



National Evaluation of Family Treatment Courts



NPC Family Treatment Court Assessment

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

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

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

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

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

INSTRUCTIONS:

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

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

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

FAMILY TREATMENT COURT: CHARACTERISTICS

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

1) Please verify your program type:

- ☐ Family Treatment Court
- ☐ Adult Treatment Court
- ☐ DUI/DWI Treatment Court
- ☐ Juvenile Treatment Court
- ☐ Tribal Healing to Wellness Court
- ☐ Mental Health Treatment Court
- ☐ Veterans Treatment Court
- ☐ Hybrid Treatment Court (please specify your hybrid programs):

☐ Other (please specify your other programs):

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

3) Please provide us with the official name (including your county, region, jurisdiction, etc.) and address of your Family Treatment Court program:

TREATMENT COURT NAME: _____

Address: _____

Address 2: _____

City/Town: _____

State: _____

Zip: _____

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

5) When was your treatment court program implemented?

Month (mm): _____

Year (yyyy): _____

6) How would you describe the judicial structure of the family treatment court program?

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

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

() Both of the above - please explain:

() Other - please explain: _____

NPC Family Treatment Court Assessment 2020
Characteristics

7) Do you have separate tracks within your treatment court for:

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

Comments:

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

FAMILY TREATMENT COURT: ELIGIBILITY & REFERRAL

9) Are your participants (check all that apply):

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

10) Which of the following people/agencies can refer potential participants to the program:

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

11) Are your treatment court program eligibility requirements written?

☐ Yes

☐ No

12) If the eligibility requirements are written, are all people/agencies who can make referrals given a copy of the eligibility requirements?

☐ Yes, all referring agencies have them

☐ Most should have them

☐ Most do not have them

☐ Unsure

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

13) What types of allegations/petitions are eligible for program entry?

	Yes	No
Neglect	<input type="checkbox"/>	<input type="checkbox"/>
Endangerment	<input type="checkbox"/>	<input type="checkbox"/>
Abandonment	<input type="checkbox"/>	<input type="checkbox"/>
Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Mental Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>

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

- ☐ An investigation (into a child welfare allegation)
- ☐ A child welfare substantiated charge or disposition
- ☐ An open child welfare case (a case filing)
- ☐ The removal of a child from the home/parent(s)
- ☐ A new arrest
- ☐ A criminal justice case filing
- ☐ A new conviction
- ☐ A probation/parole violation
- ☐ Other (please specify): _____

15) Do you have a target population?

() Yes (please describe target population):

() No

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

- ☐ Not applicable - there is no priority access to our program (we are a strictly first come, first serve)
- ☐ Families including a pregnant mother in active substance use
- ☐ Families with a parent currently engaged in opiate/heroin misuse
- ☐ Families in other situations (please specify):

17) Please indicate the percent of participants who regularly use each of the following substances. Please include participants who use multiple substances in as many categories in the list below as applicable (the total of the percents may add to greater than 100%; enter whole numbers only - no letters or symbols):

Alcohol (%): _____

Marijuana (%): _____

Crack/Cocaine (%): _____

Methamphetamine (%): _____

Opiate/heroin (%): _____

Misuse of opiate prescriptions (%): _____

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

Misuse of other prescriptions (%): _____

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

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

18) If you marked "other" above, please specify the other primary substances(s) used:

Name of other substance #1: _____

Name of other substance #2: _____

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

NPC Family Treatment Court Assessment 2020
Eligibility & Referral

20) Do you accept potential participants:

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

NPC Family Treatment Court Assessment 2020
Eligibility & Referral

21) Does your program assess participants for:

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

22) If you use screening and/or assessment tools, have they been validated and standardized for your treatment court population?

- ☐ Yes
- ☐ Some are validated
- ☐ No
- ☐ Not Sure
- ☐ Not Applicable - we do not use a screening and/or assessment tool

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

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

- ☐ No

24) Screening and Assessments Part 1: Which of the following screening or assessment tools are currently being used in your program? (Check all that apply.)

PLEASE NOTE: THIS QUESTION IS SET AT THE ANSWER "NO" FOR EACH TYPE OF ASSESSMENT UNLESS YOU SELECT ONE OR MORE OF THE POSSIBLE YES ANSWERS. (Please check all that apply)

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

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Eligibility & Referral

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

25) Screening and Assessments Part 2: Which of the following screening or assessment tools are currently being used in your program? (Check all that apply.)

PLEASE NOTE: THIS QUESTION IS SET AT THE ANSWER "NO" FOR EACH TYPE OF ASSESSMENT UNLESS YOU SELECT ONE OR MORE OF THE POSSIBLE YES ANSWERS. (Please check all that apply)

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

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Eligibility & Referral

	Yes, to determine eligibility	Yes, to determine level and type of treatment or other service	Yes, to determine level of monitoring or supervision	No
Texas Christian University (TCU) screen/assessment tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impaired Driving Assessment (IDA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's Risk Needs Assessment (WRNA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inventory of Offender Risk, Needs and Strengths (IORNIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Static Risk and Offender Needs Guide Revised (STRONG-R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tool developed locally - Please type in name(s) of local tool(s) in the box below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other assessment(s) - Please type in the box below the name of any assessment(s) you are using that are not listed above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family focused assessment(s) - Please type in the box below the name of any assessment(s) you are using	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other child focused assessment(s) - Please type in the box below the name of any assessment(s) you are using	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

27) Are individuals screened/assessed for mental health disorders?

- ☐ Yes
- ☐ Sometimes
- ☐ No

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

- ☐ Yes, always
- ☐ Yes, if assessed as being capable of understanding and following program requirements
- ☐ No

29) If individuals are found to have mental health disorders, is mental health treatment required as part of their treatment court-related treatment?

- ☐ Yes
- ☐ No
- ☐ Not Applicable (e.g., individuals with mental health disorders are not allowed in treatment court)

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

- ☐ High Risk
- ☐ Moderate Risk
- ☐ Low Risk
- ☐ Not applicable

31) Do you accept individuals into your program who (check all that apply):

- ☐ Do not have a substance use disorder
- ☐ Are assessed as having a mild substance use disorder
- ☐ Are assessed as having a moderate substance use disorder
- ☐ Are assessed as having a severe substance use disorder
- ☐ Not applicable - participants are not assessed for substance use disorder

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

- ☐ All participants are voluntary
- ☐ Some participants are mandated to attend treatment court
- ☐ All participants are mandated to attend

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

- ☐ Frequently
- ☐ Sometimes
- ☐ Rarely
- ☐ No, never have

34) Please indicate whether the following items are benefits for participants to enter and graduate from the program:

	Yes	No
Increased likelihood of being reunified with child	<input type="checkbox"/>	<input type="checkbox"/>
Possibility of increased visitation	<input type="checkbox"/>	<input type="checkbox"/>
Increased access to services	<input type="checkbox"/>	<input type="checkbox"/>
Possibility of preventing removal	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding jail time	<input type="checkbox"/>	<input type="checkbox"/>

35) What is your estimate of the *typical length of time* between an investigation and referral to the treatment court program?

- ☐ 0 to 7 days
- ☐ 8 to 14 days
- ☐ 15 to 21 days
- ☐ 22 to 30 days
- ☐ 31 to 50 days
- ☐ 51 to 100 days
- ☐ 100+ days

36) What is your estimate of the *typical length of time* between referral and treatment court entry?

- ☐ 0 to 7 days
- ☐ 8 to 14 days
- ☐ 15 to 21 days
- ☐ 22 to 30 days
- ☐ 31 to 50 days
- ☐ 51+ days

FAMILY TREATMENT COURT: SERVICES

37) How many treatment agencies work with your treatment court participants?

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

38) Do the treatment provider(s) have a written agreement/contract or an MOU/MOA directly with the court to deliver services to treatment court participants?

() Yes

() No

39) If you use more than one treatment agency:

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

40) Treatment providers that work with your treatment court are:

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

41) Please indicate whether your treatment court performs any of the following activities:

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

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

42) Part 1: Substance use disorder treatment (SUD) and related services

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

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

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

43) Part 2: Mental health treatment and related services

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

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

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

44) Part 3: Family treatment and related services

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

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

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

45) Part 4: Auxiliary services

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

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

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

46) Part 5a. Treatment Modalities

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

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

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

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

47) Part 5b. Treatment Modalities

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

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

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

48) Do you provide any services, and/or regularly refer to services, for children of participants in your program?

☐ Yes

☐ No

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

☐ Yes

☐ No

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

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

☐ Yes

☐ Sometimes

☐ No

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

☐ Child welfare case worker

☐ Treatment provider

☐ Case manager

☐ Participant/Parent

☐ Child(ren)

☐ Family member

☐ Other (please specify): _____

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

- ☐ Child welfare case worker
- ☐ Treatment provider
- ☐ Case manager
- ☐ Participant/Parent
- ☐ Other (please specify): _____

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

Information regarding:

- ☐ Family/marital stressors
- ☐ Parental responsibilities
- ☐ Substance use
- ☐ Employment status
- ☐ Education status
- ☐ Pro-social leisure or recreation activities
- ☐ Traumatic experiences
- ☐ Transportation issues
- ☐ Housing
- ☐ Cognitive status/abilities
- ☐ Pain management
- ☐ Antisocial personality/temperament
- ☐ Antisocial thinking
- ☐ Antisocial peers
- ☐ Supportive adults in their natural environment
- ☐ Strengths
- ☐ Interests
- ☐ Connections to the faith community
- ☐ Connections to cultural activities
- ☐ Connections to community activities

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

- ☐ Short-term/immediate goals
- ☐ Longer-term goal(s)
- ☐ Court requirements
- ☐ Parental responsibilities
- ☐ Parent-child family time
- ☐ Incentives and sanctions
- ☐ Treatment plan
- ☐ Medical care plan
- ☐ Identified support people
- ☐ Supervision (e.g., monitoring, probation, parole) requirements
- ☐ Complementary/ancillary service plan (e.g., education, housing, employment, life skills)
- ☐ Interventions for criminal thinking
- ☐ Interventions for anti-social personality disorder

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

- ☐ Yes
- ☐ Sometimes
- ☐ No

57) Each participant's clinical treatment plan is (check all that apply):

- ☐ Integrated with their treatment court case management plan
- ☐ Integrated with their child welfare/protective services plan
- ☐ Separate from both their child welfare/protective services plan and their treatment court case management plan

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

- ☐ Yes - it is integrated with participants' individualized case plan
- ☐ Yes - it is separate from participants' individualized case plan
- ☐ No

FAMILY TREATMENT COURT: TEAM

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

- ☐ Judge
- ☐ Treatment Court Coordinator
- ☐ Child Welfare Attorney/Prosecuting Attorney
- ☐ Parent's Attorney/Defense Attorney
- ☐ Child's Attorney/Guardian ad Litem
- ☐ Court Appointed Special Advocate (CASA)
- ☐ Case Manager
- ☐ Child Welfare Case Worker
- ☐ Substance Use Disorder Treatment Provider(s)/Counselor(s)
- ☐ Mental Health Treatment Provider
- ☐ Recovery Support Specialist
- ☐ Psychologist
- ☐ Child Treatment/Service Provider
- ☐ Physician/Nurse
- ☐ Probation/Parole
- ☐ Law Enforcement (e.g., Police, Sheriff, Tribal Police, Village Public Safety Officer)
- ☐ Bailiff/Court Security
- ☐ Court Clerk
- ☐ Cultural Advisor(s)
- ☐ Community Partners
- ☐ Other (please specify other people you consider to be a treatment court team member):

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

- ☐ Yes
- ☐ No

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

- ☐ Less than 1 year
☐ 1-3 years
☐ More than 3 years

62) How long has your longest-term team member been on your team?

- ☐ Less than 1 year
☐ 1-3 years
☐ 3-10 years
☐ More than 10 years

63) Do you have a standard rotation schedule for the following roles? (e.g., every year, every 2 years, etc.)

	Yes	No	Not Applicable - not a member of the team
Child Welfare Attorney/Prosecuting Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent's Attorney/Defense Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment Court Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child welfare case worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Treatment/Service Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probation/Parole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

☐ Yes

☐ No

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

☐ Yes

☐ No

☐ N/A

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

☐ Yes

☐ No

☐ N/A

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

☐ Yes

☐ No

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

☐ Yes

☐ No

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

☐ Yes

☐ No

70) How often does your treatment court have team meetings/staffings (regular meetings where participant progress is discussed)?

- ☐ Twice per week or more
- ☐ Once per week
- ☐ Twice per month
- ☐ Once per month
- ☐ Once per quarter
- ☐ Yearly

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

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

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

NPC Family Treatment Court Assessment 2020
Team

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

NPC Family Treatment Court Assessment 2020
Team

73) Please check how often the following people/agencies attend status review hearings (court appearances). Please choose a response for every role in the table, even if the answer is Not Applicable.

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

NPC Family Treatment Court Assessment 2020
Team

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

NPC Family Treatment Court Assessment 2020
Team

74) Please indicate whether the following team members/agencies make home visits. Please choose a response for every role in the table, even if the answer is Not Applicable.

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

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

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

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

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

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

- ☐ Yes, treatment court coordination (the program coordinator or manager)
- ☐ Yes, supervision/monitoring (e.g., probation, child welfare)
- ☐ Yes, treatment (e.g., SUD/MH treatment provider)
- ☐ Yes, Other - please specify
- ☐ No (i.e., case manager only does case management)

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

- ☐ Yes
- ☐ Sometimes
- ☐ No

79) What does the person/people who perform case management do? (Check all that apply.)

- ☐ Child/Family Needs Assessment
- ☐ Family Case Planning and Referral
- ☐ Develop individualized case plan
- ☐ Ongoing monitoring of case plan
- ☐ Track progress toward goals
- ☐ Refer to services
- ☐ Assist participant in connecting to services
- ☐ Risk assessment
- ☐ Needs assessment
- ☐ Coordinate services among different providers
- ☐ Guide participants through treatment court requirements
- ☐ Impose sanctions
- ☐ Provide incentives
- ☐ Report progress to the treatment court team
- ☐ Advocate for the participant as needed
- ☐ Involve the participant in the development of the case plan

80) Does your treatment court have a steering committee or policy committee that meets separately from regular treatment court team meetings (to discuss treatment court program-level policies or practices)?

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

81) How often does your steering committee meet?

- () Monthly
- () Quarterly
- () Semiannually
- () Annually
- () Other (please specify): _____

82) Who participates on the steering/policy committee? (either team members or supervisory-level representatives from the following agencies/groups)

	Yes	No
Judge	()	()
Treatment Court Coordinator	()	()
Child Welfare Attorney/Prosecuting Attorney	()	()
Parent's Attorney/Defense Attorney	()	()
Child's Attorney/Guardian ad Litem	()	()
Court Appointed Special Advocate (CASA)	()	()
Child Welfare Services	()	()
Substance Use Disorder Treatment	()	()
Mental Health Treatment Provider	()	()
Recovery Support Specialist	()	()
Psychologist	()	()
Child Treatment/Service Provider	()	()
Medical, Public Health and/or Maternal and Child Health	()	()

NPC Family Treatment Court Assessment 2020
Team

	Yes	No
Probation/Parole	()	()
Law enforcement (e.g., Police, Sheriff, Tribal Police, Village Public Safety Officer)	()	()
Housing Authority	()	()
Faith Community	()	()
Cultural Advisor(s)	()	()
Community Partners	()	()

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

() Yes

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

() No

84) How often does your oversight or advisory committee meet?

() Monthly

() Quarterly

() Semiannually

() Annually

() Other (please specify): _____

85) Who participates on the oversight or advisory committee/board? (either team members or supervisory-level representatives from the following agencies/groups)

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

86) Has your treatment court program formed an independent 501(c)(3) or other non-profit organization?

☐ Yes

☐ No

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

☐ Always

☐ Sometimes

☐ Rarely

☐ Never

88) Please indicate whether treatment providers communicate with the court in the following ways:

	Yes	No
Verbally in team meetings	<input type="checkbox"/>	<input type="checkbox"/>
Verbally during status review hearings (court appearances)	<input type="checkbox"/>	<input type="checkbox"/>
Through written progress reports	<input type="checkbox"/>	<input type="checkbox"/>
Through email	<input type="checkbox"/>	<input type="checkbox"/>
By phone or text	<input type="checkbox"/>	<input type="checkbox"/>

NPC Family Treatment Court Assessment 2020
Team

89) Please indicate whether team member communicate with each other in the following ways:

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

FAMILY TREATMENT COURT: DRUG/ALCOHOL TESTING

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

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

91) Does your program use random drug/alcohol testing?

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

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

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

() No - our testing is on a regular schedule

NPC Family Treatment Court Assessment 2020
Drug/Alcohol Testing

92) Please indicate whether or not the following types of drug and alcohol tests are used:

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

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

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

- ☐ Yes
- ☐ No
- ☐ Not Applicable

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

- ☐ Yes - instead of direct observation of the participant
- ☐ Yes - simultaneous with direct observation of the participant
- ☐ No

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

- ☐ Yes
- ☐ No

96) Are samples tested for:

	Yes	No
Dilution? (i.e., creatinine testing is conducted)	<input type="checkbox"/>	<input type="checkbox"/>
Adulteration? (e.g., temperature)	<input type="checkbox"/>	<input type="checkbox"/>

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

- ☐ Within minutes
- ☐ Same day
- ☐ Within 24 hours
- ☐ Within 48 hours
- ☐ Within one week
- ☐ Other (please specify): _____

NPC Family Treatment Court Assessment 2020
Drug/Alcohol Testing

98) Please indicate whether or not the following agencies/staff collect drug/alcohol test samples (e.g., urine) or perform drug/alcohol testing:

	Yes	No
Substance Use Disorder Treatment Provider(s)/Counselor(s)	()	()
Case Manager	()	()
Probation/Parole	()	()
Treatment Court Coordinator	()	()
Child welfare	()	()
Other Court Staff	()	()
Law Enforcement (e.g., Police, Sheriff, Tribal Police, Village Public Safety Officer)	()	()
Drug Testing Agency	()	()

FAMILY TREATMENT COURT: STATUS REVIEW SESSIONS

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

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

FAMILY TREATMENT COURT: JUDGE

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

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

- ☐ Yes
- ☐ Sometimes
- ☐ No

102) Where is the judge positioned during court hearings?

- ☐ On the bench
- ☐ At the podium
- ☐ At a table with the team
- ☐ In a circle with the team and participants
- ☐ Other (please specify): _____

103) Does the judge wear a robe during the hearing?

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

105) Does the judge interact with:

- ☐ Just the parent
- ☐ Both parent and child(ren)

NPC Family Treatment Court Assessment 2020
Judge

106) Has the judge:

	Yes	No
Attended professional treatment court related conferences (such as NADCP's annual training conference or state treatment court conferences) ?	()	()
Attended official treatment court training sessions or workshops that were individualized for your team?	()	()
Received training by previous treatment court judges in this or another treatment court?	()	()
Observed other treatment courts?	()	()
Had training on legal and constitutional issues related to treatment courts?	()	()
Had education on child welfare case processes and requirements?	()	()

107) Is the treatment court judge assigned voluntarily?

- () Yes - the position is voluntary
- () No - this is a required assignment

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

- () Yes
- () No

109) Is the backup judge trained in the treatment court philosophy and protocols?

- () Yes
- () No

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

☐ Indefinitely

☐ Position rotates

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

☐ Every 6 months

☐ Yearly

☐ Every 2 years

☐ Every 3 years

☐ Other (please specify): _____

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

☐ Yes

☐ No

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

FAMILY TREATMENT COURT: PHASES

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

- ☐ 6 months
 - ☐ 9 months
 - ☐ 12 months
 - ☐ 18 months
 - ☐ 24 months
 - ☐ Other (please specify in months):
-

114) Please indicate the number of phases in your program (if you have no phases, please enter "1" and continue to the next question, entering the information about phase requirements as a single phase program):

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7+

FAMILY TREATMENT COURT: FIRST OR SINGLE PHASE

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

- ☐ There is no minimum
- ☐ Number of weeks: _____

116) How often are participants administered drug tests during phase 1?

- ☐ 4 or more times per week
- ☐ 3 times per week
- ☐ 2 times per week
- ☐ 1 time per week
- ☐ Once every two weeks
- ☐ Once per month
- ☐ Less than once per month
- ☐ Specific to participant/no general requirements

117) How often do participants attend *group* treatment sessions during phase 1?

- ☐ 4 or more times per week
- ☐ 3 times per week
- ☐ 2 times per week
- ☐ 1 time per week
- ☐ Once every two weeks
- ☐ Once per month
- ☐ Less than once per month
- ☐ Specific to participant/no general requirements

118) How often do participants attend *individual* treatment sessions during phase 1?

- ☐ 4 or more times per week
- ☐ 3 times per week
- ☐ 2 times per week
- ☐ 1 time per week
- ☐ Once every two weeks
- ☐ Once per month
- ☐ Less than once per month
- ☐ Specific to participant/no general requirements

119) How often do participants meet with someone who performs clinical case management activities during phase 1?

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

- ☐ 4 or more times per week
- ☐ 3 times per week
- ☐ 2 times per week
- ☐ 1 time per week
- ☐ Once every two weeks
- ☐ Once per month
- ☐ Less than once per month
- ☐ Specific to participant/no general requirements

120) How often are participants required to attend status review hearings (court appearances) during phase 1?

- ☐ 4 or more times per week
- ☐ 3 times per week
- ☐ 2 times per week
- ☐ 1 time per week
- ☐ Once every two weeks
- ☐ Once per month
- ☐ Less than once per month
- ☐ Specific to participant/no general requirements

121) How often are participants required to meet with treatment court staff who perform case management to review progress, status of treatment, and ongoing needs during phase 1?

- ☐ 4 or more times per week
- ☐ 3 times per week
- ☐ 2 times per week
- ☐ 1 time per week
- ☐ Once every two weeks
- ☐ Once per month
- ☐ Less than once per month
- ☐ Specific to participant/no general requirements

122) Are participants required to attend community support groups (e.g., SMART Recovery, 12-step meetings) during phase 1?

- ☐ Yes
- ☐ No

FAMILY TREATMENT COURT: LAST PHASE

123) What is the minimum length of your last phase? (Note, for multi-phase programs we are not asking details about *all* phases, just your first and last phases.)

- ☐ There is no minimum
- ☐ Number of weeks: _____

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

- ☐ 4 or more times per week
- ☐ 3 times per week
- ☐ 2 times per week
- ☐ 1 time per week
- ☐ Once every two weeks
- ☐ Once per month
- ☐ Less than once per month
- ☐ Specific to participant/no general requirements

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

- ☐ 4 or more times per week
- ☐ 3 times per week
- ☐ 2 times per week
- ☐ 1 time per week
- ☐ Once every two weeks
- ☐ Once per month
- ☐ Less than once per month
- ☐ Specific to participant/no general requirements

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

- ☐ 4 or more times per week
- ☐ 3 times per week
- ☐ 2 times per week
- ☐ 1 time per week
- ☐ Once every two weeks
- ☐ Once per month
- ☐ Less than once per month
- ☐ Specific to participant/no general requirements

127) Are participants required to attend community support groups (e.g., SMART Recovery, 12-step meetings) during the last phase?

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ Sometimes
- ☐ No

FAMILY TREATMENT COURT: PAYMENT

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

☐ Yes

☐ No

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

☐ Yes

☐ No

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

132) Who receives those fees? (Mark all that apply)

☐ Court

☐ Treatment

☐ Probation/Parole

☐ Child Welfare

☐ Other (please specify): _____

FAMILY TREATMENT COURT: RESPONSES TO PARTICIPANT BEHAVIOR

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

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

NPC Family Treatment Court Assessment 2020
Responses to Participant Behavior

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

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

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

NPC Family Treatment Court Assessment 2020
Responses to Participant Behavior

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

135) Please think about the INCENTIVES provided by your treatment court and indicate which of the following statement(s) is/are true:

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

NPC Family Treatment Court Assessment 2020
Responses to Participant Behavior

136) INCENTIVES: Which of the following responses are used in your treatment court to reward positive behavior?

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

137) Please think about the SANCTIONS provided by your treatment court and indicate which of the following statement(s) is/are true:

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

NPC Family Treatment Court Assessment 2020
Responses to Participant Behavior

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

138) SANCTIONS: Which of the following responses are used in your treatment court to help decrease or stop participant non-compliant behavior?

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

NPC Family Treatment Court Assessment 2020
Responses to Participant Behavior

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

☐ Yes

☐ No

140) How often do you use jail/detention for the following behaviors:

	Always	Sometimes	Rarely	Never
For positive drug/alcohol screens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For continued use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For noncompliance with program rules or case plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For failure to appear for court?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For failure to appear for treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For on-going failure to appear to court?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After the first positive drug/alcohol test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After the second positive drug/alcohol test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After the third positive drug/alcohol test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NPC Family Treatment Court Assessment 2020
Responses to Participant Behavior

141) When a jail/detention sanction is used, would you say that the length of the sanction is generally:

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

142) Is jail/detention used as an alternative for detox or residential treatment when detox or residential treatment is not available?

- () Always
- () Sometimes
- () Rarely
- () Never

FAMILY TREATMENT COURT: COMPLETION

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

☐ Yes

☐ No

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

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

☐ Yes

☐ No

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

☐ 0 to 29 days

☐ 30 to 59 days

☐ 60 to 89 days

☐ 90 to 119 days

☐ 120 days or more

147) Is there a minimum number of negative drug/alcohol tests participants must have before they can graduate?

☐ Yes

☐ No

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

NPC Family Treatment Court Assessment 2020
Completion

149) In order to graduate, are participants required to:

	Yes	No
Have a job, be in school, or be involved in some other activity that helps ensure their ability to support themselves legally?	()	()
Have a sober housing environment?	()	()
Have custody of their child(ren)?	()	()
Have a safety plan for children and other family members in the home?	()	()
Have their child-welfare case closed	()	()
Complete community service?	()	()
Write a sobriety/relapse prevention plan?	()	()
Pay all treatment court or treatment fees?	()	()
Pay all court-ordered fines and fees not related to treatment court (e.g., restitution) or fulfill alternative requirements?	()	()

150) Does your treatment court have:

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

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

- ☐ Child welfare plan no longer includes reunification
 - ☐ New dependency, neglect, abuse case
 - ☐ Repeated unsafe behavior with children
 - ☐ Failure to separate from unsafe or dangerous partners
 - ☐ Failure to appear in court with no excuse/multiple failures to appear
 - ☐ Consistently missing treatment sessions
 - ☐ Repeated positive drug tests
 - ☐ Continued substance use
 - ☐ Continual lack of progress in program
 - ☐ Continual lack of progress in treatment
 - ☐ An arrest
 - ☐ An arrest for drug possession
 - ☐ An arrest for trafficking
 - ☐ An arrest for violent offense
 - ☐ What other reasons would prompt removal (unsuccessful exit)?:
-

FAMILY TREATMENT COURT: MONITORING & EVALUATION

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

☐ Yes - for program performance monitoring

☐ Yes - for individual participant case management

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

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

154) Please answer the following questions about your treatment court data:

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

155) Does your treatment court monitor the information it collects on participants to:

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

NPC Family Treatment Court Assessment 2020
Monitoring & Evaluation

	Yes	No
Assess whether there are disparities (e.g., gender, racial, etc.) in who successfully completes (graduates) from the program?	()	()
Assess safety, permanency, and well-being of children	()	()

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

- () Yes
- () No
- () Not applicable

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

- () Yes
- () No

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

- () Yes
- () No

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

- () Yes
- () No
- () Not applicable

FAMILY TREATMENT COURT: TRAINING

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

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

NPC Family Treatment Court Assessment 2020
Training

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

161) Please indicate how accurate you feel the following statements are about training at your treatment court:

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

NPC Family Treatment Court Assessment 2020
Training

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

FAMILY TREATMENT COURT: PARTNERSHIPS

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

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

FAMILY TREATMENT COURT: FUNDING

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

☐ OJJDP

☐ BJA

☐ Byrne (Edward Byrne Memorial Justice Assistance Grants)

☐ SAMHSA

☐ Other federal funding (please specify the source of funding):

☐ State funding (please specify the source of funding):

☐ Tribal funding (please specify the source of funding):

☐ County/city/local public funds (please specify):

☐ Please specify any other type of funding:

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

	Yes	No
Dedicated funds	<input type="checkbox"/>	<input type="checkbox"/>
Rely on grants	<input type="checkbox"/>	<input type="checkbox"/>

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

FAMILY TREATMENT COURT: STATISTICS

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

166) What gender are your currently active participants? Please estimate the percentage of males and females in your program:

Male: _____

Female: _____

Other identity: _____

167) What race/ethnicity are your current participants? Please give us your best estimate of the percentage of participants for each of the race/ethnicities listed below (percents may add to greater than 100):

American Indian or Alaska Native: _____

Asian: _____

Black or African American: _____

Hispanic, Latino, or Spanish Origin: _____

Middle Eastern or North African: _____

Native Hawaiian or Other Pacific Islander: _____

White: _____

Other: _____

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

169) What age are your current participants? Please give your best estimate of the percentage of your participants in each of the following age groups:

% 18-24 years: _____

% 25-34 years: _____

% 35-50 years: _____

% 51+: _____

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

171) Is your program at maximum capacity? (Is your program full?)

☐ Yes

☐ No

172) Counting all the participants since the first day of your treatment court to the present (or the 1st date data are available), please answer the following questions. (Note: the first box should add up to the sum of the following four boxes.)

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

How many participants are currently active?:

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

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

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

Feedback:

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

Thank You!

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