

Peer Learning Court Request for Applications (PLC RFA)

Due Date: March 25, 2024



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ACKNOWLEDGEMENTS

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PROGRAM ANNOUNCEMENT AND EXECUTIVE SUMMARY

Description

The Center for Children and Family Futures (CCFF) **requests applications** for the Peer Learning Court (PLC) program's fifth cohort! The PLC program designates mentor family treatment courts¹ (FTCs) and Tribal family healing to wellness courts (FHWCs) to highlight best practices and share innovations that advance the implementation of the <u>FTC Best Practice</u> Standards.

PLCs are mentor FTC and FHWC collaboratives serving families involved in the child welfare system and affected by parental substance use and co-occurring challenges. They demonstrate commitment to evidence-based practices; innovative strategies to improve outcomes for children, youth, and families; and strong partnerships among Tribes, courts, child welfare, substance use treatment, and community service agencies.

Collaboratives selected use sound, evidence-supported practices and policies while demonstrating strong collaboration among the courts, child welfare, substance use treatment providers, and community service agencies.

CCFF will provide PLC recommendations to the Office of Juvenile Justice and Delinquency Prevention (OJJDP) who will select up to eight collaboratives—prioritizing at least one Tribal FHWC to serve as a PLC for 2 years. Collaboratives that have not previously been nominated as a PLC are strongly encouraged to apply.

Important Dates

Application Due Date: March 25, 2024

Award Notification Date: October 16, 2024

Project Start Date: November 1, 2024 Project End Date: December 31, 2026

Peer Learning Court Benefits

PLCs receive a range of benefits including:

- National recognition from OJJDP and CCFF as a leader in the field of FTC and Tribal FHWCs
- Unique opportunity to influence national practice and policy to improve outcomes for families
- Exciting opportunities for peer-to-peer networking (e.g., PLC Community of Practice (CoP) topic-specific discussions, options for virtual discipline-specific or team discussions, reviews of fellow PLC sample operational materials)
- Ongoing access to resources and TTA provided through the National FTC TTA program
- Opportunities to virtually observe staffing and court sessions, along with participating in stakeholder interviews with another mentor court in the PLC program

¹ FTCs are known by many names including: Family Drug Courts, Family Dependency Drug Courts, Family Recovery Courts, and Family Preservation Courts.

 A travel scholarship² for one member of each PLC to attend the RISE25 training conference

INTRODUCTION AND OVERVIEW

CCFF, with support from OJJDP, invites high-functioning FTC and Tribal FHWC collaboratives to apply for the National FTC TTA program's Peer Learning Court (PLC) program.

CCFF will work with up to eight well-established and experienced FTCs and FHWCs to demonstrate how a comprehensive family-centered approach—grounded in effective cross-system collaboration and best practices—improves court, child welfare, and substance use disorder (SUD) treatment outcomes.

Applicant review and selection is a multistep process including:

- 1. A panel, which includes a mix of professionals in the FTC and FHWC fields and CCFF's FTC TTA program staff, will review and score the applications.
- CCFF's FTC TTA team will identify applicants moving on to an evaluation of team staffing and court sessions, including a debrief following the observation. The virutal debrief will allow sites to elaborate on successes and challenges. Reviewers prepare questions from their evaluation of the PLC's application, operational materials, and staffing and court observation review.
- 3. CCFF recommends qualified PLCs, and OJJDP selects up to eight mentor FTCs and FHWCs to participate in the program.
- 4. OJJDP and CCFF will notify applicants of the final PLC selection on or before October 16, 2024.

Data Sources and Selection Criteria

CCFF will use review of the applicant's materials, the applicant's best practice alignment form, and expert observers assessments to select a diverse group of FTCs and FHWCs that represent strong practices across the FTC standards to make up the PLC cohort.

Final selection will include a range of at least one new PLC, representatives of different demographic types, and at least one tribal FHWC. Special consideration will be made for sites who have not previously applied and FHWCs.

About CCFF and The National FTC TTA Program

CCFF's mission is to prevent child abuse and neglect while improving safety, permanency, well-being, and recovery outcomes with equity for all children, parents, and families affected by trauma, substance use, and mental health disorders.

CCFF operates the National FTC TTA program, funded by OJJDP, to improve outcomes for children and families by providing TTA that develops, maintains, and enhances FTCs and FHWCs. The National FTC TTA program provides TTA to Tribes, states, counties, and jurisdictions that focus on advancing FTC and FHWC capacity through effective cross-system collaborative partnerships and comprehensive family-centered service delivery to parents, children, and families affected by SUD, child abuse, and neglect.

² The scholarship includes airfare, lodging, per diem, ground transportation/parking fare, and conference registration fee for one team member. Airfare not to exceed \$700 and GSA rates apply for lodging and per diem. https://www.gsa.gov/travel/plan-book/per-diem-rates

CCFF provides TTA and evaluation to FTCs across the nation to align policy and procedures with best practices and improve outcomes for children and their families. CCFF helps states and tribal governments: 1) implement and institutionalize practices in state and local child welfare, SUD treatment, and court systems; 2) strengthen cross-system collaboration at the state and local levels; and 3) ensure families affected by SUD and involved with child welfare have access to a comprehensive array of services. CCFF contracts with the Tribal Policy and Law Institute to provide TTA to Tribes.

Purpose and History of PLC Program

Since 2012, the PLC program has designated 30 mentor FTCs that provide opportunities to further the exchange of learning through peer-to-peer TA. PLCs are FTCs and FHWCs that operate with fidelity to the <u>FTC Best Practice Standards</u> by using sound, evidence-supported practices and policies to improve child welfare and SUD treatment outcomes. PLCs, serving as mentor courts, have established and demonstrated strong collaborative leadership teams that include champions from Tribes, courts, child welfare, SUD treatment, and other family-serving agencies.

CCFF seeks to select a fifth cohort of up to eight PLCs, including representation from at least one Tribal FHWC.

PEER LEARNING COURT PROGRAM ACTIVITIES

PLC activities highlight best practices and advance innovation. Participation includes, but is not limited to, the following activities:

A. Monthly Calls

The CCFF PLC task lead and each participating PLC hold individual site calls. At least one team member must participate to share operational updates and innovative practices while also discussing any challenges and TTA needs. PLCs sometimes use monthly calls to plan and coordinate hosted site visits. Information discussed during the calls is used to identify TTA needs, provide resources, and discuss lessons. CCFF uses this information to develop resources and tools that advance knowledge in the FTC and FHWC fields. Quarterly, CCFF PLC task lead joins a new or already existing meeting (e.g., steering or advisory committee) with partners (e.g., coordinator, judge, child welfare supervisors, treatment providers, other family serving agencies) to learn about policy innovations and barriers across all participating systems.

B. Community of Practice (CoP) Calls

PLCs often identify and develop effective responses to pressing unmet TTA needs. CoP calls feature topic-specific brainstorming discussions on emerging and ongoing challenges that PLCs experience (e.g., partnering with school-based mental health centers, serving military families, preventing juvenile justice involvement, harm reduction practices in the context of children in the home, domestic violence, etc.). PLCs select topics and frequency of peer meetings. Following the calls, PLCs work with CCFF to identify supportive tools and resources and provide feedback to their teams. Information from CoP calls is used to inform FTC policy and practice across the nation.

C. All Rise Annual Training Conference

The CCFF FTC TTA team spotlights PLC practice during the annual *All Rise* conference. PLC representatives exhibit and co-present with the CCFF FTC TTA team to connect with other collaboratives across the country and provide expert consultation on best practice implementation. Each PLC receives a travel scholarship for one team member to attend. The scholarship includes conference registration, airfare, hotel lodging, meals, ground transportation/parking, and mileage—all within GSA per diem rates.

D. Annual Data Summary

PLCs submit summary outcome data annually. The FTC Best Practices Standards recommend sites engage in a process of continuous quality improvement, monitor performance, and use information to improve policies and practices. The PLC works with the PLC task lead to discuss how their data if informing practice improvements. These lessons will be integrated into TTA resources and tools to improve FTC policy and practice across the nation.

E. Monthly Submission of PLC TA Support Data

As a mentor court, PLCs serve as an important TTA resource. Other FTC and FHWC teams may directly email PLCs to inquire about their experience and knowledge, while also scheduling virtual or in-person observational site visits. With support from the PLC task lead, PLCs are expected to submit monthly logs recording the collaborative's engagement in providing TTA to the field. CCFF reports this information to OJJDP to measure the positive effect the PLC program has on supporting FTCs nationally.

F. Share FTC or FHWC Program Materials

PLCs share policy and procedure manuals, participant handbooks, marketing brochures, milestone/phasing structures, cross-system data sharing agreements, information sharing forms, and participant materials (e.g., releases, exit surveys) with CCFF. These materials are shared as samples to other FTCs and FHWCs, and CCFF may highlight the materials in various training activities (e.g., webinars and conferences).

G. PLC Orientation Training

Each PLC completes an orientation training call to ensure PLC teams have a firm understanding of the responsibilities and opportunities available. Orientation trainings provide PLCs with important messaging to maintain consistent TTA delivery across CCFF staff, consultants, and partners.

APPLICATION ELIGIBILITY

CCFF seeks applicants with sound, evidence-informed approaches that align with the FTC Best Practice Standards. Eligible collaboratives are multidisciplinary teams serving families in the child welfare system and affected by parental substance use and often time have co-occurring challenges to family stability. PLCs that are assessed as doing harm, based on the Best Practice Alignment Form and expert evaluation will not be eligible. Eligible applicants must have at least one FTC Best Practice Standard fully implemented. Current and former PLCs are eligible.

APPLICATION INSTRUCTIONS

Applicants must complete **all** the components listed below. Items A to G are required. Optional attachments are described below. The expert review panel will review, score, and consider *only full and complete applications* for the next stage of the PLC process.

A. Application Checklist

Please mark off and include the application checklist provided in Appendix A as the cover page of your application packet. The checklist helps ensure applicants submit all required materials.

B. Virtual Observation Review and Debrief Discussion Availability Form

Due to the tight review and selection timeframe, applicants must complete Appendix B to indicate their availability for *virtual observation review AND debrief discussion meeting* should they reach that stage of the process. Please provide dates 1-2 weeks after the virtual observation for the debrief discussion meeting.

Document title: [Site Name]—Availability Form.

C. Application Form

The fillable form is available in Appendix C. Please answer each question and mark "N/A" for fields that do not apply. The panel will not review applications with blank or unanswered fields. Please adhere to all word limits for narrative sections.

D. Best Practice Alignment Form

The best practice alignment form is available in Appendix D. Please answer each question and mark "N/A" for fields that do not apply. When completing the *best practice alignment* form, please use the "notes" column to detail and explain adherences to specific practices your team wishes to highlight. You may provide notes as bullets or a narrative.

E. Letters of Support

FTCs or FHWCs should apply as a team. To document partnerships and agreement to participate in the PLC program, collaboratives must submit several *Letters of Support*. Please provide signed letters from the: 1) presiding FTC or FHWC judicial officer, 2) director or supervisory-level child welfare representative, and 3) director or supervisory-level SUD treatment provider representative. Collaboratives have the option to include two additional letters from other key stakeholders involved with the FTC or FHWC (e.g. attorneys, mental health providers, family-serving agencies, other community support organizations). If your FTC or FHWC operates with a parallel model, please also provide a letter from the judicial officer presiding over the child welfare dependency docket. *Letters of Support* are no more than two pages. Please combine all *Letters of Support* into one single PDF document.

Each letter should include:

- Expressions of support and a willingness to collaborate and participate in the PLC program
- Descriptions of the partners' current role and responsibilities with the FTC or FHWC operations
- FTC or FHWC practice strengths and opportunities for improvement
- Highlights of any significant changes the FTC or FHWC has made on the practices and outcomes of the larger system.

F. Required Attachments

Applicants must provide additional details on operational structure and processes. See Appendix A for required documents and include the most recent data reports (e.g., process evaluation, outcome evaluation, data dashboard); program operating manual; participant handbook; enacted MOUs; staffing form; and up to three relevant participant forms (e.g., exit survey, participant releases). Collaboratives may use each document's respective title to name documents as follows: [Site Name]—Document Title.

G. Optional Attachments

Applicants may submit up to three additional documents or materials to help reviewers understand the FTC or FHWC operations. Optional attachments may only include existing program documents; please do not include additional narratives drafted for the purpose of this RFA. Attach as individual pdf documents and title them as follows: [Site Name]—Document Title.

Sample document titles:

Best County FTC—Application
Best County FTC—Participant Handbook

Applicants that served as a PLC during the 2021-2023 round may request a copy of their previously submitted application to update. You will be required to complete the additional items detailed in this document.

FORMATTING AND SUBMISSION REQUIREMENTS

Applicants must submit items in the following format:

- Single-spaced with 11-point Arial font and 1-inch margins
- Letter-sized paper and portrait orientation
- Single-spaced tables and charts
- It is not necessary to reformat the required and optional attachments (F and G above) to meet the formatting specifications required for other parts of the application.
- Applicants must submit all application documents as PDF files.

Applicants must submit items in the following format

- A, B, and C combined as a single PDF document titled [Site Name]—Application.
- Item D, The Best Practice Alignment Form should be submitted as a single PDF document.
- All letters described in item E should also be **combined as a single PDF document**.
- Items F and G—and each attachment identified in items F and G—as **individual PDF documents** using the document titles noted above.

APPLICATION SUBMISSION

Deadline

CCFF must receive all completed applications by **5pm Pacific Time on March 25, 2024**. Late submissions will not be accepted.

How to Submit

Applicants must <u>email</u> their completed applications, including attachments. **CCFF will not accept faxed or hard copy applications.**

EVALUATION AND SELECTION PROCESS

CCFF will review and assess complete applications received by the above published deadline using the following steps:

STEP 1: Technical Review of Application (April 1–April 29, 2024)

CCFF staff (and consultants) will conduct a technical review of submitted materials. Reviewers score all completed applications with a focus on completeness, implementation of best practices, evidence of a strong multidisciplinary collaborative practice, and innovative advancements. Applicants may be contacted to clarify any questions reviewers have related to your application.

STEP 2: Virtual Observation Review and Debrief Meeting (June 3–August 30, 2024)
CCFF will email selected applicants to participate in the observation review by May 17, 2024.
This observation allows CCFF to observe the FTC pre-court staffing and court hearing. The reviewing team will meet with the collaborative team 1-2 weeks post observation for approximately 1 hour to further discuss program implementation. It is recommended that applicants have their full FTC team available, including the presiding judicial officer, for the virtual observation and debrief meeting. This allows teams to communicate program successes, challenges, and innovations in more detail. Reviewers will ask questions based on the technical review of application and materials and the observation of FTC pre-court staffing and court hearing. This process offers the chance to learn more about the applicant's policy and procedure—from initial family interaction, through the life of the case, to commencement or closure. Reviewers are looking for applicants who are aligned with FTC best practices and able to discuss successes and challenges related to practice implementation. CCFF staff will host all

STEP 4: Application Review Panel (September 2–September 20, 2024)

virtual discussions and record them for notetaking purposes.

CCFF leadership, CCFF PLC Task Lead, OJJDP Federal Project Officer, and expert review consultants will meet to finalize scores and make recommendations for the PLC program's fifth cohort of mentor courts.

STEP 5: Final Selection and Notification (September 23–October 16, 2024)

CCFF submits site selection recommendations and supporting materials to OJJDP for review. OJJDP will make the final decision on PLC site selections. OJJDP and CCFF will notify applicants of their status and final selections by October 16, 2024. The new PLC cohort will begin November 1, 2024.

PLC Selection Criteria

CCFF and expert reviewers will use several data sources to determine selection recommendations:

- 1. Application and required FTC/FHWC operational materials
- 2. FTC Best Practice Alignment Form
- 3. FTC/FHWC pre-court staffing and court hearing observation
- 4. Debrief meeting

Review criteria will be the extent to which the applicant demonstrates effective and innovative practices across these domains:

- Established structural and organizational practices
- Judicial leadership and commitment
- Procedures to ensure equity and inclusion for all families
- Processes to ensure early identification, screening, and assessment
- Availability of timely and high-quality substance use disorder treatment
- Comprehensive case management and essential related support service provisions for families
- Use of **therapeutic responses** to behavior
- Current program evaluation and performance monitoring capacity
- Ability to facilitate peer-to-peer learning

Applicants identified as having harmful practices based on these data sources will not be eligible. A minimum of one FTC Best Practice Standard must be fully implemented to be eligible. Applicants that have more than one FTC Best Practice Standard fully implemented will receive higher ratings.

Final recommendations will include representation of strong practices across the FTC Best Practice Standards, at least one new PLC, different demographic types and geographic locations, and at least one Tribal FHWC. Special consideration will be made for sites who have not previously applied and Tribal FHWCs.

QUESTIONS

Please email all questions regarding the PLC RFA no later than March 15, 2024.

APPENDIX A: APPLICATION CHECKLIST

Applicant [Agency Name]:
Presiding FTC or FHWC Judicial Officer [Name of Judicial Contact; Email]:
FTC or FHWC Coordinator/Contact [Name, Email]:
Child Welfare Lead/Contact [Name, Email]:
Treatment Lead/Contact [Name, Email]:
Size of Tribe/County/Jurisdiction (Population):
APPLICATION COMPONENTS
☐ Checklist: First page of application and titled [Site Name]—Application
☐ Availability Form: Included with Checklist and Application Form
☐ Application Form: Included in Checklist and Availability Form titled
[Site Name]—Application
$\hfill \square$ Best Practice Alignment Form: Included in document titled [Site Name]—Best Practice Alignment Form
$\hfill \Box$ Letter of Partner Support: Combined all letters in one PDF document titled [Site Name]—Letters of Support
☐ Required Attachments: Attach documents individually and title them [Site Name]— Document Title
☐ Most recent data or evaluation reports
☐ Operating policy and procedure manual
☐ Participant handbook
☐ All enacted MOUs
☐ Staffing form
☐ Participant forms (e.g., participant release, exit surveys)
$\hfill \square$ Agenda from most recent oversight and/or governance committee meeting.
□ Optional Attachments: Applicants may submit up to three additional documents during the review process. Additional narrative will not be accepted. Please attach documents individually and title them [Site Name]—Document Title.

APPENDIX B: VIRTUAL OBSERVATION REVIEW AND DEBRIEF DISCUSSION AVAILABILITY FORM

Please note that completion of this form does not guarantee an observation review or virtual observation debrief discussion.

Observation Review Availability

Provide three potential dates between **June 3–August 30**, **2024**, for reviewers to virtually observe a staffing and court session, if selected for this stage in the application process. Please hold the selected dates until **May 17**, **2024**.

Availabl	e Dates for Observation of Staffing and Court
1.	
2.	
3.	

Virtual Observation Debrief Discussion Availability

Stage 2 of the selection process involves a follow-up virtual discussion after the observation review. Identify three days and times within 1-2 weeks following your observation selection dates that your collaborative's top four stakeholders, including judicial officer, are available for a 1-hour virtual meeting. Please hold these times on your calendars until **May 17, 2024**.

Available Dates for Virtual Debrief Discussion	Time
1.	
2.	
3.	

APPENDIX C: APPLICATION FORM

INSTRUCTIONS: Please type your response or select the appropriate box to respond to the questions below.

Contact Information

Please provide information about the FTC or FHWC, primary contact information, and involved team members. The primary contact below will receive all communication throughout the application process.

Name of Agency	
Address	
Primary Contact Name	
Primary Contact Role	
Primary Contact Phone	
Primary Contact Email	

Team Member Information

Please provide information about who is on the team. You may include an additional page to include more team members if more space is needed.

Name Role/Agency	Phone	Email	
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	Program Ov	erview			
Tell us more about your FTC or FH	WC collaborative				
Type of community served:	☐ Tribal	□ Rural	□ Urban		
	☐ Suburban				
Court Model (see Appendix E):	☐ Parallel	☐ Integrated	☐ Hybrid		
	☐ Other:				
If hybrid or other, please explain. Limit 100 words					
The staffing and court operates: ☐ In-person ☐ Virtual ☐ Hybrid If hybrid, please explain. Limit 100 words					
Who is the population served? Li	imit 100 words				
Describe the needs of families involved with child welfare and affected by parental SUDs					
within your community. Include data to define the need. Limit 250 words					

What is the FTC or FHWC capacity (#)? Please note whether your FTC or FHWC tracks data by families, participants, or children.
Month and year the FTC or FHWC became operational:
Parents/Families average duration in the program:
Provide the following demographic data (%) for the participants/families served in the FTC or FHWC. It is encouraged that the applicant includes data for the FTC or FHWC and the overall child welfare system for comparison. Current or prior annual data is accepted:
Male:
Female:
Non-Binary/Other:
Race/Ethnicity of Parent Hispanic:
Non-Hispanic:
White:
American Indian/Alaskan Native:
Black or African-American:
Asian:
Native Hawaiian/Pacific Islander:
Biracial/Multiracial:
Other:
Age of Children Less than 1 year:
1-3 years:
4-5 years:
6-8 years:

9-12 years:		
13 years or older:		

If the collaborative has other equity and accessibility data, please submit here:

Participation in Pre-Court Staffing

Which best describes the frequency of each professional's attendance at the pre-court staffing? Mark N/A if they are not a member of the collaborative.

	Always □	Sometimes	Rarely	Never	N/A □
Judicial Officer					
Coordinator	Ш				Ш
Parent Attorney					
Prosecuting Attorney					
Child Attorney/Guardian Ad Litem (GAL)					
Court Appointed Special Advocate (CASA)					
Child Welfare Representative					
Substance Use Treatment Provider					
Mental Health Provider					
Family Services Provider					
Peer Support Provider					
Childcare Provider					
Housing Support Representatives					
Domestic Violence Advocates					
Juvenile Justice Representative					
School Representative					
Other (please specify)					

What is the frequency	and average dura	ation of pre-cour	t staffing (e.g.	weekly for two	hours)?
William to the hequelle	y ana avorago aan	ation of pro oou	t otalling (o.g.,	WOOTHLY TOT LIVE	1100101.

What day and time is pre-court staffing held?

Participation Court Sessions

Which best describes the frequency of each professional's attendance at court hearings? Mark N/A if they are not a member of the collaborative.

14/A if they are not a member of the collabora	Always	Sometimes	Rarely	Never	N/A
Judicial Officer					
Coordinator					
Parent Attorney					
Prosecuting Attorney					
Guardian Ad Litem (GAL)					
Court Appointed Special Advocate (CASA)					
Child Welfare Representative					
Substance Use Treatment Provider					
Mental Health Provider					
Family Services Provider					
Peer Support Provider					
Childcare Provider					
Housing Support Representatives					
Domestic Violence Advocates					
Juvenile Justice Representative					
School Representative					
Other (please specify)					

What is the frequency and average duration of court hearings?

What day and time is court held?

Treatment and Related Support Services

Table 1: Core Substance Use Disorder and Mental Health Services							
	Current Provide		Name of Primary Provider Agency (list all primaries)				
Residential/inpatient treatment— parent only (children do not/cannot accompany parent)	□ Yes	□ No					
Residential/inpatient treatment—parents with children accompanying them	□ Yes	□ No					
Intensive outpatient treatment							
	□ Yes	□ No					
Non-intensive outpatient treatment							
	□ Yes	□ No					
Aftercare/continuing care							
	□ Yes	□ No					
Medication-assisted treatment (MAT) for opioid use disorder (If no, indicate whether MAT for opioid use disorder is exclusionary criteria for your FTC/FHWC)	□ Yes	□ No					
MAT for mental health diagnoses (If no, indicate whether MAT for mental health diagnoses is exclusionary criteria for your FTC/FHWC)	□ Yes	□ No					
Medically supervised detoxification (when appropriate)	☐ Yes	□ No					

Mental health counseling services and behavioral therapies (other than psychiatric care and trauma services noted separately below)	□ Yes	□ No	
Psychiatric care that includes medication management	□ Yes	□ No	
Therapeutic trauma services	□ Yes	□ No	
Other:	□ Yes	□ No	
Selected Support Services			
Primary medical care/health services	□ Yes	□ No	
Peer recovery supports	□ Yes	□No	
Child care	□ Yes	□No	
Housing assistance/support services	□ Yes	□ No	
Emergency/transitional/interim housing	□ Yes	□ No	
Domestic violence services	□ Yes	□ No	

Employment or vocational training/education	□ Yes	□No		
Transportation services	□ Yes	□No		
Veteran or military family services	□ Yes	□No		
Support or educational groups for children	□ Yes	□No		
Other:	□ Yes	□ No		
			•	
Table 2: Information on Existing P If providing multiple parenting progra				
Name of parenting program:				
Is parenting program/service evidence evidence?	ce based	or	□ Yes	□ No
How long has this program/service be participants?	een provi	ded to		
Does the team monitor the number of referred?	of participa	ants	□ Yes	□ No
Does the team track participants' init completions of parenting program?	tiations ar	ıd	□ Yes	□ No
Does the team assess and measure effectiveness of existing parenting so participants receive?		at	☐ Yes	□ No
If yes, does the team have the ability	/ to		□ Yes	□No

disaggregate data by racial and gender characteristics?		
Does the team assess and measure the fidelity of existing parenting services that participants receive?	□ Yes	□ No
Does this program/service include specific opportunities for parent-child interaction?	□ Yes	□ No
Age range(s) of children the service/program is designed for:		
Approximate percentage of parents who receive this program/service:		
Who provides the program/service (e.g., the FTC/FHWC, a partner agency, a community-based organization)?		
Where are the services typically provided (e.g., inhome, in the community, at the court, in the SUD treatment facility)?		
Expected goals/outcomes of the parenting program/service; specific parenting behaviors and related outcomes you want families to achieve:		
Open Section to provide more information on addi	itional Pa	arenting Programs, if applicable:

Open Section to provide more information on additional Parenting Programs, if applicable:

Table 3: Information on Existing Child Services If you currently provide multiple child development/therapeutic services to participants, please respond in the open text box below.					
Name of child development/ therapeutic intervention:					
Is intervention evidence based or evidence informed?	☐ Yes	□ No			
How long has this intervention been available and provided to children of participants?					
Does the team monitor the number of children referred?	□ Yes	□ No			
Does the team track initiations and completions of children's interventions?	□ Yes	□ No			
Does the team assess and measure the effectiveness and fidelity of services that children of participants receive?	□ Yes	□ No			

If yes, does the team have the ability to disaggregate data by racial and gender characteristics?	□ Yes □ No
Age range(s) of children the intervention is	
designed for:	
For programs serving children under 3, is the parent/caregiver an active participant in the service?	□ Yes □ No
Approximate percentage of children of parents who receive this intervention:	
Who provides the intervention (e.g., the FTC/FHWC a partner agency, a community-based organization)?	
Where are the services typically provided (e.g., in-home, in the community, at the court)?	
Expected goals/outcomes of the service; what specific needs does it address?	

Open Section to provide more information on additional child development/therapeutic services, if applicable:

Please I uses:	ist six responses to participant behavior your collaborative most commonly				
1.					
2.					
3.					
4.					
5.					
6.					
	Practice Innovation				

Describe a time your collaborative changed its practice or policy based on new research or data? *Limit 300 words*

In which areas does your program excel? Where would your collaborative like to improve? *Limit 300 words*

PLCs receive ongoing TTA. In which areas w practice? Limit 100 words	ould you like TTA support to advance
CCEE is always looking for collaboratives th	at have adopted innevetive practice to
CCFF is always looking for collaboratives th respond to the complex needs of families. W	•
of innovation is strongly encouraged. Select	
☐ Serving military-connected families	☐ Partnering with juvenile justice for
☐ Responding to domestic violence	coordination case planning for crossover
\square Improving engagement and outcomes for	youth
fathers	☐ Responding to housing needs
☐ Providing peer support	☐ Ensuring reasonable efforts
☐ Modeling sustainability	\square Leveraging IV-E prevention funds
☐ Demonstrating collaborative practice	\square Enhancing parenting time
☐ Engaging and retaining families	\square Incorporating prenatal plans of safe care
☐ Partnering with school systems	☐ State or regional partnerships
☐ Preventing juvenile justice involvement	☐ Serving adolescents
	\square No areas of innovation to highlight
☐ Other:	
Please describe any of these innovative prac	ctices you would like to highlight, and

Please describe any of these innovative practices you would like to highlight, and reference data where possible. When including information specific to the innovative practice as an attachment, please direct reviewers to the location within program materials. *Limit 500 words*.

APPENDIX D: FTC BEST PRACTICES ALIGNMENT FORM

The FTC Best Practice Alignment Form explores fidelity to the <u>Family Treatment Court Best Practice Standards (FTC BPS)</u>, and serves as a supplemental form for the Peer Learning Court Application. We recognize some questions may be duplicative of questions answered in the application form. Information gathered will provide reviewers a well-rounded understanding of operational procedures. We also acknowledge some questions in the FTC BPS Alignment Form do not apply to Tribal Governments or FHWCs, please mark not applicable (n/a) and provide explanation to any areas that do not apply to FHWC and culture-specific practices. We welcome FHWC feedback on the FTC BPS Alignment Form as we work on creating an adapted version.

Introduction and Instructions

FTCs and FHWCs are asked to complete this practice alignment form to highlight areas of strength and development in relation to the FTC BPS.

The form spans the eight FTC BPS and is divided into the following sections:

- Structure and Operations
- •Identifying, Referring, and Admitting Participants
- Participant Engagement
- Assessment of Needs and Access to Treatment and Supports
- Systems and Participant Accountability

For more information about each identified practice, please review the associated standard. Links will take you directly to the associated standard, provision, or page in the FTC BPS.

Determine the practice ratings for each identified practice:

- 1. Not Implemented: The collaborative has not implemented the practice
- 2. Partially Implemented: Some but not all of the practice described is fully implemented
- 3. **Fully Implemented**: The practice described is fully implemented

"Included in P&P" Column—In addition to noting the implementation rating, verify the practice is included and accurately described in your policy and procedure manual by placing a check in the P&P column.

"Notes/Explanation" Column—Include notes on the ways your collaborative practice aligns (or does not align) with the described item. Please provide as much detail as necessary in a narrative or bullet list. Applicants are not required to provide an explanation for every practice row, please be selective on which practices are important to highlight.

This tool can be completed by one person with in-depth knowledge of the FTC or FHWC or together as a team. One tool should be completed per site. There are 88 items which should take you approximately 1.5 to 2 hours if completed individually and longer if completed as part of a team exercise.

Please indicate who completed the FTC Best Practice Alignment Form. If completed as a team, please provide a list of team member titles and the agency they represent:

Check the "Included in the P&P" column if your FTC* engages in the identified program component and describes it in your policy and procedure manual. *Throughout this document "FTC" refers to both Family Treatment Court and Family Healing to Wellness Court, for the purpose of the PLC application.

NOT FOR DISTRIBUTION

Practice Rating: 1 - Not Implemented; 2 - Partially Implemented; 3 - Fully Implemented

	Practices	Practice Rating	Included in P&P	Notes – How does your practice align or not align with program component?		
	Structure and Operations					
	Structur	e and open	ations			
1.	The FTC has an established information sharing protocol to ensure effective, continuous, accurate communication that complies with all FTC partners' confidentiality requirements. (S1)					
2.	During the intake process, the FTC provides participants with a handbook that details expectations. ($\underline{S1}$)					
3.	The FTC multidisciplinary core team includes the judge, FTC coordinator, child welfare agency/state's attorney, parent's attorney, child's attorney, guardian ad litem and/or CASA, child welfare case worker, substance use disorder treatment provider, mental health treatment provider, as well as child and adolescent services providers. (S1)					
4.	All members of the FTC multidisciplinary core team participate in staffing. (S1, S2)					
5.	Team members engage respectfully with each other and use person- first, non-stigmatizing language when discussing participants and families. (S1, S3, S7)					
6.	The FTC has a steering committee representative of the supervisors/decision-makers of the core team. (S1)					
7.	The FTC has a steering committee that meets at least every other month. (S1)					
8.	The FTC maintains data in an electronic database. (S8)					
9.	The FTC creates a summary of progress and needs for all participants and children prior to each hearing and provides it to the core team before FTC staffing. ($\underline{S1}$)					
10	. The FTC has a policy and procedure manual that details all aspects of its operations. (S1)					

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Practices	Practice Rating	Included in P&P	Notes – How does your practice align or not align with program component?
11. The FTC core and steering team review and update both the participant handbook and the policy and procedure manual annually. (S1)			
12. The FTC judge engages in annual training to better understand the ways SUD, mental health disorders, trauma, and stigma affect participant engagement. (S2)			
13. The FTC multidisciplinary core team may also include one or several providers of the following: public health nurse, pharmacist, early childhood education professional, school social worker, housing provider, as well as a child and adolescent services provider. (S1)			
14. All members of the FTC multidisciplinary core team participate in the court review hearings. (S1)			
15. Members of the FTC core team can enter and review data (based on established confidentiality standards) in the electronic database. (S1, S8)			
16. All FTC multidisciplinary members have clarified and agreed to their roles and responsibilities in a current signed MOU. (S1)			
17. All team members understand the FTC has a shared mission and vision jointly developed by the partner organizations. (S1)			
18. An executive oversight committee that meets a minimum of twice yearly addresses the interests and needs of the FTC. (S1)			
19. All team and steering committee members read the policy and procedure manual, participant handbook, MOU, and other documentation detailing the operations and expectations of the FTC as part of their on-boarding.			
20. All team members engage in annual training to better understand the ways SUD, mental health disorders, trauma, and stigma affect participant engagement while making practice adjustments to enhance it. (S1, S3, S4, S5, S6)			

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Practices	Practice Rating	Included in P&P	Notes – How does your practice align or not align with program component?
21. The FTC judge is assigned to the FTC for a minimum of two consecutive years. (S2)			
Identifying, Referring	g, and Adm	itting Part	icipants
22. A parent attorney reviews the participation agreement with the parent to advise on the process and implications of participating in the FTC. (S4)			
23. The FTC has objectively defined and specified eligibility and exclusion criteria that is written, distributed to, and understood by all partners. (S4)			
24. The FTC has a written policy for referring families that is distributed to and understood by all partners. (S4)			
25. Eligible parents are referred to the FTC at the dispositional hearing—or within 30 days of the dispositional hearing. (S4)			
26. Child welfare staff screen all substantiated cases to identify substance use disorders (SUD) using a combination of a validated SUD screening tool, identifying signs and symptoms of SUDs, corroborating reports that may indicate a SUD, and drug screens. (S4)			
27. All parents who screen for a possible SUD are referred for assessment within 14 days. (<u>S4</u> , <u>S5</u>)			
28. Eligible parents are referred to the FTC prior to the dispositional hearing. (<u>S4</u>)			

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Practices	Practice Rating	Included in P&P	Notes – How does your practice align or not align with program component?
Particip	ant Engage	ment	
	T	T T	
29. Parents and children receive frequent, in-person, high-quality			
parenting/family time. (See Provision D in S6 for a definition of high-			
<u>quality family time</u>)			
	T	1	
30. FTC hearings are held at least every 2 weeks during the first phase (at			
least monthly in phases thereafter) in front of the same judge to			
discuss the effectiveness of services, parent participation, and child			
permanency. (<u>S1</u>)			
31. The FTC judge engages with the participant during the hearing for a			
minimum of 3 minutes. (<u>S2</u>)			
32. Team members engage respectfully with participants and use non-			
stigmatizing language. (<u>S1</u> , <u>S7</u>)			
33. The case plan is regularly reviewed and updated in a process that			
actively engages the parent and children (when appropriate). (S6)			
34. Participant progress through the phases/milestones is based on			
demonstration of competencies, rather than time spent in the phase			
or negative drug screens. (<u>S7</u>)			
35. Parents are engaged in an evidence-based or evidence-informed			
parenting curriculum. (<u>S6</u>)			
36. Parents receive support as they work to develop a sustainable,			
recovery-oriented lifestyle (e.g., self-help groups, various forms of			
meditation, etc.). (<u>S6</u>)			
27. The ETC pairs participants with a recovery support specialist (SC)		<u> </u>	
37. The FTC pairs participants with a recovery support specialist. (S6)			
38. The parent, children (when appropriate), and others identified by the parent and children actively participate in the development of their			
child welfare case plan. (<u>S3</u> , <u>S6</u>)			

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Practices	Practice Rating	Included in P&P	Notes – How does your practice align or not align with program component?
 39. Parents and children engage in a parenting curriculum that is evidence-based or evidence-informed for families affected by SUD and involved in child welfare. (S6) 40. Parents, children, and family members receive treatment and other serv members—receive services and another does not and make a note in the 	=	•	
 a. Gender responsive (see Provision F of S5) b. Trauma-informed (see Provision D of S6) c. Accessible (e.g., location, time, language of choice) d. Culturally relevant (see Provision H of S5) 41. The FTC phases/milestones support common case plan activities, 			
helping distribute the array of treatment, parenting, and other case plan requirements across the time parents engage in the FTC. (S6, S7) 42. The FTC works with child welfare and treatment partners to develop a			
single comprehensive case plan incorporating all aspects of the parent's, children's, and family's case plans. (S6) 43. Parents and children receive parenting/family time—including siblings			
 when appropriate—at the recommended frequency and duration. (see page 123 in S6) 44. Team members engage in regular training to understand how to better engage participants and family members from historically marginalized populations and make practice adjustments to enhance engagement. 			
(S1, S3, S4, S5, S6, S7) Assessment of Needs and Access to Treatment and Supports			
 45. The parent's clinical needs (e.g., substance use, mental health, trauma) are assessed using a valid and reliable tool. (<u>S4</u>) 46. The children's medical, developmental, and clinical needs are assessed using a valid and reliable tool. (<u>S4</u>) 			

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Practices	Practice Rating	Included in P&P	Notes – How does your practice align or not align with program component?
47. Parents are neither prohibited from nor required to receive medications prescribed and managed by a medical professional (including all forms of medication for addiction treatment (MAT) and psychiatric medications). (S5)			
48. The FTC uses evidence-based or evidence-informed interventions to meet SUD, mental health, and trauma needs of the parent. (S1, S5, S6)			
49. Parent referral includes a "warm handoff" (active connection to services that goes beyond a referral) to SUD and mental health treatment that reflects their assessed level of care and other clinical needs. (S5)			
 50. When possible, the same agency treats mental health and SUD needs of the parent concurrently. (S5) 51. Parents are assessed for potential prescription of medication for 			
addiction treatment (MAT). (S5) 52. The FTC actively partners with pregnant people and community			
agencies to ensure the parents and infants receive all indicated medical care including the development and support of Plans of Safe Care (POSC) when applicable. (see page 134 in S6 for more on POSC)			
53. Parents receive random and observed drug testing a minimum of twice weekly throughout their participation in the FTC. (S5)			
54. The FTC will reassess parents whenever the current treatment does not seem to be meeting their needs. The level of care or treatment provided can change based on the results. (S5, S6, S7)			
55. Children receive evidence-based or evidence-informed treatment and developmental/educational interventions that reflect their assessed level of care and other clinical needs. (S6)			
56. The parent and children receive case management support to access safe and affordable housing. (S6)			

63. The FTC collaborative actively partners to secure and/or develop safe

64. The FTC supports parent(s) and children to develop a healthy exercise

65. The parent receives budgeting and credit counseling education and

and affordable housing. (S6)

and nutrition routine. (S6)

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Notes -Included **Practice** How does your practice align or not align with **Practices** Rating in P&P program component? 57. The parent receives case management support to establish an income to meet their needs and those of their children (e.g., employment, education, TANF or other benefits). (S6) 58. The parent accesses the assessed level of care and other clinical interventions within 14 days of diagnosis. (S5) 59. Parents and children receive treatment and reunification services intended to support bonding and establishment of a healthy parentchild relationship. (S1, S5, S6) 60. Parents, children, and other family members receive counseling and other supports to enhance understanding of SUD and the ways to support a stable, recovery-focused lifestyle. (S1, S5, S6) 61. The parent engages with primary medical care and establishes a "medical home" (i.e., a comprehensive team-based approach for primary health care and nonmedical service delivery). (S6) 62. The FTC supports parents to address dental care needs. (S6)

support. (<u>S6</u>)				
Systems and Participant Accountability				
66. The FTC does not use jail as a sanction. (S7)				
67. The FTC does not use parenting/family time as an incentive or				
sanction. (<u>S7</u>)				
68. Treatment adjustments are based on assessed need and never used as				
an incentive or a sanction. (S7)				

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Practice Rating: 1 - Not Implemented: 2 - Partially Implemented: 3 - Fully Implemented

Practice Rating: 1 - Not Implemented; 2 - Partially Implemented; 3 - Fully Implemented Practices	Practice Rating	Included in P&P	Notes – How does your practice align or not align with program component?
69. The FTC does not demote participants to an earlier phase. (S7)			
70. The judge makes the final decision about the appropriate court-ordered response. (S2, S7)			
71. FTC treatment providers are licensed, certified, or accredited as determined by the state's standards. (S5)			
72. All FTC partners actively engage in fidelity monitoring of evidence-based practices. (<u>S5</u> , <u>S6</u>)			
73. The FTC core team holds each other and any service providers outside the team accountable for active and timely engagement with parents, children, and families served by the FTC. (S1, S2, S4, S5, S6)			
74. The FTC collaborative reviews critical program data, including referral, admissions, interim program engagement, and child outcomes. (<u>S8</u>)			
75. The FTC examines program referrals and admissions in relation to the total dependency court filings that meet FTC admission criteria (scale). (S8)			
76. The FTC tracks the time between the case opening and treatment entry to monitor timely access. (\$5, \$8)			
77. The FTC steering committee reviews critical program data at every meeting and engages in a process of continuous quality improvement (CQI). (S1, S8)			
78. The FTC understands their scale (i.e., percentage served that qualify for FTC) and actively seeks to increase the percentage of qualifying families served. (S1, S4, S8)			
79. The FTC core team and steering committee members engage in file and case review as part of best practice and fidelity monitoring. (<u>S5</u> , <u>S8</u>)			

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Practices	Practice Rating	Included in P&P	Notes – How does your practice align or not align with program component?
80. The FTC collaborative seeks participant feedback on policies and			
practices through procedures such as exit interviews, participant			
surveys, and focus groups. (S8)			
81. The FTC core team and steering committee members engage in an			
annual meeting to: 1) review and discuss data and current policies and	ı		
procedures, and 2) develop an action plan to mitigate challenges and			
expand opportunities. (<u>S8</u>)			
The following five questions refer to data focused on "the 5 Rs" of Reco	overy, children <u>R</u>	emaining at h	nome, R eunification, and reducing the incidence of R epeat
	t and child R e-en	itry into care.	
82. The FTC collaborative reviews critical program data related to			
$\underline{\mathbf{R}}$ ecovery (i.e., access to SUD treatment, length of stay, and decreased			
substance use) and actively seeks to improve related outcomes. (<u>S8</u>)			
83. The FTC collaborative reviews critical program data related to children			
Remaining at home and actively seeks to increase this rate. (S8)			
84. The FTC collaborative reviews critical program data related to			
Reunification and actively seeks to improve the rate. (S8)			
85. The FTC collaborative reviews critical program data related to child			
Repeat maltreatment and actively seeks to reduce the rate. (S8)			
86. The FTC collaborative reviews critical program data related to child			
Reentry into care and actively seeks to reduce the rate. (S8)			
		F	
87. The FTC engages an independent evaluator who conducts a process			
and outcome evaluation on a regular basis. (S8)			
88. The FTC collaborative reviews critical program data related to all 5 Rs,			
program referral, and admission through an equity lens (e.g.,			
performance measures are disaggregated by race, ethnicity, gender identity, sexual orientation, physical or mental disability, religion,			
language preference, citizenship status, and socioeconomic status to			
ensure equitable access and outcomes). $(\underline{S3}, \underline{S8})$			

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APPENDIX E: BASIC FTC/FHWC MODELS

Integrated Family Treatment Courts

In the integrated model, one FTC/FHWC judge oversees both dependency-related petitions and compliance with parents' SUD treatment orders (recovery management). The same judge has primary responsibility for the child welfare case and may preside over each court hearing from the initial temporary custody proceeding through the final disposition of the case, including termination of parental rights and adoption proceedings.

Parallel Family Treatment Courts

In the parallel model, a regular, family/dependency court docket conducts dependency case proceedings regarding child abuse/neglect issues, including aspects of parenting time (visitation) and permanency. Parents are offered specialized court services before noncompliance occurs. A specialized court officer hears compliance reviews and handles the recovery management aspects of the case throughout parents' participation in the FTC/FHWC.

Hybrid Family Treatment Courts

Hybrid model collaboratives operate under a mixed system. In a hybrid model, the judicial official presiding over the collaborative may be one of multiple judges hearing dependency cases. As a result, the FTC/FHWC simultaneously offers some participating families with a one-judge, integrated model—and other families a multi-judge, parallel model.