



NEFTC Self-Led Follow Up

There are 79 Key Components identified in the National Evaluation of Family Treatment Courts (NEFTC), each relating to the [Family Treatment Court \(FTC\) Best Practices](#). Use this guide when reviewing the NEFTC results to start a discussion with the FTC team about next steps toward meeting Best Practices.

<i>Key Component</i>	<i>Description</i>	<i>Corresponding Best Practice Standard</i>	<i>Follow Up Questions</i>
1.1	Treatment court has a Memorandum of Understanding (MOU) in place between the treatment court team members (and/or the associated agencies)	1B (p. 12, 17-18) 1F (p. 13, 20-22) 1J (p. 15, 27-28)	<ul style="list-style-type: none"> • How have relationships between the FTC and partner agencies been established? • How could the team formalize these relationships in writing? Who needs to be involved?
1.1a	MOU specifies team member roles	1B (p. 12, 17-18) 1C (p. 12, 18-19)	<ul style="list-style-type: none"> • What does the MOU specify? • How can the roles and information sharing procedures be added to the MOUs?
1.1b	MOU specifies what information will be shared	1F (p. 13, 20-22)	
1.2	Treatment court has a written policy and procedure manual	1I (p. 14, 26-27)	<ul style="list-style-type: none"> • How are policies and procedures documented for the treatment court? • Who can collect these policies and procedures and put them into writing?

1.3	All key team members attend pre-court team meetings (staffings) (judge, state's/child attorney or guardian ad litem, parent/defense attorney, parent and child treatment and service providers, program coordinator, supervision/law enforcement, child welfare case worker, CASA, recovery support specialist, cultural advisor(s))	1C (p. 12, 18-19) 1J (p. 15, 27-28)	<ul style="list-style-type: none"> • Of the positions listed above, who is missing from the team at staffing? • Why are these roles missing? • Are there roles in the community that should be at staffing? • Are there roles from surrounding communities, including local Tribes, that should be at staffing? • Where is contact information for these additional roles found?
1.4	All key team members attend court sessions/status review hearings (judge, state's/child attorney or guardian ad litem, parent/defense attorney, parent and child treatment and service providers, program coordinator, supervision/law enforcement, child welfare case worker, CASA, recovery support specialist, cultural advisor(s))	1C (p. 12, 18-19) 1J (p. 15, 27-28)	<ul style="list-style-type: none"> • Of the positions listed above, who is missing from the team at court? • Why are these roles missing? • Are there roles in the community that should be at court? • Are there roles from surrounding communities, including local Tribes, that should be at court? • Where is contact information for these additional roles found?
1.5	Treatment communicates with court via email	1F (p.13, 20-22)	<ul style="list-style-type: none"> • In what ways do the treatment providers communicate (e.g., in-person only at staffings, over the phone, paper mail, etc.)? • What prevents email communication? • Can something be done to address these barriers?
2.1	A state's attorney and/or child attorney/guardian ad litem attends pre-court team meetings (staffings)	1C (p. 12, 18-19) 1J (p. 15, 27-28)	<ul style="list-style-type: none"> • What barriers are there to these roles attending staffings? • What can be done to address these barriers?

2.2	A state's attorney and/or child attorney/guardian ad litem attends court sessions (status review hearings)	1C (p. 12, 18-19) 1J (p. 15, 27-28)	<ul style="list-style-type: none"> • What barriers are there to these roles attending hearings? • What can be done to address these barriers?
2.3	A defense/parent attorney attends pre-court team meetings (staffings)	1C (p. 12, 18-19) 1J (p. 15, 27-28)	<ul style="list-style-type: none"> • What barriers are there to this role attending staffings? • What can be done to address these barriers?
2.4	A defense/parent attorney attends court sessions (status review hearings)	1C (p. 12, 18-19) 1J (p. 15, 27-28)	<ul style="list-style-type: none"> • What barriers are there to this role attending hearings? • What can be done to address these barriers?
3.1	The time between child welfare case opening/substantiated allegation and treatment court program entry is 50 days or less	4B (p. 62, 66-68)	<ul style="list-style-type: none"> • How many days, on average, are there between a substantiated allegation and treatment court program entry? • What decision points in this process impact the timeliness? • Is there anything the team can do to reduce this timeline?
3.2	Current treatment court caseload/census (number of individuals actively participating at any one time) is less than 125	Based on Adult Treatment Court Research	<ul style="list-style-type: none"> • What is the current treatment court caseload? • How is the caseload determined, and are enrollment numbers routinely reviewed? • What would it take to reduce the caseload while still serving families?

3.3	The treatment court has written eligibility criteria	3A (p. 42, 43-45) 4A (p. 62, 64-66)	<ul style="list-style-type: none"> • How is eligibility for the treatment court determined? • Are these eligibility criteria objective? • Where could the eligibility criteria be recorded (e.g., procedures and policies manual, handbook, etc.)? • How often will the written eligibility criteria be reviewed?
3.4	The treatment court accepts individuals with serious mental health diagnoses, as long as appropriate treatment is available	5D (p. 77, 84-84)	<ul style="list-style-type: none"> • What has prevented the team from accepting individuals with serious mental health diagnoses? • What could be done in the area to make this a viable option for the team? <ul style="list-style-type: none"> ○ E.g., policy change, additional providers, something else • Does the team have community contacts that can work toward this?
3.5	The treatment court accepts individuals who are using medications to treat a substance use disorder	5J (p. 79, 95-97)	<ul style="list-style-type: none"> • What prevents the team from accepting parents who are using MAT? • Would the team accept parents using MAT if these barriers are addressed? • What resources are needed to accept parents using medications to treat a substance use disorder?

3.6	Treatment court uses validated, standardized assessment tool(s) to determine parent eligibility	4B (p. 62, 66-68) 4C (p.62, 68-69)	<ul style="list-style-type: none"> • How is eligibility for the treatment court determined? • Are the eligibility criteria objective? • Are the eligibility criteria standardized? • Could the team begin using a validated, standardized assessment tool to determine parent eligibility?
3.7	Participants are given a participant handbook upon entering the treatment court program	1 (p. 11) Throughout Best Practices	<ul style="list-style-type: none"> • Is there a participant handbook? <ul style="list-style-type: none"> ○ If no, what is required to create one? ○ If yes, where is the handbook available? Could it be provided to participants? • Are participants given materials that could be considered a handbook? • How often are these materials reviewed, and by whom?
4.1	The treatment court uses no more than two treatment agencies to provide treatment for a majority of participants or a single agency/individual provides oversight for any other treatment agencies treating treatment court participants	5I (p. 93-95) Adult Drug Court 1 V. C. (p. 39, 42)	<ul style="list-style-type: none"> • How many treatment agencies are used? • What determines the number of treatment agencies used? • What would happen if this number is reduced? • Are there any co-treatment facilities in the community that are/can be used?

4.2	The treatment court requires participants to meet individually with a treatment provider or clinical case manager weekly in the first phase of the program	6A (p. 114, 117-120)	<ul style="list-style-type: none"> • Do participants meet with a treatment provider or clinical case manager at all while enrolled in the treatment court? • If yes, what would it take to increase the frequency to at least weekly? • If no, are there members on the team that fit this role and could meet with participants?
4.3	The treatment court offers or makes referrals to a full continuum of care for substance use disorder treatment (detoxification, outpatient, intensive outpatient, medication assisted, residential)	5C (p. 77, 82-84)	<ul style="list-style-type: none"> • Which of the levels of care for substance use disorder treatment are not currently offered/referred to? • What barriers prevent offering/referring to these services? • Is there anything the team can do to address these barriers? • Is there anyone in the community that is actively trying to address these barriers, or that should be addressing these barriers?
4.4	Treatment court uses validated, standardized assessment tool(s) to determine level and type of services needed for parents and children	4C (p. 62, 68-69) 4D (p. 62, 70-71)	<ul style="list-style-type: none"> • How are level and type of services needed for parents determined? • How are level and type of services needed for children determined? • How can the team encourage the use of validated, standardized assessment tool(s)?
4.5	Participants and their families are involved in developing their case plan	6B (p. 114, 120-121)	<ul style="list-style-type: none"> • How do you view family involvement in case planning? What would this look like? • Are there barriers that prevent family involvement? • What are ways to increase family involvement in case planning?

4.6	Participants with co-occurring disorders are connected to coordinated treatment	5D (p. 77, 84-85) 6A (114, 117-120)	<ul style="list-style-type: none"> • Are parents with co-occurring disorders accepted into the treatment court? • How are participants connected to treatment options? • Are there coordinated treatment options elsewhere?
4.7	Treatment providers administer evidence-based, manualized behavioral or cognitive-behavioral treatments	5I p. 78, 93-95)	<ul style="list-style-type: none"> • How is information about the treatments administered shared with the treatment court? • How can the team encourage the use of evidence-based manualized behavioral or cognitive-behavioral treatments by treatment providers? • Are there additional providers in the community that do provide evidence-based manualized behavioral or cognitive-behavioral treatments?
4.8	The treatment court connects participants with a recovery coach or peer support specialist	6C (p. 114, 121-123)	<ul style="list-style-type: none"> • Are participants connected with this type of resource elsewhere? • What are some ways to encourage this connection? • If there are no recovery coaches or peer support specialists in the area, is there anything the team can do to help establish this? • Are there any community resources that could be leveraged?

4.9	The treatment court offers or makes referrals to gender specific services	1H (p. 14, 23-26) 3C (p. 42, 50-51) 5F (p. 78, 88-89) 6I (p. 116, 132-134) 7B (p. 150, 154)	<ul style="list-style-type: none"> • What has prevented these services from being offered? • How could the team address these barriers?
4.10	The treatment court offers or makes referrals to mental health treatment	5D (p. 77, 84-85)	<ul style="list-style-type: none"> • What has prevented these services from being offered? • How could the team address these barriers?
4.11	The treatment court offers or makes referrals to parenting classes	6E (p. 115, 126-127)	<ul style="list-style-type: none"> • What has prevented these services from being offered? • How could the team address these barriers?
4.12	The treatment court offers or makes referrals to services to meet the needs of pregnant women	5G (p. 78, 89-91)	<ul style="list-style-type: none"> • What has prevented these services from being offered? • How could the team address these barriers?
4.13	The treatment court offers or makes referrals to domestic relations counseling	6 (p. 113-137) Adult Drug Court 2 VI. H. (p. 7, 15-16)	<ul style="list-style-type: none"> • What has prevented these services from being offered? • How could the team address these barriers?
4.14	The treatment court offers or makes referrals to family centered services	6 (p. 113-137)	<ul style="list-style-type: none"> • What has prevented these services from being offered? • How could the team address these barriers?
4.15	The treatment court offers or makes referrals to medical health care	6I (p. 116, 132-134)	<ul style="list-style-type: none"> • What has prevented these services from being offered? • How could the team address these barriers?
4.16	The treatment court offers or makes referrals to dental care	6I (p. 116, 132-134)	<ul style="list-style-type: none"> • What has prevented these services from being offered? • How could the team address these barriers?

4.17	The treatment court offers or makes referrals to anger management classes	6 (p. 113-137) Adult Drug Court 2 VI. F. (p. 6, 13-15)	<ul style="list-style-type: none"> • What has prevented these services from being offered? • How could the team address these barriers?
4.18	The treatment court offers or makes referrals to housing assistance	6I (p. 116, 132-134)	<ul style="list-style-type: none"> • What has prevented these services from being offered? • How could the team address these barriers?
4.19	The treatment court offers or makes referrals to trauma-related services	1H (p. 14, 23-26) 6G (p. 115, 129-130)	<ul style="list-style-type: none"> • Are participants assessed for trauma or the need for trauma-related services? • What trauma-related services are available in the community? • What has prevented these services from being offered to participants? • How could the team address these barriers?
4.20	The treatment court offers or makes referrals to criminal thinking interventions	6 (p. 113-137) Adult Drug Court 2 VI. G. (p. 7, 15)	<ul style="list-style-type: none"> • What has prevented these services from being offered? • How could the team address these barriers?
4.21	The treatment court offers or makes referrals to relapse prevention services	5B (p. 77, 81-82)	<ul style="list-style-type: none"> • What has prevented these services from being offered? • How could the team address these barriers?
4.22	The treatment court offers or makes referrals to treatment and other services for participants' children	4D (p. 62-63, 70) 6G (p. 115, 129-130) 6H (p. 115-116, 131-132) 6K (p. 116, 136-137)	<ul style="list-style-type: none"> • Is there anyone not currently on the team that should be part of the discussion to add services for children? • What has prevented services from being offered to participants' children? • How could the team address these barriers?

4.23	The treatment court offers assistance with childcare while participants are in treatment or in court (or participating in other treatment court requirements)	5E (p. 78, 85-87) 5F (p. 78, 88-89) 6I (p. 116, 132-134)	<ul style="list-style-type: none"> • What prevents the court from offering assistance with childcare? • Are there community connections that could be leveraged? • What other steps could the team take to address these barriers?
4.24	The treatment court offers or makes referrals to legally prescribed medication assisted treatment for substance use disorders (MAT)	5J (p. 79, 95-97)	<ul style="list-style-type: none"> • What has prevented these services from being offered? • How could the team address these barriers?
4.25	The minimum length of the treatment court program is 12 months or more	5C (p. 82-84)	<ul style="list-style-type: none"> • What is the minimum length of the treatment court program? • On average, how long are participants spending in the program? • How would extending the length of the program to 12 months help/hinder the participant?
4.26	Treatment providers are licensed or certified to deliver substance use disorder treatment	5L (p. 79, 99-100)	<ul style="list-style-type: none"> • Are there other providers in the community that are licensed or certified? • How can the team encourage or require referrals to licensed or certified treatment providers?
4.27	Treatment providers have training and/or experience working with a justice involved population	5L (p. 79, 99-100)	<ul style="list-style-type: none"> • Is this type of training available to the team in general? • How can the team encourage this training for treatment providers? • What additional resources are needed to provide this training?

4.28	The treatment court program has processes in place to ensure the quality and accountability of the treatment provider	5L (p. 79, 99-100)	<ul style="list-style-type: none"> • How does the treatment court review treatment provider(s)? • Who is involved in the review process? • How often should providers be reviewed?
5.1	Drug testing is random/unpredictable	5K (p. 79, 97-99)	<ul style="list-style-type: none"> • Why is it that drug testing is on a regular schedule? • What has prevented drug testing from being random? • Are there other providers in the community that could provide random/unpredictable drug testing?
5.2	Drug testing occurs on weekends/holidays	5K (p. 79, 97-99)	<ul style="list-style-type: none"> • What prevents drug testing from occurring on weekends/holidays? • What can the treatment court do to encourage testing on weekends/holidays?
5.3	Collection of test specimens is witnessed directly by staff	5K (p. 79, 97-99)	<ul style="list-style-type: none"> • What prevents the direct observation of drug testing? • How can the treatment court encourage this practice?
5.4	Staff who collect drug testing specimens are trained in appropriate collection protocols	5K (p. 79, 97-99)	<ul style="list-style-type: none"> • Is this type of training available to staff who collect drug testing specimens? • What has prevented this training?

5.5	Drug test results are back in 2 days or less	5K (p. 79, 97-99)	<ul style="list-style-type: none"> • How long does it generally take for drug test results to come back? • What dictates this timeline? • What can the treatment court do to speed up this process? • Are there things that could be done that are outside the scope of the treatment court?
5.6	Drug tests are collected at least 2 times per week	5K (p. 79, 97-99)	<ul style="list-style-type: none"> • How often are drug tests collected? • What can the treatment court do to encourage additional drug test collections?
5.7	Participants are expected to have greater than 90 days of negative drug tests before graduation	Based on Drug Court research	<ul style="list-style-type: none"> • Are participants expected to have any time period of negative drug tests before graduation? • How would adding this requirement impact the participants/program?
6.1	The treatment court offers benefits for participants to enter and graduate from the program such as increasing the likelihood of reunification or increased access to services	4B (p. 62, 66-68) Overall benefit of FTCs	<ul style="list-style-type: none"> • What are the benefits for a participant to enter and graduate from the program, if any? • Why isn't increased likelihood of reunification or increased access to services a current benefit?
6.2	Sanctions are imposed immediately after non-compliant behavior (e.g., treatment court will impose sanctions in advance of a client's regularly scheduled court hearing)	7I (p. 151, 162-163)	<ul style="list-style-type: none"> • When are sanctions imposed? • Typically, how long after non-compliant behavior is this? • What could be done for an immediate sanction?

6.3	Team members are given a written copy of the incentive and sanction guidelines	7E (p. 151, 158-160) 7F (p. 151, 161)	<ul style="list-style-type: none"> • Are there incentive and guidelines? • If no, why not? What steps can be taken to create one? • If yes, are they written down somewhere and shareable?
6.4	Treatment court has a range of response options which are individualized based on participant circumstances and proximal and distal behaviors	7E (p. 151, 158-160) 7F (p. 151, 161)	<ul style="list-style-type: none"> • What responses have you utilized? • Is there flexibility in which responses are used? • Write a list of all responses used and why each response is used. As a team, discuss the implications of those responses; what do you expect the parent or family to gain from those responses?
6.5	Treatment court has a range of incentives and sanctions (including verbal praise, tangible items such as certificates, and alternatives to jail such as community service, writing essays, etc.)	7E (p. 151, 158-160)	<ul style="list-style-type: none"> • Have kind of responses have you utilized? • Are there responses you'd like to utilize, but haven't been able to? • What are the barriers to these other responses?
6.6	Parenting time (visitation) is never used as an incentive or sanction	6D (p. 114-115, 124-126)	<ul style="list-style-type: none"> • How is parenting time (visitation) used as an incentive? • How is parenting time (visitation) used as a sanction? • What are alternative options?
6.7	In order to graduate participants must have a job, be in school, or be involved in some qualifying positive activity with legal means to support themselves	6I (p. 132-134)	<ul style="list-style-type: none"> • Are there listed graduation requirements for participants? • What are the graduation requirements? • How would adding these requirements help/hinder the participants and/or the program?

6.8	In order to graduate participants must have a sober housing environment	6I (p. 116, 132-134)	<ul style="list-style-type: none"> • How is the program helping participants find housing? • What barriers are there to finding and maintaining housing? • Are there community resources that could be leveraged?
6.9	If jail is used as a sanction, the treatment court reports that the typical length of jail sanctions is 6 days or less	7E (p. 151, 158-160)	<ul style="list-style-type: none"> • How often is jail used as a sanction? • For what actions is jail used as a sanction? • What alternative responses could be used instead of a stay in jail?
6.10	The treatment court retains participants with new possession charges (new possession charges do not automatically prompt termination)	3A (p. 42, 43-45) 3B (p. 42, 45-49) 3D (p. 42, 51-53) 4A (p. 62, 64-66)	<ul style="list-style-type: none"> • Why are participants with new possession charges not retained? • If retained, what would it look like for the parent to continue participating in FTC as they navigate the criminal charges? • Following the <i>Blake</i> decision, has this policy changed?
7.1	Participants have court sessions (status review hearings) every 2 weeks, or once per week, in the first phase	2D (p. 35, 37-38) 7D (p. 150, 155-158) Adult Drug Court 1 III. E. (p. 21, 23)	<ul style="list-style-type: none"> • How often do participants come to court during the first phase? • Is it possible for weekly or every other week court sessions?
7.2	Judge spends an average of 3 minutes or more per participant during court sessions (status review hearings)	2D (p. 35, 37-38)	<ul style="list-style-type: none"> • How long does the judge typically spend with each participant? • What are ways the judge could increase the time spent with each participant? • Are there additional probing questions that could be asked to talk about specific services parents are receiving?

7.3	The judge's term is as least 2 years or indefinite	2F (p. 35, 39)	<ul style="list-style-type: none"> • How long is the judge's term? • Who is responsible for determining term lengths? • What could be done to increase this term to at least 2 years?
7.4	The judge was assigned to treatment court on a voluntary basis	2F (p. 35, 39)	<ul style="list-style-type: none"> • How is the judge assigned to FTC? • What is the process for requesting a change in how judges are assigned to the treatment court?
7.5	In the final phase of the treatment court program, the clients appear before the judge in court at least once per month	2D (p. 35, 37-38) 7D (p. 150, 155-158) Adult Drug Court 1 III. E. (p. 21, 23)	<ul style="list-style-type: none"> • How often do participants appear before the judge in the final phase? • What could the team do to increase this to at least once a month?
7.6	The judge has received training on the treatment court model	2E (p. 35, 38)	<ul style="list-style-type: none"> • What has prevented the judge from receiving training on the treatment court model? • Are there resources that provide this training the judge could access?
7.7	The judge has had training on the legal and constitutional issues related to treatment courts	2E (p. 35, 38)	<ul style="list-style-type: none"> • What has prevented the judge from receiving training on constitutional issues related to treatment courts? • Are there resources that provide this training the judge could access?
8.1	The results of program evaluations have led to modifications in treatment court operations	8B (p. 172, 174-176)	<ul style="list-style-type: none"> • Has the treatment court completed a program evaluation? • If yes, why were there no modifications to operations? • If no, why has the treatment court not completed a program evaluation?

8.2	Review of program data and/or regular reporting of program statistics has led to modifications in treatment court operations	8B (p. 172, 174-176)	<ul style="list-style-type: none"> • Does the treatment court regularly review program data and statistics? • Why has this review not led to modifications in treatment court operations? • How will the team implement regular review of program data and statistics?
8.3	Program statistics have been reviewed for disparities in participant entry and exit statistics	3A (p. 42-45) 3B (p. 42, 45-49) 8B (p. 172, 174-175)	<ul style="list-style-type: none"> • Is this data readily viewable? • If not, how will the team begin tracking participant entry and exit statistics? • How often will the team review this data for disparities?
8.4	The treatment court maintains data that are critical to monitoring and evaluation in an electronic database (rather than paper files)	8A (p. 172-174)	<ul style="list-style-type: none"> • How are data currently maintained? • Are there plans to move this to electronic storage? • What has prevented the use of an electronic case management system?
9.1	All new hires to the treatment court complete a formal training or orientation	1G (p. 14, 22-23)	<ul style="list-style-type: none"> • How are new hires/team members introduced to their role? • How can the program ensure new hires/team members have a formal training or orientation?
9.2	All members of the treatment court team are provided with training in the treatment court model	1G (p. 14, 22-23)	<ul style="list-style-type: none"> • Which roles are not provided with training in the treatment court model? • How can those roles be provided this training? • What resources or assistance would you need to implement this training on a regular basis?

9.3	Treatment court staff members receive ongoing cultural competency training	3E (p. 42, 53-54)	<ul style="list-style-type: none"> • Which roles do not receive ongoing cultural competency training? • How can those roles be provided this training? • What resources or assistance would you need to implement this training on a regular basis?
10.1	The treatment court has an oversight or advisory committee that includes community members	1D (p. 13, 19-20)	<ul style="list-style-type: none"> • Are there plans to create an oversight or advisory committee that includes community members? • Why, or why not? • What are the next steps in establishing this committee?
10.2	The treatment court has a steering committee or policy group that meets regularly to review policies and procedures	1D (p. 13, 19-20)	<ul style="list-style-type: none"> • Who should be included in a steering committee or policy group? • Are there community connects that could be leveraged to start this group? • What are the next steps in establishing this committee/group?