or a set of case plans) that is based on	case plan (or set of case plans) include the	
	reliable and valid needs assessments, is	child welfare dispositional order and	
	systematically monitored to ensure that all family	treatment recommendations?	
	members receive services to meet their needs.		

6B	Family Involvement in Case Planning FTC operational team's approach to case planning is family-centered, culturally responsive ⁴⁰ , and strengths-based.	What is the FTC team's approach to case planning? For a typical case, to what extent are children, caregivers, and family members	
	While case planning, FTC team actively involves children, caregivers, and family members (as appropriate) in identifying needs and strengths, making decisions about treatment, setting goals,	involved in case planning? [If not already answered]: What does this involvement entail?	
	and achieving desired outcomes.		

 $^{^{\}rm 40}$ See section 2.2 of the Site Visit Guide for definitions of special terminology.

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

6D	High-Quality Parenting Time (Also Called Visitation)	Describe visitations, or parenting time, in the FTC.	
	FTC participants and their children receive parenting time that is high quality, well-resourced, face-to-face.	How frequently does visitation typically occur for children under the age of 1?	
		For children aged 1-5?	
	Minimum caregiver visitations by child age are as follows:	For children aged 6-12?	
	Under age 1 (3-5x week for 60 min.) Age 1-2 (2-4x week for 60 min.)	For children aged 13 or older?	
	Age 2-5 (2-4x week for 60 min.) Age 6-12 (1-3x week for 60 min.)	For siblings?	
	Age 13+ (1-2x week for 60 min)	How frequently does visitation typically occur for siblings?	
	Minimum sibling visitations are 1x week for 60		
	min.	Who facilitates supervised visitations?	
	When needed, trained individuals facilitate supervised visitation as caregivers work to achieve unsupervised time.	[If someone facilitates supervised visitations]: What, if any, training do individuals receive to facilitate supervised visitation?	

6E	Parenting and Family-Strengthening Programs All evidenced-based interventions ⁴¹ are characterized by including caregiver-child interaction component (in which caregivers and children attend sessions together), are culturally appropriate, are designed to meet the needs of families affected by parental substance use disorder and co-occurring additional risk factors. FTC team matches interventions to the needs of each child, parent, and family.	What parenting or family-strengthening programs are offered to FTC/FTC-referred participants? [If one or more programs are identified]: What are the components of the parenting and family-strengthening interventions? [If not already answered]: Do caregivers and children interact as a part of the intervention/program? How does the team determine who is referred to the family interventions/programs?	

⁴¹ For information on determining whether a treatment is evidence-based, see Appendix G of the Site Visit Guide.

6F	Reunification and Related Supports FTC participants and their families receive reunification and related supports.	What reunification supports are available to FTC participants and their families? For how long are reunification supports available to participants after reuniting?	

6G	Trauma-Specific Services for Children and Caregivers	What trauma services are available to FTC participants and their child(ren)?	
60			

6H	Services to Meet Children's Individual Needs	Describe the process of identifying and referring children and adolescents to	
	Children's needs are identified by a	services.	
	comprehensive assessment. Operational team	[If not answered]: How do children's service	
	matches developmentally appropriate services to the child's identified needs.	plans change over time?	
		[If not answered]: What types of services	
	Children of participants are connected to a	are children of FTC participants referred	
	continuum of high-quality services that include prevention and intervention/treatment.	for?	
	prevention and intervention/treatment.		
	Children's services are available to address needs		
	along the following dimensions: physical,		
	cognitive, social, emotional, behavioral,		
	developmental, and therapeutic		
	Operational team monitors children's services		
	providers so that services are delivered with		
	fidelity.		

61	Complementary Services to Support Caregivers and Family Members	What support services are available to participants and their family members?	
	FTC clients have access to a comprehensive range of complementary support services such as child care, employment, educational, domestic violence, legal, transportation, food, clothing, housing, medical and dental care. Complementary services are chosen to meet the individual needs of participants and their families. Complementary service needs are identified by formal assessment. Complementary service needs promote engagement/retention in substance use treatment, sustained recovery, permanency.	How are decisions to refer participants and their family members to case management services made? What is the purpose of providing these support services?	

6J	Early Intervention Services for Infants and	What is the process used when an FTC case	
	Children Affected by Prenatal Substance	has an infant affected by prenatal	
	Exposure	substance exposure?	
	-		

6K	Substance Use Prevention and Intervention for	What substance use disorder prevention	
	Children and Adolescents	and early intervention services are available	
		to the children of FTC participants?	
	Children of participants have access to services		
	for substance use disorder prevention and early	[If yes]: Are these services culturally	
	intervention for substance use disorder. These	appropriate?	
	services are culturally appropriate,	Developmentally appropriate?	
	developmentally appropriate, age appropriate,	Age appropriate?	
	designed to enhance protective factors, designed	Designed to enhance protective	
	to reduce risk factors, evidence-based 42.	factors and reduce risk factors?	
		Are these services evidence-based and	
		monitored for fidelity?	

⁴² For information on determining whether a treatment is evidence-based, see Appendix G of the Site Visit Guide.

 Star	ndard 7: Therapeutic Responses to Behavior	
Child and Family Focus	How are decisions about parenting and	
	family time communicated so that they are	
Responses to behavior are made in child's best interest. Responses do not negatively affect	not perceived as an incentive or sanction?	
participants, do not negatively affect children, do	What factors and considerations influence	
not negatively affect families, do not interfere with court hearings, do not interfere with court	decisions about parenting time?	
requirements.	[If not already answered]: Is parenting time used as an incentive or sanction?	
Parenting time is not used as an incentive or		
sanction.		

7B	Treatment Adjustments	What are some key considerations when a	
'	Treatment Adjustments	participant is noncompliant?	
	Team considers whether non-compliance is due		
	•	Here are a director onto in two stores onto	
	to a therapeutic problem before issuing a	How are adjustments in treatment,	
	sanction.	including type, level of care, and dosage	
		determined for FTC-referred participants?	
	If such a non-compliance sue exists, adjustments		
	in the type of treatment, level of care, and	[If not already answered]: What	
	dosage are based on the clinical needs of the	factors and considerations	
	participant, including substance use and mental,	influence treatment adjustment	
	physical, social, or emotional health.	decisions?	
	Adjustments made in consultation with clinical	[If not already answered]: Are	
	treatment professionals.	treatment adjustments used as an	
	a carment professionals	incentive or sanction?	
	Treatment adjustments are not used as incentive	meentive of sufficient:	
	or sanction.		
	of sanction.		

7C	Complementary Support Service Modifications Team considers whether noncompliance is due to an unavoidable or structural barrier before issuing a sanction. If non-compliance is determined to be due to an unavoidable or structural barrier, the FTC team responds by providing additional complementary supports and services.	How does the FTC respond when participants face compliance barriers such as a lack of transportation, lack of safe housing, or cognitive impairment to compliance?	

70	FTC Phases	Diagon describe the inherence or walls at a re-		
7D	FTC Phases	Please describe the phases or milestones		
		for this FTC program.		
	Advancement through FTC phases is based on			
	achievement of realistic, clearly defined	[If not already answered]: How do		
	behavioral objectives or milestones associated	participants advance through the		
	with sustained recovery, stable reunification, and	phases or milestones?		
	safety, well-being, and permanency for children.	pridate or immediate		
	Surety, wen being, and permanency for emarch.	Are there any circumstances in which a		
	The policy and procedure manual and the	1		
	The policy and procedure manual and the	participant would phase up or down in a		
	participant handbook provide the criteria	manner not described in the participant		
	necessary for advancement through the phases	handbook?		
	and successful discharge.			
		[If yes]: Please describe.		
	FTC does not demote participants.			
		Does the FTC demote participants?		
		· ·		
L	<u> </u>	<u> </u>	I	

7E	Incentives and Sanctions to Promote Engagement	Please describe the incentives and sanctions used in this FTC.	
	The FTC develops a range of responses (incentives and sanctions) of varying magnitudes that it employs throughout each participant's time in the FTC. FTC uses more incentives than sanctions.	Explain the decision-making process around determining sanctions and incentives. [If not already answered]: Does the FTC use more incentives than sanctions?	

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

7G	Certainty	Describe the processes used by the FTC to	
		determine whether a participant is	
	The operational team reliably detects and	compliant.	
	responds consistently to all participant behaviors		
	listed in the FTC policies and procedures manual.		

7H	Advance Notice The FTC notifies participants in advance of the behaviors required for successful participation.	Are there instances in which responses to participant behavior deviate from that described in the Participant Handbook? [If yes]: Please describe.	

71	Timely Response Delivery	How long after a participant's behavior occurs is the behavior therapeutically	
	The FTC team responds to compliant or	responded to (e.g., incentive or sanction)?	
	noncompliant behavior as soon as possible in adherence to FTC policies and procedures to	How does the FTC communicate about	
	minimize the time from event to response. The	participant behavior?	
	FTC adheres to legal and ethical communication protocols.		

7 J	Opportunities for Participants to be Heard	Describe if and how participants are given opportunities to share their side of the	
	The FTC gives all participants an opportunity to express their perspectives on their behavior, disagreements about facts, and other relevant issues, and/or ask their attorney or defense representative to do so.	story when involved in a controversy or given a sanction.	

7K	Professional Demeanor	Give an example in which a participant was either angry or disengaged. How did the	
	Operational team's interactions with the	team respond?	
	participant, participant's children, family, and		
	other members of the participant's support	[If not already answered]: How does the	
	system are respectful and professional.	team respond to the participant's children?	
		[If not already answered]: How does the	
		team respond to the participant's family	
		and other members of the participant's	
		support system?	

7L	Child Safety Interventions	What factors influence child safety	
		interventions, including placement and	
	Appropriate child safety interventions,	parenting time changes?	
	placement, and parenting time changes are made		
	based on safety, well-being, and permanency	Who makes decisions about changes in	
	indicators.	visitations, custody, and child placement?	
		, , ,	
	Child welfare workers are responsible for		
	ensuring child safety and may not delegate that		
	responsibility.		

7N	FTC Discharge Decisions	Are there ever instances where a	
'	i i e biselial ge beelsions	participant's discharge decision differs from	
	Agreed upon criteria provide a framework to		
	Agreed-upon criteria provide a framework to	that described in the Participant Handbook?	
	determine the appropriate discharge for each		
	participant in its policies and procedures manual and participant handbook.	[If yes]: Please explain.	
	and participant namacoom		

Maintaining Data Electronically An electronic database stores information about participant demographic characteristics, participant performance, participant needs. Does the FTC maintain its own data system? [If yes]: When (how frequently) does data entry into the FTC system occur?		Standard 8: Monitoring and Evaluation
participant demographic characteristics, does data entry into the FTC system	8A ⁴³ Maintaining Data Electronically	Does the FTC maintain its own data system?
substance use treatments, mental health treatments, recovery supports, reunification supports, criminal justice involvement, child needs, services provided to children, other parent/caregiver needs, family needs, services provided to family members, child welfare court actions (e.g., trial reunification), child welfare court processes (e.g., continuance), child welfare indicators (e.g., reunification), child well-being indicators (e.g., assessment findings), family well-being indicators (e.g., assessment findings), and long-term outcomes (e.g., reentry).	participant demographic characteristics, participant performance, participant needs, substance use treatments, mental health treatments, recovery supports, reunification supports, criminal justice involvement, child needs, services provided to children, other parent/caregiver needs, family needs, services provided to family members, child welfare court actions (e.g., trial reunification), child welfare court processes (e.g., continuance), child welfare indicators (e.g., reunification), child well-being indicators (e.g., assessment findings), family well-being indicators (e.g., assessment	does data entry into the FTC system occur? [If yes]: What data does the FTC collect?[If not answered]: What specific variables do the FTC track throughout a participant's

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

8B	Continuous Quality Improvement	When does data entry occur?	
	Data entry occurs within 48 hours of each activity/event and data are routinely monitored for quality assurance.	What happens with the data that are collected?	
	, ,	[If not answered]: Does the team view data	
	Data summaries provide real-time information on participants, processes, outcome measures. Data	summaries or reports?	
	summaries inform policy setting, sustainability	[If yes]: What type of information	
	efforts, quality improvement efforts. Policies, procedures, and outcomes are evaluated	do these summaries cover?	
	annually. After this review, action plan is	Does the steering and/or oversight	
	developed to address challenges, incorporate	committee view data summaries or	
	best practices, improve outcomes.	reports?	
		[If yes]: What does the	
		steering/oversight committee do with this information?	
		How often are policies, procedures, and	
		outcomes evaluated?	
		[If not answered]: How is the data used to	
		improve policies and practices?	

8C	Evaluating Adherence to Best Practices	How does the FTC monitor its adherence to	
	FTC adheres to best practice standards.	best practice standards?	

8D	Use of Rigorous Evaluation Methods	How does the FTC conduct evaluations of its practices and outcomes?	
	Rigorous evaluation methods, including the use		
	of comparison groups when feasible and		
	appropriate, are used to address the pertinent evaluation questions.		
	evaluation questions.		

Appendix B: Interview – Treatment

Provision Number	Provision & Key Concepts	Interview Q	Notes	Rating		
	Standard 1: Organization & Structure					
1F	Communication & Information Sharing	How do your providers communicate				
	Team shares case information in a timely manner using email.	information to the FTC team regarding participant behaviors?				
	using ciriali.	What information is shared?				
	Team shares information with each other on participant behavior, caregiver progress, child progress, family progress.					

	Standard 4: Early Identification, Screening, and Assessment			
4C	Use of Valid and Reliable Screening and Assessments for Caregivers and Families	What assessment instruments are used to make substance use disorder (SUD) treatment decisions with FTC clients?		
	Valid and reliable instruments ⁴⁴ are used to screen and assess appropriate treatment level-of-care.			
l				

⁴⁴ For information on determining whether a screening/assessment instrument is validated, see Appendix G of the Site Visit Guide.

	Standard 5: Timely, High-Quality, and Appropriate Substance Use Disorder Treatment			
5A ⁴⁵	Timely Access to Appropriate Substance Use Treatment	How does your agency ensure that FTC participants access treatment as quickly as		
	Protocols and practices ensure timely access to an appropriate substance use treatment.	possible?		

⁴⁵ See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

5B*	Matching Treatment to Assessed Need	Describe the process of SUD treatment level-of-care referral or placement.	
	Level of care assessment is conducted by a	level-of-care referration pracement.	
		[If response is unclear]. How often are ETC	
	qualified treatment provider.	[If response is unclear]: How often are FTC-	
		referred participants re-assessed for SUD	
	Treatment is adjusted based on ongoing formal reassessments to meet participants' clinical	treatment need during their program participation?	
	needs.		
		[If reassessments occur]: What is	
		the purpose of these re-	
		assessments?	

5C ⁴⁶	Comprehensive Continuum of Care	What levels of SUD treatment do FTC-referred participants have access to?	
	Participants have access to a continuum of SUD		
	treatment that includes the following levels of	How long are participants in SUD treatment?	
	care: outpatient treatment, intensive outpatient treatment, partial hospitalization,	treatments	
	residential/inpatient treatment, medical detox.	[If no mention of aftercare already]: Are aftercare services available to FTC-referred	
	Medication management is available at each level	participants? If so, can you describe the	
	of care.	aftercare services?	
	Each participant's SUD treatment dosage and		
	duration are sufficient to achieve and sustain		
	recovery.		
	After acute SUD treatment is no longer required,		
	participants engage in continuing care to maintain stable health and recovery.		
	,		

⁴⁶ See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

5D	Integrated Treatment of Co-Occurring Substance	What services are provided to FTC-referred	
1 20			
	Use and Mental Health Disorders	participants who have co-occurring	
		substance use and mental health disorders?	
	Integrated treatment plans address the needs of		
	participants who have co-occurring substance use	[If specific agency does not offer services	
	and mental health disorders in a coordinated	for co-occurring substance use and mental	
	manner.	health disorders]: Are FTC clients referred	
		elsewhere for treatment that addresses co-	
		occurring substance use and mental health	
		disorders?	
		disorders:	

5E	Family-Centered Treatment ⁴⁷ SUD treatment is comprehensive and family-centered because it meets caregivers' needs, meets children's and family members' needs, addresses effects of participant SUD on family, permits children to stay in residential with caregivers.	Does the treatment center you represent provide family-centered treatment to clients? [If yes]: Describe the family-centered nature of SUD treatment offered to FTC-referred caregivers. [If no]: Are FTC clients referred elsewhere for family-centered treatment? [If not answered]: Are participants' children permitted to reside with them in residential treatment?	

 $^{^{}m 47}$ See section 2.2 of the Site Visit Guide for definitions of special terminology.

5F	Gender-Responsive Treatment ⁴⁸	How often do your providers who work with FTC-referred participants receive	
	Treatment providers are trained in gender-	training related to gender-responsive or	
	responsive treatment.	gender-specific services (e.g., women-centered treatment)?	
	Treatment meets the needs of all genders		
	because it includes gender-specific groups, child care, medical and nutritional interventions.	Does the treatment center you represent provide gender-responsive or gender-specific treatment to participants (e.g., women-centered treatment)?	
		[If yes]: Describe the gender- responsive nature of SUD treatment offered to FTC-referred caregivers.	
		[If no]: Are clients referred elsewhere for gender-responsive treatment?	

 $^{^{\}rm 48}$ See section 2.2 of the Site Visit Guide for definitions of special terminology.

5G	Treatment for Pregnant Women	What services and supports are available to pregnant FTC participants?	
	FTC protocol and practices identify the unique	programmer to participants.	
	needs of pregnant participants. FTC provides	[If not already answered]: Does your agency	
	treatment and other services to meet these	provide or coordinate MAT treatment for	
	women's needs, including substance use	pregnant women who have an opioid use	
	interventions that include MAT when clinically	disorder?	
	indicated.	[If no]: Are pregnant clients	
		referred elsewhere for MAT?	
		referred elsewhere for white	

5H	Culturally Responsive Treatment ⁴⁹	How does your agency respond to the cultural and/or linguistic needs of FTC	
	The services and practices of the FTC substance use treatment providers are respectful of and	participants?	
	responsive to the cultural and linguistic needs of FTC participants.	[If not answered]: Are clients referred elsewhere for culturally and linguistically responsive treatment?	

 $^{^{\}rm 49}$ See section 2.2 of the Site Visit Guide for definitions of special terminology.

51	Substance use treatment agencies that partner with the FTC provide evidence-based, manualized treatments. For these agencies, fidelity to the evidence-based, manualized treatments model is assessed on a regular basis. To ensure continuing fidelity to the model, substance use treatment providers are trained, certified (when applicable), and clinically supervised.	What evidence-based, manualized treatments are used with FTC-referred caregivers, children, and families? How frequently is model fidelity assessed for these evidence-based treatments? What training and/or certification do clinicians delivering evidence-based interventions with FTC-referred participants undergo?	

 $^{^{50}}$ For information on determining whether a treatment is evidence-based, see Appendix G of the Site Visit Guide.

5J	Medication-Assisted Treatment (MAT)	To your knowledge, are individuals using MAT excluded from the FTC program?	
	FTC does not exclude individuals using or		
	considering MAT from FTC program.	How is it determined that a participant is eligible/appropriate to receive MAT?	
	FTC participants receive MAT for substance use		
	disorders based on an objective determination by	How are cases handled in which MAT is	
	a qualified medical provider that MAT is	recommended to an FTC-referred	
	medically indicated.	participant but the participant does not want to use it?	
	FTC does not mandate MAT.		

5K	Alcohol and Other Drug Testing Protocols	Does your agency conduct drug testing with	
		FTC-referred participants?	
	Standardized drug testing protocol specifies the		
	frequency (a minimum of two times per week),	[If yes]: What are the testing	
	scheduling, randomization procedures,	protocols used with these	
	observation, duration, and breadth of testing.	participants?	
	The purpose of drug testing protocol is to		
	monitor participants' use of illicit and licit	[If not already answered]: Is drug	
	substances, outline processes for confirmation,	testing random? Is drug testing	
	notification, and dissemination of test results.	observed? Is drug tested completed	
		at least 2x weekly?	
		fit and almost a constant of	
		[If not already answered]: Do	
		participants have an equal chance	
		of getting tested every day, even on weekends and holidays?	
		weekends and nondays:	
		What are the purposes of the drug	
		testing protocol?	
		testing protocor:	

5L	Treatment Provider Qualifications	What are the entities that license, certify, or accredit your agency?	
	The FTC's partner treatment providers are	decrease your agency.	
	licensed, certified, or accredited.	[If entities specified]: How frequently is	
	Treatment providers receive continuing education and clinical supervision to ensure adoption of best practices in treatment of SUD,	licensure/certification/or accreditation renewed?	
	mental health, and related disorders.	What are the continuing education training requirements for providers at your agency?	

	Standard 6: Comprehe	ensive Case Management, Services, and Suppo	orts for Families	
6C	Recovery Supports	Does your agency connect FTC-referred participants with recovery		
	The FTC links participants with professionally trained or certified recovery specialists (also known as recovery coaches), or with peer	specialists/coaches or peer support specialists/mentors?		
	support specialists (also known as peer mentors).	[If yes]: How do participants gain access to these supports?		
	FTC team actively works with participants to build a community-based recovery support network.	To which community-based recovery programs does your		
	FTC does not require participants to attend any specific peer support group, but rather provides a	agency refer FTC-involved participants? Are participants		
	range of options.	required to attend?		

6E	Parenting and Family-Strengthening Programs	Does your agency provide parenting and family-strengthening interventions to FTC-	
	All evidenced-based interventions ⁵¹ are characterized by including a caregiver-child	involved participants?	
	interaction component (in which caregivers and children attend sessions together), are culturally appropriate, and designed to meet the needs of families affected by parental substance use	[If yes]: What are the components of the parenting and family-strengthening interventions?	
	disorder and co-occurring additional risk factors.	[If not already answered]: Do caregivers and children interact as a part of the	
	FTC team matches interventions to the needs of each child, parent, and family.	intervention/program?	
		How does the FTC team determine who is referred to the family	
		interventions/programs?	

⁵¹ For information on determining whether a treatment is evidence-based, see Appendix G of the Site Visit Guide.

6G	Trauma-Specific Services for Children and Caregivers	What trauma services are available to FTC participants and their child(ren)?	
	Trauma-specific interventions are available to FTC participants and FTC children.	[If not already answered]: Are these services evidence-based or evidence-informed?	
	These trauma-specific interventions are evidence-based or evidence-informed. Trained treatment professionals provide trauma-specific	How is fidelity to the model monitored?	
	therapies with fidelity.	What trauma screens/assessments are used with participants and their child(ren)?	
	FTC participants are screened/assessed for trauma. Children of FTC participants are		
	screened/assessed for trauma.		

	dard 7: Therapeutic Responses to Behavior		
Treatment Adjustments	How are adjustments in treatment, including type, level of care, and dosage		
If such a non-compliance issue exists, adjustments in the type of treatment, level of	determined for FTC-referred participants?		
	[If not already answered]: What factors and considerations		
mental, physical, social, or emotional health.	influence treatment adjustment decisions?		
Adjustments made in consultation with clinical			
treatment professionals.	-		
Treatment adjustments are not used as incentive or sanction.	incentive or sanction?		
1	If such a non-compliance issue exists, adjustments in the type of treatment, level of care, and dosage are based on the clinical needs of the participant, including substance use and mental, physical, social, or emotional health. Adjustments made in consultation with clinical treatment professionals. Treatment adjustments are not used as incentive	including type, level of care, and dosage determined for FTC-referred participants? adjustments in the type of treatment, level of care, and dosage are based on the clinical needs of the participant, including substance use and mental, physical, social, or emotional health. Adjustments made in consultation with clinical treatment professionals. [If not already answered]: Are treatment adjustments used as an incentive or sanction?	including type, level of care, and dosage determined for FTC-referred participants? [If not already answered]: What factors and considerations influence treatment adjustment decisions? Adjustments made in consultation with clinical treatment professionals. [If not already answered]: What factors and considerations influence treatment adjustment decisions? [If not already answered]: Are treatment adjustments used as an incentive or sanction?

Appendix C: Observation – FTC Staffing

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

Provision & Key Concepts	Observation Item	Notes	Rating
Multidisciplinary Team Ongoing FTC operations are administered by a team of professionals, including the judge, FTC coordinator, child welfare agency/state's attorney, caregiver's attorney, child's attorney, guardian ad litem and/or court-appointed special advocate, child welfare worker, and providers from SUD treatment, MH treatment, child & adolescent services, and related agencies.	Team members engaged at staffing and hearing include FTC coordinator, the judge, child welfare/state's attorney, caregiver's attorney, children's attorney, guardian ad litem or court appointed special advocate, child welfare caseworker, substance use treatment provider, mental health treatment provider, children's services provider, and other social services agency representative. (See Observation Checklist on the FIT Scoring Instrument)	Notes	Rating

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

	Standard 2: Role of the Judge			
2B	In pre-court staffing, the judge and operational team discuss the recommended responses for each case based on information about participant attendance, progress, engagement in treatment, complementary services received, children's needs and services, and compliance with child welfare court and child welfare agency requirements. The judge makes the final decision about the court-ordered response.	During staffings, judge guides the team, considers contributions from all team members when making decisions, and asks for professional input as necessary. Judge makes the final decision about court-ordered responses.		

2C	Participation in Pre-Court Staffings	Judge is present and engaged at staffing; Judge is involved in discussions regarding	
	The FTC judge consistently attends pre-court staffing to discuss participant progress, updates, and behaviors.	all participants.	

	Standard 4: Early Identification, Screening, and Assessment			
4A	Target Population, Objective Eligibility and Exclusion Criteria	All eligibility/exclusion determinations are based on objective assessment and criteria.		
	FTC targets families that require intensive services, increased support and monitoring, and			
	judicial oversight to comply with child welfare system case plan, complete SUD treatment, and safely reunify with children.			
	FTC defines target population using objective eligibility and exclusion criteria.			
	FTC communicates eligibility criteria in writing to all referral sources.			
	FTCs do not make eligibility determinations based on subjective criteria.			

4E	Identification and Resolution of Barriers to	Team uses the same process of identifying	
	Recovery and Reunification	problems for all participants (e.g., relies	
		on case reports for all clients).	
	The FTC systematically monitors community-		
	based barriers that hinder participants, children,	Team engages in problem-solving to	
	and families from obtaining services or	resolve any identified barriers to progress.	
	progressing toward goals.		

	Standard 6: Compreher	nsive Case Management, Services, and Suppo	orts for Families	
6A	Intensive Case Management and Coordinated Case Planning	Team discusses connecting participants with services to address issues identified in assessments, how involved participants		
	Participants are provided intensive supportive case management, including a coordinated case plan (or a set of case plans) based on reliable and valid needs assessments that is systematically monitored to ensure that all family members	are with services and resources, and how participants are progressing with services and resources.		
	receive services to meet their needs.			

6B	Family Involvement in Case Planning	Case planning discussions demonstrate	
		focus on strengths of other family	
	Operational team's uses a family-centered,	members.	
	culturally responsive ⁵² , and strengths-based		
	approach in which children, caregivers, and		
	family members (as appropriate) are active		
	partners in identifying their needs and strengths,		
	making decisions about treatment, setting goals,		
	and achieving desired outcomes.		

 $^{^{52}}$ See section 2.2 of the Site Visit Guide for definitions of special terminology.

7A	Child and Family Focus Decisions about parenting/family time are				
^	Clina and Family Focus	made with input from child welfare			
	Responses to behavior are made in child's best	specialists and based on child's best			
	interest and do not:	interests.			
	 negatively affect participants, children, or families 				
	 interfere with child welfare court hearings or requirements 				
	Parenting time is not used as an incentive or				
	sanction.				

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

7C	Complementary Service Modifications	Team discusses whether non-compliance	
1	Complementary service Mounications	-	
		could be related to the need for a support	
	Team considers whether noncompliance is due to	service modification (e.g., transportation,	
	an unavoidable or structural barrier before	change in housing).	
	issuing a sanction.	, , , , , , , , , , , , , , , , , , ,	
	issuing a suffection.	When consider needs arise the team	
		When service needs arise, the team	
	If such is determined, FTC team responds by	responds by identifying additional	
	providing additional complementary supports	supports and services.	
	and services.		

7E	Incentives and Sanctions to Promote Engagement	Team discusses incentives and sanctions during staffing.	
	The FTC develops a range of responses (incentives and sanctions) of varying magnitudes that it employs throughout each participant's time in the FTC.		
	FTC uses more incentives than sanctions.		

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

7K	Professional Demeanor	Team uses person-centered, respectful	
		language when discussing participant	
	Operational team's interactions with the	needs and progress.	
	participant, children, family, and other members		
	of the participant's support system are respectful		
	and professional.		

7L	Child Safety Interventions Appropriate child safety interventions, placement, and parenting time changes are made based on safety, well-being, and permanency indicators. Child welfare workers are responsible for ensuring child safety and may not delegate that responsibility.	Decisions about parenting/family time are made with input from child welfare specialists and based on child's best interests. Changes in placement are based on the best interest of the child(ren) and safety, well-being, and permanency indicators.	

7M	Use of Addictive or Intoxicating Substances	Decisions regarding prescription medications are made only by doctors or	
	Medical experts determine whether a	medical experts.	
	prescription for an addictive or intoxicating		
	medication is medically indicated and whether	Regardless of whether the substance is	
	safe alternatives are available.	legal or illegal, substance use behaviors are treated the same.	
	Use of nonmedically-indicated intoxicating or		
	addictive substances (e.g., alcohol, cannabis,		
	prescription medications) is addressed,		
	regardless of the substance's licit/illicit status.		

Appendix D: Observation – FTC Hearing

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

Provision Number	Provision & Key Concepts	Observation Item	Notes	Rating
1C	Ongoing FTC operations are administered by a team of professionals, including the judge, FTC coordinator, child welfare agency/state's attorney, caregiver's attorney, child's attorney, guardian ad litem and/or court-appointed special advocate, child welfare worker, and providers from SUD treatment, MH treatment, child & adolescent services, and related agencies.	Team members engaged at staffing and hearing include FTC coordinator, the judge, child welfare/state's attorney, caregiver's attorney, children's attorney, guardian ad litem or court appointed special advocate, child welfare caseworker, substance use treatment provider, mental health treatment provider, children's services provider, and other social services agency representative. (See Observation Checklist on the FIT Scoring Instrument)		

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

		Standard 2: Role of the Judge	
2D	Interaction with Participants	FTC Hearing	
	At FTC hearings, judge spends a minimum of	Judge spends at least 3 minutes talking to	
	three minutes talking to each participant.	each participant about their engagement in required FTC services, child welfare case	
	Judge responds to the participant's behavior and	plan requirements, and services for the	
	provides a rationale for these responses.	participant's children and family.	
	Judge reinforces the treatment adjustments and	Judge explains to participants-in plain	
	responses to behaviors.	language-the reasoning behind incentives,	
		sanctions, and treatment adjustments.	
	Judge is engaging, supportive, and encouraging,		
	and works to build rapport with the participant.	Judge provides consistent information to	
	Judge emphasizes participant strengths and the	participants regarding treatment adjustments and safety interventions	
	importance of the participant's continued	imposed in response to participant	
	engagement in treatment and services.	behaviors.	
	Judge encourages the participant to discuss his or	Judge demonstrates warmth and eye	
	her progress, progress the children are making,	contact with participants. Judge uses	
	activities to enhance parenting skills, and	participant's name. Judge engages in two-	
	parenting challenges or unmet needs.	way conversation. Judge provides positive	
		feedback to participants.	
		Judge highlights participants'	
		strengths/achievements.	
		Judge asks participant to verbalizes their	
		own opinions on their progress, their child(ren)'s progress, challenges, etc.	
		cinia(ten) s progress, chancinges, etc.	

E	Identification and Resolution of Barriers to Recovery and Reunification	Team uses the same process of identifying problems for all participants (e.g., relies on	
	The FTC systematically monitors community-	case reports for all clients).	
	based barriers that hinder participants, children, and families from obtaining services or progressing toward goals.	Team engages in problem-solving to resolve any identified barriers to progress.	
	progressing section and and		

	Standard 6: Comprehensive Case Management, Services, and Supports for Families				
Oper cultu appro famil partr maki	ily Involvement in Case Planning rational team's uses a family-centered, arally responsive same and strengths-based oach in which children, caregivers, and ly members (as appropriate) are active mers in identifying their needs and strengths, and decisions about treatment, setting goals, archieving desired outcomes.	Feedback regarding case planning is solicited from participant and other family members.	orts for Families		

 $^{^{53}}$ See section 2.2 of the Site Visit Guide for definitions of special terminology.

6C	Recovery Supports	Team encourages participant to engage	
	The FTC links participants with professionally trained or certified recovery specialists (also	with recovery coach/peer specialist and community-based recovery.	
	known as recovery coaches), or with peer support specialists (also known as peer mentors).	Team problem-solves with client on the topic of peer and community/natural	
	FTC team actively works with participants to build a community-based recovery support network.	recovery supports when warranted.	
	FTC does not require participants to attend any specific peer support group, but rather provides a range of options.		

6F	Reunification and Related Supports	Participants who are nearing or have	
		completed reunification are offered specific	
	FTC participants and their families receive	reunification supports.	
	reunification and related supports.		

6H	Services to Meet Children's Individual Needs	Participants' children are referred for	
		services.	
	Children of participants are connected to a	351113351	
	continuum of high-quality prevention,	Children's behaviors and progress in	
	intervention, and treatment services to meet	services are discussed.	
	their physical, cognitive, social, emotional,	services are discussed.	
		Children's comiss plans shange in response	
	behavioral, developmental, therapeutic, and	Children's service plans change in response	
	educational needs identified by a comprehensive	to newly identified needs.	
	assessment, ideally through a medical home for		
	the family.		
	Operational team matches developmentally		
	appropriate services to the child's identified		
	needs and monitors providers so that services are		
	delivered with fidelity.		

61	Complementary Services to Support Caregivers	Participants and their family members are	
	and Family Members	offered support services to address	
		identified unmet needs (e.g., child care,	
	Comprehensive range of complementary support	employment, educational, domestic	
	services (e.g., child care, employment,	violence, legal, transportation, food,	
	educational, domestic violence, legal,	clothing, housing, medical and dental care).	
	transportation, food, clothing, housing, medical		
	and dental care) are chosen to meet the		
	individual needs of participants and their family		
	members as identified by formal assessment to		
	promote engagement and retention in SUD		
	treatment and for sustained recovery and		
	permanency.		

	Star	ndard 7: Therapeutic Responses to Behavior	
7A	Child and Family Focus	Team models strengths orientation & consistency to caregivers.	
	Responses to behavior are made in child's best		
	interest and do not:	Team applauds/incentivizes strengths-	
	 negatively affect participants, children, or families 	based, consistent parenting.	
	 interfere with child welfare court hearings or requirements 	Parenting time is not used as a reward or punishment.	
	Parenting time is not used as an incentive or sanction.	Team provides incentives that support positive family time and are child-focused (things for, or to do with, children).	
		(timigs for, or to do with, crimaren).	

7B	Treatment Adjustments	Treatment adjustments are implemented by treatment professionals, in consultation	
	Team considers whether non-compliance is due	with members of the FTC team.	
	to a therapeutic problem before issuing a	With members of the Fre team.	
	sanction.	Team members discuss whether non-	
		compliance could be a result of needing a	
	If such an issue exists, adjustments in the type of treatment, level of care, and dosage are based on	treatment adjustment.	
	the clinical needs of the participant's substance use and mental, physical, social, or emotional health.	Treatment adjustments are not a reward or punishment.	
		Judge discusses treatment adjustments in a	
	Adjustments made in consultation with clinical treatment professionals.	health- and wellbeing-centered way.	
	Treatment adjustments are not used as incentive		
	or sanction.		

7C	Complementary Service Modifications	Participants are not punished when structural or individual barriers result in	
	Team considers whether noncompliance is due to an unavoidable or structural barrier before issuing a sanction.	non-compliance.	
	If such is determined, FTC team responds by providing additional complementary supports and services.		

7E	Incentives and Sanctions to Promote	Judge delivers a variety of incentives and	
	Engagement	sanctions. Judge uses incentives more often	
		than sanctions.	
	The FTC develops a range of responses		
	(incentives and sanctions) of varying magnitudes		
	that it employs throughout each participant's		
	time in the FTC.		
	_		
	FTC uses more incentives than sanctions.		

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

71	Timely Response Delivery	Participant behaviors are addressed at the	
	Timely Response Delivery The FTC adheres to legal and ethical communication protocols and responds to compliant or noncompliant behavior as soon as possible in adherence to FTC policies and procedures to minimize the time from event to response.	Participant behaviors are addressed at the first opportunity.	

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

7K	Professional Demeanor	Team uses person-centered, respectful	
		language when discussing participant needs	
	Operational team's interactions with the	and progress.	
	participant, children, family, and other members		
	of the participant's support system are respectful	Team uses participants' and natural	
	and professional.	supports' names, eye contact with	
		participants, respectful and professional	
		tone, and formal and professional	
		language.	

7M	Use of Addictive or Intoxicating Substances	Regardless of whether the substance is legal or illegal, substance use behaviors are	
	Medical experts determine whether a	treated the same.	
	prescription for an addictive or intoxicating		
	medication is medically indicated and whether safe alternatives are available.		
	sale alternatives are available.		
	Use of nonmedically-indicated intoxicating or		
	addictive substances (e.g., alcohol, cannabis,		
	prescription medications) is addressed,		
	regardless of the substance's licit/illicit status.		

Appendix E: Document Review

Provision Number	Provision & Key Concepts	Document Source	Notes	Rating
		Standard 1: Organization & Structure		
1B	Partnerships, Community Resources & Support Community partnerships formalized through MOUs that describe roles, responsibilities, and functions.	Document #4 (MOU): Describes community partnerships' roles, responsibilities, and functions.		

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

Provision Number	Provision & Key Concepts	Document Source	Notes	Rating
1D	FTC governance structure includes oversight/executive body, steering committee, and operational team. The oversight/executive body includes executive-level representatives from the child welfare court system, all partner organizations, and other community leadership/elected officials. The steering committee includes supervisory-level staff of all partner organizations. Roles, responsibilities, and communication among each of the three governance committees are clearly defined.	Document #1 (P&P Manual): Includes clear definitions of governance structure roles, governance structure responsibilities, and communication protocols among governance structures. Notes three-tier governance structure that includes oversight/executive body, steering committee, and operational team. States that oversight/executive body includes executive-level representatives from the child welfare court system, all partner organizations, and other community leadership/elected officials. States that steering committee includes supervisory-level staff of all partner organizations. [If noted]: Who is a part of the community-level committee comprised of partner organizations AND ⁵⁴ Document #4 (MOU): Describes governance committees' roles, responsibilities, and communication protocols.		

 $^{^{54}}$ See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

Provision Number	Provision & Key Concepts	Document Source	Notes	Rating
1E	Shared Mission & Vision	Document #1 (P&P Manual): Vision and mission statements include measurable		
	Vision and mission statements exist and were collaboratively developed by partner organizations. Vision and mission statements were developed to reflect each system's values and jointly identify measurable goals and objectives.	mission statements include measurable goals and objectives.		

Provision Number	Provision & Key Concepts	Document Source	Notes	Rating
1F	Communication & Information Sharing	Document #1 (P&P Manual): Information- sharing protocols are explicit and compliant		
	FTC has established information-sharing protocols compliant with all confidentiality requirements, ethics, and laws.	with all confidentiality requirements, ethics, and laws.		

Provision Number	Provision & Key Concepts	Document Source	Notes	Rating
1G	Cross-Training & Interdisciplinary Education	Document #1 (P&P Manual): review		
		training/education plan for components as		
	FTC has a training and education plan. Training	described in provision		
	and education for FTC operational team includes			
	onboarding/orientation training, annual cross-	OR		
	training, and ongoing interdisciplinary education.			
		Document #7 (FTC Team Continuing		
	Training and education is offered to FTC oversight	Education Documents): Indicates that		
	body, steering committee, operational team	training & education for FTC operational		
	members and other community agencies.	team includes annual cross-training and		
		ongoing interdisciplinary education.		
	Training and education for steering committee			
	and executive body includes	OR		
	onboarding/orientation training, annual cross	Decomposit #0 (Orientation Training		
	training, ongoing interdisciplinary education.	Document #8 (Orientation Training		
	Training and education for other community	Curriculum for New Operational Team Members): Indicates that FTC operational		
	agencies include onboarding/orientation training,	team members receive		
	annual cross training, and ongoing	onboarding/orientation training.		
	interdisciplinary education.	onboarding/orientation training.		
	interdiscipiniary education.			

Provision Number	Provision & Key Concepts	Document Source	Notes	Rating
1H :	Family-Centered, Culturally-Relevant, and Trauma-Informed Approach Daily operations and interactions reflect family-centered, culturally relevant, and trauma-informed approaches by staff who recognize and respond to signs and symptoms of trauma and are alert to culturally relevant factors.	Document #1 (P&P Manual): Uses language that reflects a family-centered approach, meaning it addresses the needs of the entire family; a culturally relevant approach, meaning it is alert to culturally relevant factors; and a trauma-informed approach, meaning it recognizes & responds to signs & symptoms of trauma.		

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

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

Provision Number	Provision & Key Concepts	Document Source	Notes	Rating
1J	Pre-Court Staffing & Review Hearing FTC team participates in pre-court staffing meetings. Staffing meeting occurs immediately before the FTC court review hearing. During staffing, team discusses progress and needs of children, caregivers, and family and recommends coordinated response to participant behavior to judge. A progress report is developed and read by all team members prior to each staffing.	Document #9 (Child welfare court reports/FTC progress reports/Plan of Safe Care): Includes information on progress and needs of children, caregivers, and family. OR56 Document #1 (P&P Manual): States that FTC team participates in pre-court staffing meetings. States that staffing meeting occurs immediately before the FTC court review hearing. States that during staffing, team discusses progress and needs of children, caregivers, and family. States that during staffing, team recommends coordinated response to participant behavior to judge.		

 $^{^{56}}$ See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

		Standard 2: Role of the Judge	
2A	Convening Partners The judge convenes the operational team, steering committee, and executive committee. During these convenings, the judge guides the operational team in the development, implementation, and management of ongoing operations and actualization of the FTCs mission and vision.	Standard 2: Role of the Judge Document #1 (P&P Manual): Outlines judicial responsibilities to include convening the operational team, convening the steering committee, convening the executive committee, oversight of the development of ongoing operations and actualization of the FTC's mission and vision, oversight of ongoing operations and actualization of the FTC's mission and vision, and management of ongoing operations and actualization of the FTC's mission and vision and vision.	

2E	Professional Training	Document #6 (Judge's Legal Education/	
		Training Certificates): Indicates that FTC	
	The FTC judge obtains training on mental health,	judge has obtained training on mental	
	substance use disorders, child welfare, and legal	health, substance use disorders, child	
	and constitutional issues related to FTCs.	welfare, and legal and constitutional issues related to FTCs.	
	The FTC judge attends annual training		
	conferences and workshops.	Indicates that FTC judge attended annual training conferences and workshops.	
	The FTC judge attends training with other		
	operational team members to assure cross-	Indicates that FTC judge attended training	
	training.	with other operational team members to	
		assure cross-training.	

2F	Length of Judicial Assignment to FTC	Document #5 (Judge's Appointment Date): Indicates that judge has presided over FTC	
	The FTC judge presides over the FTC for at least two consecutive years.	for at least 2 consecutive years.	

	Standard 3: Equity and Inclusion				
3A ⁵⁷	Equitable FTC Program Admission Practices The FTC annually examines its eligibility criteria, screening processes, referral processes, entry processes, and assessment processes. Review of criteria and processes aims to identify and correct any disproportionality in access.	Document #10 (Minutes/Notes): Indicates that the FTC annually examines its eligibility criteria, screening processes, referral processes, entry processes, and assessment processes.			

⁵⁷ See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

3B ⁸ Equitable FTC Retention Rates and Child Welfare Document #10 (Minutes/Notes): Indicates	
Outcomes that the FTC is using strategic methods for	
achieving equitable retention rates and	
FTC acts strategically to achieve equivalent or child welfare outcomes.	
better outcomes for historically marginalized	
groups compared to the overall child welfare	
system population.	
FTC examines equity across the following	
outcomes: participation, engagement, successful	
discharge, permanency, and well-being.	

3C8	Equitable Treatment	Document #10 (Minutes/Notes):	
		Documents discussion that treatment for	
	Treatment for FTC participants is family centered,	FTC participants is family-centered, gender-	
	gender-responsive, trauma-informed, and	responsive, trauma-informed, and	
	linguistically and culturally appropriate.	linguistically and culturally appropriate.	
	Treatment for FTC participants matches the	Documents discussion that treatment for	
	intensity, dosage, and quality consistent with the	FTC participants matches the intensity,	
	needs and preferences of the individual and	dosage, and quality consistent with the	
	family.	needs and preferences of the participant and family.	
	FTC ensures equivalent outcomes across groups.	,	

3D ⁵⁸	Equitable Responses to Participant Behavior	Document #10 (Minutes/Notes):	
		Documents discussion on equitable	
	FTC administers equitable responses across	responses to participant behavior.	
	groups. Responses to participant behavior are		
	administered using principles of procedural		
	fairness, and are regularly monitored to ensure		
	that they are equivalent in similar situations		
	across groups.		
		<u>I</u>	

⁵⁸ See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

3E	Team Training	Document #7 (FTC Team Continuing	
		Education Documents): Indicates that team	
	The FTC provides training on culturally relevant	receives training on culturally relevant	
	services and supports to its operational team and	supports and services.	
	partners.		
		OR ⁵⁹	
		Document #8 (Orientation Training	
		Curriculum for New Operational Team	
		Members): Indicates that team onboarding	
		training includes information on culturally	
		relevant supports and services.	

 $^{^{59}}$ See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

	Standard 4	4: Early Identification, Screening, and Assessm	ent	
4A	Target Population, Objective Eligibility and Exclusion Criteria	Document #1 (P&P Manual): Specifies that the FTC targets families that are high risk/high need, meaning they require		
	FTC targets families that are high risk/high need, meaning they require intensive services, increased support and monitoring, and judicial oversight to comply with child welfare system case plan, completed substance use disorder	intensive services, increased support and monitoring, judicial oversight to comply with child welfare system case plan, complete SUD treatment, and safely reunify with children.		
	treatment and safely reunify with children.	Includes objective eligibility and exclusion		
	This high rick/high need target population is defined in the FTCs objective eligibility and exclusion criteria.	criteria. Specifies that FTCs do not make eligibility		
	FTC communicates eligibility criteria in writing to all referral sources.	determinations based on subjective criteria.		
	FTCs do not make eligibility determinations based on subjective criteria.			

4B ⁶⁰	Standardized and Systematic Referral,	Document #1 (P&P Manual): Specifies	
	Screening, and Assessment Process	standardized processes for referring,	
		screening, and assessing.	
	The FTC uses processes for referring, screening		
	and assessing.	States that the standardized referral,	
		screening, and assessment processes apply	
	These processes for referring, screening and	to caregivers, children, and families.	
	assessing FTC participants are agreed upon,		
	standardized, and systematic.		
	These standardized referral, screening, and		
	assessment processes apply to caregivers,		
	children, and families.		
	Referral sources are trained in when to		
	appropriately refer their participants.		

⁶⁰ See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

4C	Use of Valid and Reliable Screening and	Document #1 (P&P Manual): Specifies that	
	Assessment for Caregivers and Families	valid and reliable instruments are used to	
		screen and assess caregivers/families	
	Valid and reliable instruments ⁶¹ used to screen	referred to FTC for program eligibility, case	
	and assess caregivers/families referred to FTC for	planning for children, caregivers, and family	
	program eligibility, case planning for children,	members, appropriate treatment level-of-	
	caregivers, and family members, appropriate	care, and complementary services.	
	treatment level-of-care, complementary services.		
		OR	
		[If FTC does their own screening/	
		assessing]:	
		Document #14, Document #15, Document	
		#16, Document #17 (Assessment	
		instruments from FTC): Includes valid and	
		reliable instruments used to screen and	
		assess caregivers/families referred to FTC	
		for program eligibility, case planning for	
		children, caregivers, and family members,	
		appropriate treatment level-of-care, and	
		complementary services.	
		OR	
		[If treatment does the assessments]:	
		Document #24, Document #25, Document	
		#26, Document #27 (Assessment	
		Instruments from Treatment): Includes valid and reliable instruments used to screen and	
		assess caregivers/families referred to FTC for program eligibility, case planning for	
		children, caregivers, and family members,	
		children, caregivers, and ranning members,	

⁶¹ For information on determining whether a screening/assessment instrument is validated, see Appendix G of the Site Visit Guide.

	appropriate treatment level-of-care, and	
	complementary services.	

4D	Use of Valid, Reliable, and Developmentally	[If child welfare or FTC does screening/	
	Appropriate Screening and Assessment for	assessing]:	
	Children ⁶²	Document #14 (Assessment Instruments	
		from FTC): Includes valid and reliable	
	Children of FTC participants are assessed within a	instruments used to screen and assess case	
	standardized time frame. Children of FTC	planning for children.	
	participants are assessed using validated and		
	developmentally appropriate instruments. Child	OR	
	assessments reoccur at developmentally		
	appropriate intervals.	[If treatment does the assessments]:	
		Document #26 (Assessment Instruments	
		from Treatment): Includes valid and reliable	
		instruments used to screen and assess case	
		planning for children.	

⁶² For information on determining whether a screening/assessment instrument is validated, see Appendix G of the Site Visit Guide.

4E	Identification and Resolution of Barriers to Recovery and Reunification The FTC systematically monitors community-based barriers to obtaining services or	Document #9 (Child welfare court reports/FTC progress reports/Plan of Safe Care): Documents that the FTC team systematically monitors community-based barriers to obtaining services for	
	progressing towards goals for participants, children and families.	participants, children, and families. OR	
		Document #10 (Minutes/Notes): Documents discussion monitoring and resolution to community-based barriers for participants and their families.	

	Standard 5: Timely, High-Quality, and Appropriate Substance Use Disorder Treatment				
5F	Gender-Responsive Treatment ⁶³	Document #28 (Treatment Group Schedule): Indicates availability of gender-			
	Treatment providers are trained in gender-responsive treatment.	responsive groups.			
	Treatment meets the needs of all genders: • Gender-specific groups				
	Child care Medical and nutritional interventions				

 $^{^{\}rm 63}$ See section 2.2 of the Site Visit Guide for definitions of special terminology.

51	Evidence-Based Manualized Treatment ⁶⁴	Document #20 (Treatment Model Fidelity	1
اد	Evidence-dased ividitidalized freatment.	Document #20 (Treatment Model Fidelity	
		Review): Indicates that fidelity to the	
	Substance use treatment agencies that partner	evidence-based, manualized treatments	
	with the FTC provide evidence-based, manualized	model is assessed on a regular basis.	
	treatments.		
		AND ⁶⁵	
	For these agencies, fidelity to the evidence-		
	based, manualized treatments model is assessed	Document #19 (Initial Evidence-Based	
	on a regular basis.	Practice Training and Certification):	
	on a regular pasis.		
		Indicates that treatment provider is using	
	To ensure continuing fidelity to the model,	evidence-based, manualized treatments.	
	substance use treatment providers are trained,		
	certified (when applicable), and clinically	Indicates that treatment providers are	
	supervised.	trained, certified (when applicable), and	
		clinically supervised.	
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⁶⁴ For information on determining whether a treatment is evidence-based, see Appendix G of the Site Visit Guide. ⁶⁵ See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

5J	Medication-Assisted Treatment	Document #1 (P&P Manual): Specifies that FTC does not exclude individuals using or	
	FTC does not exclude individuals using or considering medication assisted treatment.	considering MAT from FTC program.	
		Specifies that FTC participants receive MAT	
	FTC participants receive medication assisted treatment for substance use disorders based on	for substance use disorders based on an objective determination by a qualified	
	an objective determination by a qualified medical provider that medication assisted treatment is medically indicated.	medical provider that MAT is medically indicated.	
	medically indicated.	Specifies that FTC does not mandate MAT.	
	FTC does not mandate medication assisted treatment.		

5K	Alcohol and Other Drug Testing Protocols	Document #1 (P&P Manual): Specifies drug	
		testing protocol including frequency (a	
	Standardized drug testing protocol specifies the	minimum of two times per week),	
	frequency (a minimum of two times per week),	scheduling, randomization procedures,	
	scheduling, randomization procedures, observation, duration, and breadth of testing.	observation, duration, breadth of testing.	
		States that purpose of drug testing protocol	
	The purpose of drug testing protocol is to	is to monitor participants use of illicit and	
	monitor participants use of illicit and licit	licit substances, outline processes for	
	substances, outline processes for confirmation of	confirmation of test results, outline	
	test results, outline processes for notification of	processes for notification of test results,	
	test results, outline processes for dissemination	and outline processes for dissemination of	
	of test results.	test results.	

5L	Treatment Provider Qualifications	Document #23 (Certification): Indicates that treatment providers are licensed, certified,	
	The FTC's treatment providers are licensed,	or accredited.	
	certified, or accredited.	AND ⁶⁶	
	Treatment providers receive continuing		
	education and clinical supervision to ensure adoption of best practices in treatment of SUD,	Document #18 (FTC Providers Continuing Education/Training Certificates):	
	mental health, and related disorders.	Provides evidence of continuing education	
		and clinical supervision.	

 $^{^{\}rm 66}$ See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

A	Intensive Case Management and Coordinated	Document #9 (Child welfare court	
	Case Planning	reports/FTC progress reports/Plan of Safe	
		Care): Documents that case management	
	Participants are provided intensive supportive	recommendations are based on the results	
	case management, including a coordinated case	of a valid/reliable needs assessment.	
	plan (or a set of case plans) based on reliable and		
	valid needs assessments that is systematically		
	monitored to ensure that all family members		
	receive services to meet their needs.		

6D	High-Quality Parenting Time (Visitation)	Document #9 (Child welfare court reports/FTC progress reports/Plan of Safe	
	FTC participants and their children receive high-	Care): Discusses parenting/family time	
	quality, well-resourced, and face-to-face.	(visitation).	
	Minimum caregiver visitations by child's age are as follows: < 1 (3-5x week; 60 min.) 1-2 (2-4x week; 60 min.) 2-5 (2-4x week; 60 min.) 6-12 (1-3x week; 60 min.)	Discusses strategies to ensure high-quality parenting/family time (visitation) is occurring.	
	13+ (1-2x week; 60 min) Minimum sibling visitations: 1x per week; 60 min. When needed, trained individuals facilitate supervised visitation as caregivers work to achieve unsupervised time.		

6F	Reunification and Related Supports	Document #9 (Child welfare court reports/FTC progress reports/Plan of Safe	
	FTC participants and their families receive	Care): Documents that participants and	
	reunification and related supports.	family are receiving reunification and	
	rearmouter and related supports.	related supports.	
		related supports:	

6G	Trauma-Specific Services for Children and	Document #21(Trauma Intervention Fidelity	
	Caregivers	Review): Provides evidence that FTC	
		participants and children have access to	
	Trauma-specific interventions are available to FTC	evidence-based trauma intervention(s)	
	participants and FTC children.	delivered with fidelity.	
	These trauma-specific interventions are		
	evidence-based or evidence-informed.		
	Trained treatment professionals provide trauma-		
	specific therapies with fidelity.		
	FTC participants are screened/assessed for		
	trauma.		
	FTC children are screened/assessed for trauma.		
	FTC participants and their children receive		
	evidence-based or evidence-informed, trauma-		
	specific, clinical interventions to treat their		
	trauma-related symptoms and disorders.		

6H	Services to Meet Children's Individual Needs	Document #9 (Child welfare court	
		reports/FTC progress reports/Plan of Safe	
	Children's needs are identified by a	Care): review for components related to	
	comprehensive assessment.	meeting children's needs as described in	
		provision	
	Operational team matches developmentally		
	appropriate services to the child's identified		
	needs.		
	Children of participants are connected to a		
	continuum of high-quality services that include		
	prevention and intervention/treatment.		
	prevention and intervention, areaument.		
	Children's services are available to address needs		
	along the following dimensions physical,		
	cognitive, social, emotional, behavioral,		
	developmental, and therapeutic.		

61	Complementary Services to Support Caregivers and Family Members	Document #9 (Child welfare court reports/FTC progress reports/Plan of Safe Care): Documents that case management	
	FTC clients have access to a comprehensive range of complementary support services such as child care, employment, educational, domestic violence, legal, transportation, food, clothing, housing, medical and dental care.	recommendations are based on the results of a valid/reliable needs assessment.	
	Complementary services are chosen to meet the individual needs of participants and their families.		
	Complementary service needs are identified by formal assessment.		
	Complementary service needs promote engagement/retention in substance use treatment, sustained recovery, and permanency.		

6J	Early Intervention Services for Infants and	Document #9 (Child welfare court	
	Children Affected by Prenatal Substance	reports/FTC progress reports/Plans of Safe	
	Exposure	Care): Indicates protocol for children	
		affected by prenatal substance exposure	
	Infants and children under the age of 3 who are	that includes connection to early	
	experiencing effects of prenatal substance	intervention.	
	exposure are connected to early intervention		
	services that address the infant's developmental,		
	physical, social and emotional, physical health,		
	and safety needs.		

6K	Substance Use Prevention and Intervention for	Document #22 (SUD Prevention EBP Fidelity	
	Children and Adolescents	Review Documentation): Provides evidence	
		that children of participants have access to	
	Children of participants have access to services	services for substance use disorder	
	for substance use disorder prevention and early	prevention and early intervention for	
	intervention for substance use disorder.	substance use disorder.	
	These services are culturally appropriate,	Provides evidence that these services are	
	developmentally appropriate, age appropriate,	culturally appropriate, developmentally	
	designed to enhance protective factors, designed	appropriate, age appropriate, designed to	
	to reduce risk factors and are evidence-based.	enhance protective factors, designed to	
		reduce risk factors, and evidence-based.	

	Standard 7: Therapeutic Responses to Behavior			
7D	Advancement is based on achievement of realistic, clearly defined behavioral objectives or milestones associated with sustained recovery, stable reunification, and safety, well-being, and permanency for children. The policy and procedure manual and the participant handbook provide the criteria necessary for advancement through the phases and successful discharge. FTC does not demote participants.	Document #1 (P&P Manual): Outlines realistic, clearly defined behavioral objectives for phase/milestone advancement. Provides the criteria necessary for successful discharge. Specifies that the FTC does not demote participants. AND ⁶⁷ Document #3 (Participant Handbook): Outlines realistic, clearly defined behavioral objectives for phase/milestone advancement. Provides the criteria necessary for successful discharge. Specifies that the FTC does not demote participants.		

 $^{^{\}rm 67}$ See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

7G	Certainty	Document #1 (P&P Manual): Includes list of	
		behaviors that receive responses & list of	
	The operational team reliably detects and	corresponding responses.	
	responds consistently to all participant behaviors		
	listed in the FTC policies and procedures manual.		

7H	Advance Notice	Document #3 (Participant Handbook): Includes list of behaviors required for	
	The FTC notifies participants in advance of the	successful participation.	
	behaviors required for successful participation.	·	

7M	Use of Addictive or Intoxicating Substances	Document #2 (FTC Prescription Policy):	
		States that medical experts determine	
	Medical experts determine whether a	whether a prescription for an addictive or	
	prescription for an addictive or intoxicating	intoxicating medication is medically	
	medication is medically indicated and whether	indicated and whether safe alternatives are	
	safe alternatives are available.	available.	
	Use of nonmedically-indicated intoxicating or	Addresses use of nonmedically-indicated	
	addictive substances (e.g., alcohol, cannabis,	intoxicating or addictive substances (e.g.,	
	prescription medications) is addressed,	alcohol, cannabis, prescription	
	regardless of the substance's licit/illicit status.	medications), regardless of the substance's	
		licit/illicit status.	

7N	FTC Discharge Decisions	Document #1 (P&P Manual): Provides the criteria necessary for successful discharge.
	Agreed-upon criteria provide a framework to determine the appropriate discharge for each participant in its policies and procedures manual	AND ⁶⁸
	and participant handbook.	Document #3 (Participant Handbook): Provides the criteria necessary for
		successful discharge.

 $^{^{68}}$ See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

	Standard 8: Monitoring and Evaluation				
8A ⁶⁹	Maintain Data Electronically	Document #12 (Data Report/Summary): review for variables described in provision.			
	An electronic database stores information about				
	participant demographic characteristics,				
	participant performance, participant needs, substance use treatments, mental health				
	treatments, recovery supports, reunification				
	supports, criminal justice involvement, child				
	needs, services provided to children, other				
	parent/caregiver needs, family needs, services				
	provided to family members, child welfare court				
	action (e.g., trial reunification), child welfare				
	court processes (e.g., continuance), child welfare indicators (e.g., reunification), child well-being				
	indicators (e.g., assessment findings), caregiver				
	well-being indicators (e.g., assessment findings),				
	family well-being indicators (assessment				
	findings), and long-term outcomes (e.g., reentry).				
<u> </u>					

⁶⁹ See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

8B	Engage in Process of Continuous Quality	Document #12 (Data Report/Summary):	
	Improvement	Provides information on participant	
		demographic characteristics, participant	
	Data summaries provide real-time information on	performance, participant needs, substance	
	participant, process, and outcome measures that	use treatments, mental health treatments,	
	inform policy setting, sustainability and quality	recovery supports, reunification supports,	
	improvement efforts. Policies, procedures, and	criminal justice involvement, child needs,	
	outcomes are evaluated annually and an action	services provided to children, other	
	plan is developed to address challenges,	parent/caregiver needs, family needs,	
	incorporate best practices, and improve	services provided to family members, child	
	outcomes.	welfare court actions (e.g., trial	
		reunification), child welfare court processes	
		(e.g., continuance), child welfare indicators	
		(e.g., reunification), child well-being	
		indicators (e.g., assessment findings),	
		caregiver well-being indicators (e.g.,	
		assessment findings), family well-being	
		indicators (e.g., assessment findings), and	
		long-term outcomes (e.g., reentry).	

8C	Evaluate Adherence to Best Practices	Document #11 (FTC Best Practices Review	
		Report): Documents adherence to best	
	FTC adheres to best practice standards.	practice standards.	

8D	Use of Rigorous Evaluation Methods	Document #13 (Evaluation Report): Documents rigorous evaluation methods,	
	Rigorous evaluation methods, including the use	including the use of comparison groups	
	of comparison groups when feasible and	when feasible and appropriate.	
	appropriate, are used to address the pertinent		
	evaluation questions.		