

<b>Family Treatment Court Staffing Report (Sample)</b>	Today's FTC Hearing Date:
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<b>Family Information:</b>		
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Participant Name:	Participant Age and DOB:	Participant Gender:
ACEs Score:	NCFAS Score:	Child(ren) photo(s):
Child(ren) Name(s): 1. 2.	Child(ren) Age and DOB: 1. 2.	Child(ren) Placement Status and Days in Care: 1. 2.

<b>FTC Information:</b>		
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Child Welfare Worker:	Parent's Attorney:	Children's Attorney:
SUD Treatment Provider:	CASA:	Probation Officer:
FTC Entry Date:  FTC Phase:  Phase Entry Date:	Case Number(s): 1. 2. 3.	Primary Substance(s) of Use: <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana <input checked="" type="checkbox"/> Methamphetamine <input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin <input type="checkbox"/> Barbiturates/Sedatives <input type="checkbox"/> Benzos/Tranquilizers <input type="checkbox"/> Other:

<b>Progress towards Long-Term Family Recovery:</b>		
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<b>Health:</b>	
<b>Home:</b>	
<b>Purpose:</b>	
<b>Community:</b>	

**Requirements to advance to next phase:**  
 Complete Parenting Assessment    Regular attendance in treatment    Current on self-help meeting attendance    Begin insurance process

**Additional Comments:**

<b>Child Welfare Updates:</b>
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Case Plan Updates:

Family/Parenting Time Updates:

<b>Children's Services Updates:</b>
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Provider Name:

Children's Mental Health Diagnosis:

Treatment Report:

<b>Parenting Program Updates:</b>
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<b>Substance Use Treatment Updates:</b>
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Treatment Program Name:	Entry Date:
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ASAM Placement Recommendation:			
Modalities:	<input type="checkbox"/> Detox <input type="checkbox"/> Outpatient <input type="checkbox"/> Intensive Outpatient <input type="checkbox"/> Sober Living <input checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> Women Only <input type="checkbox"/> Dual-Diagnosed <input type="checkbox"/> Medication-Assisted Treatment		
Outpatient Treatment Schedule:	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	Hours Per Week:	
Treatment Report:			
<b>Treatment Support Plan:</b>			
Mutual Aid Group: (AA, NA, Celebrating Recovery, etc.)	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> per week <input type="checkbox"/> per month <input checked="" type="checkbox"/> Full attendance <input type="checkbox"/> Partial attendance <input type="checkbox"/> No attendance		
Contacts with Recovery Support Specialist:	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> per week <input type="checkbox"/> per month <input checked="" type="checkbox"/> All contact <input type="checkbox"/> Some contact <input type="checkbox"/> No contact		
Other Requirements:			
<b>Recovery Support Specialist Report:</b>			
<b>Mental Health Treatment Updates:</b>			
Mental Health Diagnosis:			
Treatment Report:			
<b>Medication – Assisted Treatment Report:</b>			
Clinic Name:		Entry Date:	
<input type="checkbox"/> Detox <input type="checkbox"/> Maintenance	Estimated completion date:	Milligrams per day:	
MAT Treatment Notes:			
<b>Therapeutic Responses to Behavior Summary</b>			
Date:	Response:	Days/Hours:	Comments:
<b>FTC Attendance:</b>			
Legend:	<b>GREEN=Attended   RED(NS)=No Show   BLUE(X)=Excused</b>		
Part Court Dates:	<b>10/18, 11/1, 11/15, 12/13</b>		
<b>UA Updates:</b>			
Testing Site:	Schedule: <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5   per week		
Notes:			
Legend:	<b>GREEN=Negative   RED (Drug) =Positive   BLUE(X) =Excused   BLACK (?)=PENDING</b> <b>NS= No Show, OPI=Opiates, COC=Cocaine, BZO=Benzodiazepine, AMP= Methamphetamine,</b> <b>ALC=Alcohol, THC+ = Marijuana (New Usage), THC - =Marijuana (No New Usage)</b>		
UA Tests:	<b>10/16(THC), 10/28(COC,THC-), 11/5(THC-), 11/7, 11/11(X), 11/14(NS), 11/18(NS), 11/21(NS), 11/25(NS), 11/27(THC), 12/5(THC-), 12/17, 12/24, 12/31, 1/1, 1/4, 1/7, 1/9, 1/14, 1/16, 1/21, 1/23, 1/28, 1/30, 2/4, 2/6, 2/11, 2/13, 2/18, 2/20, 2/25, 2/27, 3/4, 3/6, 3/11, 3/13, 3/18, 3/20</b>		