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# The FIT: Family Treatment Court Implementation Tool

## Data Collection Instrument

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

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

<sup>1</sup> 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
	<p>children’s services system, related health systems, related education systems, and related social services systems.</p> <p><b>Assessed with Document Review:</b> Community partnerships formalized through MOUs that describe roles, responsibilities, and functions.</p>			
1C	<p><b>Multidisciplinary Team</b></p> <p>Ongoing FTC operations are administered by a team of professionals, including the judge, FTC coordinator, child welfare agency/state’s attorney, caregiver’s attorney, child’s attorney, guardian ad litem and/or court-appointed special advocate, child welfare worker, and providers from SUD treatment, MH treatment, child &amp; adolescent services, and related agencies.</p>		<p>Document #1 (P&amp;P Manual): review list of operational team members for team composition as described in provision</p>	<p><b>FTC Staffing &amp; FTC Hearing</b></p> <p>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.</p> <p>(See Observation Checklist on the FIT Scoring Instrument)</p>

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
1D	<p><b>Governance Structure</b></p> <p>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.</p> <p>Roles, responsibilities, and communication among each of the three governance committees are clearly defined.</p>	<p><b>FTC Coordinator</b></p> <p>Does the FTC have an oversight/executive committee, steering committee, and operational team?</p> <p>[If the respondent mentions an oversight/executive 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)?</p> <p>[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)?</p> <p>What are the roles and responsibilities of each committee?</p>	<p>Document #1 (P&amp;P Manual): Includes a clear definitions of governance structure roles, governance structure responsibilities, and communication protocols among governance structures.</p> <p>Notes three-tier governance structure that includes oversight/executive body, steering committee, and operational team.</p> <p>States that oversight/executive body includes executive-level representatives from the child welfare court</p>	<p><b>FTC Staffing and FTC Hearing</b></p> <p>Team members present 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 representatives.</p>

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
			<p>system, all partner organizations, and other community leadership/elected officials.</p> <p>States that steering committee includes supervisory-level staff of all partner organizations.</p> <p><b>AND<sup>2</sup></b></p> <p>Document #4 (MOU): Describes governance committees' roles, responsibilities, and communication protocols.</p>	

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<sup>2</sup> 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
1E	<p><b>Shared Mission &amp; Vision</b></p> <p>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.</p>	<p><b>FTC Coordinator</b></p> <p>Does the FTC have vision and mission statements?</p> <p>[If yes]: Who developed the vision and mission statements?</p> <p>[If yes]: How were the vision and mission statements developed?</p>	<p>Document #1 (P&amp;P Manual): Vision and mission statements include measurable goals and objectives.</p>	
1F	<p><b>Communication &amp; Information Sharing</b></p> <p><b>Assessed with Interview<sup>3</sup>:</b> Team shares case information in a timely manner using email.</p> <p>Team shares information with each other on participant behavior, caregiver progress, child progress, and family progress.</p> <p>Purpose of information sharing is to support recovery, family reunification efforts, monitor progress, and review and respond to participant behavior.</p> <p><b>Assessed with Document Review:</b> FTC has established information-sharing protocols compliant with all confidentiality requirements, ethics, and laws.</p>	<p><b>FTC Coordinator</b></p> <p>What is the FTC team’s method of communication in between staffings/hearings?</p> <p>What type of information is being shared among the FTC team?</p> <p>Why is information being shared among the FTC team?</p> <p><b>Treatment</b></p> <p>How do your providers communicate information to the FTC team regarding participant behaviors?</p> <p>What information is shared?</p>	<p>Document #1 (P&amp;P Manual): Information-sharing protocols are explicit and compliant with all confidentiality requirements, ethics, and laws.</p>	

<sup>3</sup> 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
	<p><b>Assessed with Interview:</b> Team uses email.</p>			
1G	<p><b>Cross-Training &amp; Interdisciplinary Education</b></p> <p>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.</p> <p>Training and education is offered to FTC oversight body, steering committee, operational team members and other community agencies.</p> <p>Training and education for steering committee and executive body includes onboarding/orientation training, annual cross training, ongoing interdisciplinary education.</p> <p>Training and education for other community agencies include onboarding/orientation training, annual cross training, and ongoing interdisciplinary education.</p>	<p><b>FTC Coordinator</b></p> <p>What kind of training did team members complete in the last 12 months?</p> <p>[If not already answered]: Does your FTC have a training/education plan for team members?</p> <p>[If yes]: What does the training/education plan involve?</p> <p>[If not already answered]: What is your orientation process for new FTC team members?</p> <p>[If not already answered]: Does the FTC provide education or training to other committees or levels within the FTC governance structure?</p> <p>[If yes]: What does this involve?</p> <p>[If not already answered]: What is your orientation process for new members to governance structure committees or levels?</p>	<p>Document #1 (P&amp;P Manual): review training/education plan for components as described in provision</p> <p><b>OR</b></p> <p>Document #7 (FTC Team Continuing Education Documents): Indicates that training &amp; education for FTC operational team includes annual cross-training and ongoing interdisciplinary education.</p> <p><b>OR</b></p>	

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
		<p>[If not already answered]: Do the FTC team members provide education or training to community partners?</p> <p>[If yes]: What does this involve?</p>	<p>Document #8 (Orientation Training Curriculum for New Operational Team Members): Indicates that FTC operational team members receive onboarding/orientation training.</p>	
1H	<p><b>Family-Centered, Culturally-Relevant, and Trauma-Informed Approach<sup>4</sup></b></p> <p>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.</p>	<p><b>FTC Coordinator</b></p> <p>Do FTC team members focus on the whole family?</p> <p>Do FTC team members use culturally-relevant approaches?</p> <p>Do FTC team members recognize and respond to trauma?</p>	<p>Document #1 (P&amp;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,</p>	

<sup>4</sup> 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.	
1I	<p><b>Policy &amp; Procedure Manual</b></p> <p><b>Assessed with Interview:</b> 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.</p> <p><b>Assessed with Document Review:</b> Describes policies, procedures, day-to-day responsibilities of team members, and team member roles.</p> <p>Contains the mission, vision, goals, eligibility criteria, referral and entry process, phase structure, monitoring, recovery and reunification support services, drug and alcohol testing procedures, coordinated responses to behavior, and protocols to determine necessary services for children, caregivers, and families.</p>	<p><b>FTC Coordinator</b></p> <p>Does the FTC have a policies &amp; procedures manual?</p> <p>[If yes]: Do all team members have a current copy of the P&amp;P manual?</p> <p>[If yes] Are all team members familiar with its contents?</p>	Document #1 (P&P Manual): review for all items described in provision	
1J	<p><b>Pre-Court Staffing &amp; Review Hearing</b></p> <p>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</p>	<p><b>FTC Coordinator</b></p> <p>Does the FTC team engage in pre-hearing meetings to discuss cases that will be seen in Court that day?</p>	Document #9 (Child welfare court reports/FTC progress reports/Plan of Safe Care):	<p><b>FTC Staffing</b></p> <p>All FTC team members present at staffings.</p>

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

<sup>5</sup> 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
			<p>caregivers, and family.</p> <p>States that during staffing, team recommends coordinated response to participant behavior to judge.</p>	
<b>Standard 2: Role of the Judge</b>				
2A	<p><b>Convening Partners</b></p> <p>The judge convenes the operational team, steering committee, and executive committee.</p> <p>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.</p>	<p><b>FTC Coordinator</b></p> <p>Please describe the judge’s role with regards to the operational team, steering committee, and oversight committees.</p> <p>Describe the judge’s role in maintaining and developing relationships with community partners.</p>	<p>Document #1 (P&amp;P Manual):</p> <p>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,</p>	

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	<p><b>Judicial Decision Making</b></p> <p><b>Assessed with Observation<sup>6</sup>:</b> 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.</p> <p><b>Assessed with both Interview &amp; Observation:</b> The judge makes the final decision about the court-ordered response.</p>	<p><b>FTC Coordinator</b></p> <p>Who makes the final decisions about court-ordered responses to participants?</p>		<p><b>FTC Staffing</b></p> <p>During staffings, judge guides the team, considers contributions from all team members when making decisions, and asks for professional input as necessary.</p> <p>Judge makes the final decision about court-ordered responses.</p>

<sup>6</sup> 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	<p><b>Participation in Pre-Court Staffings</b></p> <p>The FTC judge consistently attends pre-court staffing to discuss participant progress, updates, and behaviors.</p> <p>The FTC judge discusses participant progress, updates, and behaviors.</p>	<p><b>FTC Coordinator</b></p> <p>How often does the FTC judge participate in pre-court staffing?</p> <p>[If the respondent’s answer is not clear] Always, most of the time, about half of the time, infrequently, or never?</p> <p>[If the judge attends staffings] During pr- court staffings, what discussions is the judge involved in?</p>		<p><b>FTC Staffing</b></p> <p>Judge is present and engaged at staffing; Judge is involved in discussions regarding all participants.</p> <p><b>FTC Hearing</b></p> <p>Judge is present and engaged at hearing.</p>
2D	<p><b>Interaction with Participants</b></p> <p>At FTC hearings, judge spends a minimum of three minutes talking to each participant.</p> <p>Judge responds to the participant’s behavior and provides a rationale for these responses.</p> <p>Judge reinforces the treatment adjustments and responses to behaviors.</p> <p>Judge encourages the participant to discuss his/her progress, progress the children are making, activities to enhance parenting skills, parenting challenges, and unmet needs.</p>	<p><b>FTC Coordinator</b></p> <p>Describe a typical exchange between a judge and a participant.</p> <p>[If not answered]: How long is a typical exchange?</p> <p>[If not clear]: What is discussed during typical exchange?</p> <p>[If not addressed]: Describe the dynamic between the judge and the participant.</p>		<p><b>FTC Hearing</b></p> <p>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.</p> <p>Judge explains to participants-in plain language- the reasoning behind incentives, sanctions, and treatment adjustments.</p>

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



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

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

<sup>7</sup> 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 <sup>8</sup>	<p><b>Equitable Treatment</b></p> <p>Treatment for FTC participants is family centered, gender-responsive, trauma-informed, and linguistically and culturally appropriate. <sup>8</sup></p> <p>Treatment for FTC participants matches the intensity, dosage, and quality consistent with the needs and preferences of the individual and family.</p> <p>FTC ensures equivalent outcomes across groups.</p>	<p><b>FTC Coordinator</b></p> <p>How does the FTC match treatment with the needs and preferences of a client and their family?</p> <p>Has the FTC examined its treatment experiences and outcomes across different groups? For example, different races/ethnicities, languages, and family types?</p> <p>[If yes]: What did you find?</p> <p>[If disparity found]: What was done to address this disparity?</p>	<p>Document #10 (Minutes/Notes): Documents discussion that treatment for FTC participants is family-centered, gender-responsive, trauma-informed, and linguistically and culturally appropriate.</p> <p>Documents discussion that treatment for FTC participants matches the intensity, dosage, and quality consistent with</p>	

<sup>8</sup> 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 <sup>9</sup>	<p><b>Equitable Responses to Participant Behavior</b></p> <p>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</p>	<p><b>FTC Coordinator</b></p> <p>Are responses to participant behavior the same across different groups? For example, different races/ethnicities, languages, and family types?</p> <p>[If no]: How are they different?</p> <p>What philosophy or principles guide responses to participant behavior?</p> <p>Has the FTC examined its responses to participant behavior across different groups? For example, different races/ethnicities, languages, and family types?</p> <p>[If yes]: What did you find?</p> <p>[If disparity found]: What was done to address this disparity?</p>	Document #10 (Minutes/Notes): Documents discussion on equitable responses to participant behavior.	

<sup>9</sup> 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
3E	<p><b>Team Training</b></p> <p>The FTC provides training on culturally relevant services and supports to its operational team and partners.</p>	<p><b>FTC Coordinator</b></p> <p>Does the FTC provide training on culture and culturally-relevant services and supports to its operational team and partners?</p> <p>[If yes]: What does this training entail?</p>	<p>Document #7 (FTC Team Continuing Education Documents): Indicates that team receives training on culturally relevant supports and services.</p> <p><b>OR</b><sup>10</sup></p> <p>Document #8 (Orientation Training Curriculum for New Operational Team Members): Indicates that team onboarding training includes information on culturally relevant supports and services.</p>	

<sup>10</sup> 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
<b>Standard 4: Early Identification, Screening, and Assessment</b>				
4A	<p><b>Target Population, Objective Eligibility and Exclusion Criteria</b></p> <p>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.</p> <p>This high risk/high need target population is defined in the FTCs objective eligibility and exclusion criteria.</p> <p>FTC communicates eligibility criteria in writing to all referral sources.</p> <p>FTCs do not make eligibility determinations based on subjective criteria.</p>	<p><b>FTC Coordinator</b></p> <p>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?</p> <p style="text-align: center;">[If yes]: How is this information communicated?</p> <p>To what extent does the FTC consider subjective suitability when making eligibility/exclusion determinations?</p>	<p>Document #1 (P&amp;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.</p> <p>Includes objective eligibility and exclusion criteria.</p> <p>Specifies that FTCs do not make eligibility determinations based on subjective criteria.</p>	<p><b>FTC Staffing</b></p> <p>All eligibility/exclusion determinations are based on objective assessment and criteria.</p>

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
4B <sup>11</sup>	<p><b>Standardized and Systematic Referral, Screening, and Assessment Process</b></p> <p>The FTC uses processes for referring, screening and assessing.</p> <p>These processes for referring, screening and assessing FTC participants are agreed upon, standardized, and systematic.</p> <p>These standardized referral, screening, and assessment processes apply to caregivers, children, and families.</p> <p>Referral sources are trained in when to appropriately refer their participants.</p>	<p><b>FTC Coordinator</b></p> <p>Describe the process by which potential participants are identified and referred to the FTC.</p> <p>[If response is unclear]: What happens when the FTC receives a referral?</p> <p>[If response is unclear]: Do all referral sources follow the same process for making referrals?</p> <p>[If response is unclear]: Do all referrals follow the same screening and assessment process?</p> <p>[If response is unclear]: Do all partners agree upon and use the same referral, screening, and assessment processes?</p>	<p>Document #1 (P&amp;P Manual): Specifies standardized processes for referring, screening, and assessing.</p> <p>States that the standardized referral, screening, and assessment processes apply to caregivers, children, and families.</p>	

<sup>11</sup> 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	<p><b>Use of Valid and Reliable Screening and Assessment for Caregivers and Families</b></p> <p>Valid and reliable instruments<sup>12</sup> 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, complementary services.</p>	<p><b>FTC Coordinator</b></p> <p>How are decisions made about program eligibility?</p> <p>[If response is unclear]: Is an assessment instrument used? If yes, what assessment instrument?</p> <p>How are case or service plans developed?</p> <p>[If response is unclear]: Are assessment instruments used? If yes, what assessment instruments?</p> <p>[If not answered with service plan question]: How are decisions made about substance use treatment level of care? What assessment instruments are used?</p> <p>[If not answered with service plan question]: How are decisions made about complementary services? What assessment instruments are used?</p>	<p>Document #1 (P&amp;P Manual): Specifies that valid and reliable instruments are 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.</p> <p><b>OR</b></p>	

<sup>12</sup> 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
		<p><b>Treatment</b>            What assessment instruments are used to make SUD treatment decisions with FTC clients?</p>	<p><b>[If FTC does their own screening/ assessing]:</b>            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.</p> <p><b>OR</b></p> <p><b>[If treatment does the assessments]:</b></p>	

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
			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, appropriate treatment level-of-care, and complementary services.	
4D	<b>Use of Valid, Reliable, and Developmentally Appropriate Screening and Assessment for Children<sup>13</sup></b>	<b>FTC Coordinator</b>	<b>[If child welfare or FTC does screening/assessing]:</b>	

<sup>13</sup> 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
	<p><b>Assessed with Interview and Document Review<sup>14</sup>:</b> 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.</p> <p><b>Assessed with Interview:</b> Child assessments reoccur at developmentally appropriate intervals.</p>	<p>Are children of FTC participants screened or assessed at the beginning of their involvement in the FTC?</p> <p>[If yes]: Describe this process.</p> <p>[If responses are unclear]: : What are they assessed for? What instruments are used?</p> <p>During their case, are children re-assessed at any point?</p> <p>[If yes]: Describe this process.</p> <p>[If responses are unclear]: What are they re-assessed for? What instruments are used?</p>	<p>Document #16 (Assessment Instruments from FTC): Includes valid and reliable instruments used to screen and assess case planning for children.</p> <p><b>OR</b></p> <p><b>[If treatment does the assessments]:</b> Document #16 (Assessment Instruments from Treatment): Includes valid and reliable instruments used to screen and assess case planning for children.</p>	
4E	<b>Identification and Resolution of Barriers to Recovery and Reunification</b>	<b>FTC Coordinator</b>	Document #9 (Child welfare	<b>FTC Staffing and FTC Hearing</b>

<sup>14</sup> 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
	<p>The FTC systematically monitors community-based barriers to obtaining services or progressing towards goals for participants, children and families.</p>	<p>Describe the process(es) used to identify and address community-based barriers (e.g., transportation, barriers to parenting time) to participant progress.</p>	<p>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.</p> <p><b>OR</b></p> <p>Document #10 (Minutes/Notes): Documents discussion monitoring and resolution to community-based barriers for participants and their families.</p>	<p>Team uses the same process of identifying problems for all participants (e.g., relies on case reports for all clients).</p> <p>Team engages in problem-solving to resolve any identified barriers to progress.</p>

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

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

<sup>15</sup> 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
		<p>[If reassessments occur]:What is the purpose of these re-assessments?</p> <p><b>Treatment</b></p> <p>Describe the process of SUD treatment level-of-care referral or placement.</p> <p>How often are FTC-referred participants re-assessed for SUD treatment need during their program participation?</p> <p>[If &gt; never]: What is the purpose of these re-assessments?</p>		
5C <sup>16</sup>	<p><b>Comprehensive Continuum of Care</b></p> <p>Participants have access to a continuum of substance use disorder treatment that includes outpatient treatment, intensive outpatient treatment, partial hospitalization, residential or inpatient treatment, and medical detox.</p> <p>Medication management is available at each level of care.</p> <p>Each participant’s substance use disorder treatment dosage and duration are sufficient to achieve and sustain recovery.</p>	<p><b>FTC Coordinator</b></p> <p>What levels of substance use treatment do FTC-referred participants have access to?</p> <p>How long are participants in substance use disorder treatment?</p> <p>[If no mention of aftercare already]: Are aftercare services available to FTC-referred participants? If so, can you describe the aftercare services?</p> <p><b>Treatment</b></p>		

<sup>16</sup> 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
	<p>After acute substance use disorder treatment is no longer required, participants engage in continuing care to maintain stable health and recovery.</p>	<p>What levels of SUD treatment do FTC-referred participants have access to?</p> <p>How long are participants in SUD treatment?</p> <p>[If no mention of aftercare already]: Are aftercare services available to FTC-referred participants? If so, can you describe the aftercare services?</p> <p>[If specific agency does not offer X level of care]: Are FTC clients referred elsewhere for treatment that meets X level of care?</p>		
5D	<p><b>Integrated Treatment of Co-Occurring Substance Use and Mental Health Disorders</b></p> <p>Integrated treatment plans address the needs of participants who have co-occurring substance use and mental health disorders in a coordinated manner.</p>	<p><b>FTC Coordinator</b></p> <p>What services are provided to FTC-referred participants who have co-occurring substance use and mental health disorders?</p> <p><b>Treatment</b></p> <p>What services are provided to FTC-referred participants who have co-occurring substance use and mental health disorders?</p> <p>[If specific agency does not offer services for co-occurring substance use and mental</p>		

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	<p><b>Family-Centered Treatment<sup>17</sup></b></p> <p>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.</p>	<p><b>FTC Coordinator</b></p> <p>Describe how the needs of family members are addressed when crafting a treatment plan for an FTC-referred participant.</p> <p>[If not answered]: Are participants’ children permitted to reside with them in residential treatment?</p> <p><b>Treatment</b></p> <p>Does the treatment center you represent provide family-centered treatment to clients?</p> <p>[If yes]: Describe the family-centered nature of SUD treatment offered to FTC-referred caregivers.</p> <p>[If no]: Are FTC clients referred elsewhere for family-centered treatment?</p>		

<sup>17</sup> 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	<p><b>Gender-Responsive Treatment<sup>18</sup></b></p> <p>Treatment providers are trained in gender-responsive treatment.</p> <p>Treatment meets the needs of all genders:</p> <ul style="list-style-type: none"> <li>• Gender-specific groups</li> <li>• Child care</li> <li>• Medical and nutritional interventions</li> </ul>	<p><b>Treatment</b></p> <p>How often do your providers who work with FTC-referred participants receive training related to gender-responsive or gender-specific services (e.g., women-centered treatment)?</p> <p>Does the treatment center you represent provide gender-responsive or gender-specific treatment to participants (e.g., women-centered treatment)?</p> <p>[If yes]: Describe the gender-responsive nature of SUD treatment offered to FTC-referred caregivers.</p> <p>[If no]: Are clients referred elsewhere for gender-responsive treatment?</p>	<p>Document #28 (Treatment Group Schedule): Indicates availability of gender-responsive groups.</p>	
5G	<p><b>Treatment for Pregnant Women</b></p> <p>FTC protocol and practices identify the unique needs of pregnant participants.</p> <p>FTC provides treatment and other services to meet these women’s needs, including substance use treatment interventions that include</p>	<p><b>FTC Coordinator</b></p> <p>What services and supports are available to pregnant FTC participants?</p> <p>[If not already answered]: Does the FTC provide or coordinate medication assisted treatment for</p>		

<sup>18</sup> 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
	<p>medication assisted treatment when clinically integrated prenatal, perinatal, and postnatal medical care.</p>	<p>pregnant women who have an opioid use disorder?</p> <p>[If not already answered]: Does the FTC coordinate with pre- and post-natal medical care?</p> <p><b>Treatment</b></p> <p>What services and supports are available to pregnant women who are FTC participants?</p> <p>[If not already answered]: Does your agency coordinate or provide MAT treatment for pregnant women who have an opioid use disorder?</p> <p>[If no]: Are clients referred elsewhere for MAT?</p>		
5H	<p><b>Culturally Responsive Treatment<sup>19</sup></b></p> <p>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.</p>	<p><b>FTC Coordinator</b></p> <p>What does the FTC do in terms of treatment referrals for participants with different cultural and/or linguistic needs?</p> <p><b>Treatment</b></p>		

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

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

<sup>21</sup> 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
		<p>What ongoing fidelity training and/or clinical supervision is provided for clinicians delivering evidence-based interventions with FTC-referred participants?</p>	<p>Indicates that treatment provider is using evidence-based, manualized treatments.</p> <p>Indicates that treatment providers are trained, certified (when applicable), and clinically supervised.</p>	
5J	<p><b>Medication Assisted Treatment</b></p> <p>FTC does not exclude individuals using or considering medication assisted treatment.</p> <p>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 medically indicated.</p> <p>FTC does not mandate medication assisted treatment.</p>	<p><b>FTC Coordinator</b></p> <p>Are individuals using medication assisted treatment excluded from the FTC program?</p> <p>How is it determined that a participant is eligible/appropriate to receive medication assisted treatment?</p> <p>How are cases handled in which medication assisted treatment is recommended to an FTC-referred participant but the participant does not want to use it?</p> <p><b>Treatment</b></p>	<p>Document #1 (P&amp;P Manual): Specifies that FTC does not exclude individuals using or considering MAT from FTC program.</p> <p>Specifies that FTC participants receive MAT for substance use disorders based on an objective determination by a qualified</p>	

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

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

<sup>22</sup> 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.	
<b>Standard 6: Comprehensive Case Management, Services, and Supports for Families</b>				
6A	<p><b>Intensive Case Management and Coordinated Case Planning</b></p> <p>Participants are provided intensive supportive case management, including a coordinated case plan (or a set of case plans) based on reliable and valid needs assessments that is systematically monitored to ensure that all family members receive services to meet their needs.</p>	<p><b>FTC Coordinator</b></p> <p>Describe the FTC’s approach to case management with program participants and their families.</p> <p>[If not already answered]: Does the FTC case plan (or set of case plans) include the child welfare dispositional order and treatment recommendations?</p>	<p>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.</p>	<p><b>FTC Staffing</b></p> <p>Team discusses connecting participants with services to address issues identified in assessments, how involved participants are with services and resources, and how participants are progressing with services and resources.</p>
6B	<p><b>Family Involvement in Case Planning</b></p> <p>FTC operational team’s approach to case planning is family-centered, culturally responsive and strengths based.</p> <p>While case planning, FTC team actively involves children, caregivers, and family members (as appropriate) in identifying needs and strengths,</p>	<p><b>FTC Coordinator</b></p> <p>For a typical case, to what extent are children, caregivers, and family members involved in case planning?</p> <p>[If not already answered]: What does this involvement entail?</p>		<p><b>FTC Staffing</b></p> <p>Case planning discussions demonstrate focus on strengths of other family members.</p> <p><b>FTC Hearing</b></p> <p>Feedback regarding case planning is solicited from</p>

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



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

<sup>23</sup> 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
		<p>[If not already answered]: Do caregivers and children interact as a part of the intervention/program?</p> <p>How does the team determine who is referred to the family interventions/programs?</p> <p><b>Treatment</b></p> <p>Does your agency provide parenting and family-strengthening interventions to FTC-involved participants?</p> <p>[If yes]: Describe these services.</p> <p>How do FTC-referred participants gain access to these supports?</p>		
6F	<p><b>Reunification and Related Supports</b></p> <p>FTC participants and their families receive reunification and related supports.</p>	<p><b>FTC Coordinator</b></p> <p>What reunification supports are available to FTC participants and their families?</p> <p>For how long are reunification supports available to participants after reuniting?</p>	<p>Document #9 (Child welfare court reports/FTC progress reports/Plan of Safe Care); Documents that participants and family are receiving reunification and related supports.</p>	<p><b>FTC Hearing</b></p> <p>Participants who are nearing or have completed reunification are offered specific reunification supports.</p>

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
6G	<p><b>Trauma-Specific Services for Children and Caregivers</b></p> <p>Trauma-specific interventions are available to FTC participants and FTC children.</p> <p>These trauma-specific interventions are evidence-based or evidence-informed.</p> <p>Trained treatment professionals provide trauma-specific therapies with fidelity.</p> <p>FTC participants are screened/assessed for trauma.</p> <p>FTC children are screened/assessed for trauma.</p> <p>FTC participants and their children receive evidence-based or evidence-informed, trauma-specific, clinical interventions to treat their trauma-related symptoms and disorders.</p>	<p><b>FTC Coordinator</b></p> <p>What trauma services are available to FTC participants and their child(ren)? [If not already answered]: Are these services evidence-based or evidence-informed?</p> <p>Who provides these services?</p> <p>What trauma screens/assessments are used with participants and their child(ren)?</p> <p><b>Treatment</b></p> <p>What trauma services are available to FTC participants and their child(ren)?</p> <p>What trauma screens/assessments are used with participants and their child(ren)?</p>	<p>Document #21 (Trauma Intervention Fidelity Review): Provides evidence that FTC participants and children have access to evidence-based trauma intervention delivered with fidelity</p>	
6H	<p><b>Services to Meet Children’s Individual Needs</b></p> <p>Children’s needs are identified by a comprehensive assessment.</p> <p>Operational team matches developmentally appropriate services to the child’s identified needs.</p>	<p><b>FTC Coordinator</b></p> <p>Describe the process of identifying and referring children and adolescents to services.</p> <p>[If not answered]: How do children’s services change over time?</p>	<p>Document #9 (Child welfare court reports/FTC progress reports/Plan of Safe Care): review for components related to meeting children’s needs</p>	<p><b>FTC Hearing</b></p> <p>Participants’ children are referred for services.</p> <p>Children’s behaviors and progress in services are discussed.</p>

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
	<p>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.</p>	<p>[If not answered]: What types of services are children of FTC participants referred for?</p> <p>Does the team monitor children's/adolescent providers to ensure services are delivered with fidelity?</p> <p>[If yes]: Describe this process.</p>	<p>as described in provision.</p>	<p>Children’s service plans change in response to newly identified needs.</p>
61	<p><b>Complementary Services to Support Caregivers and Family Members</b></p> <p>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.</p> <p>Complementary services are chosen to meet the individual needs of participants and their families.</p> <p>Complementary service needs are identified by formal assessment.</p> <p>Complementary service needs promote engagement/retention in substance use treatment, sustained recovery, and permanency.</p>	<p><b>FTC Coordinator</b></p> <p>What support services are available to participants and their family members?</p> <p>How are decisions to refer participants and their family members to case management services made?</p> <p>What is the purpose of providing these support services?</p>	<p>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.</p>	<p><b>FTC Hearing</b></p> <p>Participants and their family members are offered support services to address identified unmet needs (e.g., child care, employment, educational, domestic violence, legal, transportation, food, clothing, housing, medical and dental care).</p>

Provision Number	Provision & Key Concepts	Interview Q	Document Source	Observation Item
6J	<p><b>Early Intervention Services for Infants and Children Affected by Prenatal Substance Exposure</b></p> <p>Infants and children under the age of 3 who are experiencing effects of prenatal substance exposure are connected to early intervention services that address the infant’s developmental, physical health, social/emotional, and safety needs.</p>	<p><b>FTC Coordinator</b></p> <p>What is the process used when an FTC case has an infant affected by prenatal substance exposure?</p> <p>[If not already answered]: What types of services are available for infants of FTC participants who are affected by prenatal substance exposure?</p>	<p>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.</p>	
6K	<p><b>Substance Use Prevention and Intervention for Children and Adolescents</b></p> <p>Children of participants have access to services for substance use disorder prevention and early intervention for substance use disorder.</p> <p>These services are culturally appropriate, developmentally appropriate, age appropriate, designed to enhance protective factors, designed to reduce risk factors and are evidence-based.</p>	<p><b>FTC Coordinator</b></p> <p>What substance use disorder prevention and early intervention services are available to the children of FTC participants?</p> <p>[If yes]: Are these services culturally appropriate? Developmentally appropriate? Age appropriate? Designed to enhance protective factors and reduce risk factors?</p> <p>Are these services evidence-based and monitored for fidelity?</p>	<p>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.</p>	

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.	
<b>Standard 7: Therapeutic Responses to Behavior</b>				
7A	<p><b>Child and Family Focus</b></p> <p>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.</p> <p>Parenting time is not used as an incentive or sanction.</p>	<p><b>FTC Coordinator</b></p> <p>How are decisions about parenting and family time communicated so that they are not perceived as an incentive or sanction?</p> <p>[If not already answered]: Is parenting time used as an incentive or sanction?</p>		<p><b>FTC Staffing</b></p> <p>Decisions about parenting/family time are made with input from child welfare specialists and based on child's best interests.</p> <p><b>FTC Hearing</b></p> <p>Team models strengths orientation &amp; consistency to caregivers.</p>

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

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



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

<sup>24</sup> 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
			<p>Provides the criteria necessary for successful discharge.</p> <p>Specifies that the FTC does not demote participants.</p>	
7E	<p><b>Incentives and Sanctions to Promote Engagement</b></p> <p>The FTC develops a range of responses (incentives and sanctions) of varying magnitudes that it employs throughout each participant’s time in the FTC.</p> <p>FTC uses more incentives than sanctions.</p>	<p><b>FTC Coordinator</b></p> <p>Please describe the incentives and sanctions used in this FTC.</p> <p>Explain the decision-making process around determining sanctions and incentives.</p> <p>[If not already answered]: Does the FTC use more incentives than sanctions?</p>		<p><b>FTC Staffing</b></p> <p>Team discusses incentives and sanctions.</p> <p><b>FTC Hearing</b></p> <p>Judge delivers a variety of incentives and sanctions. Judge uses incentives more often than sanctions.</p>
7F	<p><b>Equitable Responses</b></p> <p>All relevant factors for each participant are considered when recommending sanctions.</p> <p>Consequences to any given participant are equivalent to those received by other participants who engage in comparable conduct</p>	<p><b>FTC Coordinator</b></p> <p>What factors influence recommended sanctions? How is this information communicated to the judge?</p> <p>Does the FTC keep records of the incentives and sanctions imposed for each participant?</p>		<p><b>FTC Hearing</b></p> <p>Responses to participants are of an equivalent magnitude for similar infractions.</p> <p>Responses to participants do not differ across race/ethnicity, and gender.</p>

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

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

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	<p><b>Child Safety Interventions</b></p> <p>Appropriate child safety interventions, placement, and parenting time changes are made based on safety, well-being, and permanency indicators.</p> <p>Child welfare workers are responsible for ensuring child safety and may not delegate that responsibility.</p>	<p><b>FTC Coordinator</b></p> <p>What factors influence child safety interventions, including placement and parenting time changes?</p> <p>Who makes decisions about changes in visitations, custody, and child placement?</p>		<p><b>FTC Staffing</b></p> <p>Decisions about parenting/family time are made with input from child welfare specialists and based on child's best interests.</p> <p>Changes in placement are based on the best interest of the child(ren) and safety, well-being, and permanency indicators.</p>
7M	<p><b>Use of Addictive or Intoxicating Substances</b></p> <p>Medical experts determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether safe alternatives are available.</p> <p>Use of nonmedically-indicated intoxicating or addictive substances (e.g., alcohol, cannabis, prescription medications) is addressed, regardless of the substance's licit/illicit status.</p>		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.	<p><b>FTC Staffing</b></p> <p>Decisions regarding prescription medications are made only by doctors or medical experts.</p> <p><b>FTC Staffing &amp; FTC Hearing</b></p> <p>Regardless of whether the substance is legal or illegal, substance use behaviors are treated the same.</p>

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	<p><b>FTC Discharge Decisions</b></p> <p>Agreed-upon criteria provide a framework to determine the appropriate discharge for each participant in its policies and procedures manual and participant handbook.</p>	<p><b>FTC Coordinator</b></p> <p>Are there ever instances where a participant's discharge decision differs from that described in the Participant Handbook?</p> <p>[If yes]: Please explain.</p>	<p>Document #1 (P&amp;P Manual): Provides the criteria necessary for successful discharge.</p> <p><b>AND</b><sup>25</sup></p> <p>Document #3 (Participant Handbook): Provides the criteria necessary for successful discharge.</p>	

<sup>25</sup> 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
<b>Standard 8: Monitoring and Evaluation</b>				
8A <sup>26</sup>	<p><b>Maintain Data Electronically</b></p> <p>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).</p>	<p><b>FTC Coordinator</b></p> <p>Does the FTC maintain its own data system?</p> <p>[If yes]: When (how frequently) does data entry into the FTC system occur?</p> <p>[If yes]: What data does the FTC collect?</p> <p>[If not answered]: What specific variables do the FTC track throughout a participant's involvement in the FTC?</p>	<p>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</p>	

<sup>26</sup> 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	<b>Engage in Process of Continuous Quality Improvement</b>	<b>FTC Coordinator</b>  When does data entry occur?	Document #12 (Data Report/ Summary):	



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

<sup>27</sup> 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	<p><b>Evaluate Adherence to Best Practices</b></p> <p>FTC adheres to best practice standards.</p>	<p><b>FTC Coordinator</b></p> <p>How does the FTC monitor its adherence to best practice standards?</p>	<p>Document #11 (FTC Best Practices Review Report): Documents adherence to best practice standards.</p>	
8D	<p><b>Use of Rigorous Evaluation Methods</b></p>	<p><b>FTC Coordinator</b></p>	<p>Document #13 (Evaluation</p>	

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
<b>Standard 1: Organization &amp; Structure</b>				
1A	<p><b>Multidisciplinary &amp; Multisystemic Collaborative Approach</b></p> <p>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.</p> <p>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.</p>	<p>Who are the administrators, or organizational executives, that oversee the FTC?</p> <p>[If respondent provides individual executives’ names]: What systems do these executives represent?</p> <p>How effectively do these interdisciplinary partners collaborate in developing policy and implementing the FTC operations?</p>		

Provision Number	Provision & Key Concepts	Interview Q	Notes	Rating
1B	<p><b>Partnerships, Community Resources &amp; Support</b></p> <p>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.</p>	<p>What partnerships make up the FTC?</p> <p>In what ways do FTC partners contribute to serving FTC-involved families?</p>		

Provision Number	Provision & Key Concepts	Interview Q	Notes	Rating
1D	<p><b>Governance Structure</b></p> <p>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.</p> <p>Roles, responsibilities, and communication among each of the three governance committees are clearly defined.</p>	<p>Does the FTC have an oversight/executive committee, steering committee, and operational team?</p> <p>[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)?</p> <p>[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)?</p> <p>What are the roles and responsibilities of each committee?</p>		

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

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



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

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

<sup>28</sup> See section 2.2 of the Site Visit Guide for definitions of special terminology.

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

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

**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	<b>Judicial Decision Making</b>  The judge makes the final decision about the court-ordered response.	Who makes the final decisions about court-ordered responses to participants?		
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2C	<p><b>Participation in Pre-Court Staffings</b></p> <p>The FTC judge consistently attends pre-court staffing to discuss participant progress, updates, and behaviors.</p> <p>The FTC judge discusses participant progress, updates, and behaviors.</p>	<p>How often does the FTC judge participate in pre-court staffing?</p> <p>[If the respondent's answer is not clear]: Always, most of the time, about half of the time, infrequently, or never?</p> <p>[If the judge attends staffings]: During pre-court staffings, what discussions is the judge involved in?</p>		
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<p>2D</p>	<p><b>Interaction with Participants</b></p> <p>At FTC hearings, judge spends a minimum of three minutes talking to each participant.</p> <p>Judge responds to the participant’s behavior and provides a rationale for these responses.</p> <p>Judge reinforces the treatment adjustments and responses to behaviors.</p> <p>Judge encourages the participant to discuss his or her progress, progress the children are making, activities to enhance parenting skills, and parenting challenges or unmet needs.</p> <p>Judge emphasizes participant strengths and the importance of the participant’s continued engagement in treatment and services.</p> <p>Judge is engaging, supportive, and encouraging, and works to build rapport with the participant.</p>	<p>Describe a typical exchange between a judge and a participant.</p> <p>[If not answered]: How long is a typical exchange?</p> <p>[If not clear]: What is discussed during a typical exchange?</p> <p>[If not answered]: Describe the dynamic between the judge and the participant.</p>		
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2E	<p><b>Professional Training</b></p> <p>The FTC judge obtains training on mental health, substance use disorders, child welfare, and legal and constitutional issues related to FTCs.</p> <p>The FTC judge attends annual training conferences and workshops.</p> <p>The FTC judge attends training with other operational team members to assure cross-training.</p>	<p>Has the FTC judge had training on mental health? Substance use disorders? Child welfare? Legal and constitutional issues related to FTCs?</p> <p>Has the FTC judge attended a training conference or workshop on best practices or trends in FTCs in the last 12 months?</p> <p>Has the judge attended a training with other operational team members?</p>		
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2F	<b>Length of Judicial Assignment to FTC</b>  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?		
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**Standard 3: Equity and Inclusion**

<p>3A<sup>29</sup></p>	<p><b>Equitable FTC Program Admission Practices</b></p> <p>The FTC annually examines its eligibility criteria, screening, referral, entry, and assessment processes.</p> <p>Review of eligibility criteria and processes aims to identify and correct any disproportionality in access.</p>	<p>Have the screening, referral, entry, and assessment processes been reviewed by the team since the FTC's inception?</p> <p>[If yes]: How often did these reviews occur?</p> <p>[If yes]: What was the purpose of these reviews?</p> <p>[IF answer unclear]: What data was used during these reviews?</p>		
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<sup>29</sup> See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

<p>3B<sup>8</sup></p>	<p><b>Equitable FTC Retention Rates and Child Welfare Outcomes</b></p> <p>FTC acts strategically to achieve equivalent or better outcomes for historically marginalized groups compared to the overall child welfare system population.</p> <p>FTC examines equity for the following outcomes: participation, engagement, successful discharge, permanency and well-being.</p>	<p>Has the FTC examined its program retention and child welfare outcomes across different groups? For example, different races/ethnicities, languages, and family types?</p> <p>[If yes]: What did you find?</p> <p>[If disparity found]: What was done to address this disparity?</p>		
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<p>3C<sup>8</sup></p>	<p><b>Equitable Treatment</b></p> <p>Treatment for FTC participants is Family-centered, gender-responsive, trauma-informed, and linguistically and culturally appropriate<sup>30</sup></p> <p>Treatment for FTC participants matches the intensity, dosage, and quality consistent with the needs and preferences of the individual and family.</p> <p>FTC ensures equivalent outcomes across groups.</p>	<p>How does the FTC match treatment with the needs and preferences of a client and their family?</p> <p>Has the FTC examined its treatment experiences and outcomes across different groups? For example, different races/ethnicities, languages, and family types?</p> <p>[If yes]: What did you find?</p> <p>[If disparity found]: What was done to address this disparity?</p>		
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<sup>30</sup> See section 2.2 of the Site Visit Guide for definitions of special terminology.

<p>3D<sup>31</sup></p>	<p><b>Equitable Responses to Participant Behavior</b></p> <p>FTC administers equitable responses across groups.</p> <p>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</p>	<p>Are responses to participant behavior the same across different groups? For example, different races/ethnicities, languages, and family types?</p> <p>[If no]: How are they different?</p> <p>What philosophy or principles guide responses to participant behavior?</p> <p>Has the FTC examined its responses to participant behavior across different groups? For example, different races/ethnicities, languages, and family types?</p> <p>[If yes]: What did you find?</p> <p>[If disparity found]: What was done to address this disparity?</p>		
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<sup>31</sup> See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

3E	<b>Team Training</b>  The FTC provides training on culturally relevant services and supports to its operational team and partners.	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?		
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**Standard 4: Early Identification, Screening, and Assessment**

<p>4A</p>	<p><b>Target Population, Objective Eligibility and Exclusion Criteria</b></p> <p>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, complete substance use disorder treatment, and safely reunify with children.</p> <p>The high risk/high need target population is defined in the FTC’s objective eligibility and exclusion criteria. FTC communicates eligibility criteria in writing to all referral sources.</p> <p>FTCs do not make eligibility determinations based on subjective criteria.</p>	<p>Who does the FTC target for inclusion?</p> <p>What is the eligibility criteria for program participation?</p> <p>What is the exclusion criteria for program participation?</p> <p>Is FTC program eligibility/exclusion criteria communicated to referral sources?</p> <p align="center">[If yes]: How is this information communicated?</p> <p>To what extent does the FTC consider subjective suitability when making eligibility/exclusion determinations?</p>		
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<p>4B<sup>32</sup></p>	<p><b>Standardized and Systematic Referral, Screening, and Assessment Process</b></p> <p>The FTC uses processes for referring, screening, and assessing.</p> <p>These processes for referral, screening, and assessing FTC participants are agreed upon, standardized, and systematic.</p> <p>These standardized referral, screening, and assessment processes apply to caregivers, children, and families.</p> <p>Referral sources are trained in when to appropriately refer their participants.</p>	<p>Describe the process by which potential participants are identified and referred to the FTC.</p> <p>Describe the process by which potential participants are assessed for the FTC.</p> <p>[If response is unclear]: What happens when the FTC receives a referral?</p> <p>[If response is unclear]: Do all referral sources follow the same process for making referrals?</p> <p>[If response is unclear]: Do all referrals follow the same screening and assessment process?</p> <p>[If response is unclear]: Do all partners agree upon and use the same referral, screening and assessment processes?</p> <p>[If response is unclear]: Who do these referral, screening, and assessment processes apply to?</p> <p>Are all referral sources trained in the FTC referral processes?</p>		
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<sup>32</sup> See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

4C	<p><b>Use of Valid and Reliable Screening and Assessment for Caregivers and Families</b></p> <p>Valid and reliable instruments<sup>33</sup> 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.</p>	<p>How are decisions made about program eligibility?</p> <p>[If answer is unclear]: Is an assessment instrument used? If yes, what assessment instrument?</p> <p>How are case or service plans developed?</p> <p>[If response is unclear]: Are assessment instruments used? If yes, what assessment instruments?</p> <p>[If not answered with service plan question]: How are decisions made about substance use treatment level of care? What assessment instruments are used?</p> <p>[If not answered with service plan question]: How are decisions made about complementary services? What assessment instruments are used?</p>		
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<sup>33</sup> For information on determining whether a screening/assessment instrument is validated, see Appendix G of the Site Visit Guide.

4D	<p><b>Use of Valid, Reliable, and Developmentally Appropriate Screening and Assessment for Children<sup>34</sup></b></p> <p>Children of FTC participants are assessed within a standardized time frame.</p> <p>Children of FTC participants are assessed using validated and developmentally appropriate instruments.</p> <p>Child assessments reoccur at developmentally appropriate intervals.</p>	<p>Are children of FTC participants screened or assessed at the beginning of their involvement in the FTC?</p> <p>[If yes]: Describe this process.</p> <p>[If response is unclear]: What are they assessed for? What instruments are used?</p> <p>During their case, are children re-assessed at any point?</p> <p>[If yes]: Describe this process.</p> <p>[If response is unclear]: What are they re-assessed for? What instruments are used?</p>		
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<sup>34</sup> For information on determining whether a screening/assessment instrument is validated, see Appendix G of the Site Visit Guide.

4E	<p><b>Identification and Resolution of Barriers to Recovery and Reunification</b></p> <p>The FTC systematically monitors community-based barriers to obtaining services or progressing toward goals for participants, children, and families.</p>	<p>Describe the process(es) used to identify and address community-based barriers (e.g., transportation, barriers to parenting time) to participant progress.</p>		
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**Standard 5: Timely, High-Quality, and Appropriate Substance Use Disorder Treatment**

<p>5A<sup>35</sup></p>	<p><b>Timely Access to Appropriate Treatment</b></p> <p>Protocols and practices ensure timely access to an appropriate substance use treatment.</p> <p>Time between case opening and treatment entry is tracked as a routine process measure.</p>	<p>How does the FTC program ensure that participants access treatment as quickly as possible?</p> <p>[If response is unclear]: Does the FTC track time between case opening and SUD treatment entry? Does the FTC use that information to strategize improvements in timely treatment access?</p>		
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<sup>35</sup> See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

<p>5B*</p>	<p><b>Treatment Matches Assessed Need</b></p> <p>Level of care assessment is conducted by a qualified treatment provider.</p> <p>Treatment is adjusted based on ongoing formal reassessments to meet participants' clinical needs.</p>	<p>Describe the process of SUD treatment level-of-care referral or placement.</p> <p>[If response is unclear]: How often are FTC-referred participants re-assessed for SUD treatment need during their program participation?</p> <p>[If reassessments occur]: What is the purpose of these re-assessments?</p>		
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5C <sup>36</sup>	<p><b>Comprehensive Continuum of Care</b></p> <p>Participants have access to a continuum of substance use treatment that includes the following levels of care: outpatient treatment, intensive outpatient, partial hospitalization, residential/inpatient treatment, and/or medical detox.</p> <p>Medication management is available at each level of care.</p> <p>Each participant's SUD treatment dosage and duration are sufficient to achieve and sustain recovery.</p> <p>After acute SUD treatment no longer required, participants engage in continuing care to maintain stable health and recovery.</p>	<p>What levels of substance use treatment do FTC-referred participants have access to?</p> <p>How long are participants in SUD treatment?</p> <p>[If no mention of aftercare already]: Are aftercare services available to FTC-referred participants? If so, can you describe the aftercare services?</p>		
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<sup>36</sup> See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

5D	<p><b>Integrated Treatment of Co-Occurring Substance Use and Mental Health Disorders</b></p> <p>Integrated treatment plans address the needs of participants who have co-occurring substance use and mental health disorders in a coordinated manner.</p>	What services are provided to FTC-referred participants who have co-occurring substance use and mental health disorders?		
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5E	<p><b>Family-Centered Treatment<sup>37</sup></b></p> <p>SUD 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, permits children to stay in residential with caregivers.</p>	<p>Describe how the needs of family members are addressed when crafting a treatment plan for an FTC-referred participant.</p> <p>[If not answered]: Are participants' children permitted to reside with them in residential treatment?</p>		
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<sup>37</sup> See section 2.2 of the Site Visit Guide for definitions of special terminology.

5G	<p><b>Treatment for Pregnant Women</b></p> <p>FTC protocol and practices identify the unique needs of pregnant participants.</p> <p>FTC provides treatment and other services to meet these women’s needs including, substance use treatment interventions that include MAT when clinically indicated and integrated prenatal, perinatal, and postnatal medical care.</p>	<p>What services and supports are available to pregnant FTC participants?</p> <p>[If not already answered]: Does the FTC provide or coordinate MAT treatment for pregnant women who have an opioid use disorder?</p> <p>[If not already answered]: Does the FTC coordinate with pre- and post-natal medical care?</p>		
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5H	<p><b>Culturally Responsive Treatment<sup>38</sup></b></p> <p>The services and practices of the FTC SUD treatment providers are respectful of and responsive to the cultural and linguistic needs of FTC participants.</p>	<p>What does the FTC do in terms of treatment referrals for participants with different cultural and/or linguistic needs?</p>		
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<sup>38</sup> See section 2.2 of the Site Visit Guide for definitions of special terminology.

51	<p><b>Evidence-Based Manualized Treatment<sup>39</sup></b></p> <p>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.</p> <p>To ensure continuing fidelity to the model, substance use treatment providers are trained, certified (when applicable), and clinically supervised.</p>	<p>What evidence-based, manualized treatments are used with FTC-referred caregivers, children, and families?</p> <p>How frequently is model fidelity assessed for these evidence-based treatments?</p> <p>What training and/or certification do clinicians delivering evidence-based interventions with FTC-referred participants undergo?</p>		
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<sup>39</sup> For information on determining whether a treatment is evidence-based, see Appendix G of the Site Visit Guide.

5J	<p><b>Medication-Assisted Treatment (MAT)</b></p> <p>FTC does not exclude individuals using or considering MAT from FTC program.</p> <p>FTC participants receive MAT for substance use disorders based on an objective determination by a qualified medical provider that MAT is medically indicated.</p> <p>FTC does not mandate MAT.</p>	<p>Are individuals using MAT excluded from the FTC program?</p> <p>How is it determined that a participant is eligible/appropriate to receive MAT?</p> <p>How are cases handled in which MAT is recommended to an FTC-referred participant but the participant does not want to use it?</p>		
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5K	<p><b>Alcohol and Other Drug Testing Protocols</b></p> <p>Standardized drug testing protocol specifies the frequency (a minimum of two times per week), scheduling, randomization procedures, observation, duration, and breadth of testing.</p> <p>The purpose of drug testing protocol is to monitor participants' use of illicit and licit substances; outline processes for confirmation, notification, and dissemination of test results.</p>	<p>How does the FTC monitor participants' use of substances throughout their FTC participation?</p> <p>[If not already answered] Describe drug testing procedures used with FTC participants.</p> <p>[If not already answered] Is drug testing random? Is drug testing observed? Is drug testing completed at least 2x weekly?</p> <p>[If not already answered] Do participants have an equal chance of getting tested every day, even on weekends and holidays?</p> <p>What are the purposes of the drug testing protocol?</p>		
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5L	<b>Treatment Provider Qualifications</b>  The FTC's partner treatment providers are licensed, certified, or accredited.	Are all treatment providers that the FTC refers participants to licensed or otherwise certified?		
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**Standard 6: Comprehensive Case Management, Services, and Supports for Families**

6A	<p><b>Intensive Case Management and Coordinated Case Planning</b></p> <p>Participants are provided intensive supportive case management, including a coordinated case plan (or a set of case plans) that is based on reliable and valid needs assessments, is systematically monitored to ensure that all family members receive services to meet their needs.</p>	<p>Describe the FTC’s approach to case management with program participants and their families.</p> <p>[If not already answered]: Does the FTC case plan (or set of case plans) include the child welfare dispositional order and treatment recommendations?</p>	
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6B	<p><b>Family Involvement in Case Planning</b></p> <p>FTC operational team's approach to case planning is family-centered, culturally responsive<sup>40</sup>, and strengths-based.</p> <p>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, and achieving desired outcomes.</p>	<p>What is the FTC team's approach to case planning?</p> <p>For a typical case, to what extent are children, caregivers, and family members involved in case planning?</p> <p>[If not already answered]: What does this involvement entail?</p>		
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<sup>40</sup> See section 2.2 of the Site Visit Guide for definitions of special terminology.

6C	<p><b>Recovery Supports</b></p> <p>The FTC links participants with professionally trained or certified recovery specialists (also known as recovery coaches), or with peer support specialists (also known as peer mentors).</p> <p>FTC team actively works with participants to build a community-based recovery support network.</p> <p>FTC does not require participants to attend any specific peer support group, but rather provides a range of options.</p>	<p>Does the program use recovery specialists/coaches or peer support specialists/mentors?</p> <p>[If yes]: How do participants gain access to these supports?</p> <p>To which community-based recovery programs does the FTC refer participants? Are participants required to attend?</p>		
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<p>6D</p>	<p><b>High-Quality Parenting Time (Also Called Visitation)</b></p> <p>FTC participants and their children receive parenting time that is high quality, well-resourced, face-to-face.</p> <p>Minimum caregiver visitations by child age are as follows:</p> <ul style="list-style-type: none"> <li>Under age 1 (3-5x week for 60 min.)</li> <li>Age 1-2 (2-4x week for 60 min.)</li> <li>Age 2-5 (2-4x week for 60 min.)</li> <li>Age 6-12 (1-3x week for 60 min.)</li> <li>Age 13+ (1-2x week for 60 min)</li> </ul> <p>Minimum sibling visitations are 1x week for 60 min.</p> <p>When needed, trained individuals facilitate supervised visitation as caregivers work to achieve unsupervised time.</p>	<p>Describe visitations, or parenting time, in the FTC.</p> <p>How frequently does visitation typically occur for children under the age of 1?</p> <p>For children aged 1-5?</p> <p>For children aged 6-12?</p> <p>For children aged 13 or older?</p> <p>For siblings?</p> <p>How frequently does visitation typically occur for siblings?</p> <p>Who facilitates supervised visitations?</p> <p>[If someone facilitates supervised visitations]: What, if any, training do individuals receive to facilitate supervised visitation?</p>		
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<p>6E</p>	<p><b>Parenting and Family-Strengthening Programs</b></p> <p>All evidenced-based interventions<sup>41</sup> 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.</p> <p>FTC team matches interventions to the needs of each child, parent, and family.</p>	<p>What parenting or family-strengthening programs are offered to FTC/FTC-referred participants?</p> <p>[If one or more programs are identified]: What are the components of the parenting and family-strengthening interventions?</p> <p>[If not already answered]: Do caregivers and children interact as a part of the intervention/program?</p> <p>How does the team determine who is referred to the family interventions/programs?</p>		
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<sup>41</sup> For information on determining whether a treatment is evidence-based, see Appendix G of the Site Visit Guide.

6F	<b>Reunification and Related Supports</b>  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?		
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6G	<p><b>Trauma-Specific Services for Children and Caregivers</b></p> <p>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. Children of FTC participants are screened/assessed for trauma.</p>	<p>What trauma services are available to FTC participants and their child(ren)?</p> <p>[If not already answered] Are these services evidence-based or evidence-informed?</p> <p>Who provides these services?</p> <p>What trauma screens/assessments are used with participants and their child(ren)?</p>		
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6H	<p><b>Services to Meet Children’s Individual Needs</b></p> <p>Children's needs are identified by a comprehensive assessment. Operational team matches developmentally appropriate services to the child’s identified needs.</p> <p>Children of participants are connected to a continuum of high-quality services that include prevention and intervention/treatment.</p> <p>Children's services are available to address needs along the following dimensions: physical, cognitive, social, emotional, behavioral, developmental, and therapeutic</p> <p>Operational team monitors children’s services providers so that services are delivered with fidelity.</p>	<p>Describe the process of identifying and referring children and adolescents to services.</p> <p>[If not answered]: How do children’s service plans change over time?</p> <p>[If not answered]: What types of services are children of FTC participants referred for?</p>		
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61	<p><b>Complementary Services to Support Caregivers and Family Members</b></p> <p>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.</p>	<p>What support services are available to participants and their family members?</p> <p>How are decisions to refer participants and their family members to case management services made?</p> <p>What is the purpose of providing these support services?</p>		
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6J	<p><b>Early Intervention Services for Infants and Children Affected by Prenatal Substance Exposure</b></p> <p>Infants and children under the age of 3 who are experiencing effects of prenatal substance exposure are connected to early intervention services that address the infant’s development, physical health, social/emotional needs, and safety needs.</p>	<p>What is the process used when an FTC case has an infant affected by prenatal substance exposure?</p> <p>[If not already answered]: What types of services are available for infants and children under age 3 of FTC participants who are affected by prenatal substance exposure? What do these services address?</p>		
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6K	<p><b>Substance Use Prevention and Intervention for Children and Adolescents</b></p> <p>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, evidence-based<sup>42</sup>.</p>	<p>What substance use disorder prevention and early intervention services are available to the children of FTC participants?</p> <p>[If yes]: Are these services culturally appropriate?  Developmentally appropriate?  Age appropriate?  Designed to enhance protective factors and reduce risk factors?</p> <p>Are these services evidence-based and monitored for fidelity?</p>		
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<sup>42</sup> For information on determining whether a treatment is evidence-based, see Appendix G of the Site Visit Guide.

**Standard 7: Therapeutic Responses to Behavior**

7A	<p><b>Child and Family Focus</b></p> <p>Responses to behavior are made in child's best interest. Responses do not negatively affect participants, do not negatively affect children, do not negatively affect families, do not interfere with court hearings, do not interfere with court requirements.</p> <p>Parenting time is not used as an incentive or sanction.</p>	<p>How are decisions about parenting and family time communicated so that they are not perceived as an incentive or sanction?</p> <p>What factors and considerations influence decisions about parenting time?</p> <p>[If not already answered]: Is parenting time used as an incentive or sanction?</p>		
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<p>7B</p>	<p><b>Treatment Adjustments</b></p> <p>Team considers whether non-compliance is due to a therapeutic problem before issuing a sanction.</p> <p>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.</p> <p>Adjustments made in consultation with clinical treatment professionals.</p> <p>Treatment adjustments are not used as incentive or sanction.</p>	<p>What are some key considerations when a participant is noncompliant?</p> <p>How are adjustments in treatment, including type, level of care, and dosage determined for FTC-referred participants?</p> <p>[If not already answered]: What factors and considerations influence treatment adjustment decisions?</p> <p>[If not already answered]: Are treatment adjustments used as an incentive or sanction?</p>		
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7C	<p><b>Complementary Support Service Modifications</b></p> <p>Team considers whether noncompliance is due to an unavoidable or structural barrier before issuing a sanction.</p> <p>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.</p>	<p>How does the FTC respond when participants face compliance barriers such as a lack of transportation, lack of safe housing, or cognitive impairment to compliance?</p>		
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<p>7D</p>	<p><b>FTC Phases</b></p> <p>Advancement through FTC phases is based on achievement of realistic, clearly defined behavioral objectives or milestones associated with sustained recovery, stable reunification, and safety, well-being, and permanency for children.</p> <p>The policy and procedure manual and the participant handbook provide the criteria necessary for advancement through the phases and successful discharge.</p> <p>FTC does not demote participants.</p>	<p>Please describe the phases or milestones for this FTC program.</p> <p>[If not already answered]: How do participants advance through the phases or milestones?</p> <p>Are there any circumstances in which a participant would phase up or down in a manner not described in the participant handbook?</p> <p>[If yes]: Please describe.</p> <p>Does the FTC demote participants?</p>		
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7E	<p><b>Incentives and Sanctions to Promote Engagement</b></p> <p>The FTC develops a range of responses (incentives and sanctions) of varying magnitudes that it employs throughout each participant's time in the FTC.</p> <p>FTC uses more incentives than sanctions.</p>	<p>Please describe the incentives and sanctions used in this FTC.</p> <p>Explain the decision-making process around determining sanctions and incentives.</p> <p>[If not already answered]: Does the FTC use more incentives than sanctions?</p>		
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<p>7F</p>	<p><b>Equitable Responses</b></p> <p>All relevant factors for each participant are considered when recommending sanctions.</p> <p>Consequences to any given participant are equivalent to those received by other participants who engage in comparable conduct in similar circumstances and with similar expectations.</p> <p>Team members articulate their reasoning when recommending consequences for a participant before the judge.</p> <p>Consequences do not differ by gender, race, ethnicity, nationality, socioeconomic status, or sexual orientation.</p>	<p>What factors influence recommended sanctions?</p> <p>How is this information communicated to the judge?</p> <p>Does the FTC keep records of the incentives and sanctions imposed for each participant?</p> <p>[If yes]: Is this data monitored to ensure that responses to behaviors are consistent and fair? Please describe.</p>		
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7G	<b>Certainty</b>  The operational team reliably detects and responds consistently to all participant behaviors listed in the FTC policies and procedures manual.	Describe the processes used by the FTC to determine whether a participant is compliant.		
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7H	<b>Advance Notice</b>  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.		
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71	<p><b>Timely Response Delivery</b></p> <p>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. The FTC adheres to legal and ethical communication protocols.</p>	<p>How long after a participant's behavior occurs is the behavior therapeutically responded to (e.g., incentive or sanction)?</p> <p>How does the FTC communicate about participant behavior?</p>		
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7J	<b>Opportunities for Participants to be Heard</b>  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.		
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7K	<p><b>Professional Demeanor</b></p> <p>Operational team’s interactions with the participant, participant’s children, family, and other members of the participant’s support system are respectful and professional.</p>	<p>Give an example in which a participant was either angry or disengaged. How did the team respond?</p> <p>[If not already answered]: How does the team respond to the participant's children?</p> <p>[If not already answered]: How does the team respond to the participant's family and other members of the participant's support system?</p>		
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7L	<p><b>Child Safety Interventions</b></p> <p>Appropriate child safety interventions, placement, and parenting time changes are made based on safety, well-being, and permanency indicators.</p> <p>Child welfare workers are responsible for ensuring child safety and may not delegate that responsibility.</p>	<p>What factors influence child safety interventions, including placement and parenting time changes?</p> <p>Who makes decisions about changes in visitations, custody, and child placement?</p>		
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7N	<b>FTC Discharge Decisions</b>  Agreed-upon criteria provide a framework to determine the appropriate discharge for each participant in its policies and procedures manual and participant handbook.	Are there ever instances where a participant's discharge decision differs from that described in the Participant Handbook?  [If yes]: Please explain.		
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**Standard 8: Monitoring and Evaluation**

<p>8A<sup>43</sup></p>	<p><b>Maintaining Data Electronically</b></p> <p>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 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).</p>	<p>Does the FTC maintain its own data system?</p> <p>[If yes]: When (how frequently) does data entry into the FTC system occur?</p> <p>[If yes]: What data does the FTC collect?[If not answered]: What specific variables do the FTC track throughout a participant’s involvement in the FTC?</p>		
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<sup>43</sup> See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.



<p>8B</p>	<p><b>Continuous Quality Improvement</b></p> <p>Data entry occurs within 48 hours of each activity/event and data are routinely monitored for quality assurance.</p> <p>Data summaries provide real-time information on participants, processes, outcome measures. Data summaries inform policy setting, sustainability efforts, quality improvement efforts. Policies, procedures, and outcomes are evaluated annually. After this review, action plan is developed to address challenges, incorporate best practices, improve outcomes.</p>	<p>When does data entry occur?</p> <p>What happens with the data that are collected?</p> <p>[If not answered]: Does the team view data summaries or reports?</p> <p>[If yes]: What type of information do these summaries cover?</p> <p>Does the steering and/or oversight committee view data summaries or reports?</p> <p>[If yes]: What does the steering/oversight committee do with this information?</p> <p>How often are policies, procedures, and outcomes evaluated?</p> <p>[If not answered]: How is the data used to improve policies and practices?</p>		
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8C	<b>Evaluating Adherence to Best Practices</b>  FTC adheres to best practice standards.	How does the FTC monitor its adherence to best practice standards?		
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8D	<b>Use of Rigorous Evaluation Methods</b>  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?		
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**Appendix B: Interview – Treatment**

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

**Standard 4: Early Identification, Screening, and Assessment**

4C	<p><b>Use of Valid and Reliable Screening and Assessments for Caregivers and Families</b></p> <p>Valid and reliable instruments<sup>44</sup> are used to screen and assess appropriate treatment level-of-care.</p>	<p>What assessment instruments are used to make substance use disorder (SUD) treatment decisions with FTC clients?</p>	
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<sup>44</sup> 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 <sup>45</sup>	<p><b>Timely Access to Appropriate Substance Use Treatment</b></p> <p>Protocols and practices ensure timely access to an appropriate substance use treatment.</p>	<p>How does your agency ensure that FTC participants access treatment as quickly as possible?</p>	
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<sup>45</sup> See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

<p>5B*</p>	<p><b>Matching Treatment to Assessed Need</b></p> <p>Level of care assessment is conducted by a qualified treatment provider.</p> <p>Treatment is adjusted based on ongoing formal reassessments to meet participants' clinical needs.</p>	<p>Describe the process of SUD treatment level-of-care referral or placement.</p> <p>[If response is unclear]: How often are FTC-referred participants re-assessed for SUD treatment need during their program participation?</p> <p>[If reassessments occur]: What is the purpose of these re-assessments?</p>		
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5C <sup>46</sup>	<p><b>Comprehensive Continuum of Care</b></p> <p>Participants have access to a continuum of SUD treatment that includes the following levels of care: outpatient treatment, intensive outpatient treatment, partial hospitalization, residential/inpatient treatment, medical detox.</p> <p>Medication management is available at each level of care.</p> <p>Each participant’s SUD treatment dosage and duration are sufficient to achieve and sustain recovery.</p> <p>After acute SUD treatment is no longer required, participants engage in continuing care to maintain stable health and recovery.</p>	<p>What levels of SUD treatment do FTC-referred participants have access to?</p> <p>How long are participants in SUD treatment?</p> <p>[If no mention of aftercare already]: Are aftercare services available to FTC-referred participants? If so, can you describe the aftercare services?</p>		
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<sup>46</sup> See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.



5D	<p><b>Integrated Treatment of Co-Occurring Substance Use and Mental Health Disorders</b></p> <p>Integrated treatment plans address the needs of participants who have co-occurring substance use and mental health disorders in a coordinated manner.</p>	<p>What services are provided to FTC-referred participants who have co-occurring substance use and mental health disorders?</p> <p>[If specific agency does not offer services for co-occurring substance use and mental health disorders]: Are FTC clients referred elsewhere for treatment that addresses co-occurring substance use and mental health disorders?</p>		
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5E	<p><b>Family-Centered Treatment<sup>47</sup></b></p> <p>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.</p>	<p>Does the treatment center you represent provide family-centered treatment to clients?</p> <p>[If yes]: Describe the family-centered nature of SUD treatment offered to FTC-referred caregivers.</p> <p>[If no]: Are FTC clients referred elsewhere for family-centered treatment?</p> <p>[If not answered]: Are participants' children permitted to reside with them in residential treatment?</p>		
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<sup>47</sup> See section 2.2 of the Site Visit Guide for definitions of special terminology.

5F	<p><b>Gender-Responsive Treatment</b><sup>48</sup></p> <p>Treatment providers are trained in gender-responsive treatment.</p> <ul style="list-style-type: none"> <li>• Treatment meets the needs of all genders because it includes gender-specific groups, child care, medical and nutritional interventions.</li> </ul>	<p>How often do your providers who work with FTC-referred participants receive training related to gender-responsive or gender-specific services (e.g., women-centered treatment)?</p> <p>Does the treatment center you represent provide gender-responsive or gender-specific treatment to participants (e.g., women-centered treatment)?</p> <p>[If yes]: Describe the gender-responsive nature of SUD treatment offered to FTC-referred caregivers.</p> <p>[If no]: Are clients referred elsewhere for gender-responsive treatment?</p>		
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<sup>48</sup> See section 2.2 of the Site Visit Guide for definitions of special terminology.

5G	<p><b>Treatment for Pregnant Women</b></p> <p>FTC protocol and practices identify the unique needs of pregnant participants. FTC provides treatment and other services to meet these women’s needs, including substance use interventions that include MAT when clinically indicated.</p>	<p>What services and supports are available to pregnant FTC participants?</p> <p>[If not already answered]: Does your agency provide or coordinate MAT treatment for pregnant women who have an opioid use disorder?</p> <p>[If no]: Are pregnant clients referred elsewhere for MAT?</p>		
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5H	<p><b>Culturally Responsive Treatment<sup>49</sup></b></p> <p>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.</p>	<p>How does your agency respond to the cultural and/or linguistic needs of FTC participants?</p> <p>[If not answered]: Are clients referred elsewhere for culturally and linguistically responsive treatment?</p>		
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<sup>49</sup> See section 2.2 of the Site Visit Guide for definitions of special terminology.

51	<p><b>Evidence-Based Manualized Treatment<sup>50</sup></b></p> <p>Substance use treatment agencies that partner with the FTC provide evidence-based, manualized treatments.</p> <p>For these agencies, fidelity to the evidence-based, manualized treatments model is assessed on a regular basis.</p> <p>To ensure continuing fidelity to the model, substance use treatment providers are trained, certified (when applicable), and clinically supervised.</p>	<p>What evidence-based, manualized treatments are used with FTC-referred caregivers, children, and families?</p> <p>How frequently is model fidelity assessed for these evidence-based treatments?</p> <p>What training and/or certification do clinicians delivering evidence-based interventions with FTC-referred participants undergo?</p>		
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<sup>50</sup> For information on determining whether a treatment is evidence-based, see Appendix G of the Site Visit Guide.

5J	<p><b>Medication-Assisted Treatment (MAT)</b></p> <p>FTC does not exclude individuals using or considering MAT from FTC program.</p> <p>FTC participants receive MAT for substance use disorders based on an objective determination by a qualified medical provider that MAT is medically indicated.</p> <p>FTC does not mandate MAT.</p>	<p>To your knowledge, are individuals using MAT excluded from the FTC program?</p> <p>How is it determined that a participant is eligible/appropriate to receive MAT?</p> <p>How are cases handled in which MAT is recommended to an FTC-referred participant but the participant does not want to use it?</p>		
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5K	<p><b>Alcohol and Other Drug Testing Protocols</b></p> <p>Standardized drug testing protocol specifies the frequency (a minimum of two times per week), scheduling, randomization procedures, observation, duration, and breadth of testing. The purpose of drug testing protocol is to monitor participants' use of illicit and licit substances, outline processes for confirmation, notification, and dissemination of test results.</p>	<p>Does your agency conduct drug testing with FTC-referred participants?</p> <p>[If yes]: What are the testing protocols used with these participants?</p> <p>[If not already answered]: Is drug testing random? Is drug testing observed? Is drug tested completed at least 2x weekly?</p> <p>[If not already answered]: Do participants have an equal chance of getting tested every day, even on weekends and holidays?</p> <p>What are the purposes of the drug testing protocol?</p>		
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5L	<p><b>Treatment Provider Qualifications</b></p> <p>The FTC’s partner treatment providers are licensed, certified, or accredited.</p> <p>Treatment providers receive continuing education and clinical supervision to ensure adoption of best practices in treatment of SUD, mental health, and related disorders.</p>	<p>What are the entities that license, certify, or accredit your agency?</p> <p>[If entities specified]: How frequently is licensure/certification/or accreditation renewed?</p> <p>What are the continuing education training requirements for providers at your agency?</p>		
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**Standard 6: Comprehensive Case Management, Services, and Supports for Families**

<p>6C</p>	<p><b>Recovery Supports</b></p> <p>The FTC links participants with professionally trained or certified recovery specialists (also known as recovery coaches), or with peer support specialists (also known as peer mentors).</p> <p>FTC team actively works with participants to build a community-based recovery support network.</p> <p>FTC does not require participants to attend any specific peer support group, but rather provides a range of options.</p>	<p>Does your agency connect FTC-referred participants with recovery specialists/coaches or peer support specialists/mentors?</p> <p>[If yes]: How do participants gain access to these supports?</p> <p>To which community-based recovery programs does your agency refer FTC-involved participants? Are participants required to attend?</p>		
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6E	<p><b>Parenting and Family-Strengthening Programs</b></p> <p>All evidenced-based interventions<sup>51</sup> are characterized by including a caregiver-child 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 disorder and co-occurring additional risk factors.</p> <p>FTC team matches interventions to the needs of each child, parent, and family.</p>	<p>Does your agency provide parenting and family-strengthening interventions to FTC-involved participants?</p> <p>[If yes]: What are the components of the parenting and family-strengthening interventions?</p> <p>[If not already answered]: Do caregivers and children interact as a part of the intervention/program?</p> <p>How does the FTC team determine who is referred to the family interventions/programs?</p>		
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<sup>51</sup> For information on determining whether a treatment is evidence-based, see Appendix G of the Site Visit Guide.

6G	<p><b>Trauma-Specific Services for Children and Caregivers</b></p> <p>Trauma-specific interventions are available to FTC participants and FTC children.</p> <p>These trauma-specific interventions are evidence-based or evidence-informed. Trained treatment professionals provide trauma-specific therapies with fidelity.</p> <p>FTC participants are screened/assessed for trauma. Children of FTC participants are screened/assessed for trauma.</p>	<p>What trauma services are available to FTC participants and their child(ren)?</p> <p>[If not already answered]: Are these services evidence-based or evidence-informed?</p> <p>How is fidelity to the model monitored?</p> <p>What trauma screens/assessments are used with participants and their child(ren)?</p>		
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**Standard 7: Therapeutic Responses to Behavior**

7B	<p><b>Treatment Adjustments</b></p> <p>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.</p> <p>Adjustments made in consultation with clinical treatment professionals.</p> <p>Treatment adjustments are not used as incentive or sanction.</p>	<p>How are adjustments in treatment, including type, level of care, and dosage determined for FTC-referred participants?</p> <p>[If not already answered]: What factors and considerations influence treatment adjustment decisions?</p> <p>[If not already answered]: Are treatment adjustments used as an incentive or sanction?</p>		
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**Appendix C: Observation – FTC Staffing**

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

Provision Number	Provision & Key Concepts	Observation Item	Notes	Rating
1C	<p><b>Multidisciplinary Team</b></p> <p>Ongoing FTC operations are administered by a team of professionals, including the judge, FTC coordinator, child welfare agency/state's attorney, caregiver's attorney, child's attorney, guardian ad litem and/or court-appointed special advocate, child welfare worker, and providers from SUD treatment, MH treatment, child &amp; adolescent services, and related agencies.</p>	<p>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.</p> <p>(See Observation Checklist on the FIT Scoring Instrument)</p>		

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



**Standard 2: Role of the Judge**

2B	<p><b>Judicial Decision Making</b></p> <p>In pre-court staffing, the judge and operational team discuss the recommended responses for each case based on information about participant attendance, progress, engagement in treatment, complementary services received, children’s needs and services, and compliance with child welfare court and child welfare agency requirements.</p> <p>The judge makes the final decision about the court-ordered response.</p>	<p>During staffings, judge guides the team, considers contributions from all team members when making decisions, and asks for professional input as necessary.</p> <p>Judge makes the final decision about court-ordered responses.</p>		
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2C	<b>Participation in Pre-Court Staffings</b>  The FTC judge consistently attends pre-court staffing to discuss participant progress, updates, and behaviors.	Judge is present and engaged at staffing; Judge is involved in discussions regarding all participants.		
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**Standard 4: Early Identification, Screening, and Assessment**

<p>4A</p>	<p><b>Target Population, Objective Eligibility and Exclusion Criteria</b></p> <p>FTC targets families that require intensive services, increased support and monitoring, and judicial oversight to comply with child welfare system case plan, complete SUD treatment, and safely reunify with children.</p> <p>FTC defines target population using objective eligibility and exclusion criteria.</p> <p>FTC communicates eligibility criteria in writing to all referral sources.</p> <p>FTCs do not make eligibility determinations based on subjective criteria.</p>	<p>All eligibility/exclusion determinations are based on objective assessment and criteria.</p>		
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4E	<p><b>Identification and Resolution of Barriers to Recovery and Reunification</b></p> <p>The FTC systematically monitors community-based barriers that hinder participants, children, and families from obtaining services or progressing toward goals.</p>	<p>Team uses the same process of identifying problems for all participants (e.g., relies on case reports for all clients).</p> <p>Team engages in problem-solving to resolve any identified barriers to progress.</p>		
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**Standard 6: Comprehensive Case Management, Services, and Supports for Families**

6A

**Intensive Case Management and Coordinated Case Planning**

Participants are provided intensive supportive case management, including a coordinated case plan (or a set of case plans) based on reliable and valid needs assessments that is systematically monitored to ensure that all family members receive services to meet their needs.

Team discusses connecting participants with services to address issues identified in assessments, how involved participants are with services and resources, and how participants are progressing with services and resources.

6B	<p><b>Family Involvement in Case Planning</b></p> <p>Operational team’s uses a family-centered, culturally responsive<sup>52</sup>, and strengths-based approach in which children, caregivers, and family members (as appropriate) are active partners in identifying their needs and strengths, making decisions about treatment, setting goals, and achieving desired outcomes.</p>	<p>Case planning discussions demonstrate focus on strengths of other family members.</p>		
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<sup>52</sup> See section 2.2 of the Site Visit Guide for definitions of special terminology.

**Standard 7: Therapeutic Responses to Behavior**

7A	<p><b>Child and Family Focus</b></p> <p>Responses to behavior are made in child's best interest and do not:</p> <ul style="list-style-type: none"><li>• negatively affect participants, children, or families</li><li>• interfere with child welfare court hearings or requirements</li></ul> <p>Parenting time is not used as an incentive or sanction.</p>	<p>Decisions about parenting/family time are made with input from child welfare specialists and based on child's best interests.</p>		
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7B	<p><b>Treatment Adjustments</b></p> <p>Team considers whether non-compliance is due to a therapeutic problem before issuing a sanction.</p> <p>If such an issue exists, adjustments in the type of treatment, level of care, and dosage are based on the clinical needs of the participant's substance use and mental, physical, social, or emotional health.</p> <p>Adjustments made in consultation with clinical treatment professionals.</p> <p>Treatment adjustments are not used as incentive or sanction.</p>	<p>Treatment adjustments are implemented by treatment professionals, in consultation with members of the FTC team</p> <p>Team members discuss whether non-compliance could be a result of needing a treatment adjustment.</p> <p>Treatment adjustments are not a reward or punishment.</p> <p>Judge discusses treatment adjustments in a health- and wellbeing-centered way.</p>		
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7C	<p><b>Complementary Service Modifications</b></p> <p>Team considers whether noncompliance is due to an unavoidable or structural barrier before issuing a sanction.</p> <p>If such is determined, FTC team responds by providing additional complementary supports and services.</p>	<p>Team discusses whether non-compliance could be related to the need for a support service modification (e.g., transportation, change in housing).</p> <p>When service needs arise, the team responds by identifying additional supports and services.</p>		
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7E	<p><b>Incentives and Sanctions to Promote Engagement</b></p> <p>The FTC develops a range of responses (incentives and sanctions) of varying magnitudes that it employs throughout each participant's time in the FTC.</p> <p>FTC uses more incentives than sanctions.</p>	Team discusses incentives and sanctions during staffing.		
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7F	<p><b>Equitable Responses</b></p> <p>All relevant factors for each participant are considered and team members must articulate their reasoning when recommending consequences for a participant before the judge.</p> <p>Consequences do not differ by gender, race, ethnicity, nationality, socioeconomic status, or sexual orientation and are equivalent to those received by other participants who engage in comparable conduct in similar circumstances and with similar expectations.</p>	<p>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.</p>		
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7K	<b>Professional Demeanor</b>  Operational team's interactions with the participant, children, family, and other members of the participant's support system are respectful and professional.	Team uses person-centered, respectful language when discussing participant needs and progress.		
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7L	<p><b>Child Safety Interventions</b></p> <p>Appropriate child safety interventions, placement, and parenting time changes are made based on safety, well-being, and permanency indicators.</p> <p>Child welfare workers are responsible for ensuring child safety and may not delegate that responsibility.</p>	<p>Decisions about parenting/family time are made with input from child welfare specialists and based on child's best interests.</p> <p>Changes in placement are based on the best interest of the child(ren) and safety, well-being, and permanency indicators.</p>		
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7M	<p><b>Use of Addictive or Intoxicating Substances</b></p> <p>Medical experts determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether safe alternatives are available.</p> <p>Use of nonmedically-indicated intoxicating or addictive substances (e.g., alcohol, cannabis, prescription medications) is addressed, regardless of the substance’s licit/illicit status.</p>	<p>Decisions regarding prescription medications are made only by doctors or medical experts.</p> <p>Regardless of whether the substance is legal or illegal, substance use behaviors are treated the same.</p>		
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**Appendix D: Observation – FTC Hearing**

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

Provision Number	Provision & Key Concepts	Observation Item	Notes	Rating
1C	<p><b>Multidisciplinary Team</b></p> <p>Ongoing FTC operations are administered by a team of professionals, including the judge, FTC coordinator, child welfare agency/state’s attorney, caregiver’s attorney, child’s attorney, guardian ad litem and/or court-appointed special advocate, child welfare worker, and providers from SUD treatment, MH treatment, child &amp; adolescent services, and related agencies.</p>	<p>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.</p> <p>(See Observation Checklist on the FIT Scoring Instrument)</p>		



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

**Standard 2: Role of the Judge**

<p>2D</p>	<p><b>Interaction with Participants</b></p> <p>At FTC hearings, judge spends a minimum of three minutes talking to each participant.</p> <p>Judge responds to the participant’s behavior and provides a rationale for these responses.</p> <p>Judge reinforces the treatment adjustments and responses to behaviors.</p> <p>Judge is engaging, supportive, and encouraging, and works to build rapport with the participant.</p> <p>Judge emphasizes participant strengths and the importance of the participant’s continued engagement in treatment and services.</p> <p>Judge encourages the participant to discuss his or her progress, progress the children are making, activities to enhance parenting skills, and parenting challenges or unmet needs.</p>	<p><b>FTC Hearing</b></p> <p>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.</p> <p>Judge explains to participants-in plain language-the reasoning behind incentives, sanctions, and treatment adjustments.</p> <p>Judge provides consistent information to participants regarding treatment adjustments and safety interventions imposed in response to participant behaviors.</p> <p>Judge demonstrates warmth and eye contact with participants. Judge uses participant’s name. Judge engages in two-way conversation. Judge provides positive feedback to participants.</p> <p>Judge highlights participants' strengths/achievements.</p> <p>Judge asks participant to verbalizes their own opinions on their progress, their child(ren)'s progress, challenges, etc.</p>		
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**Standard 4: Early Identification, Screening, and Assessment**

4E	<p><b>Identification and Resolution of Barriers to Recovery and Reunification</b></p> <p>The FTC systematically monitors community-based barriers that hinder participants, children, and families from obtaining services or progressing toward goals.</p>	<p>Team uses the same process of identifying problems for all participants (e.g., relies on case reports for all clients).</p> <p>Team engages in problem-solving to resolve any identified barriers to progress.</p>		
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**Standard 6: Comprehensive Case Management, Services, and Supports for Families**

6B	<b>Family Involvement in Case Planning</b>  Operational team's uses a family-centered, culturally responsive <sup>53</sup> , 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.	Feedback regarding case planning is solicited from participant and other family members.		
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<sup>53</sup> See section 2.2 of the Site Visit Guide for definitions of special terminology.

6C	<p><b>Recovery Supports</b></p> <p>The FTC links participants with professionally trained or certified recovery specialists (also known as recovery coaches), or with peer support specialists (also known as peer mentors).</p> <p>FTC team actively works with participants to build a community-based recovery support network.</p> <p>FTC does not require participants to attend any specific peer support group, but rather provides a range of options.</p>	<p>Team encourages participant to engage with recovery coach/peer specialist and community-based recovery.</p> <p>Team problem-solves with client on the topic of peer and community/natural recovery supports when warranted.</p>		
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6F	<b>Reunification and Related Supports</b>  FTC participants and their families receive reunification and related supports.	Participants who are nearing or have completed reunification are offered specific reunification supports.		
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<p>6H</p>	<p><b>Services to Meet Children’s Individual Needs</b></p> <p>Children of participants are connected to a continuum of high-quality prevention, intervention, and treatment services to meet their physical, cognitive, social, emotional, behavioral, developmental, therapeutic, and educational needs identified by a comprehensive assessment, ideally through a medical home for the family.</p> <p>Operational team matches developmentally appropriate services to the child’s identified needs and monitors providers so that services are delivered with fidelity.</p>	<p>Participants’ children are referred for services.</p> <p>Children’s behaviors and progress in services are discussed.</p> <p>Children’s service plans change in response to newly identified needs.</p>		
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61	<p><b>Complementary Services to Support Caregivers and Family Members</b></p> <p>Comprehensive range of complementary support services (e.g., child care, employment, educational, domestic violence, legal, transportation, food, clothing, housing, medical and dental care) are chosen to meet the individual needs of participants and their family members as identified by <i>formal assessment</i> to promote engagement and retention in SUD treatment and for sustained recovery and permanency.</p>	<p>Participants and their family members are offered support services to address identified unmet needs (e.g., child care, employment, educational, domestic violence, legal, transportation, food, clothing, housing, medical and dental care).</p>		
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**Standard 7: Therapeutic Responses to Behavior**

<p>7A</p>	<p><b>Child and Family Focus</b></p> <p>Responses to behavior are made in child's best interest and do not:</p> <ul style="list-style-type: none"> <li>• negatively affect participants, children, or families</li> <li>• interfere with child welfare court hearings or requirements</li> </ul> <p>Parenting time is not used as an incentive or sanction.</p>	<p>Team models strengths orientation &amp; consistency to caregivers.</p> <p>Team applauds/incentivizes strengths-based, consistent parenting.</p> <p>Parenting time is not used as a reward or punishment.</p> <p>Team provides incentives that support positive family time and are child-focused (things for, or to do with, children).</p>		
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7B	<p><b>Treatment Adjustments</b></p> <p>Team considers whether non-compliance is due to a therapeutic problem before issuing a sanction.</p> <p>If such an issue exists, adjustments in the type of treatment, level of care, and dosage are based on the clinical needs of the participant's substance use and mental, physical, social, or emotional health.</p> <p>Adjustments made in consultation with clinical treatment professionals.</p> <p>Treatment adjustments are not used as incentive or sanction.</p>	<p>Treatment adjustments are implemented by treatment professionals, in consultation with members of the FTC team.</p> <p>Team members discuss whether non-compliance could be a result of needing a treatment adjustment.</p> <p>Treatment adjustments are not a reward or punishment.</p> <p>Judge discusses treatment adjustments in a health- and wellbeing-centered way.</p>		
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7C	<p><b>Complementary Service Modifications</b></p> <p>Team considers whether noncompliance is due to an unavoidable or structural barrier before issuing a sanction.</p> <p>If such is determined, FTC team responds by providing additional complementary supports and services.</p>	<p>Participants are not punished when structural or individual barriers result in non-compliance.</p>		
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7E	<p><b>Incentives and Sanctions to Promote Engagement</b></p> <p>The FTC develops a range of responses (incentives and sanctions) of varying magnitudes that it employs throughout each participant's time in the FTC.</p> <p>FTC uses more incentives than sanctions.</p>	<p>Judge delivers a variety of incentives and sanctions. Judge uses incentives more often than sanctions.</p>		
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7F	<p><b>Equitable Responses</b></p> <p>All relevant factors for each participant are considered and team members must articulate their reasoning when recommending consequences for a participant before the judge.</p> <p>Consequences do not differ by gender, race, ethnicity, nationality, socioeconomic status, or sexual orientation and are equivalent to those received by other participants who engage in comparable conduct in similar circumstances and with similar expectations.</p>	<p>Responses to participants are of an equivalent magnitude for similar infractions.</p> <p>Responses to participants do not differ across race, ethnicity, and gender.</p> <p>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.</p>		
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71	<b>Timely Response Delivery</b>  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.		
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7J	<b>Opportunity for Participants to be Heard</b>  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.	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.		
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7K	<p><b>Professional Demeanor</b></p> <p>Operational team’s interactions with the participant, children, family, and other members of the participant’s support system are respectful and professional.</p>	<p>Team uses person-centered, respectful language when discussing participant needs and progress.</p> <p>Team uses participants’ and natural supports’ names, eye contact with participants, respectful and professional tone, and formal and professional language.</p>		
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7M	<p><b>Use of Addictive or Intoxicating Substances</b></p> <p>Medical experts determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether safe alternatives are available.</p> <p>Use of nonmedically-indicated intoxicating or addictive substances (e.g., alcohol, cannabis, prescription medications) is addressed, regardless of the substance's licit/illicit status.</p>	<p>Regardless of whether the substance is legal or illegal, substance use behaviors are treated the same.</p>		
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**Appendix E: Document Review**

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

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

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

<sup>54</sup> 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	<p><b>Shared Mission &amp; Vision</b></p> <p>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.</p>	<p>Document #1 (P&amp;P Manual): Vision and mission statements include measurable goals and objectives.</p>		

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

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

Provision Number	Provision & Key Concepts	Document Source	Notes	Rating
1H	<p><b>Family-Centered, Culturally-Relevant, and Trauma-Informed Approach<sup>55</sup></b></p> <p>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.</p>	<p>Document #1 (P&amp;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 &amp; responds to signs &amp; symptoms of trauma.</p>		

<sup>55</sup> See section 2.2 of the Site Visit Guide for definitions of special terminology.



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

Provision Number	Provision & Key Concepts	Document Source	Notes	Rating
1J	<p><b>Pre-Court Staffing &amp; Review Hearing</b></p> <p>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.</p> <p>A progress report is developed and read by all team members prior to each staffing.</p>	<p>Document #9 (Child welfare court reports/FTC progress reports/Plan of Safe Care): Includes information on progress and needs of children, caregivers, and family.</p> <p><b>OR</b><sup>56</sup></p> <p>Document #1 (P&amp;P Manual): States that FTC team participates in pre-court staffing meetings.</p> <p>States that staffing meeting occurs immediately before the FTC court review hearing.</p> <p>States that during staffing, team discusses progress and needs of children, caregivers, and family.</p> <p>States that during staffing, team recommends coordinated response to participant behavior to judge.</p>		

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<sup>56</sup> 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 FTC's mission and vision.

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.

<p>2E</p>	<p><b>Professional Training</b></p> <p>The FTC judge obtains training on mental health, substance use disorders, child welfare, and legal and constitutional issues related to FTCs.</p> <p>The FTC judge attends annual training conferences and workshops.</p> <p>The FTC judge attends training with other operational team members to assure cross-training.</p>	<p>Document #6 (Judge’s Legal Education/ Training Certificates): Indicates that FTC judge has obtained training on mental health, substance use disorders, child welfare, and legal and constitutional issues related to FTCs.</p> <p>Indicates that FTC judge attended annual training conferences and workshops.</p> <p>Indicates that FTC judge attended training with other operational team members to assure cross-training.</p>		
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2F	<b>Length of Judicial Assignment to FTC</b>  The FTC judge presides over the FTC for at least two consecutive years.	Document #5 (Judge's Appointment Date): Indicates that judge has presided over FTC for at least 2 consecutive years.		
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**Standard 3: Equity and Inclusion**

3A <sup>57</sup>	<p><b>Equitable FTC Program Admission Practices</b></p> <p>The FTC annually examines its eligibility criteria, screening processes, referral processes, entry processes, and assessment processes.</p> <p>Review of criteria and processes aims to identify and correct any disproportionality in access.</p>	<p>Document #10 (Minutes/Notes): Indicates that the FTC annually examines its eligibility criteria, screening processes, referral processes, entry processes, and assessment processes.</p>		
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<sup>57</sup> See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

3B <sup>8</sup>	<p><b>Equitable FTC Retention Rates and Child Welfare Outcomes</b></p> <p>FTC acts strategically to achieve equivalent or better outcomes for historically marginalized groups compared to the overall child welfare system population.</p> <p>FTC examines equity across the following outcomes: participation, engagement, successful discharge, permanency, and well-being.</p>	<p>Document #10 (Minutes/Notes): Indicates that the FTC is using strategic methods for achieving equitable retention rates and child welfare outcomes.</p>		
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<p>3C<sup>8</sup></p>	<p><b>Equitable Treatment</b></p> <p>Treatment for FTC participants is family centered, gender-responsive, trauma-informed, and linguistically and culturally appropriate.</p> <p>Treatment for FTC participants matches the intensity, dosage, and quality consistent with the needs and preferences of the individual and family.</p> <p>FTC ensures equivalent outcomes across groups.</p>	<p>Document #10 (Minutes/Notes):</p> <p>Documents discussion that treatment for FTC participants is family-centered, gender-responsive, trauma-informed, and linguistically and culturally appropriate.</p> <p>Documents discussion that treatment for FTC participants matches the intensity, dosage, and quality consistent with the needs and preferences of the participant and family.</p>		
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3D <sup>58</sup>	<p><b>Equitable Responses to Participant Behavior</b></p> <p>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.</p>	<p>Document #10 (Minutes/Notes): Documents discussion on equitable responses to participant behavior.</p>		
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<sup>58</sup> See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

3E	<p><b>Team Training</b></p> <p>The FTC provides training on culturally relevant services and supports to its operational team and partners.</p>	<p>Document #7 (FTC Team Continuing Education Documents): Indicates that team receives training on culturally relevant supports and services.</p> <p><b>OR</b><sup>59</sup></p> <p>Document #8 (Orientation Training Curriculum for New Operational Team Members): Indicates that team onboarding training includes information on culturally relevant supports and services.</p>		
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<sup>59</sup> See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

**Standard 4: Early Identification, Screening, and Assessment**

<p>4A</p>	<p><b>Target Population, Objective Eligibility and Exclusion Criteria</b></p> <p>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.</p> <p>This high risk/high need target population is defined in the FTCs objective eligibility and exclusion criteria.</p> <p>FTC communicates eligibility criteria in writing to all referral sources.</p> <p>FTCs do not make eligibility determinations based on subjective criteria.</p>	<p>Document #1 (P&amp;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.</p> <p>Includes objective eligibility and exclusion criteria.</p> <p>Specifies that FTCs do not make eligibility determinations based on subjective criteria.</p>		
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<p>4B<sup>60</sup></p>	<p><b>Standardized and Systematic Referral, Screening, and Assessment Process</b></p> <p>The FTC uses processes for referring, screening and assessing.</p> <p>These processes for referring, screening and assessing FTC participants are agreed upon, standardized, and systematic.</p> <p>These standardized referral, screening, and assessment processes apply to caregivers, children, and families.</p> <p>Referral sources are trained in when to appropriately refer their participants.</p>	<p>Document #1 (P&amp;P Manual): Specifies standardized processes for referring, screening, and assessing.</p> <p>States that the standardized referral, screening, and assessment processes apply to caregivers, children, and families.</p>		
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<sup>60</sup> See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

4C	<p><b>Use of Valid and Reliable Screening and Assessment for Caregivers and Families</b></p> <p>Valid and reliable instruments<sup>61</sup> 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, complementary services.</p>	<p>Document #1 (P&amp;P Manual): Specifies that valid and reliable instruments are 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.</p> <p><b>OR</b></p> <p><b>[If FTC does their own screening/ assessing]:</b> 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.</p> <p><b>OR</b></p> <p><b>[If treatment does the assessments]:</b> 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,</p>		
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<sup>61</sup> 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.		
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4D	<p><b>Use of Valid, Reliable, and Developmentally Appropriate Screening and Assessment for Children<sup>62</sup></b></p> <p>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.</p>	<p><b>[If child welfare or FTC does screening/ assessing]:</b> Document #14 (Assessment Instruments from FTC): Includes valid and reliable instruments used to screen and assess case planning for children.</p> <p><b>OR</b></p> <p><b>[If treatment does the assessments]:</b> Document #26 (Assessment Instruments from Treatment): Includes valid and reliable instruments used to screen and assess case planning for children.</p>		
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<sup>62</sup> For information on determining whether a screening/assessment instrument is validated, see Appendix G of the Site Visit Guide.

4E	<p><b>Identification and Resolution of Barriers to Recovery and Reunification</b></p> <p>The FTC systematically monitors community-based barriers to obtaining services or progressing towards goals for participants, children and families.</p>	<p>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 participants, children, and families.</p> <p><b>OR</b></p> <p>Document #10 (Minutes/Notes): Documents discussion monitoring and resolution to community-based barriers for participants and their families.</p>		
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**Standard 5: Timely, High-Quality, and Appropriate Substance Use Disorder Treatment**

5F	<p><b>Gender-Responsive Treatment<sup>63</sup></b></p> <p>Treatment providers are trained in gender-responsive treatment.</p> <p>Treatment meets the needs of all genders:</p> <ul style="list-style-type: none"> <li>• Gender-specific groups</li> <li>• Child care</li> <li>• Medical and nutritional interventions</li> </ul>	<p>Document #28 (Treatment Group Schedule): Indicates availability of gender-responsive groups.</p>		
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<sup>63</sup> See section 2.2 of the Site Visit Guide for definitions of special terminology.

51	<p><b>Evidence-Based Manualized Treatment<sup>64</sup></b></p> <p>Substance use treatment agencies that partner with the FTC provide evidence-based, manualized treatments.</p> <p>For these agencies, fidelity to the evidence-based, manualized treatments model is assessed on a regular basis.</p> <p>To ensure continuing fidelity to the model, substance use treatment providers are trained, certified (when applicable), and clinically supervised.</p>	<p>Document #20 (Treatment Model Fidelity Review): Indicates that fidelity to the evidence-based, manualized treatments model is assessed on a regular basis.</p> <p><b>AND<sup>65</sup></b></p> <p>Document #19 (Initial Evidence-Based Practice Training and Certification): Indicates that treatment provider is using evidence-based, manualized treatments.</p> <p>Indicates that treatment providers are trained, certified (when applicable), and clinically supervised.</p>		
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<sup>64</sup> For information on determining whether a treatment is evidence-based, see Appendix G of the Site Visit Guide.

<sup>65</sup> See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

5J	<p><b>Medication-Assisted Treatment</b></p> <p>FTC does not exclude individuals using or considering medication assisted treatment.</p> <p>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 medically indicated.</p> <p>FTC does not mandate medication assisted treatment.</p>	<p>Document #1 (P&amp;P Manual): Specifies that FTC does not exclude individuals using or considering MAT from FTC program.</p> <p>Specifies that FTC participants receive MAT for substance use disorders based on an objective determination by a qualified medical provider that MAT is medically indicated.</p> <p>Specifies that FTC does not mandate MAT.</p>		
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5K	<p><b>Alcohol and Other Drug Testing Protocols</b></p> <p>Standardized drug testing protocol specifies the frequency (a minimum of two times per week), scheduling, randomization procedures, observation, duration, and breadth of testing.</p> <p>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, outline processes for dissemination of test results.</p>	<p>Document #1 (P&amp;P Manual): Specifies drug testing protocol including frequency (a minimum of two times per week), scheduling, randomization procedures, observation, duration, breadth of testing.</p> <p>States that 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, and outline processes for dissemination of test results.</p>		
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5L	<p><b>Treatment Provider Qualifications</b></p> <p>The FTC’s treatment providers are licensed, certified, or accredited.</p> <p>Treatment providers receive continuing education and clinical supervision to ensure adoption of best practices in treatment of SUD, mental health, and related disorders.</p>	<p>Document #23 (Certification): Indicates that treatment providers are licensed, certified, or accredited.</p> <p><b>AND</b><sup>66</sup></p> <p>Document #18 (FTC Providers Continuing Education/Training Certificates): Provides evidence of continuing education and clinical supervision.</p>		
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<sup>66</sup> See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

**Standard 6: Comprehensive Case Management, Services, and Supports for Families**

6A

**Intensive Case Management and Coordinated Case Planning**

Participants are provided intensive supportive case management, including a coordinated case plan (or a set of case plans) based on reliable and valid needs assessments that is systematically monitored to ensure that all family members receive services to meet their needs.

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.

<p>6D</p>	<p><b>High-Quality Parenting Time (Visitation)</b></p> <p>FTC participants and their children receive high-quality, well-resourced, and face-to-face.</p> <p>Minimum caregiver visitations by child’s age are as follows:          &lt; 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.)          13+ (1-2x week; 60 min)</p> <p>Minimum sibling visitations:          1x per week; 60 min.          When needed, trained individuals facilitate supervised visitation as caregivers work to achieve unsupervised time.</p>	<p>Document #9 (Child welfare court reports/FTC progress reports/Plan of Safe Care): Discusses parenting/family time (visitation).</p> <p>Discusses strategies to ensure high-quality parenting/family time (visitation) is occurring.</p>		
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6F	<b>Reunification and Related Supports</b>  FTC participants and their families receive reunification and related supports.	Document #9 (Child welfare court reports/FTC progress reports/Plan of Safe Care): Documents that participants and family are receiving reunification and related supports.		
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6G	<p><b>Trauma-Specific Services for Children and Caregivers</b></p> <p>Trauma-specific interventions are available to FTC participants and FTC children.</p> <p>These trauma-specific interventions are evidence-based or evidence-informed.</p> <p>Trained treatment professionals provide trauma-specific therapies with fidelity.</p> <p>FTC participants are screened/assessed for trauma.</p> <p>FTC children are screened/assessed for trauma.</p> <p>FTC participants and their children receive evidence-based or evidence-informed, trauma-specific, clinical interventions to treat their trauma-related symptoms and disorders.</p>	<p>Document #21(Trauma Intervention Fidelity Review): Provides evidence that FTC participants and children have access to evidence-based trauma intervention(s) delivered with fidelity.</p>		
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<p>6H</p>	<p><b>Services to Meet Children’s Individual Needs</b></p> <p>Children’s needs are identified by a comprehensive assessment.</p> <p>Operational team matches developmentally appropriate services to the child’s identified needs.</p> <p>Children of participants are connected to a continuum of high-quality services that include prevention and intervention/treatment.</p> <p>Children’s services are available to address needs along the following dimensions physical, cognitive, social, emotional, behavioral, developmental, and therapeutic.</p>	<p>Document #9 (Child welfare court reports/FTC progress reports/Plan of Safe Care): review for components related to meeting children’s needs as described in provision</p>		
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61	<p><b>Complementary Services to Support Caregivers and Family Members</b></p> <p>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.</p> <p>Complementary services are chosen to meet the individual needs of participants and their families.</p> <p>Complementary service needs are identified by formal assessment.</p> <p>Complementary service needs promote engagement/retention in substance use treatment, sustained recovery, and permanency.</p>	<p>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.</p>		
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6J	<p><b>Early Intervention Services for Infants and Children Affected by Prenatal Substance Exposure</b></p> <p>Infants and children under the age of 3 who are experiencing effects of prenatal substance exposure are connected to early intervention services that address the infant's developmental, physical, social and emotional, physical health, and safety needs.</p>	<p>Document #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.</p>		
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6K	<p><b>Substance Use Prevention and Intervention for Children and Adolescents</b></p> <p>Children of participants have access to services for substance use disorder prevention and early intervention for substance use disorder.</p> <p>These services are culturally appropriate, developmentally appropriate, age appropriate, designed to enhance protective factors, designed to reduce risk factors and are evidence-based.</p>	<p>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.</p> <p>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.</p>		
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**Standard 7: Therapeutic Responses to Behavior**

<p>7D</p>	<p><b>FTC Phases</b></p> <p>Advancement is based on achievement of realistic, clearly defined behavioral objectives or milestones associated with sustained recovery, stable reunification, and safety, well-being, and permanency for children.</p> <p>The policy and procedure manual and the participant handbook provide the criteria necessary for advancement through the phases and successful discharge.</p> <p>FTC does not demote participants.</p>	<p>Document #1 (P&amp;P Manual): Outlines realistic, clearly defined behavioral objectives for phase/milestone advancement.</p> <p>Provides the criteria necessary for successful discharge.</p> <p>Specifies that the FTC does not demote participants.</p> <p><b>AND</b><sup>67</sup></p> <p>Document #3 (Participant Handbook): Outlines realistic, clearly defined behavioral objectives for phase/milestone advancement.</p> <p>Provides the criteria necessary for successful discharge.</p> <p>Specifies that the FTC does not demote participants.</p>		
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<sup>67</sup> See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

7G	<b>Certainty</b>  The operational team reliably detects and responds consistently to all participant behaviors listed in the FTC policies and procedures manual.	Document #1 (P&P Manual): Includes list of behaviors that receive responses & list of corresponding responses.		
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7H	<b>Advance Notice</b>  The FTC notifies participants in advance of the behaviors required for successful participation.	Document #3 (Participant Handbook): Includes list of behaviors required for successful participation.		
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7M	<p><b>Use of Addictive or Intoxicating Substances</b></p> <p>Medical experts determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether safe alternatives are available.</p> <p>Use of nonmedically-indicated intoxicating or addictive substances (e.g., alcohol, cannabis, prescription medications) is addressed, regardless of the substance’s licit/illicit status.</p>	<p>Document #2 (FTC Prescription Policy):</p> <p>States that medical experts determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether safe alternatives are available.</p> <p>Addresses use of nonmedically-indicated intoxicating or addictive substances (e.g., alcohol, cannabis, prescription medications), regardless of the substance’s licit/illicit status.</p>		
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7N	<p><b>FTC Discharge Decisions</b></p> <p>Agreed-upon criteria provide a framework to determine the appropriate discharge for each participant in its policies and procedures manual and participant handbook.</p>	<p>Document #1 (P&amp;P Manual): Provides the criteria necessary for successful discharge.</p> <p><b>AND</b><sup>68</sup></p> <p>Document #3 (Participant Handbook): Provides the criteria necessary for successful discharge.</p>		
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<sup>68</sup> See section 8.5.3 in the Site Visit Guide for further explanation and instructions.

**Standard 8: Monitoring and Evaluation**

8A <sup>69</sup>	<p><b>Maintain Data Electronically</b></p> <p>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).</p>	Document #12 (Data Report/Summary): review for variables described in provision.		
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<sup>69</sup> See Appendix H of the Site Visit Guide for suggestions for ways to use administrative data as a validity check for these items.

8B	<p><b>Engage in Process of Continuous Quality Improvement</b></p> <p><u>Data summaries</u> provide real-time information on participant, process, and outcome measures that inform policy setting, sustainability and quality improvement efforts. Policies, procedures, and outcomes are evaluated annually and an action plan is developed to address challenges, incorporate best practices, and improve outcomes.</p>	<p>Document #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 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 indicators (e.g., assessment findings), family well-being indicators (e.g., assessment findings), and long-term outcomes (e.g., reentry).</p>		
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8C	<b>Evaluate Adherence to Best Practices</b>  FTC adheres to best practice standards.	Document #11 (FTC Best Practices Review Report): Documents adherence to best practice standards.		
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8D	<b>Use of Rigorous Evaluation Methods</b>  Rigorous evaluation methods, including the use of comparison groups when feasible and appropriate, are used to address the pertinent evaluation questions.	Document #13 (Evaluation Report): Documents rigorous evaluation methods, including the use of comparison groups when feasible and appropriate.		
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