

**KING COUNTY FAMILY TREATMENT COURT**

# **Policy & Procedures**

## FTC Team Members

Commissioner Nicole Wagner, FTC Seattle and Kent Commissioner, King County Superior Court  
Amber Holmes and Mary Englin, Coordinator/Bailiff for Commissioner Wagner, King County Superior Court

Teresa Anderson-Harper and Manisha Jackson, Family Recovery Support Specialist, Family Court Operations, Superior Court

Christina Curry, Social Worker, Department of Children, Youth and Families

Sarah Foster, Social Worker, Department of Children, Youth and Families

Laura Amador, Social Worker, Department of Children, Youth and Families

Emma Sanchez, Social Worker, Department of Children, Youth and Families

Anya Perret, Attorney, Northwest Defenders Association

Susanna Everly, Wraparound Facilitator, Valley Cities Counseling

Dajani Winzer, Kent Court Program Specialist, Family Court Operations, King County Superior Court

Charles Loeffler, Supervisor, Department of Children, Youth and Families

Kelsey Moore, Social Worker, Department of Children, Youth and Families

Cathy Lehmann, Linda Townsend-Whitham and April Conniff, Treatment Specialist, Family Court Operations, King County Superior Court

Gabriela Gutierrez and Felicia Wartnik, Attorney, Society Counsel for Accused Persons

Demetri Heliotis, CASA Attorney, CASA Program, King County Superior Court

Travis Mann and Amy King, Attorney, Associated Counsel for the Accused

Jill Murphy, Program Supervisor, Family Court Operations, King County Superior Court

Dan Baxter, Court Clerk's Office, King County Superior Court

Roxana Florea, Raymond De Los Reyes, Nicole Gainey, Lacey Noel, David Hoekendorf, Private Attorney

Fred Pfistner, CASA Specialist, CASA Program, King County Superior Court

Mark Bradley, and Chris Franklin, Attorney, The Defender Association

Helen Eastwood, Kathleen Shircliff, Patricia Allen, Dana Savage, Brian Ward, Patricia Bower, Assistant Attorney General, State of Washington

Kandice Trenary, Seattle Court Program Specialist, Family Court Operations, King County Superior Court

## FTC Steering Committee Members

**Tujuana Horton**

Manager  
Therapeutic Health Services

**Shino Harada**

Director  
New Traditions

**Charles Loeffler**

FTC SW Supervisor  
Department of Children, Youth  
and Families

**Chad Baker**

Area Administrator  
Department of Children, Youth  
and Families

**Demetri Heliotis**

Attorney  
CASA Program  
King County Superior Court

**Nicole Wagner**

FTC Commissioner  
King County Superior Court

**Kathleen Shircliff**

Assistant Attorney General  
Office of the Attorney General

**Linda Lillevik**

Private Attorney  
Primary Founder of FTC

**Kerrie Rene**

King County Housing Program  
Manager  
King County Housing Authority

**Chan Saelee**

Program Manager III  
King County Department of  
Community and Human  
Services, Behavioral Health and  
Recovery Division

**Tara Urs**

Director of Civil and Public  
Policy  
King County Department of  
Public Defense

**TBD**

Private Counsel  
Office of Public Defense

**Manisha Jackson**

FTC Alumni  
FTC Program

**Sarah Boye**

Director of Specialty Services  
Valley Cities

**George Gonzalez**

Assistant Director  
Harborview Center for Sexual  
Assault and Traumatic Stress

**Michael Yates**

ICW Coordinator  
Cowlitz Indian Tribe

**Trenecsia Wilson**

Trauma and Behavioral Health  
Systems Coordinator  
King County Coalition to End  
Gender Based Violence

**Helen Redman**

TDA Dependency Supervisor  
King County Department of  
Public Defense

## Introduction

Family Treatment Court (FTC) began in August 2004. Family Treatment Court is an alternative to regular dependency court and is designed to improve the safety and well-being of children in the dependency system by providing parents access to drug and alcohol treatment, judicial monitoring of their sobriety and individualized services to support the entire family.

Through a collaborative, non-adversarial approach, the Family Treatment Court integrates substance abuse treatment and increased accountability into the process. Each family has an FTC team that reviews parents' participation and recommends services. This interdisciplinary team is cross-trained and works collaboratively to resolve issues.

Parents voluntarily enter the program and agree to FTC Policies and Procedures, increased court participation, chemical dependency treatment and intense case management in order to reunite with their children. Case review hearings initially occur every other week and then become less frequent as parents progress through the program. Incentives are awarded to recognize parents' achievements and graduated responses are used when parents violate program rules. The average length of time to complete the program is eighteen months.

*Family Treatment Court Vision: To promote the health, safety and welfare of children in the dependency system by actively intervening to address the drug, alcohol and other service needs of families through integrated, culturally competent and judicially managed collaboration that facilitates timely reunification or an alternative permanency plan.*

**The following pages outline the policies and procedures of Family Treatment Court. Please contact the Program Supervisor at 206-477-2311 if you should have any questions concerning the content of this document.**

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## PROGRAM GOALS

King County Family Treatment Court has four primary goals:

- To ensure that children have safe and permanent homes within permanency planning timelines or sooner;
- To ensure that families of color have outcomes from dependency cases similar to families not of color;
- To ensure that parents are better able to care for themselves and their children and seek resources to do so; and
- To reduce the societal cost of dependency cases involving parental substance use

## PROGRAM COMPONENTS

Organized around the key components of Drug Courts, Family Treatment Court’s key components include:

- Judicial Leadership: Research indicates that the relationship with the Judge is a major influence in whether a person will remain connected to a program and ultimately become sober. Therefore, increased court appearances are a major part of the FTC program.
- Integrated Systems: Parental substance abuse treatment in combination with enhanced judicial oversight and accountability are integrated within the traditional dependency case processes established under Chapter 13.34 RCW.
- Intervene Early: Program eligibility determination, substance use assessment and treatment program enrollment will be completed during shelter care when possible.
- Comprehensive Services: Services follow a complete continuum of care and includes substance use treatment (detoxification, residential and outpatient services), individual counseling, case management, therapeutic child care and other services based on the unique needs of each family.
- Increased Judicial Supervision: Initially, case review hearings occur every week and become less frequent as the parent progresses through the program.
- A Holistic Approach to Strengthening Family Function: In addition to substance abuse treatment for the parents, parent and child-focused ancillary services will be accessible.
- Individualized Case Planning: Case planning for parents, children and the family will be based on comprehensive assessments of each.
- Ensuring Legal Rights, Advocacy and Confidentiality: All legal rights of parents and children are respected pursuant to the dependency statutes under Chapter 13.34 RCW. Confidentiality procedures will be followed pursuant to Chapter 13.50 RCW and related statutes.
- Regularly Scheduled Staffings/Court Reviews: Prior to a review hearing, the Family Treatment Court team convene to review those cases appearing in court that day.
- Graduated Responses and Incentives: Incentives are awarded to encourage and recognize a parent’s progress through the program. Conversely, a system of graduated responses is used when parents violate program rules.
- Measuring Program Outcomes: Program data will be collected for purposes of analyzing program efficiencies, outcomes and effectiveness.
- A Collaborative, Non-Adversarial, Cross-Trained Team: Increased collaboration and communication is believed to lead to better teamwork and ultimately to better outcomes. The FTC team is committed to teamwork and participates in cross-discipline training, retreats and other events. The FTC team is comprised of the following representatives:

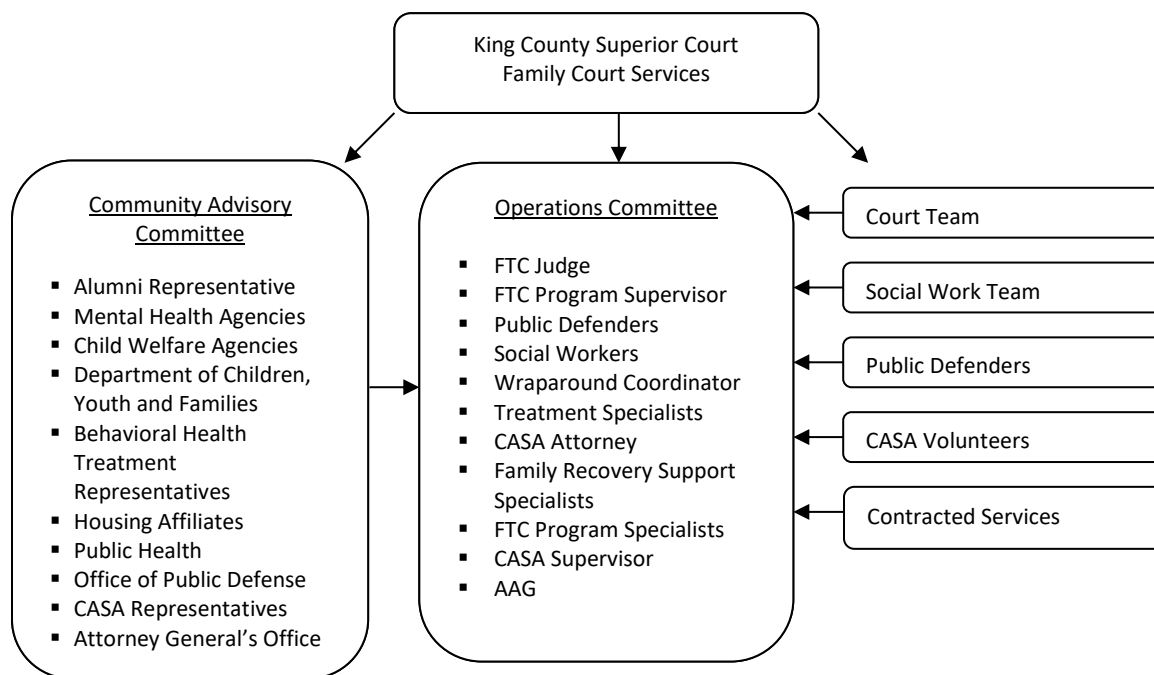
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|--|--|
| <b>Superior Court Judge/Commissioner</b> | Offers project leadership, direction in program policy development, presides over FTC hearings and case staffings, chairs all policy development and engages in community networking on behalf of the project. |
| <b>DCYF Social Workers</b>               | Works to establish permanency for the child, develops the DCYF Court Report and case plan for the child and family, arranges and   |

|  |   |
|--|---|
|  | coordinates services for the child and parents to aid in their compliance with the case plan, oversees the visitation schedule and monitors parents' compliance with the court order, and is the primary contact for parents.   |
| <b>Assistant Attorney General</b>              | Represents and advocates for the Department in the dependency action, ensures that the Department's rights are not abridged and provides counsel to the Department, assists with case-related decision making, advocates for compliance with the dependency statutes, and prepares FTC orders for hearings.   |
| <b>Parent's Attorney</b>                       | Represents and advocates for a parent in a dependency action, ensures that the rights of the parent are not abridged and provides counsel to the parent, and assists with case-related decision making.   |
| <b>Child's Attorney</b>                        | Represents and advocates for a child in a dependency action, ensures that the rights of the child are not abridged and provides counsel to the child, and assists with case-related decision making.  |
| <b>Court Appointed Special Advocate (CASA)</b> | Represents the best interests of the child, conducts an independent investigation of the case, provides reports to the court and serves as a full FTC team member. If the CASA is unable to be present at the staffing/hearing a CASA program representative or attorney will represent the assigned CASA's voice in the dependency proceeding.   |
| <b>Treatment Specialist</b>                    | Acts as the first point of contact with the program and conducts program eligibility, reports on participant progress and compliance with treatment, helps participants access treatment, and serves as a full FTC team member. Eligible parents are encouraged to stay engaged with FTC through regular phone contact with the Treatment Specialist. Provides clinical knowledge to team regarding addiction and recovery processes and mental health and facilitates ongoing FTC team meetings for parent's case. |
| <b>Treatment Provider</b>                      | Administers, oversees and provides the parent's treatment program, coordinates treatment and mental health services for the family, assesses the parent's need for treatment, makes ongoing treatment recommendations and keeps the court apprised of the parent's treatment status, including attendance issues.   |
| <b>Program Supervisor</b>                      | Oversees daily operations, manages all FTC cases by facilitating case coordination/communication, staffs all policy development and team meetings, responsible for record keeping, statistical reporting, personnel issues, grant writing/management, serves as a full member of the FTC decision making team, provides testimony regarding case status, compliance and recommendations on behalf of the decision-making team, and works as the FTC liaison to the community.                                       |
| <b>Program Specialist</b>                      | Maintains court calendar, distributes court calendar to the team, prepares cases for court including maintaining participant files, scheduling phone hearings, and setting up appropriate incentives and responses, assists Program Supervisor in coordinating Staffings and Hearings as needed, assists Program Supervisor in maintaining court demographics/statistics, assists in planning and organization of meetings including team trainings, graduations,   |



|   |   |
|---|---|
|   | and other team events, supports team by performing duties such as maintaining email distribution lists, maintaining master lists, assisting in communication with program evaluators, and provides knowledge to team regarding FTC policy and practices.  |
| <b>Family Recovery Support Specialist</b> | This peer position is responsible for engaging and retaining Family Treatment Court program participants in substance use recovery programs. The position acts as a liaison between program participants, family members, Family Treatment Court team members and treatment organizations to eliminate obstacles to recovery and child well-being. They also help connect participants to community resources, supports and tools to sustain their recovery after exiting the program.  |
| <b>Wraparound Coordinator</b>             | Coordinates on-going wraparound meetings for families in Family Treatment Court that include both natural and professional supports involved with the parents and/or children, facilitates wraparound meetings and leads the team in the development of a unified care plan consisting of strengths, normalized needs, measurable goals, and assigned tasks to complete these goals across ten different life domains, develops a Strength, Need, & Cultural Discovery with the parent to be used in the development & implementation of the care plan and assists the team in developing family/professional partnerships. |

## ORGANIZATIONAL STRUCTURE



## CAPACITY

Family Treatment Court capacity is determined by the FTC Social Worker caseload capacity with a target capacity of 140 children annually.

## PROGRAM ELIGIBILITY

Participants must meet program and clinical eligibility criteria in order to be accepted into FTC.

### Program Eligibility Criteria

- Parent participant must be 18 years of age or older.
- Parent participant must be a resident of King County, Washington.
- Parent participant must apply to FTC no later than six months from the date on which the dependency petition was filed. Exceptions to the application deadline may be as follows:
  - a. For cases in which one parent is already a participant in the program.
  - b. Children whose dependency is older than 6 months may still be eligible for FTC if their parent has been accepted into FTC under a sibling. However, it is incumbent upon the parent to request acceptance of his/her other children through their attorney and this issue will then be staffed.
- Parent participant must voluntarily agree to program participation.
- Parent participant must stipulate to a finding of dependency on his/her child/children or there must be an existing dependency finding on his/her children.
- Parent participant must sign the Consent for Release/Exchange of Confidential Information.
- Parent participant is not a perpetrator of sexual abuse.
- Parent participant is not a perpetrator of felony child abuse.

An applicant, who otherwise may be eligible for participation, may be denied access to Family Treatment Court by the FTC Team during staffing based upon a significant felony criminal history.

### Clinical Eligibility Criteria

- Parent must be diagnosed with Chemical Dependency or Substance Use Disorder, Moderate or Severe, as determined by a certified Chemical Dependency Professional.
- Parent must be able to engage in treatment (see below as it applies to individuals with a mental illness)
- Parent does not have a chronic or terminal medical condition requiring extensive medical treatment, such that it impairs her/his ability to meet treatment or court requirements. This medical treatment includes a prescription for medical marijuana, narcotics or benzodiazepines to treat such condition. Medical Assisted Treatment for opiate replacement therapy, used in conjunction with addiction treatment, is permissible as is prescribed stimulants, used in conjunction with mental health treatment, for the treatment of adult ADHD as per the policy.
- Parent demonstrates a willingness to engage in treatment.

The FTC Team will screen carefully an applicant with any of the concerns listed below. The Team may defer acceptance to obtain relevant records or to seek a mental health treatment opinion from a qualified mental health consultant:

- A significant, documented Axis I or Axis II diagnosis
- More than three documented mental health diagnoses
- Suicide attempt within the last six months

Applicants with either of the following will not be considered appropriate for FTC:

- One or more Involuntary Treatment Admissions (ITA) for mental health issues within the last six months
- More than three inpatient, acute psychiatric hospitalizations within the last year

## **CONDITIONS OF PARTICIPATION**

Participants must comply with all of the following conditions, which are set forth in the “FAMILY TREATMENT AGREEMENT & ORDER OF PARTICIPATION IN FAMILY TREATMENT COURT.” Failure or inability to comply with any of the conditions may result in response or responses from the court (See

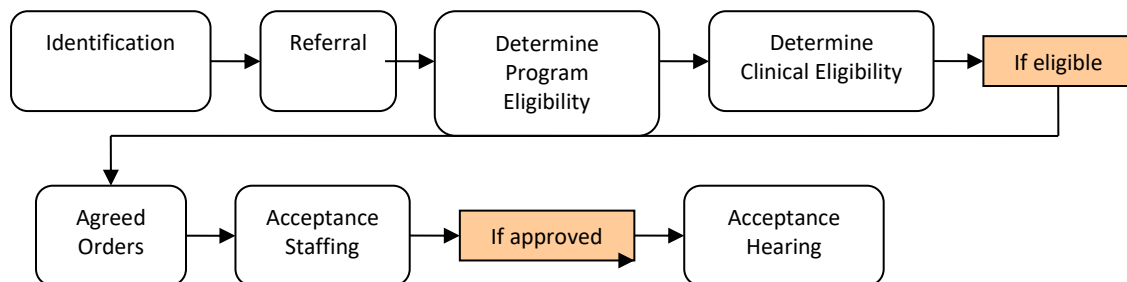
PROGRAM RESPONSES on page 31).

1. I must remain drug and alcohol free. I agree not to knowingly associate with any person or minor possessing or using illegal drugs, synthetic marijuana or alcohol. I agree to stay out of drug areas as defined by Court.
2. I will be randomly drug tested which may include testing for ETG and synthetic urine and will be observed. I understand that I will be notified on the day when I should test and that I can be tested upon suspicion of use. If I miss a test, or if my urine specimen is diluted or tampered with, it will count as a positive test. It is my responsibility to provide urine samples that are not dilute. It is also my responsibility to know what products may cause a positive result on an ETG test.
3. I will need to provide a urine test the day I leave inpatient treatment or transitional housing to maintain my previous sober date. I will begin calling for random UAs the day after leaving either inpatient or transitional housing. I will call my FTC social worker immediately upon release from inpatient, jail or the hospital regardless of time released to request urine testing.
4. I will fully participate in substance use treatment and counseling as set forth in my treatment plan. I specifically agree to report regularly to any treatment provider identified in the treatment plan or recommended by my social worker.
5. I must follow the treatment plan as developed by my treatment provider and Family Treatment Court team.
6. I will attend sober support meetings as directed which may include Narcotics Anonymous (NA), Alcoholics Anonymous (AA), a church group or other approved organized peer-support group. I will be provided

with a court paper that I must have signed at meetings. These meetings may be in addition to what is required by my treatment center.

7. I will not ingest the following without prior approval from someone on my Family Treatment Court team unless it is a documented medical emergency and approved by my medical provider:
  - i. Poppy Seeds
  - ii. Any prescribed stimulant, benzodiazepine or opiate medication (such as Adderall, Valium, Xanax, Ativan, Oxycodone, Hydrocodone, Percocet, Vicodin, Codeine, etc.)
  - iii. Any over-the-counter medications containing alcohol, pseudoephedrine, or other mood-altering ingredients such as Nyquil, Robitussin, Sudafed, etc.
  - iv. Natural or herbal remedies or supplements
8. Prior to receiving medical or dental care, I will inform my medical or dental provider that I am a participant in Family Treatment Court and that I am required to remain drug free which includes prescription narcotics and benzodiazepines and medical marijuana. I will be provided with a court document that must be signed by my health care provider every time a medication is prescribed for me. If I am prescribed narcotics, benzodiazepines or medical marijuana for long term or open ended use, I will chose to decline that prescription or opt out of the FTC program.
9. I agree to report truthfully and accurately to all treatment providers, my social worker and the Court. I will also report to the Family Treatment Court as directed by the Judge or as otherwise required in my treatment plan, and I will engage in discussions in open court with the Judge as to my progress in the treatment program.
10. I agree and understand that if I engage in any criminal act, I may be prosecuted in another court for any new charges and this may result in my termination from the Family Treatment Court program.
11. I understand that if I fail to follow the terms of my agreement, the Judge may impose responses on me, which may include but are not limited to:
  - i. Increased drug testing, attend extra AA or NA meetings, write an essay, observe Adult Drug Court, attend Accountability Panel, contempt of court proceedings, and termination from the Family Treatment Court program.
12. If I move out of King County, I may be terminated from the Family Treatment Court program.
13. I agree to provide the treatment staff, my attorney and my DCYF social worker my current and accurate address where I live, as well as an accurate telephone number where I may be reached directly, and that I will immediately notify my attorney and my DCYF social worker of any change in my address or any change in the telephone number where I can be reached.
14. I agree to sign any and all releases necessary to monitor my progress, participation and compliance in the Family Treatment Court program.
15. I understand and stipulate that an order of dependency will have to be entered in order to be accepted into the program. I will have an opportunity to review proposed dependency orders with counsel.

## ADMISSIONS PROCESS



## NEW PARTICIPANT IDENTIFICATION

### Standard Procedure

For all new dependency petitions, a designated member from the DCYF Court Liaison Unit shall e-mail the petitions to the FTC Treatment Specialist and FTC Program Supervisor and notify them of the date of the 72-hour hearing.

The Treatment Specialist shall:

- Review all dependency petitions submitted by the Court Liaison Unit on a daily basis
- Log dependency petitions into Referral database at least weekly and “flag” petitions that seem like they meet initial FTC requirements.
- Determine the appointed Social Worker and Defense Attorney of “flagged” petitions by reading the petition, searching ECR database and inquiring with supervisors of individual units (Note: Most attorneys are not appointed until the 30-day shelter care hearing).
- Record the attorney’s and social worker’s names in the referral database.
- Contact the attorneys and social workers of record to see if they would like to pursue FTC for their client and log their responses in Referral database.
- Update the Referral database as needed with contact information and eligibility information.

### Expedited Procedure

In cases where substance abuse appears to be a primary issue in a dependency petition and the parent agrees to substance abuse services at the 72-hour hearing, the court shall:

1. Seek to order or refer the family to attend one or more hearings in FTC prior to the 30 day hearing. (Note: Where the family is willing to agree to the order, the court can order the FTC attendance. If the family is not willing to agree, the court will have to make a “strong suggestion” or “referral” to attend FTC.) The court will include in the order or referral that the parent(s) should check-in with Treatment Specialist while there.
2. When the case is assigned within the defender agency, parent’s counsel will attempt to meet the client at the FTC hearing to describe the process and answer questions, and possibly have an initial client meeting to discuss the case and possible resolution.
3. Upon parent’s attendance at the hearing and, if the Treatment Specialist has the opportunity, the Treatment Specialist may discuss FTC with the parent and ask if they are interested in having their case referred to FTC. If parent is interested, the Treatment Specialist may collect some basic information intended to get the process started. The Treatment Specialist would then inform parent’s counsel and FTC Social Work Supervisor and FTC Assistant Attorney General (AAG) of the parent’s interest. The Treatment Specialist shall also record the names of all parents who have observed FTC in the Referral database and report monthly to the Program Supervisor the total number of parents who have observed.
4. After or during attendance at FTC, parent’s counsel will make a referral for the client to FTC using the FTC referral form if they decide FTC is a possible or certain direction for the case.
5. Upon receipt of the FTC referral form, the Treatment Specialist will make contact with the parent and proceed as usual (see Referral and Screening Procedures below). The Treatment Specialist will determine program and clinical eligibility and notify parent’s counsel, the FTC AAG, and the FTC Social Work Supervisor within one business day of receiving all required paperwork.
6. The Social Work Supervisor will then assign an FTC Social Worker to follow the case and the FTC AAG will note the possibility of early resolution of the case for transfer to FTC. The parties will schedule a case conference to occur at court on the date of the 30-day hearing. The parent’s counsel should contact the FTC AAG/FTC Social Work Supervisor to indicate whether the primary purpose of the case conference will be to negotiate agreed orders or to further discuss FTC. This will provide notice to the attorneys as to

whether expedited proposed agreed orders and negotiations are needed and whether the presence of the AAG is necessary at the case conference.

7. If the parent attends a FTC hearing between the 72- and 30-day hearing, the parties will attend the case conference on the date of the 30-day hearing. At the conclusion of the conference, if the parties feel that the parent will join FTC then the FTC Social Work Supervisor will alert the DSHS sending office to transfer the case to the FTC DSHS unit. FTC Social Worker will cover PTC and Fact-Finding if needed. If the parties are not strongly supportive of acceptance into FTC at the conference, the case will remain with the petitioning/current social worker and not transfer to the FTC DSHS unit. Ideally, this conference will be directed toward finding resolution of the fact-finding order and at least the majority of the dispositional order. If the parties are not ready to do that yet, the case conference will at least involve meeting the FTC Social Worker (or other FTC team members).
8. If, at the case conference, the parties reach full or substantial agreement on the dependency and the parent is interested in FTC, the parent's counsel will notify the Treatment Specialist by the next business day. The Treatment Specialist will then prepare a Participant for Consideration form and standard procedures for scheduling the Acceptance Staffing will follow. The Treatment Specialist will note the presence of Agreed Orders in her paperwork so all parties will know if Agreed Orders have been filed. If, for some reason, the client has not been screened for eligibility at this point, the Treatment Specialist will schedule a screening and standard procedures will follow from there.
9. If agreed orders are not signed prior to the Acceptance Hearing, the parties can submit the agreed orders for signature at the Acceptance hearing to the designated FTC Judge. If the parties are not ready to present agreed orders of dependency and at least the substantial part of a disposition at the Acceptance Hearing, then the hearing can be continued for some period of time to get this accomplished.

## REFERRAL & SCREENING PROCEDURES

Any interested party may refer a parent or family to Family Treatment Court by completing a Participant Referral form and submitting it to the Family Treatment Court Treatment Specialist.

Upon receipt of an FTC Referral form, the FTC Treatment Specialist shall:

1. Log referral into Referral database and possibly link to a previous entry.
2. Conduct criminal background check using JIS/JABS.
3. Consult with the Social Worker and Defense Attorney on the case and inquire about Agreed Orders.
4. Contact the parent or parents within 24 hours to schedule a screening appointment.
5. Conduct screening and orient parents to FTC process, rules and expectations (policies & procedures), collect required signatures and releases, and give parents a copy of FTC Rules and Participation Requirements (see page 28 for Rules).
6. Determine program eligibility.
7. Contact treatment providers and other sources for assessment results and other collateral information.
8. Determine clinical eligibility.
9. If candidate does not meet program and/or clinical eligibility, the Treatment Specialist shall notify all parties immediately in writing giving the reasons for ineligibility.
10. If candidate meets program and clinical eligibility, the Treatment Specialist stays engaged with parent(s) and parent's counsel on a weekly basis until Agreed Orders are entered.
11. Upon notification that an Agreed Order of Dependency has been entered or that dependency has been established, prepares Participant for Consideration form and distributes an electronic copy via email or a hard copy at the next scheduled court day. **Note: The Treatment Specialist will attempt to stay in contact with all parties but the candidate's Defense Attorney has primary responsibility for notifying the Treatment Specialist that Agreed Orders have been entered or dependency established. The case can be staffed prior to establishment of Dependency or Agreed Orders, but the case cannot enter FTC until this has occurred.**

Upon receipt of the Participation for Consideration, the FTC Treatment Specialist will complete a Notice of FTC Staffing which will be distributed to all parties. The FTC Program Specialist will also add the applicant's name to the calendar for the following Wednesday/Thursday as an Acceptance Staffing.

## **ACCEPTANCE STAFFINGS**

All Acceptance Staffings will be held at least one week after the Participant for Consideration form (see Referral & Screening procedure above) is distributed to the team unless there are extenuating circumstances that prevent the staffing from taking place (i.e. a team member won't be present, a team member requests more time to review the case, etc.). In case of extenuating circumstances, the Acceptance Staffing will be scheduled according to team agreement.

The purpose of the Acceptance Staffing is for the team to discuss overall eligibility taking into consideration the dependency petition(s), the parent's substance use assessment and all other available information. The parent's current social worker and attorney are invited to participate in the staffing. While each team member is given a chance to present their opinion, the Family Treatment Court Judge makes the final decision about whether or not the parent or parents are eligible for the program.

## **ACCEPTANCE HEARINGS**

If a candidate is accepted to FTC, the FTC Program Specialist will schedule the initial Acceptance Hearing one week from the date of the Acceptance Staffing unless there are extenuating circumstances. The candidate's defense attorney will review the Acceptance Order with the candidate prior to the Acceptance Hearing. This order will be provided by the FTC Program Specialist after the Acceptance Staffing. The participant's first review hearing will be one week from the date of the Acceptance Hearing.

## **CASE STAFFINGS AND REVIEW HEARINGS**

Case staffings provide a setting for the team to discuss the parent's progress and compliance in the program and any current issues that need immediate attention including positive UAs and recommendation for rewards or responses. Case staffings occur every Wednesday/Thursday and precede the parent's review hearing. All cases are staffed prior to their review hearing.

The review hearing provides a setting for the Judge to carry on a dialogue with the parents as to their progress, compliance and success in the program. It is also when the parent is commended for doing well or sanctioned for rule infractions.

A representative of each team program is required to attend case staffings and review hearings. However, if extenuating circumstances evolve, a team member may waive their presence by notifying the FTC Program Supervisor or Program Specialist prior to the staffing or hearing. The frequency of hearings corresponds to the person's level in the program.

### Frequency of case staffings and review hearings:

- Welcome – Every week
- Level 1 – Every two weeks
- Level 2 – Every four weeks
- Level 3 – Every four to six weeks

### Purpose of case staffing

- Discuss information contained in the case reports.
- Identify/discuss/prioritize issues impacting case progress.
- Based on family strengths and prioritized issues, identify/discuss the family's resource needs for facilitating program compliance.

- Review current program classification level to determine if advancement is warranted.
- Identify if an award or response is warranted and if so, what the award/response should be.
- Identify when the next case staffing/review hearing should take place.
- Make recommendations for future actions.

#### New Issues

FTC is organized around a team concept and there is an expectation that all team members will communicate regularly about a case through the use of phone, email or team meetings. Updates and identification of new issues on a case should, therefore, be given as they come and not held until the day of the court hearing. However, there are times when new information isn't available until the day of the staffing and subsequent hearing. In these circumstances, this new information should be presented during staffing and not at the review hearing.

New issues or requests should not be raised in staffing unless the Team has prior notice of the issue (through team communications or reports) unless the issue is emergent or there is a reasonable basis as to why it was not raised or requested previously and all team representatives agree to discuss the issue.

In the event new information is presented at the review hearing, any team member can request a recess in order for the FTC team to reassess and potentially modify its recommendation. Any change to the initial recommendation should be carefully considered in order to maintain team concept. The Judge is the final decision maker.

#### Contested Issues /Motions

Issues that are "especially contested" and cannot be successfully resolved through team meetings or other means should not be staffed on Wednesdays/Thursdays. Instead, attorneys can file a motion and request that the motion be heard before or after the regular FTC court calendar. To schedule the hearing, the parties shall contact the Judge's bailiff directly. All team members must be notified of the contested hearing date and results of the hearing.

#### Staffing Template

The FTC Program Supervisor is responsible for the coordination of the case staffings and review hearings. The FTC Judge is responsible for overall leadership during the staffing process and review hearing. The FTC Program Supervisor or Program Specialist will determine the order of the staffings and review hearings. Cases will be called by the child(ren)'s name.

The staffing process will go in the following order: with each team member briefly commenting on their corresponding lettered item(s).

1. Treatment Specialist
  - a. Name of treatment provider
  - b. Type of treatment
  - c. Frequency of groups
  - d. Compliance with treatment (any unexcused treatment groups, 1:1's, level of progress with treatment plan)
  - e. Action/behavior that should be commended or sanctioned
  - f. Emergent issues since report was submitted
2. Social Worker
  - a. Frequency of UA's
  - b. Compliance with UA's (missed, dilute, negative, positives)
  - c. Compliance with court order and/or court-ordered services
  - d. Action/behavior that should be commended or sanctioned
  - e. Emergent issues since report was submitted
3. Assistant Attorney General



- a. Status quo order or changes needed on court order
  - b. Next court date
4. CASA
  - a. Update on children
  - b. Concerns about parents and impacts on the children
5. Family Recovery Support Specialist (FRSS)
  - a. Update on support provided or contact made
  - b. Potential recovery needs noted
  - c. Follow up on responses assigned to complete with FRSS
6. Parent's Attorney
  - a. Any issues that should be noted

#### Special requests as to scheduling

The schedules for case staffings and hearings are grouped by attorney and CASA . Special requests should be directed to the FTC Program Supervisor and FTC Program Specialist by 1.5 days prior to the hearing. Not all special requests can be honored.

## **REPORTING REQUIREMENTS**

Team members depending on their role are responsible for reporting participant compliance and progress according to the following deadlines. Defense Attorneys and Court Appointed Special Advocates shall respond to reports by 0.5 days prior to the hearing. Defense Attorneys will speak to their clients prior to staffing.

- Court Schedule. The Program Supervisor or the FTC Program Specialist will email the schedule to all team members 2.5 days prior to the hearing.
- Social Worker Reports are due to all appropriate team members 1.5 days prior to the hearing. See Program Supervisor for examples of reports.
- Treatment Specialist Reports are due to all appropriate team members 1.5 days prior to the hearing. See Program Supervisor for examples of reports.
- Family Recovery Support Specialist Reports are included within the Treatment Specialists report. See Program Supervisor for examples of reports.
- Positive UA results should be distributed immediately to all team members using email. The email should be marked Urgent.
- Check In Hearings require 24 hours notice from the start of staffing, unless agreed upon by all parties.

## **EX PARTE COMMUNICATION WITH JUDGE AND BAILIFF**

All lawyers are prohibited by the governing ethics rules from discussing the substance or merits of a case with the Judge and/or the bailiff without the presence of all attorneys to the case. This includes direct discussion with the Judge and/or bailiff about a case and it includes the appearance of improper communication with the Judge and/or bailiff. Direct communication with the bailiff and the Judge may occur about a case only if all parties are present.

The Family Treatment Court team, including the Social Workers, Treatment Specialist, CASA, CASA Supervisor, FRSS, FTC Program Supervisor, and FTC Program Specialist are also prohibited from discussing a case with the Judge and/or bailiff without the presence of all attorneys on the case.

#### ***Permitted Contact***

Positive UA results, routine CASA reports, treatment reports, FRSS reports, social worker reports, and legal pleadings from the parents, youth, CASA, or state are permitted and should be routed to the Judge through the bailiff as long as all parties receive copies of what is submitted to the court.

## CONFIDENTIALITY

Any information regarding FTC participants is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient records.

### Family Treatment Court Records

FTC files are established separately from their underlying dependency cases. The Family Treatment Court Program Supervisor and Program Specialist will maintain the program's court files, which are confidential and for use by program staff. FTC files will contain the signed Release of Information, Order to Participate in FTC, DCYF and treatment provider status reports, documentation of rewards and responses issued, staffing notes, drug testing results, and court orders.

### Staffings and Hearings

Confidentiality requirements apply to client staffings and hearings. Visitors and guests (e.g., interns, governing and funding agents, or planning committee members) at FTC staffings and hearings are required to sign a confidentiality agreement before observing any FTC proceeding. Staffings and Hearings can be open to the public.

## SAFETY CONCERNS PROTOCOL

1. All Participant for Consideration (POC) documents will redact personal identifying information of the parent from communications sent to the FTC team (such as phone number and address of the participant parent and the name, and address of the service providers).
2. During the Acceptance Staffing the Court will inquire as to the existence of any of the following:
  - a. Criminal No Contact Orders
  - b. Domestic Violence Protection Orders
  - c. Sexual Assault Protection Orders
  - d. Restraining Orders with parties on the case or children
3. The Department, as per their protocol for domestic violence cases, will continue to assess the case for safety concerns throughout the life of a case.
4. The Department, pursuant to RCW 13.50.100(7), has the authority to withhold information if disclosure would "cause severe psychological or physical harm to the juvenile or his or her parents."
5. The FTC program supports the Department visitation protocol for domestic violence cases, which states that in certain specified circumstances, visitation plans should include arrangements so that the parents have no contact with each other, so visitation exchanges must be made through neutral third parties.
6. The FTC Safety Concerns Policy will be covered in every quarterly FTC CASA Orientation and in the New Team Member Orientation by FTC Staff.
7. Motions for a Protective Order are governed by LJuCr 1.9(e). A Request for a protective order can be made by emergency motion as contained in LJuCr 3.13. Family Treatment Court relies on the regular sharing of information, including sharing information in open court. If sharing particular information in any case in Family Treatment Court endangers the safety of a party to the case, attorneys for any party

may seek a protective order according to these provisions. The filing attorney will let program staff know the status of the protective order to track whether or not the following steps needs to be taken.

**If an order that protects information is granted, the following steps will be implemented:**

1. The Court Specialist will remind the team to use the Safety Concern policy prior to staffing these cases. These cases will be designated on the FTC Schedule and on the Judge’s Staffing notes through the use of the color purple. FTC Treatment Reports and the text of email correspondence will also be sent in purple. Safety concern status can be addressed at any time in a case in FTC.
2. If an order that protects information is granted, the team members will screen all reports for compliance with removal of pertinent identifying information before sharing with the Court.
3. Oral communications in court or at outside team meeting by the team will not reveal any personal information such as phone number and address of the participant parent and the name and address of services providers. Parents should be notified prior to their hearing that they do not have to share home or treatment agency locations and contact information during their hearings.
4. For phone hearings when the participant is in inpatient treatment, the FTC Bailiff will call first and then transfer the call to the space phone in the courtroom to prevent reception staff from announcing the treatment agency location and name.
5. If the “person of concern” shows up for court, the defense attorney will ask the client if they want court security to be on standby outside the courtroom. FTC Staff will problem solve with the defense attorney on how to handle the hearing (before, during and after) and a brief staffing will be held to alert the Judge of these considerations. Considerations can include:
  - a. Appearing by phone
  - b. Excluding someone from the courtroom
  - c. Rescheduling the hearing
  - d. Obtaining court security presence
  - e. Bifurcating the hearing
  - f. Judge can enable the security alarm for immediate safety concerns
  - g. Seating arraignments in court
6. A plan for escorting parents to and from the courtroom and outside the building will be developed with the team at the request of the defense attorney.

## **REWARDS & RESPONSES**

Family Treatment Court believes that participants should be given immediate response to both positive and negative behavior and will adhere to the Rewards and Response Chart as outlined starting on page 29.

Decreases in visitation are not part of the response scheme and are not included in the Rewards & Response Chart. In general, a single lapse or positive UA may not, in and of itself, result in a change in visitation. However, in cases where there is a prolonged relapse and other noncompliant behavior (such as missed program attendance, missed visits, etc.) the court may revise the visitation order if it is determined that such a change is in the best interest of the child/children involved.

## **CONTEMPT OF COURT**

The Judge may invoke the response of contempt for violation of any specific court order.

## FTC SOBER DATE

FTC participants are encouraged to abstain from the use of alcohol or other drugs and are rewarded for their sobriety. In order to advance to a higher level and ultimately graduate, participants must maintain consistent sobriety. For this reason, the FTC Program Supervisor and Program Specialist tracks sobriety dates at each court date. The participant's initial sober date is the date of their first clean UA after being accepted into FTC despite the fact they may already have accumulated a number of days or months prior to entering FTC. If the parent is in inpatient treatment on the day of the acceptance hearing, his/her sober date is the date they are accepted into FTC. If the parent enters inpatient treatment without a previously established sober date, his/her sober date is the date they enter treatment.

A participant's sober date is automatically "reset" upon testing positive for alcohol or other drugs, for missing a UA or admitting to use. Additionally, a participant's sober date shall be reset if they fail to provide a test or if they provide a dilute specimen. See "DRUG TESTING" in the following section or the "PROGRAM RESPONSES" for more information on drug testing and responses for failure to comply with drug testing requirements.

**Discharge from Inpatient Treatment, Jail and Hospitalization:** To maintain their sober date, a participant must immediately, upon release from inpatient treatment, jail or discharge from the hospital, contact their FTC Social Worker and request to UA that same day, regardless of the time released. The participant will be expected to UA when referred by a social worker. Sober supports will also be suspended during inpatient treatment, jail or hospitalization timeframes. Sober supports will be reset to zero upon entering detox or inpatient treatment.

## DRUG TESTING

FTC believes that testing is central to the court's monitoring of participant compliance. It is both objective and cost-effective. It gives the participant immediate information about his or her own progress, making the participant active and involved in the treatment process rather than a passive recipient of services. Timely and accurate test results promote frankness and honesty among all parties.

Therefore, all participants will be drug tested. Randomness of the test is paramount and must not be predictable to participant. If a participant is enrolled in residential treatment, he or she will be tested in consultation with the treatment provider. Any participant can be tested based on suspicion of use and testing can be increased during transitional periods in a participant's life or for child safety concerns. Participants in outpatient treatment and those who have completed treatment will be tested based on the following guidelines:

- Welcome/Level 1: 8 - 12 times monthly
- Level 2: 4 - 8 times monthly
- Level 3: 4 times monthly

Clients in inpatient treatment or transitional housing where random UAs are done consistently may not have to participate in additional DCYF sponsored UAs according to the above schedule should the treatment provider recommend this as part of the treatment plan and the entire FTC team agree that this substitution is appropriate. Clients will be required to complete a DCYF sponsored UA the day they leave an inpatient program or transitional housing to maintain their previous sober date. Clients will also be required to begin calling for random UAs the day after leaving an inpatient or transitional housing program to maintain their previous sober date. Language in court orders should be clear with regard to the number of DCYF sponsored UAs the client will be expected to do a month should inpatient treatment or transitional housing end.

Testing by Treatment Providers: All participants are expected to comply with treatment provider requests to submit UAs regardless of whether they have a UA sponsored by DCYF that day or the day before or after. A report that a client refused a UA at a treatment facility will be considered a positive UA as far as FTC is concerned and the response of the court will be the same as if a UA sponsored by DCYF was positive, missed, refused, untestable or

dilute. Any client wishing to refuse a UA from a treatment provider or DCYF sponsored agency because both are scheduled on the same day must work that out ahead of time with the treatment provider and DCYF social worker.

Drug Screens in general: Drug screens test for substances which may include: amphetamines, barbiturates, benzodiazepines, cocaine, methadone, alcohol, opiates, phencyclidine, propoxyphene, and THC (marijuana). For those samples that test positive, levels of drugs present are measured and reported. Special testing must be requested for certain prescription pain medications (see next section for more information).

Responsibility for Agency/Testing Referral: A majority of the drug tests conducted in Family Treatment Court are paid for by the Children's Administration. The Children's Administration contracts with several area agencies for this purpose. Therefore, the FTC Social Worker is responsible for referring the participant to a testing laboratory with preference given to one that is in close proximity to the participant's home, treatment center, or other nearby location. The FTC Social Worker is also responsible for notifying the testing agency of new participants and changes in frequency of testing. The testing agency reports all test results to the FTC Social Worker and the FTC Social Worker is responsible for sharing these results with the FTC team. The FTC Social Worker must put in a special request to test for certain prescription pain medications (opiates). This is made on a case-by-case basis. Instruction on how to request special testing should be directed to the Social Work Supervisor.

Test observation: Participants are required to have their urine tests observed by laboratory staff. In addition to observation, temperature strips are used on the testing bottles. Participants are sometimes searched for bottles of urine or substances they may be carrying to change or adulterate their tests. If such substances are found, the test is counted as positive.

Confirmation: A field test that is positive may be sent to the laboratory for confirmation. This takes forty-eight hours. The degree of use and type of drug used is revealed. Tampering with tests by participants will be deemed a positive test result.

Invalid pH: If a drug test results in an abnormal pH level (outside of the range 4.5-8.9) and the laboratory indicates that the sample is still valid for testing, those results will be used to determine the parent's sober date. If the pH is outside of the normal range, the parent will be notified that this is considered an abnormal result and asked to check in with their primary care doctor to make sure there are no health considerations causing these results. If the pH is outside of the range is of 4.5-9.5, the parent will be notified that it is considered an abnormal result and suspicious of tampering. If the pH is greater than 10.0 or below 3.0, the laboratory will be unable to validate those test results, which would result in a mandatory reset of the sober date.

Additionally, if the pH values are below 3.0 or above 11.0 that is inconsistent with human urine and the suspicious samples policy would apply along with a mandatory reset of the sober date.

Dilute or tampered specimens: Creatinine is checked on all samples, and if the creatinine is out of range, an additional specific gravity test will be conducted. If the creatinine level falls below 20 and the specific gravity is less than 1.003, it is considered dilute and could be an indication that the individual may have tried to flush out drugs. The test will be deemed positive and participants may be sanctioned.

Suspicious Samples: If a sample is received and determined by the testing lab to be invalid due the specimen not being consistent with Normal Human Urine, the participant will be placed on Program Structured Recovery Plan. The participant will have 60 days to complete specific tasks that are determine by the team during staffing with one of the tasks being admission to falsifying UAs OR admission to use during that time period. If this does not occur or if there is another invalid sample for not being consistent with Normal Human Urine, the participant will be immediately discharged from the program at their next hearing. If the participant is already on Program Structured Recovery Plan and an invalid UA is submitted, they will be immediately discharged as well. Notice of this policy needs to be written on the Program Structured Recovery Plan Task List.

If there are a number of UAs with suspicious creatinine or pH levels as determined by the testing lab to be highly suspicious of urine substitution or tampering, the participant will be asked to do a hair follicle test. If the hair follicle test comes back negative, the participant will keep their sober date. If it comes back positive or while awaiting the hair follicle test the participant admits to use or falsifying UAs, the participant will be placed on Program Structured Recovery Plan. If a hair follicle test cannot be completed, the participant will be asked to not chemically alter or cut their hair (if length is the problem with testing) for 90 days at which a hair follicle test will be conducted. If the test is negative, the participant will keep their sober date. If the test is positive, they will be placed on Program Structured Recovery Plan. If at any time the participant chemically alters or cuts their hair (case specific instructions will be given in court), they will be immediately discharged from FTC.

Frequency of testing: Tests are administered randomly or at scheduled intervals in accordance with the participant's program level. Drug tests may be increased or decreased in accordance with the participant's sobriety levels and behavior in the program. Drug testing plans are discussed with counselors and the FTC team in accordance with time of year, holidays and other relapse triggers.

Positive for THC but not using: Tests for marijuana may be positive even when the participant has not recently used it. If after 21 days, there is no longer a detectable level of THC, only one response will be given. If THC is still present after 21 days, a participant will receive a response as is normally applied for positive UAs until the THC level is no longer detectable. A participant will not receive a sober date until there is a clean UA, regardless of the level of THC.

Failure to test: Participants who miss a test, or are unable to produce a test, or avoid the test in other ways after having been given ample opportunity to perform, may be sanctioned in accordance with the guidelines for positive tests. A missed UA is considered a positive UA.

**Notification Procedure for positive, missed or dilute UA's:**

Upon receipt of a positive, missed or diluted UA result for an FTC participant:

- The FTC team member with the UA information will notify the participant's FTC team immediately via email. The email will be marked urgent.
- Copies of a positive or diluted UA report will be provided to FTC team members at the next scheduled court date.
- FTC program staff will add the participant to the next court date calendar.
- The team will address visitation requirements at the next scheduled court date, unless the FTC team recommends an emergency hearing.
- FTC social worker will recommend appropriate visitation plan to insure safety of the child/ren.
- Treatment Specialist will notify treatment providers and ask for recommended treatment options for addressing the UA.

## **FTC STIMULANT PRESCRIPTION DRUG POLICY**

As stimulants are considered an element of the Standard of Care for treating adult ADHD, FTC policy will allow the use of stimulants to treat adult ADHD, under the following conditions:

1. FTC will encourage the parent to talk to their team prior to meeting with their doctor in preparation for their medical appointment to ensure they have the appropriate information and forms with respect to their participation in FTC.
2. The parent has a team meeting prior to filling the prescription and in that meeting review the following conditions for filling that prescription:
  - a. The parent will sign any consent forms for the team to talk to their prescribing doctor to provide collateral information prior to filling the prescription.

- b. The parent will first need to provide evidence that non-stimulant medication options are ineffective for treating their condition via consultation with their doctor.
- c. The parent will ask the prescribing doctor to complete the FTC Stimulant Prescription Drug Form. (See attached form and Prescription Monitoring Fact Sheet link below)

<https://www.doh.wa.gov/Portals/1/Documents/Pubs/631022-PubFactSheet.pdf>

- d. It can only be filled if actively engage in mental health therapy.
  - e. There will be a monitoring plan set up by the team which consists of counting pills, communication between SUD and MH providers and the team, and monitoring of levels through drug screens.
3. Any team member may raise a concern regarding the use of the prescribed medication during staffing with proper notice. The Judge may then request a team meeting to discuss the concerns and possible solutions. If the Judge requests a team meeting, they will discuss the reason for it with the parent during the hearing.

## FTC SERVICES AND SUPPORT

### Substance Use Treatment Services

#### *Treatment Philosophy*

FTC believes that people who are dependent on alcohol or drugs can and do recover. Research shows that the earlier a person starts treatment and the longer they are in treatment, the more successful they will be. This is why all participants are required to successfully complete a substance use treatment program before they can graduate from FTC.

There are many types of substance use treatment available including: Detox, Outpatient, Opiate Substitution (methadone maintenance), Inpatient, Recovery House, and Long-Term Residential. The type of treatment a person attends depends on their situation and is determined through a clinical assessment and recommendations from a certified treatment provider. FTC will defer to the treating Substance Use Professional as to what level of treatment is required.

Although all treatment programs differ from each other, the basic components are similar. Most programs include many or all of the elements below:

- Group & individual counseling
- Individual assignments
- Education about substance use disorders
- Life skills training
- Testing for alcohol or drug use
- Relapse prevention training
- Orientation to self-help groups
- Education about mental health disorders and how they affect recovery
- Family education and counseling
- Medication
- Follow-up care

Participants are required to follow all of their treatment provider's recommendations and complete all items on their treatment plan. The treatment plan will list the treatment goals and activities required to meet those goals. Additionally, it will include the timeframe for each goal as well as ways to tell if a goal has been met. The treatment plan will be reviewed and adjusted over time to meet changing needs and to ensure that it stays relevant. The Treatment Specialist will report on treatment plan compliance and progress.

#### *Treatment Access*

Because of the diverse needs of its participants and the large geographic area it serves, FTC does not contract with a sole treatment provider for substance use treatment services. Instead, FTC participants have the opportunity to access services from anywhere in the community based on their individual needs, location, funding source, and Judge's approval. The majority of FTC participants rely on state-subsidized treatment.

The FTC Treatment Specialist can assist participants in getting a medicaid, if necessary, and then link them with an appropriate treatment provider. Once a participant is in treatment, the Treatment Specialist will connect with the participant and acquire the required consents. The Treatment Specialist will then track and report on the participant's progress and compliance with their treatment services. The FTC Treatment Specialist will also help the participant troubleshoot any problems that may happen while in treatment, help with transitioning from one agency to another, and then verify discharge planning requirements.

#### Department of Children, Youth, and Families

Region 4 DCYF has dedicated a team of social workers including a social work supervisor to FTC. The FTC Social Workers provide a broad spectrum of resources designed to balance the child's need for critical family connections with the need for protection from harm. They provide financial assistance and referrals to individualized, culturally responsive services for all members of the family even if they are not a member of FTC. The social workers work collaboratively with defense attorneys and other team members to determine what is in the best interest of the child. When a service is determined to be needed, the social workers can make a recommendation to the family through normal measures (i.e. team meeting, wraparound, etc.) and/or they can motion to the court to have it added to the court order.

#### Wraparound

Approximately 15 families in FTC are eligible to participate in Wraparound. Wraparound is NOT a program, a type of service, or family therapy. It is a process based on the idea that services should be tailored to meet the needs of children and their families. Each participant receiving Wraparound will develop a Family Wraparound Care Plan. The Family Wraparound Care Plan guides participants and their team through the FTC program. Domains covered in the care plan include:

- Residence
- Family
- Drug & Alcohol
- Safety & Crisis
- Legal
- Social/Recreational
- Emotional/Psychological
- Education/Vocation
- Health & Wellness
- Cultural/Spiritual

The Wraparound Care Plan also serves as a bridge to the DCYF Court Report and the substance use treatment plan. The DCYF Court Report, required for each child every six months, outlines the specific services and steps a parent has to complete in order to resolve the dependency. Because of the involvement of the social workers in the wraparound process, most items in the DCYF Court Report are taken from the Wraparound Care Plan thus avoiding multiple plans and contradicting priorities and also making the DCYF Court Report strengths-based and family-driven. Additionally, the substance use treatment plan outlines specific behaviors or actions that the parent needs



to demonstrate while they are in treatment. The family can choose to invite their treatment provider to the Wraparound meetings to share information that will help them in treatment and vice versa.

Any team member can refer a family for Wraparound. **To do so, the team member shall suggest Wraparound and get agreement from the team during the parent’s case staffing.** Once the team has agreed that the family is appropriate for Wraparound, the FTC Treatment Specialist will send a referral to the Supervisor of the Wraparound Program within two business days. The Wraparound Supervisor will also notify the team and the Wraparound Facilitator of the anticipated enrollment date based on caseload within two business days. Once enrolled, the Wraparound Facilitator will contact the parent within two weeks of enrollment date to start the Wraparound process.

## PROGRAM ADVANCEMENT

**Table 1. Goals and indicators for advancement**

| Goals  | Indicators  |
|--|---|
| <b>Welcome - Engagement</b>  |   |
| <ul style="list-style-type: none"> <li>• Parents engaged with the team</li> <li>• Parents coming to court consistently</li> <li>• Starting to take UAs on a regular basis</li> </ul>   | <ul style="list-style-type: none"> <li>• Weekly court appearances</li> <li>• No missed UAs for 30 days</li> <li>• Makes contact with someone on the team once a week outside of the court appearances</li> <li>• Attends at least two FRSS sober support groups</li> </ul>  |
| <b>Level I Preparation – Increasing Commitment</b>   |   |
| <ul style="list-style-type: none"> <li>• Parents enrolled and participating in substance use treatment</li> <li>• Strength and Needs assessment completed for parents, children and family including assessment of parenting skills and parent-child interactions</li> <li>• Initial family-driven care plan developed that specifically includes housing and finances</li> <li>• Abstinence from all mood-altering substances</li> <li>• Increased stability in lifestyle, housing and finances</li> <li>• Benefits secured</li> <li>• Communication</li> </ul> | <ul style="list-style-type: none"> <li>• Bi-weekly court appearances</li> <li>• Attends treatment as recommended</li> <li>• Attends sober support meetings (AA, NA, etc.) as recommended</li> <li>• Attends first and recovery team meetings</li> <li>• Participates in family-team decision making and completes assigned tasks</li> <li>• Visits with child(ren) as recommended or has regained custody of children</li> <li>• Explores parenting opportunities</li> <li>• 90 days of consecutive sober time</li> <li>• Obtains a sponsor</li> <li>• Completes leveling up form and submits it to the team to staff</li> <li>• Demonstrates ongoing communication progress</li> </ul> |
| <b>Level II Action – Implementing Change</b>   |   |
| <ul style="list-style-type: none"> <li>• Continued abstinence</li> <li>• Continued participation in substance use treatment</li> <li>• Identify and improve parenting skills or parent-child interactions (if necessary)</li> <li>• Increased stability in lifestyle, housing and finances</li> <li>• Expands coping skills</li> </ul>   | <ul style="list-style-type: none"> <li>• Monthly court appearances</li> <li>• Attends treatment as recommended</li> <li>• Attends sober support meetings (AA/NA etc.) as recommended</li> <li>• Participates in sober activities outside of treatment</li> <li>• 120 days of consecutive sober time</li> <li>• Begins services intended to improve parenting or parent-child interaction</li> <li>• Attends Parenting and Engagement Team Meeting</li> </ul>  |

**Table 1. Goals and indicators for advancement**

| Goals   | Indicators  |
|---|---|
|   | <ul style="list-style-type: none"> <li>• Engages in parenting opportunities</li> <li>• Participates in family-team decision making and completes assigned tasks</li> <li>• Visits with child(ren) as recommended or has regained custody of children</li> <li>• Maintains sponsor</li> <li>• Completes leveling up form and submits it to the team to staff</li> <li>• Completes Relapse Prevention Packet and meets with Treatment Specialist to review it</li> <li>• Sharing skills learned in services</li> </ul>  |
| <b>Level III Maintenance – Stabilizing Change</b>   |   |
| <ul style="list-style-type: none"> <li>• Continued abstinence</li> <li>• Housing secured</li> <li>• Income secured</li> <li>• Improved parenting skills</li> <li>• Improved interaction with children</li> <li>• Start educational/vocational training or employment.</li> <li>• Establish natural competing reinforcers to drug use</li> <li>• Establish family and social support</li> <li>• Update Relapse Prevention and Coping Plan</li> </ul> | <ul style="list-style-type: none"> <li>• Consistent and measurable progress in achieving goals</li> <li>• Attends court every 4 to 6 weeks</li> <li>• Attends treatment as recommended</li> <li>• Attends sober support meetings (AA/NA etc.) as recommended</li> <li>• Maintains sponsor</li> <li>• Participates in sober activities outside of treatment</li> <li>• 6 months of consecutive sober time</li> <li>• Visits with child(ren) as recommended or has regained custody of children</li> <li>• Practices identified positive parenting skills</li> <li>• Includes natural supports in family-team decision making</li> <li>• Practices coping and other relapse prevention skills as outlined in plan</li> <li>• Attends Transitional Team meeting</li> <li>• Completes Graduation Packet and meets with Treatment Specialist to review it</li> </ul> |

## GRADUATION

A participant is eligible to graduate when they have successfully completed all phases of FTC and meet the following graduation criteria:

- 6 months consecutive sober time without relapse.
- Children returned and living at home for six months or in permanent placements.
- Successful completion of a certified substance use treatment program (or substance use agency approved by the FTC team) and/or documentation from a chemical dependency professional stating that client requires only Relapse Prevention, Opiate Substitution services, or Aftercare services.
- Consistent attendance at a sober support program or community based support program documented.
- Housing arranged: Transitional living and/or drug free home.
- Outstanding warrants resolved.
- Support system established.
- Relapse Prevention program established.

- Life plan initiated (e.g., employment, education, vocational training).
- Dependency court services completed (DCYF Court Report plan completed).

## CERTIFICATION OF PARTICIPATION

A participant may receive a “certificate of participation” when the dependency is dismissed (i.e. permanency achieved) and there has been “substantial” progress in treatment over the life of the case, not rising to the level needed for graduation. The participant’s individual team will ask to staff the case after concluding at the team meeting “substantial” progress was achieved. The final decision regarding whether a certificate will be presented is determined by the Judge during the staffing.

## STRUCTURED RECOVERY PLAN REVIEW HEARINGS

In cases where a parent has refused to comply or has inconsistently complied with substance use treatment, visitation or other services ordered by the FTC, team members can recommend that a Structured Recovery Plan Review Hearing be held. Structured Recovery Plan Review Hearings may be set as a 5<sup>th</sup> response and can result in termination from FTC.

The FTC team will consider the following indicators of a parent’s compliance:

- Consistency of parent’s attendance at treatment groups, meetings, and other services required by the parent’s substance use treatment plan.
- Parent’s completion of court ordered UA tests, including the number of clean, dirty and missed UAs.
- The treatment provider’s assessment of parent’s commitment to working on her/his sobriety.
- Parent’s actual participation in visitation and other services identified in the parent’s FTC service plan.
- The effect of FTC responses already imposed on parent.

**Any team member can recommend that a Structured Recovery Plan review hearing be held. However, the Judge makes the final decision of whether or not a Structured Recovery Plan review hearing should be held. Structured Recovery Plan review hearings are scheduled 60 days from the date that a Structured Recovery Plan review hearing was recommended and approved.**

Upon expiration of the 60 days and taking into consideration the impact of its decision on the children, the FTC team will recommend either:

- Termination from Family Treatment Court, or
- One month or more of additional Structured Recovery Plan tasks, during which the parent is expected to make considerable progress toward full compliance with the court order. If sufficient progress is not made within this timeframe, the parent can be terminated from FTC.
- If parent has made some progress but is not in full compliance, any team member may request a continuance of the Structured Recovery Plan Review Hearing past the original 60 days.
- The final decision on a parent’s continued participation in FTC is subject to the discretion of the Judge.

## PROGRAM TERMINATION

A participant’s termination from the program is at the recommendation of the treatment court team, subject to the discretion of the court. It includes but is not limited to the following:

### *Dismissal of Dependency/Termination of Parental Rights*

A parent’s participation in the Family Treatment Court program terminates upon dismissal of the underlying dependency action for which the participant is involved in Family Treatment Court or upon termination of the parent’s parental rights regardless of the parent’s status with the drug/alcohol treatment program or the Family Treatment Court.

### *Lack of Progress or Non-Compliance*

A participant's continual lack of progress in treatment and/or with compliance with the DCYF Court Report, are grounds for termination from the Family Treatment Court program (see Structured Recovery Plan Review Hearings).

#### *Severe Rule Infraction*

Significant or severe rule infractions as identified below are grounds for termination from the Family Treatment Court program. Identified behaviors:

- New criminal charges relating to drug use (VUCSA, etc...)
- Continuous disrespectful actions or communications to the Judge
- Presenting false documents to the court
- Threats of violence to FTC team member or FTC participant
- Dealing or distributing drugs.

## **OPTING OUT OF FTC**

Family Treatment Court is a voluntary court program - Therefore, a FTC participant may choose to opt out of the program at anytime. However, if the participant is on program Structured Recovery Plan, notice of opting out must be given by 4:30pm the day prior to the date of the program Structured Recovery Plan hearing. The procedures for opting out of the FTC program are:

#### **If prior notice was not given to the FTC team by the participant's attorney:**

1. The participant must be present in court or able to appear by phone for the Opt Out hearing.
2. Once the participant informs the Court of the desire to opt out of FTC, the Judicial Officer presiding that day will read the following colloquy:

I understand you want to opt out of the King County Family Treatment Court Program. I want to review this decision with you on the record so that I can be sure you are making this decision with an understanding of what will change in your case.

First, have you had an opportunity to discuss this decision to opt out of family treatment court with your attorney?

[If yes, continue.]

[If no, ask if he/she would like to continue today's hearing to give him/her an opportunity to discuss opting out with his/her attorney or recess now for an attorney/client conference.]

Do you understand:

- That your decision to opt out of family treatment court is final – that once I sign an order discharging you from FTC today, you cannot change your mind and come back to FTC?
- That if you opt out of FTC, that your dependency case will go back to regular dependency court, on the regular dependency calendar, which may mean fewer hearings in front of the court?
- That if you opt out of FTC, you won't have to comply with any additional requirements of family treatment court, but will still have to comply with any services that are currently court-ordered?
- That if you opt out of FTC, the timeline for termination of parental rights does not get reset or extended and would continue to move forward?
- That if you opt out of FTC, you may lose access to certain programs, like wraparound (if you have it). And you will no longer have the assistance of the FTC team members?
- That if you opt out of FTC, your social worker and attorney may or may not change, and that will be decided by their agencies?

Knowing all of this, do you want to talk to your attorney again or continue your decision for another week?

[If no, continue.]

[If yes, recess or enter continuance order.]

Do you have any questions for me?

Do you still wish to opt out of family treatment court today?

Are you making this decision of your own free will, with full knowledge of the consequences?

[If “yes,” court signs the order.]

[If not, set the next FTC hearing.]

3. The FTC participant must decide to:
  - a. **Enter the Opt Out order that day;**
  - b. **Enter the FTC Review Hearing order;** or
  - c. **Continue it for a week** in order to have more time to talk to their attorney.

**If prior notice was given by the FTC participant’s attorney:**

1. That attorney will present the opt out order on behalf of the participant on the next FTC hearing date, and no colloquy will be read.
2. The next review hearing date will be set in the regular dependency courtroom.

## **PROGRAM RULES**

**Do not use or possess any drugs or alcohol.** Sobriety is the primary focus of this program. Maintaining a drug free lifestyle is very important in your recovery process. Carefully choose the people with whom you associate.

**Take prescription medications as prescribed by your doctor.** If any medications show up as a positive urinalysis and you have not complied with the following conditions, you will be sanctioned. You also must not take more medication than your doctor ordered or get multiple prescriptions from different doctors.

If a physician prescribes medication for you, you must first tell your treating doctor that you are participating in treatment and that you are required to abstain from mood-altering medications so that the doctor can make decisions with full knowledge of your situation. The Treatment Specialist will give you a form for your doctor to sign and you will need to bring this signed form to your team. Please carry it with you in case of emergency.

**Attend all ordered treatment.** You may be ordered to do both inpatient and outpatient treatment. You must complete treatment as directed by the treatment center and the court. This includes individual and group counseling, educational sessions and sober-support meetings. If you leave treatment against the advice of the treatment center, additional treatment and/or responses may be imposed. If you are unable to attend a scheduled session, you **MUST** contact your treatment counselor **BEFORE** a session is missed.

**Report to your DCYF Social Worker as directed.** If you have any problems making an appointment, contact your DCYF Social Worker immediately.

**Be on time for visits and all treatment activities.** Being late has consequences. Some visitation providers will leave and not allow you to visit if you are more than 15 minutes late. Also, if you are late more than once, the visit provider may refuse to provide visits for you in the future. This could mean that you may miss the next few visits. Additionally, if you are late for treatment, you may not be allowed to attend your counseling session and will be considered non-compliant. Always contact your treatment counselor if there is a possibility you may be late.

**Maintain appropriate behavior.** Violent or inappropriate behavior will not be tolerated and will be reported to Court. This may result in termination from the Family Treatment Court program.

**Attend all court hearings and plan to stay until the end.** You must get permission from the Judge to leave early.

**Dress appropriately for Court and treatment sessions.** Dress to make a positive impression. Clothing bearing drug or alcohol related themes or promoting or advertising alcohol or drug use or violence is considered inappropriate. Speak with your DCYF Social Worker if you need assistance with clothing.

**Participate in Dependency Court services.**

**Attend all visitations.**

**Be Honest.** Honesty is essential to your recovery and to your success in the Family Treatment Court. This rule is intended to encourage and reward upfront honesty that supports sobriety and will be applied accordingly.

## PROGRAM REWARDS

Incentives or rewards are given to encourage and recognize a parent’s progress through the program and may be rewarded based on the following events:

- Reaching a sobriety milestone (30-day, 60-day, 90-day, etc...)
- Reaching a pre-determined parenting milestone (a parent-specified goal developed during wraparound or team meeting)
- Moving to a higher level in the program
- Achieving a major milestone or doing well in the program overall (finding housing, completing treatment, consistent full compliance, etc...)

Rewards will be given based on the discretion of the FTC team and will be given at the soonest possible moment after the event. The type of reward received is dependent upon the reason for the incentive and falls into two categories—a Family Activity Voucher or a Recovery Store Item. A few items are pre-determined and will be given at specified times as shown below. Family Activity Vouchers are items intended for the entire family and are for places such as the zoo, movie theaters or museums. Vouchers can be donated items and some items may not always be available.

The Recovery Store is stocked with items ranging in price that promote and celebrate an individual’s recovery and achievements. Each item will be marked according to their value. Currently, we have about 50 items that are valued between 1 and 5 tokens (\$1 and \$25). When a participant receives a token, they can either purchase an item from the Recovery Store that is valued at one token or they can save their tokens for a bigger item. The participant will be able to pick up their item the same day they receive their token. The items in this store are both purchased and received as donations.

The following list summarizes how incentives will be awarded based on Level:

|                  |   |
|------------------|---|
| <h1>Welcome</h1> | <p><u>Drug Testing milestones:</u><br/>         14 days Card from the team<br/>         30 days Token for Recovery Store and card from Team</p> <p><u>Leveling Up</u><br/>         Certificate and Big Book or NA Book</p> <p><u>Parenting milestones</u><br/>         Choice between Family Activity Voucher or token for Recovery Store to be decided by FTC team in staffing</p> <p><u>Doing Well:</u></p> |
|------------------|---|

|  |  |
|--|--|
|  | <p>Choice between Family Activity Voucher or token for Recovery Store to be decided by FTC team in staffing</p>  |
| <p style="text-align: center;">Level 1</p> | <p><u>Sobriety milestones:</u></p> <p>30 days Token for Recovery Store and card from team</p> <p>60 days Token for Recovery Store and card from team</p> <p>90 days Token for Recovery Store and card from team</p> <p>120 days Token for Recovery Store and card from team</p> <p><u>Leveling Up</u><br/>Family Activity Voucher and Certificate of Achievement</p> <p><u>Parenting milestones</u><br/>Choice between Family Activity Voucher or token for Recovery Store to be decided by FTC team in staffing</p> <p><u>Doing Well:</u><br/>Choice between Family Activity Voucher or token for Recovery Store to be decided by FTC team in staffing</p>                                    |
| <p style="text-align: center;">Level 2</p> | <p><u>Sobriety milestones:</u></p> <p>120 days Token for Recovery Store and card from team</p> <p>6 months 2 Tokens for Recovery Store and card from team</p> <p>9 months Token for Recovery Store and card from team</p> <p>12 months 1 Year Sobriety Coffee Mug, Token for Recovery Store and card from team</p> <p><u>Leveling Up</u><br/>Family Activity Voucher and Certificate of Achievement</p> <p><u>Parenting milestones</u><br/>Choice between Family Activity Voucher or token for Recovery Store to be decided by FTC team in staffing</p> <p><u>Doing Well:</u><br/>Choice between Family Activity Voucher or token for Recovery Store to be decided by FTC team in staffing</p> |
| <p style="text-align: center;">Level 3</p> | <p><u>Sobriety milestones:</u></p> <p>6 months 2 Tokens for Recovery Store and card from team</p> <p>9 months Token for Recovery Store and card from team</p> <p>12 months 1 Year Sobriety Coffee Mug, Token for Recovery Store and card from team</p> <p>18 months 2 Token for Recovery Store and card from team</p>  |

|  |   |
|--|---|
|  | <u>Graduation</u><br>Graduation Ceremony, Recovery Coin, Recovery Book, Child’s Book or Board Game, Family Photo presented in picture frame and Graduation Certificate<br><u>Doing Well:</u><br>Choice between Family Activity Voucher or token for Recovery Store to be decided by FTC team in staffing<br><u>Parenting milestones</u><br>Choice between Family Activity Voucher or token for Recovery Store to be decided by FTC team in staffing |
|  |   |

## PROGRAM RESPONSES

The following responses are designed to change future behavior not punish past actions. The list of behaviors, rule violations or responses is not exhaustive and is meant as a tool for the team to make recommendations to the court. The court’s response to a rule infraction is determined on a case-by- case basis. The FTC team will also meet with the family to determine if there are underlying needs that may be attributed to the infraction. The response for a particular behavior should correspond to the participant’s individual level in the program. Identified behaviors are listed out below.

\*\*Lack of consistent submission of sober support will not result in a program response, however, a parent cannot level up until all outstanding sober support are submitted to the court. The only exception to that policy is when a parent moves from the Welcome Level to Level 1. When a parent enters detox or inpatient, sober supports are zeroed out and not set again until discharge at the subsequent court date.

1. Lack of consistent participation in treatment

- Identified behaviors:
- Failure to provide proof of emergency or other documentation for missing group or individual session
  - Failure to attend a group or individual session
  - Failure to start recommended treatment or take steps to get into treatment

2. Treatment abort or discharge

- Identified behaviors:
- Leaving treatment against program advice
  - Being terminated from treatment due to rule violation

3. Relapse or continued use of alcohol or other drugs

- Identified behaviors:
- Positive UA
  - First relapse after 30 or more days of sobriety
  - Continued use with no period of sobriety
  - Use of synthetic marijuana or bath salts or other alternative drugs (ie non-traditionally known/used as drugs)

*\*Mandatory reset of sober date.*



4. Non-compliance with drug testing

|  |
|--|
| <p>Identified behaviors:</p> <ul style="list-style-type: none"> <li>▪ Failure to test as ordered</li> <li>▪ No show for ordered testing</li> <li>▪ Unable to produce UA</li> <li>▪ Diluted sample</li> </ul> |
|--|

*\*Mandatory reset of the sober date.*

5. Non-compliance with prescription drug policy

|   |
|---|
| <p>Identified behaviors:</p> <ul style="list-style-type: none"> <li>▪ Failure to provide signed notification letter to team</li> <li>▪ Failure to notify team prior to taking prescribed medications or herbal supplements</li> <li>▪ Taking medication not as prescribed (e.g. more medication than prescribed)</li> <li>▪ Using prohibited over-the-counter medications or herbal supplements or medical marijuana</li> </ul> |
|---|

*\*Mandatory reset of the sober date*

6. Contempt of court

|   |
|---|
| <p>Identified behaviors:</p> <ul style="list-style-type: none"> <li>▪ Refusal to comply with responses</li> <li>▪ Refusal to comply with court order</li> <li>▪ Intentional failure to appear at court hearings</li> <li>▪ Disorderly or disruptive behaviors toward the judge</li> </ul> |
|---|

7. Miscellaneous non-compliance

|  |
|--|
| <p>Identified behaviors:</p> <ul style="list-style-type: none"> <li>▪ Inappropriate behavior in courtroom</li> <li>▪ Non-compliance with other programs or courts that affect participation in FTC (Adult Drug Court, Structured Recovery Plan, etc.)</li> <li>▪ Consistent pattern of being late for court or leaving court early without prior approval</li> <li>▪ Failure to follow through with referrals, services, or actions needed to graduate from program</li> <li>▪ Failure to provide team members with current contact information</li> </ul> |
|--|

**Response Table: In order of increasing accountability**

|                               |   |
|-------------------------------|---|
| <p><b>Welcome/Level 1</b></p> | <ul style="list-style-type: none"> <li>• Warning from the bench</li> <li>• Reset sober date</li> <li>• Essay/Assignment</li> <li>• Treatment Matrix</li> <li>• Goal setting with Level 2 or Level 3 participant</li> <li>• Accountability Panel</li> <li>• Observe regular dependency court</li> <li>• Weekly court attendance</li> <li>• Increased sober supports</li> <li>• Attend FTC Group</li> <li>• Re-assessment</li> <li>• Increased UAs</li> <li>• Program Structured Recovery Plan</li> </ul> |
| <p><b>Level 2</b></p>         | <ul style="list-style-type: none"> <li>• Warning from the bench</li> <li>• Reset sober date</li> </ul>  |

|                  |  |
|------------------|--|
|                  | <ul style="list-style-type: none"> <li>• Relapse Prevention Plan</li> <li>• Essay/Assignment</li> <li>• Attend FTC Group</li> <li>• Using Timeline</li> <li>• Increased sober supports</li> <li>• Contact with FTC Alumni Group</li> <li>• Bi-weekly court attendance</li> <li>• Re-assessment</li> <li>• Increased UAs</li> <li>• Program Structured Recovery Plan</li> </ul>   |
| <h3>Level 3</h3> | <ul style="list-style-type: none"> <li>• Warning from the bench</li> <li>• Reset sober date</li> <li>• Using timeline</li> <li>• Essay/Assignment</li> <li>• Clean and sober activity</li> <li>• Relapse Prevention Plan</li> <li>• Increased sober supports</li> <li>• Lead a Peer Support Group</li> <li>• Contact with FTC Alumni Group</li> <li>• Bi-weekly court attendance</li> <li>• Increased UAs</li> <li>• Program Structured Recovery Plan</li> </ul> |

#### Essays/Papers

| Title/Description  | Stage of Change                              |
|--|--|
| Why I chose to be in Family Treatment Court  | Precontemplation, contemplation              |
| What's going on in my life, what can FTC do to help and what I'm going to do to help myself                        | Precontemplation, contemplation              |
| Why missing groups is not good for my recovery   | Precontemplation, contemplation              |
| Why it is important to attend groups   | Precontemplation, contemplation, preparation |
| Why it is important to attend sober supports   | Precontemplation, contemplation, preparation |
| My alternatives to attending 12 step meetings  | Precontemplation, contemplation, preparation |
| Interview of FTC graduate  | Precontemplation, contemplation, preparation |
| Why forgetting isn't a good reason   | Precontemplation, contemplation, preparation |
| Why I didn't do my UA and my plan to make sure I do all of them in the future                                      | Precontemplation, contemplation, preparation |
| What I'm doing to achieve reunification  | Precontemplation, contemplation, preparation |
| Why missing UA's delays reunification  | Precontemplation, contemplation, preparation |
| What I've learned from (observing FTC, observing regular dependency hearings, my last sober support meeting, etc.) | Precontemplation, contemplation, preparation |
| What are my long term plans for my child   | Precontemplation, contemplation, preparation |

|  |  |
|--|--|
| What is in it for me (recovery, not using, visiting my child, attending services, etc...)                        | Precontemplation, contemplation, preparation |
| How my drug use affects my relationship with my child  | Precontemplation, contemplation, preparation |
| Research paper (affects of certain drugs, prenatal drug exposure, medical interactions, cross tolerance, etc...) | Precontemplation, contemplation, preparation |
| What does recovery look like to me   | Preparation                                  |

### Worksheets or Assignments

| Title/Description  | Stage of Change                  |
|--|----------------------------------|
| Treatment group presentation (confer with treatment provider)  | Depends on assignment            |
| Special assignment from treatment provider (confer with treatment provider)  | Depends on assignment            |
| Letter to child  | Precontemplation, contemplation  |
| Collage  | Precontemplation, contemplation  |
| Pros & Cons of Using   | Precontemplation, contemplation  |
| Pros & Cons of Attending Sober Support Meetings  | Precontemplation, contemplation  |
| Impacts of my use on myself/my family/others   | Precontemplation, contemplation  |
| Sobriety Pledge  | Preparation                      |
| Envisioning Assignment – Picture yourself a year from now, after you have made the changes you desire in the area of your life most hurt by your substance use | Preparation                      |
| Write a letter to yourself that is dated in the future and describes what life is like at that point.  | Preparation                      |
| Triggers & Tools   | Preparation                      |
| Make a list of activities that you could do instead of drinking or using drugs.  | Preparation, Action, Maintenance |
| Make a list of the kinds of support that you want but are not currently getting. What holes are there in your network of support?                              | Preparation, Action, Maintenance |
| Recovery Lifeline  | Preparation, Action, Maintenance |
| Relapse Prevention Plan  | Action, Maintenance              |
| Anger Inventory  | Action, Maintenance              |
| Checklist of Relapse Symptoms  | Preparation, Action, Maintenance |
| DBT Diary Card   | Preparation, Action, Maintenance |
| Am I an Addict?  | All                              |
| “I am Your Disease.”   | All                              |
| Interview a Sponsor  | Precontemplation, contemplation  |
| Dependency Case Assignment   | Precontemplation, contemplation  |
| Hardships Assignment   | Precontemplation, contemplation  |
| Letting Go Assignment  | All                              |
| Sobriety vs Recovery   | Precontemplation, contemplation  |
| Starting Over  | Precontemplation, contemplation  |
| Thought for Today – Resentments  | All                              |
| Time Management  | All                              |
| Worries Assignment   | Precontemplation, contemplation  |
| Moving Your Case Forward   | Action, Maintenance              |
| Using Timeline   | Precontemplation, contemplation  |
| Parent Ally Accountability Panel   | Precontemplation, contemplation  |

## **PROGRAM EVALUATION**

The KCFTC was subject to an evaluation research study conducted by Eric J. Bruns, Ph.D. and Michael Pullmann, Ph.D., of the Children's Evidence Based Practices Institute in the University of Washington School of Medicine, Division of Public Behavioral Health and Justice Policy. Over the course of three years, the evaluators conducted a process evaluation of the KCFTC, and outcome evaluation, and a cost-benefit analysis. Primary methods included (1) a follow-up survey of KCFTC team members and stakeholders, (2) interviews with parents enrolled in the KCFTC, and (3) review of administrative data for KCFTC participants compared to a matched sample of parents involved in the regular dependency court process. The evaluation sought to assess: (1) The overall success of the KCFTC in achieving its proposed goals; (2) The overall success of the KCFTC in achieving core outcomes for participants, compared to participants in the regular dependency court; and (3) the cost-effectiveness of the KCFTC.

Over the course of 3 years, the evaluation team (1) enrolled families participating in the KCFTC; (2) collected outcomes data via interview with KCFTC participants; (3) collected outcomes data via Court and DCYF record reviews for KCFTC and eligible, non-enrolled comparison families; (4) collected costs data for KCFTC and comparison families; (5) collected KCFTC implementation and impact data from team members and stakeholders; (6) analyzed data and produce interim and final reports on outcomes and costs and benefits of KCFTC based on interview, record review and costs data; and (7) analyzed data and produce interim and final reports on implementation and observed impacts of the KCFTC based on key stakeholder data.

The UW evaluation team provided quarterly reports (to the KCFTC advisory team and/or the KCFTC evaluation advisory committee) on the data collected from the enrolled families and the process evaluation interviews conducted with team members and stakeholders. An interim report summarizing results of the process evaluation (interviews with team members and stakeholders over time from 2006 – 2008) was submitted in August 2008, with a presentation to the KCFTC advisory team in September 2008. A more comprehensive report summarizing all results to date from team member, stakeholder, and KCFTC participant interviews was presented to an evaluation advisory committee in November 2009. Final analysis of outcomes experienced by KCFTC-enrolled families began in January 2010. A final report of longitudinal outcomes of enrolled and comparison families was completed in January 2011. In addition, the evaluation team is responsive to specific requests for data and data analysis. For example, in response to queries by the KCFTC advisory team, the UW team provided a report on the associations between race, time in program, and self-reported outcomes in June 2009 and again in 2014. In 2019, the Dr. Pullmann completed a report comparing outcomes from the 2011 evaluation to program outcomes in 2019 after program enhancements were made via SAMHSA grant funding in 2016 and a second expansion took place. That same year, Dr. Pullmann also produced a cost-benefit evaluation of the KCFTC.

## **ALUMNI ASSOCIATION**

The FTC Alumni Association was created by graduates as a way to stay connected to one another after the Dependency Chapter of their book was closed. Members organize recovery events for graduates and current participants to meet three times a year to support each other in recovery and discuss and plan ideas that could help the communities where we live and work. We are a support for other participants that are going through the dependency process. It is our desire to promote health, safety and a sense of well being to others. It is our hope that we will be able to help participants in Family Treatment Court overcome some of the financial obstacles that they may face, as well as the Family Treatment Court in obtaining incentives and help them to develop and implement appropriate responses. We are a group of Recovering Parents partnering to help one another achieve a common goal...To become the best mothers, fathers, sisters, brothers, aunts, uncles, and friends that we were all meant to be.



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