



Supreme Court of Appeals of WV

Treatment Team Training FY 2026–2027

WV FAMILY TREATMENT COURTS

CLE:

SW CEU:

LEO In Service:

Katie J. White, MS
State FTC Specialist

Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV



Welcome to this training presentation brought to you by the **Supreme Court of Appeals of West Virginia's Division of Probation Services**. In this training, you will receive detailed information about **West Virginia Family Treatment Courts**.

About Us

The Supreme Court of Appeals of WV's Division of Probation Services oversees the operations of WV Family Treatment Courts (FTC). We provide training, technical assistance, and monitoring to ensure effective operations of specialty courts.



Katie J. White, MS State FTC Specialist

Mrs. White has worked for the Court system for over a decade, first as a Probation Officer and now as the State FTC Specialist. In this position, she monitors and oversees the operations of FTCs throughout West Virginia, provides training, technical assistance, and guidance to Case Coordinators and other treatment court staff, and helps coordinate the implementation of new Family Treatment Courts. She received her bachelor's degree in behavioral sciences from Glenville State (College) University in 2012 and a master's degree in criminal justice in 2021 from Marshall University.

Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV



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What is FTC?

- Specialized, **problem-solving** court,
- **Multidisciplinary, collaborative** approach,
- Parental substance use & involvement in child abuse/neglect proceedings,
- **Non-adversarial** (work together),
- Uses **Behavioral Modification Techniques**,
- Designed to return children to a safer home environment & achieve permanency **faster and more effectively** than traditional methods.



Started as a pilot program in 2019 and made permanent by legislation in 2021.

Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV

One of the main questions we get is "What is FTC?"

Family Treatment Court ("FTC") is a **specialized docket, problem-solving court** that utilizes a **multidisciplinary, collaborative approach** to serve families affected by parental substance use who are involved with the child welfare system. Team members of FTC along with the participant, their family, and the parties of the child abuse/neglect case ("JA") work together as a team, operating in a **non-adversarial approach**, to better address issues and modify behavior. Family Treatment Courts use **behavioral modification** to improve parent, child, and family functioning, to ensure the safety, permanency, and well-being of children, and help support behavioral change, promoting accountability in the parents. Family Treatment Courts are designed to **return children to a safer home environment and achieve permanency faster and more effectively** than traditional methods utilized in regular improvement periods in child abuse/neglect cases.



WV Family Treatment Courts

ADMISSIONS



Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV

In this first section, we want to quickly discuss with you the **referral process, eligibility criteria, and benefits** to participating in Family Treatment Court.



Who is Eligible?

FTC Participants are parents involved in child abuse/neglect proceedings.

Participation in FTC is Voluntary.

Main Components

Adjudicated

FTC Participants must be adjudicated an abusing/neglectful parent pursuant to W.Va. Code §49-4-601(i) with their substance use being a contributing factor to the abuse/neglect.

Granted Post-Adj. IP

FTC Participants must be placed on a post-adjudicatory improvement period, pursuant to W.Va. Code §49-4-610(2) prior to starting FTC participation.

Substance Use Disorder

FTC Participants must meet the clinical criteria of a substance use disorder.

Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV

For FTCs statewide, our eligibility criteria for participation are prescribed in **W.Va. Code 62-15B-2(a)**. The main components of eligibility are: a parent must be a respondent in an active JA proceeding; they must be **adjudicated** an abusing/neglectful parent pursuant to W.Va. Code §49-4-601(i) with their substance use being a contributing factor to the abuse/neglect; they must be granted a **post-adjudicatory improvement period**, pursuant to W.Va. Code §49-4-610(2) prior to starting FTC participation, and they must meet the clinical criteria of a **substance use disorder**. We can determine this during the screening process.

Additionally, participation in FTC is also subjected to the respondent's participation being voluntary, made pursuant only to a **written agreement** by and between the adult respondent and the department with concurrence of the court. Please note that local FTCs may have additional eligibility criteria.

Who is Ineligible?

Medical Cannabis

Respondents who have a medical cannabis card may not utilize said card during FTC participation.

Aggravating Circumstances

Respondents who have been adjudicated for such abuse that the department is not required to make reasonable efforts to preserve the family as defined in §49-4-604(c)(7) shall not be eligible for participation in FTC. *Prior involuntary termination is at the Court's discretion.*

Informants

Respondents cannot be an active criminal/confidential informants nor perform informant work during FTC participation.

However, there are three things that would deem a respondent **ineligible** for FTC participation statewide.

Firstly, Respondents who have been adjudicated for such abuse that the department is not required to make reasonable efforts to preserve the family as defined in §49-4-604(c)(7) shall not be eligible for participation in FTC. However, there is an exception to the **aggravated circumstances** prohibition for prior involuntary terminations. Code states that if the court determines that the parental rights of the parent to another child have been terminated involuntarily, the court, in its sole discretion and subject to other eligibility criteria as established by the local level, may admit the parent to FTC. Part

Additionally, due to Medical Cannabis not being FDA approved, respondents who have and actively utilize their WV medical cannabis card/certificate, may not participate. Having a medical cannabis card does not exclude a respondent, but **the use of**

medical cannabis during FTC participation does.

Lastly, due to FTC's mission of distancing parents from the people, places, and things that contribute to their substance use, and the potential impact it could have on other participants, individuals that are **active confidential informants** cannot participate in FTC.

How does a Respondent get Referred?

FAMILY TREATMENT COURT REFERRAL FORM

Information: _____ Phone: _____

Security No: _____ Federal Date: / /

of Birth: / / Next JA Hearing Date: / /

Sex: _____ Gender: _____ Gender Identity: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Ethnicity: Non-Hispanic Hispanic Unknown Refused to Answer

Is the respondent homeless? Yes No Unknown

Is the respondent indigent (no money/income or financial support)? Yes No Unknown

Is the respondent on _____ Probation _____ Parole? (check mark all that apply) Yes No Unknown

Reason for Referral/Nature of Petition: (please state the reason you are referring the above individual)

Prosecuting Attorney: _____

Defense Attorney: _____

is a member of their immediate family ever served in the military regardless of /

Submit FTC Referral Form

The FTC Referral Form is a one-page document with basic information about the respondent. It does not need to be signed by the respondent. For respondents who are interested in FTC, another form (Request to Participate) will be signed later by the respondent & their attorney.

JA Judge's Referral From Bench

The Circuit Court Judge presiding over the JA case may order a respondent to be referred to FTC. The FTC Case Coordinator will then contact the respondent to begin the referral & screening process.

Verbal Referral During JA Hearing

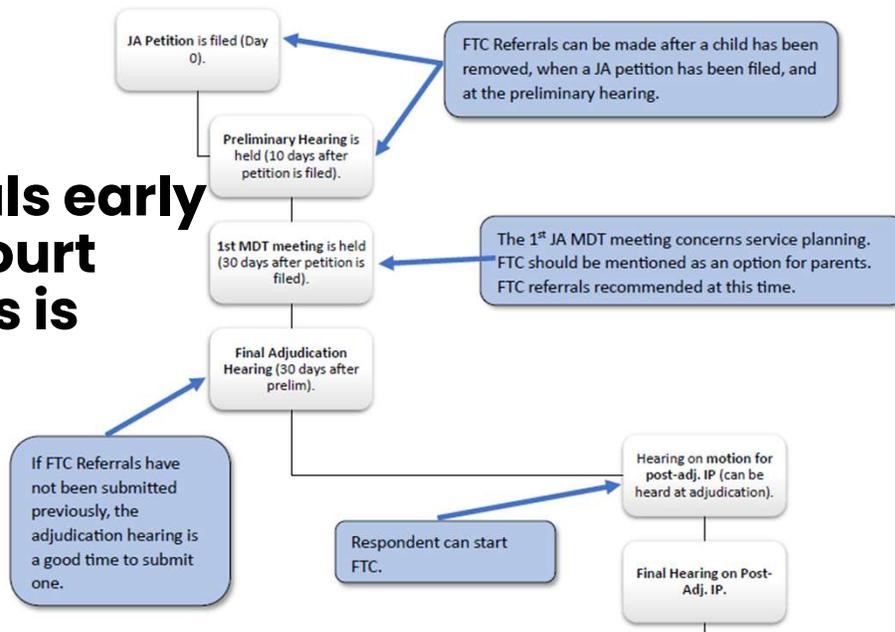
An attorney in the JA case may verbally request, during a JA hearing, that the respondent be referred to FTC. The FTC Case Coordinator will then contact the respondent to begin the referral & screening process.

You may ask "How does a Respondent get referred to FTC?"

There are **three ways** a respondent can be referred to FTC. Firstly, we utilize a **one-page referral form** that includes basic information about the respondent. At this stage, the respondent does not need to sign the referral form. The Case Coordinator will contact the respondent to gauge their intent and begin the referral and screening process.

Family Treatment Court is voluntary in WV; meaning, every participant must consent to participate. However, Circuit Judges can order a respondent be referred to FTC **from the bench** and JA attorneys may **verbally request** a respondent be referred to FTC during JA Hearings. For these two scenarios, we ask that the verbal referral be documented in that hearing's order and the Case Coordinator be aware of the referral.

Referrals early in JA court process is Key.



On this slide, you will see a snapshot of a JA proceeding. The items in the white boxes are the standard steps of a JA case.

Due to Adoption and Safe Families Act (“ASFA”) timelines and FTC’s goals of timely access to treatment for parents and fast reunification of children, **we recommend referrals to FTC be made early in the JA case.**

Why Should a Respondent Consider FTC?

There are many benefits for parents involved in FTC.

Main Benefits



Photo Credit: J. Hilton, Supreme Court of Appeals of WV



People have often asked us "Why Should a Respondent Consider FTC?"

With FTC, a parent can receive:

- **One-on-one case management** with the FTC Case Coordinator and Child Welfare Worker, and their attorneys are notified regularly of their progress.
- Secondly, FTC cares about the **relationship and bond between the parents and children**, so parenting time is of the utmost importance. Parents receive frequent visitation, regardless of drug screen results (as long as the children are safe).
- Also, FTC can help **purchase individual and family needs** that promote reunification (e.g., beds, clothing, paying deposits, help get driver's license, etc.),
- Thirdly, parents will **learn skills for long-term sobriety**, they receive quicker access to treatment and gain a large support system.
- Lastly, due to frequent treatment team meetings and intensive

case coordination, **decisions about their case(s) occur at a quicker pace.**



WV Family Treatment Courts

JA v. TFD



Photo Credits: J. Alex Wilson & H. Lucas, Supreme Court of Appeals of WV & M. McCune

In this next section, we will be discussing **what happens to the JA case after a parent enters FTC**, additional **JA court procedure**, and **information sharing** between the two courts.

What Happens to the JA Case?

- The JA proceedings will continue, including MDT meetings & JA review hearings.
- FTC does not stop or pause the JA proceedings.
- FTC is in addition to the JA proceeding.



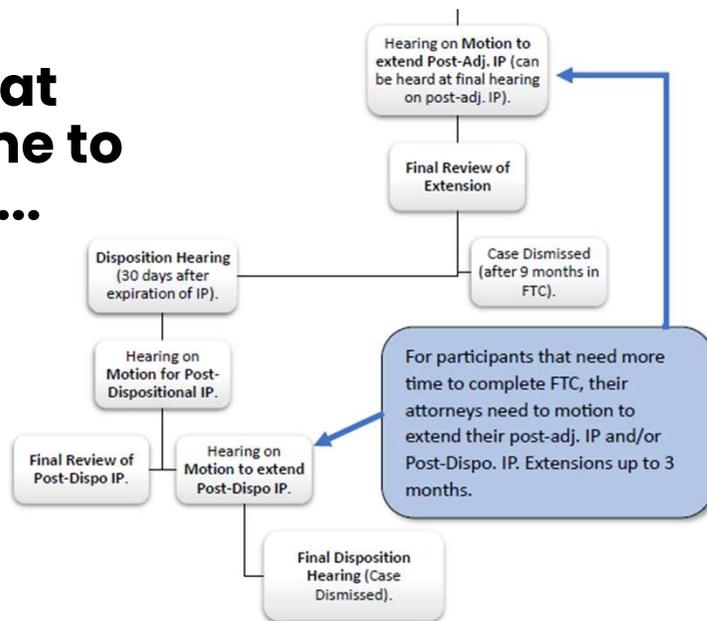
Photo Credit: H. Lucas, Supreme Court of Appeals of WV



In short, the JA case will continue as prescribed in code, meaning, **MDT meetings and status/review hearings will continue to be held.**

Since FTC is an addition to the underlying case, FTC **does not stop or pause any JA proceeding.**

For Parents that need more time to complete FTC...



However, depending on the parent, FTC may affect the underlying JA case's court procedure. For example, for the parents that need more time to complete FTC or to complete terms and conditions of their improvement periods, their attorneys may need to motion the court for an extension to their post-adjudicatory improvement period and then if they still need more time, motion for a post-dispositional improvement period.



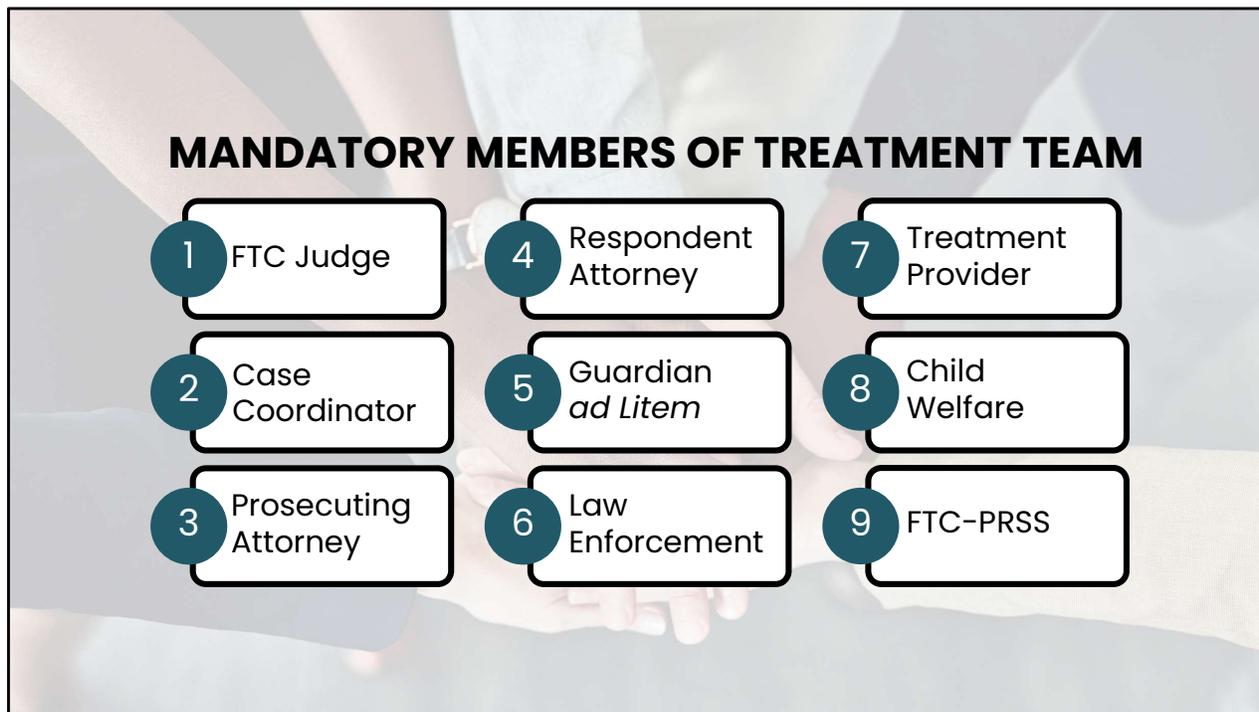
WV Family Treatment Courts

TREATMENT TEAM MEMBERS & TEAM DUTIES



Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV

In this section, we will review the **mandatory** and **optional members** as stated in state FTC policy, the **duties of the treatment team**, **continuing education**, and **new team member training**.



The FTC treatment team consists of a **group of professionals and community members** who **handle the day-to-day operations** of Family Treatment Court and work closely with the participants and their families.

Members of the treatment team **MUST include** the FTC Judge, the local FTC Case Coordinator, a prosecuting attorney representative, a respondent attorney representative, a Guardian Ad Litem representative, a law enforcement officer representative, a treatment provider, a Child Welfare worker, and for those courts that have one, a Peer Recovery Support Specialist employed by the Supreme Court.

OPTIONAL MEMBERS OF TREATMENT TEAM

- 1 Chief PO/ Probation
- 2 SNS Provider
- 3 CASA
- 4 Community Member
- 5 Other

Selecting members for the treatment team may be the sole responsibility of the local advisory committee, the FTC judge, or can be a collaborative effort between the mandatory members listed on the previous slide.

Other members of the FTC treatment team **may include** your circuit’s Chief PO or designee, a Socially Necessary Service provider, CASA, various community representatives, and any other individual or representative selected by the FTC Judge.

Selecting members for the treatment team may be the sole responsibility of the local advisory committee, the FTC Judge, or can be a collaborative effort between the mandatory members listed on the previous slide.

DUTIES OF THE FTC TREATMENT TEAM

- Meet to discuss participants' progress prior to FTC hearings,
- Recommend Incentives, Responses, & Service Adjustments for Behavior,
- Participate in training at least 1x a year,
- Conduct meeting 1x a year to:
 - Review treatment modalities & FTC compliance to federal confidentiality laws.
 - Examine drug trends in community.
 - Recommend policy, procedure, & changes in treatment to DPS, &
- Act as a liaison for FTC.

Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV



The **duties of the treatment team** include the following:

- **Meet prior to each FTC hearing** to discuss and provide updated information to the Court regarding participants' status in FTC.
- **Recommend appropriate incentives, responses, and service adjustments** to be applied based on participants' need and/or progress or lack thereof.
- **Participate in training** at least once a year

The FTC treatment team shall also set aside **at least one day annually** to review policies and procedures, explore areas of concern, and set goals and objectives for the next year. During these meetings, the treatment team shall review the efficacy of current treatment modalities and recommend changes in treatment to the Division of Probation Services as need for change arises or if certain modalities do not have the desired effect. Any changes in treatment should be evidenced based and effectiveness or lack thereof should be closely monitored by the team.

Additionally, members of the treatment team act as a community liaison for the FTC, informing others about FTC and support the overall ideals of the treatment court.

CONTINUING EDUCATION

- 1x a year Training for all members,
- Verify attendance in training, submit to State FTC Specialist,
- Recommended training topics:
 - The team approach,
 - Child abuse/neglect proceedings (“JA”),
 - Pharmacology of substance use disorder (“SUD”),
 - Incentives, responses, and service adjustments,
 - The recovery process (e.g., Stages of Change), &
 - Motivational Interviewing.

Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV



All treatment team members are **required** to attend regular training, **at least once a year**, so that their knowledge and skills to address the needs of the participants remain at the highest level, based upon the best and most current research and information. **Verification** of treatment team member training shall be provided to the State FTC Specialist for documentation purposes.

Training may be a combination of national trainings (e.g., All Rise conference), state trainings, and local training opportunities that assist personnel in their FTC duties.

Before implementing an FTC, treatment team members shall attend a formal pre- implementation training to learn from administrative staff about the best practices in FTCs and develop fair and effective policies and procedures.

New DPS staff hires (i.e., FTC-CC and PRSS) must receive a formal orientation training on the FTC model and best practices in as soon as practicable after assuming their position and attend continuing education workshops thereafter.

All members of the FTC treatment team shall be trained in the **fundamental components** of the FTC model including:

- The team approach,
- Child abuse/neglect proceedings,
- Pharmacology of substance use disorder,
- Behavioral Modification,
- The recovery process, and
- Motivational Interviewing.

Staff should receive cross-training, so each member of the treatment team understands and appreciates the roles and expertise of the other members of the team. For example, it is essential that the entire treatment team know the goal of each treatment intervention.

While the DPS will continue to identify and communicate training opportunities to FTCs, it is the responsibility of the local FTCs to actively seek out training resources that can improve their performance.

NEW TX TEAM MEMBER ORIENTATION

- 1 State FTC Policy & Procedures
- 2 National Best Practice Standards
- 3 Local Procedures Manual/ Handbook
- 4 Resources, webinars, & online tutorials.

Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV



The FTC-CC shall ensure every new treatment team member receives a copy of the **State FTC Policy**, the Family Treatment Court **Best Practice Standards**, and **any local FTC procedures manual or rules**.

It is recommended new treatment team members receive **a list of resources, webinars, and online tutorials** regarding FTC to gain better understanding of FTC's mission and vision.

It is also advisable to provide information and training regarding the FTC system, its procedures, and practices outside of the Treatment Team, to the Local Advisory Committee, key sources of referrals, and to the community at large, to enhance community support and understanding of FTC.



WV Family Treatment Courts

INDIVIDUAL ROLES & RESPONSIBILITIES



Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV

In this section, we will discuss each treatment team members' primary **roles and responsibilities**.

FTC JUDGE

1 Preside over FTC hearings & tx team meetings,

2 Ensure members understand FTC's policies, procedures, & best practice standards,

3 Remain well-informed about behavioral modification,

4 Make all final decisions on incentives, responses, & adjustments,

5 Adhere & follow all judicial, ethical, & legal requirements related to interactions with participants.

Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV

FTC CASE COORDINATOR (FTC-CC)

1 Handle the day-to-day operations of the FTC,

2 Supervise participants,

3 Ensure/Collect drug screens,

4 Provide written updates/notes to MDT and Tx Team,

5 Coordinate FTC orientation with Tx Team members and participants,

6 Prepare case plans, discharge summaries, etc.,

7 Maintain database & Create TFD cases on all referrals,

8 Conduct Home & Field Visits,

9 Attend JA hearings/network to obtain new referrals,

10 Regularly review local procedures & work with Tx Team to ensure effective treatment & services are provided.

Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV

FTC CHILD WELFARE WORKER (FTC-CWW)

1 Develop a network of community resources,

2 Identify gaps in services,

3 Identify individual needs, strengths, and resources,

4 Meet w/ participants at least once a month,

5 Assist in case planning and scheduling w/ FTC-CC,

6 Monitor progress of the children & visit w/ children according to BSS Policy,

7 Provide current & historical case info about participants & their families,

8 Participate in Tx Team meetings and FTC hearings,

9 Accompany FTC-CC on home visits when requested,

10 Provide updates to Tx Team about ASO/SNS services.

Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV

PROSECUTING ATTORNEY REPRESENTATIVE

1 Attend all regularly scheduled Tx Team meetings & FTC hearings,

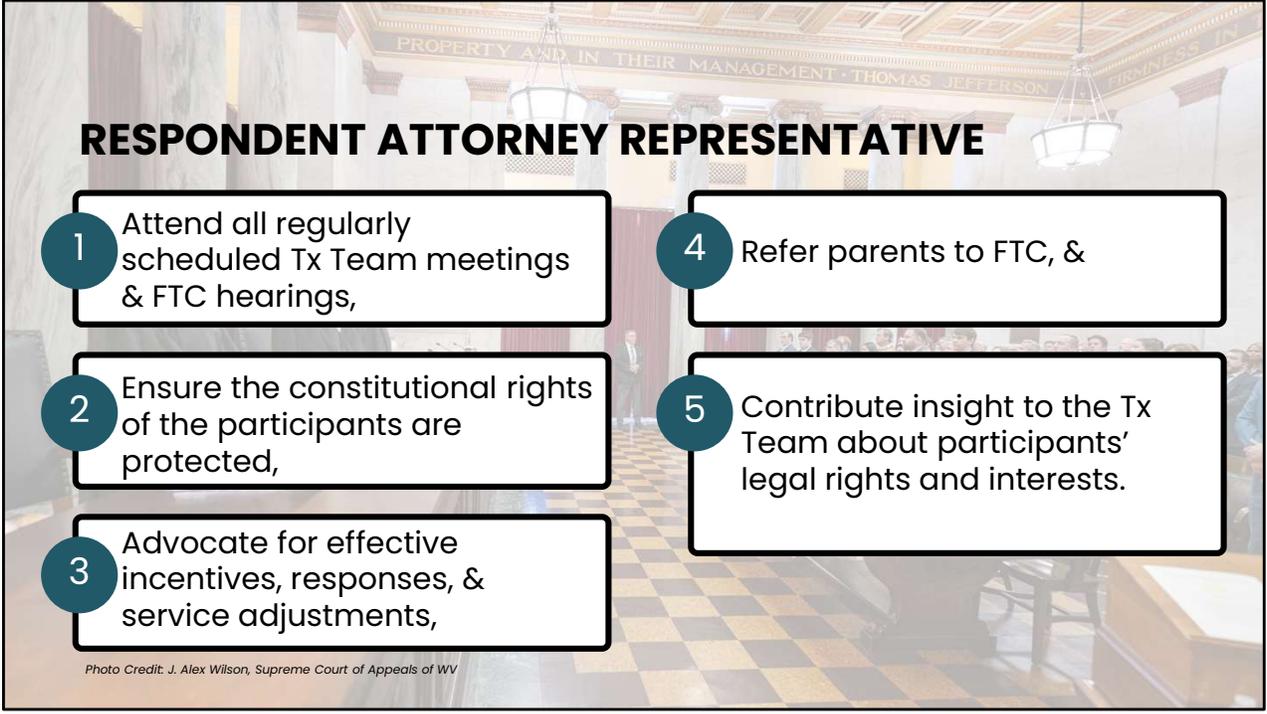
2 Provide a voice of accountability for participants,

3 Advocate for effective incentives, responses, & service adjustments,

4 Share participant information w/ Tx Team to monitor progress, &

5 Collaborate w/ JA MDT to ensure proper legal procedures & ASFA timelines are met.

Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV



RESPONDENT ATTORNEY REPRESENTATIVE

1 Attend all regularly scheduled Tx Team meetings & FTC hearings,

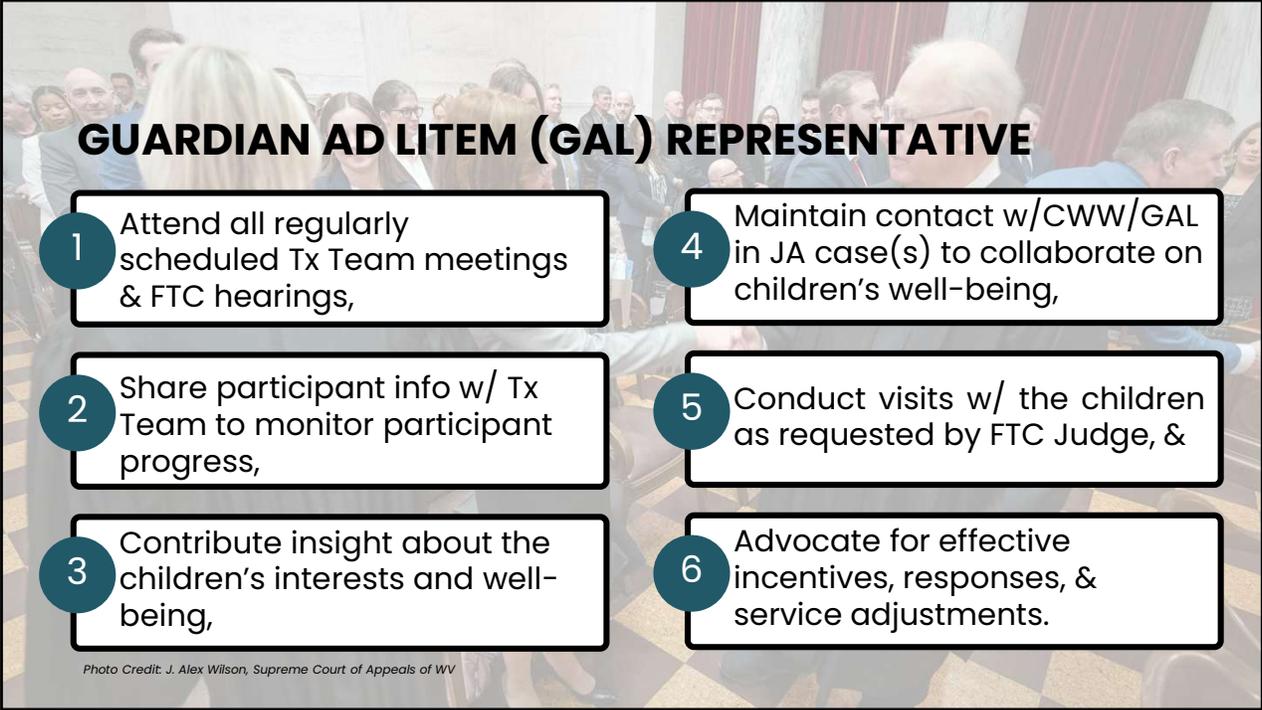
2 Ensure the constitutional rights of the participants are protected,

3 Advocate for effective incentives, responses, & service adjustments,

4 Refer parents to FTC, &

5 Contribute insight to the Tx Team about participants' legal rights and interests.

Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV



GUARDIAN AD LITEM (GAL) REPRESENTATIVE

1 Attend all regularly scheduled Tx Team meetings & FTC hearings,

2 Share participant info w/ Tx Team to monitor participant progress,

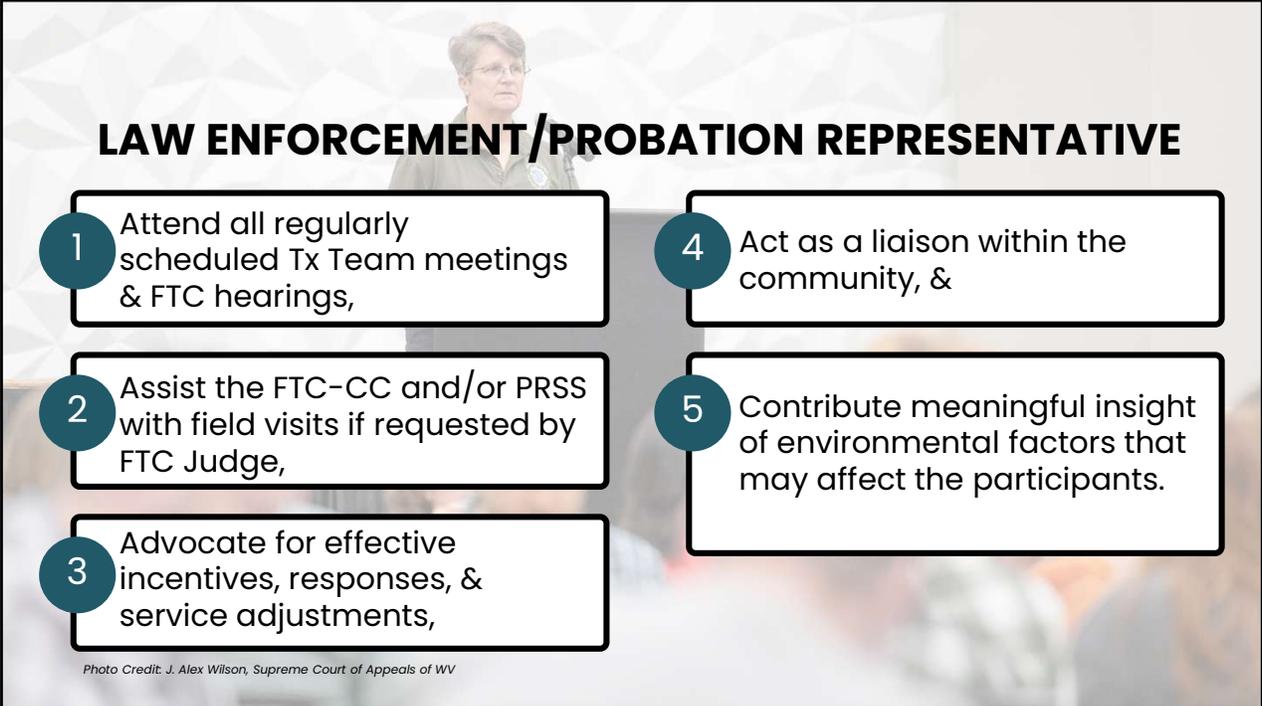
3 Contribute insight about the children's interests and well-being,

4 Maintain contact w/CWW/GAL in JA case(s) to collaborate on children's well-being,

5 Conduct visits w/ the children as requested by FTC Judge, &

6 Advocate for effective incentives, responses, & service adjustments.

Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV



LAW ENFORCEMENT/PROBATION REPRESENTATIVE

- 1 Attend all regularly scheduled Tx Team meetings & FTC hearings,
- 2 Assist the FTC-CC and/or PRSS with field visits if requested by FTC Judge,
- 3 Advocate for effective incentives, responses, & service adjustments,
- 4 Act as a liaison within the community, &
- 5 Contribute meaningful insight of environmental factors that may affect the participants.

Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV

Law enforcement and probation officers work within the community and generally know what is occurring in the area. They may even know the histories of the participants and their families, which can be helpful to the treatment provider.

TREATMENT PROVIDER

- 1 Attend all Tx Team meetings & FTC hearings,
- 2 Recommend appropriate treatment services that match participant needs,
- 3 Assess respondents for FTC acceptance (if applicable),
- 4 Ensure relapse prevention plans are conducted for all participants,
- 5 Provide attendance and progress updates regarding participants' treatment,

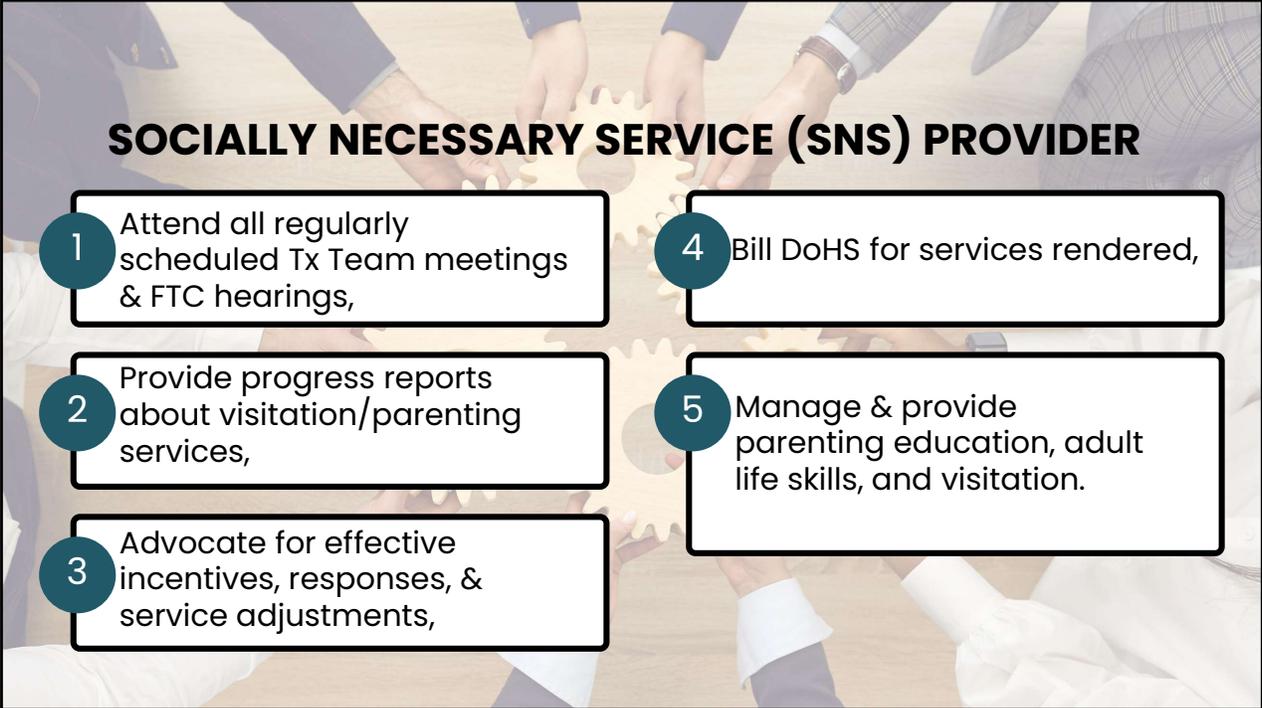
- 6 Prepare treatment plans, aftercare plans, etc.,
- 7 Ensure treatment providers have the proper certifications to administer appropriate tx,
- 8 Ensure ACES/Resiliency Checklists are conducted for all accepted participants,
- 9 Provide info on factors contributing to use, the impact of tx on the participant, & the potential for lapse/relapse,
- 10 Bill Medicaid/DoHS for services rendered.

Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV

FTC PEER RECOVERY SUPPORT SPECIALIST (FTC-PRSS)

- 1 Attend all Tx Team meetings & FTC hearings,
- 2 Conduct at least 1 home visit every 2 months on participants,
- 3 Support and link participants w/ appropriate recovery resources,
- 4 Lead by example & support participants w/ coping strategies,
- 5 Assist w/ transportation needs if requested by FTC Judge,

- 6 Maintain strong working relationships w/ BSS, Jobs & Hope, Prosecutor's office, etc.,
- 7 Complete necessary data entry,
- 8 Conduct recovery action plans if requested,
- 9 Follow-up w/ graduates re: long-term outcomes, &
- 10 Advocate for effective incentives, responses, & service adjustments.



SOCIALLY NECESSARY SERVICE (SNS) PROVIDER

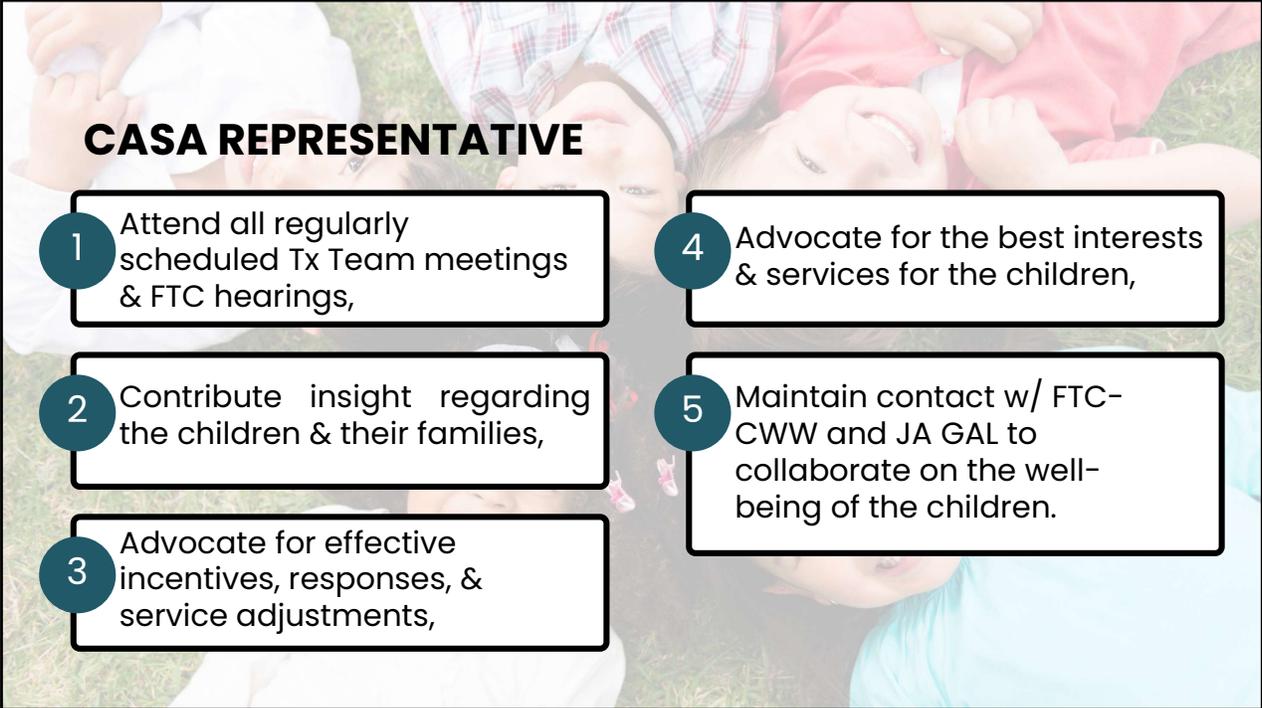
1 Attend all regularly scheduled Tx Team meetings & FTC hearings,

2 Provide progress reports about visitation/parenting services,

3 Advocate for effective incentives, responses, & service adjustments,

4 Bill DoHS for services rendered,

5 Manage & provide parenting education, adult life skills, and visitation.



CASA REPRESENTATIVE

- 1 Attend all regularly scheduled Tx Team meetings & FTC hearings,
- 2 Contribute insight regarding the children & their families,
- 3 Advocate for effective incentives, responses, & service adjustments,
- 4 Advocate for the best interests & services for the children,
- 5 Maintain contact w/ FTC-CWW and JA GAL to collaborate on the well-being of the children.

COMMUNITY MEMBER REPRESENTATIVE

1 Attend all regularly scheduled Tx Team meetings & FTC hearings,

2 Share info regarding the participants for effective monitoring,

3 Advocate for effective incentives, responses, & service adjustments,

4 Act as an FTC liaison in the community,

5 Be knowledgeable about/provide community linkages for medical, mental health, education, vocational, housing, etc. needs.



WV Family Treatment Courts

FREQUENCY OF MEETINGS & DISCUSSION TOPICS



Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV

In this section, we will discuss **how often treatment team meetings occur, communication and information sharing protocols, discussion points during meetings, and decision-making items.**

FREQUENCY OF MEETINGS

- 1 Prior to & the day of the FTC hearings.
- 2 Recommended to be held in-person but can be held virtually on occasion.

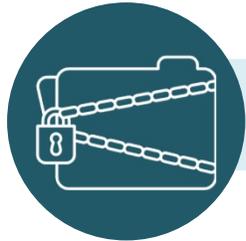
Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV



Treatment team meetings are held **prior to and the day of FTC hearings.**

It is recommended treatment team meetings be held **in-person**. Virtual participation should only be used on emergency or occasional basis, or if treatment team members reside or work more than an hour away.

CONFIDENTIALITY OF TREATMENT TEAM NOTES



Confidential

Treatment team notes (i.e., staffing sheets, meeting dockets, notes, etc.) are not public record.



Printed

Printed copies shall be returned to the FTC-CC after the meeting is adjourned unless you are the Judge or court staff.



Electronic

Electronic copies are password protected or have a confidential statement about disclosure/redisclosure in the email or on the notes.

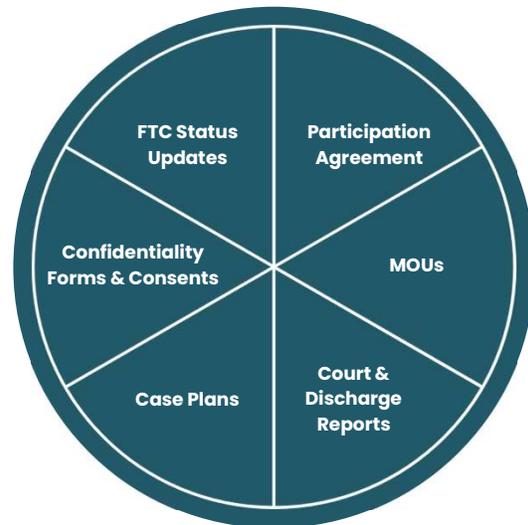
Prior to each treatment team meeting, the FTC-CC shall provide all treatment team members with a written report, detailing factual, objective, and up-to-date information concerning the participants and their families.

All written treatment team reports (e.g., notes, staffing sheets, etc.) shall be kept **confidential**. If the local court hands out these reports at the treatment team meetings, the FTC-CC shall ensure copies of the reports are **returned to the FTC-CC** after the meeting has concluded (except for the FTC Judge and court staff copies). If team members wish to keep their copy, the FTC-CC shall ensure the member has a **locked place to store** the reports.

If the local court desires to **electronically** disseminate the treatment team reports prior to the meeting, the FTC-CC shall ensure the document is either **password protected** and/or has a statement printed upon the document or included in the email correspondence regarding **prohibition of redisclosing the information**.

COMMUNICATION & INFORMATION SHARING

Members of the FTC treatment team & JA MDTs shall have access to timely, appropriate, accurate, and complete information about participant progress and child, parent, and family needs. The FTC-CC has the responsibility of facilitating consistent and relevant information sharing.



Members of the FTC treatment team and JA MDTs **shall have access to timely, appropriate, accurate, and complete information** about participant progress and child, parent, and family needs. The **FTC-CC has the responsibility of facilitating consistent and relevant information sharing**. For effective information sharing, local FTCs **shall** abide by the following communication and information sharing protocols:

- MOUs and confidentiality & statement of ethics forms shall be signed by all members of the FTC treatment team,
- Participants shall sign a confidentiality & statement of ethics form and Participation Agreement.
- Participants shall sign consents for the exchange of protected health and confidential case information.

The first tool FTCs use to facilitate communication and information

sharing is the **Confidentiality and Statement of Ethics** form, which includes language about sharing protected health and confidential case information within FTC. It also includes a prohibition by the signee from redisclosing such protected information outside of FTC and underlying JA cases without a consent. All treatment team members, participants, and guests shall sign this form.

The **Consent to Disclosure** (Form 104) is extremely important in communication and information sharing with service providers and the parties of the underlying case. This consent gives the FTC permission to disclose confidential information to the JA MDT and facilitates the exchange of information. FTCs have other consent forms to utilize when the FTC needs to gather or release information to other entities, such as family members, schools, employment, or medical entities.

Additionally, Participants sign a **Participation Agreement** that includes their understanding and consent that protected health and confidential case information will be shared among members of the FTC treatment team and staff, the circuit court judge, and the multidisciplinary team (“MDT”) in the underlying child abuse/neglect (“JA”) case(s), as well as other appropriate agencies, entities, and individuals.

MOUs are a great tool to utilize for treatment team members and service providers to understand every member’s role and their responsibilities. It also reiterates that the signee shall comply with FTC policies, procedures, and confidentiality requirements. All FTC treatment team members shall sign the treatment team MOU. Other MOUs may be enacted for service providers.

To facilitate good communication & information sharing between the treatment team and JA MDT, all coordinators are required to file **short status updates** about participants. It is recommended status updates be filed in the JA cases (weekly to periodically) to provide the MDT members an update on the participant’s progress in FTC. Due to having a signed consent form, the weekly updates filed in the JA cases are evidence of the participants’ compliance or non-compliance in FTC.

Additionally, in the past, some attorneys have felt that when a respondent gets accepted into FTC, a “curtain falls over” the case and they do not know what is occurring during FTC. These written updates “de-mystifies” FTC for all parties, notifying them of the family’s progress.

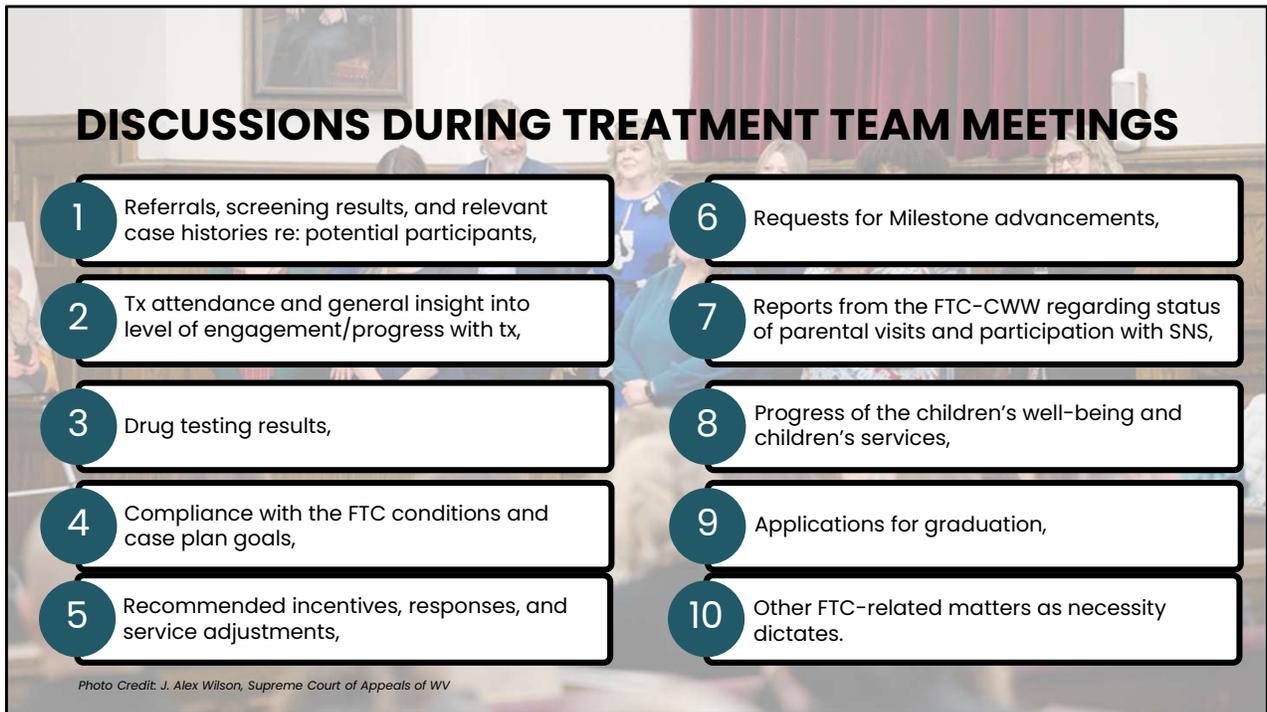
Court Reports are another tool to utilize to disseminate information to the underlying case. Court Reports are short summaries of the progress of a

participant from the last hearing to the present hearing. Again, filing court reports in the JA proceedings updates the JA parties, which can be used as evidence in a JA court proceeding.

For participants that are unsuccessfully discharged or withdraw from FTC, a **discharge summary** must be completed and filed in the TFD and underlying JA case(s) within seven (7) judicial days of the participant being dismissed from FTC.

For participants who successfully complete (i.e., graduate) FTC, a **discharge summary** must be completed and filed in the TFD and underlying JA case(s) within ten (10) judicial days of the participant completing Milestone V.

And lastly, FTCs utilize **case plans** to map out what objectives a participant needs to complete. The JA MDT must be aware of these case plans and have the option to provide feedback if necessary.



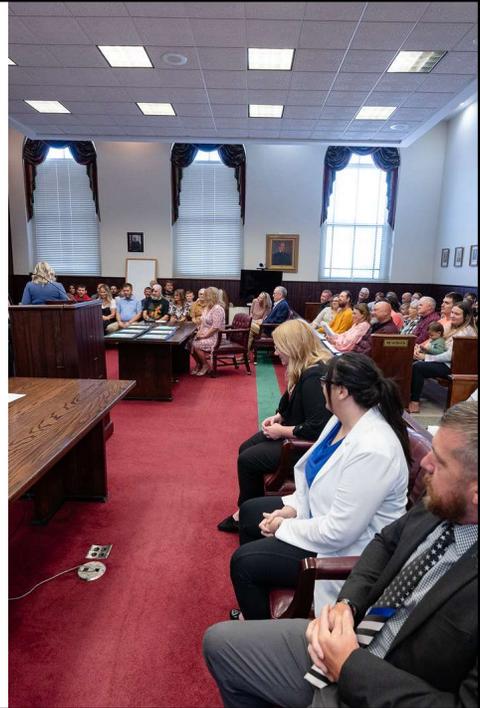
Prior to every Family Treatment Court Hearing, the treatment team will meet to **discuss the following** regarding every potential and active participant:

- Referrals, assessment results, and relevant case histories regarding potential participants,
- Treatment attendance and level of engagement and progress,
- Drug testing results,
- Compliance with the FTC terms and conditions,
- Compliance with FTC case plan goals,
- Possible Incentives, Responses, and Service Adjustments,
- Requests for Milestone advancements,
- Reports from the FTC child welfare worker regarding the status of parental visits and quality of active parenting time,
- Progress of the children's well-being and services provided to the children,
- Applications for graduation, and
- Other FTC-related matters as necessity dictates.

DECISION-MAKING DURING TREATMENT TEAM

- Each Tx Team member must understand & respect the boundaries & responsibilities of other team members,
- FTC Judge will rely on the recommendation of the individual participant's treatment provider when tx decisions need to be made,
- Operate in a non-adversarial manner when formulating recommendations to the FTC Judge regarding participants, &
- FTC Judge has the final say regarding incentives, responses, service adjustments, and other court action.

Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV



On this slide, we will discuss decision-making during treatment team meetings.

Firstly, each treatment team member **must understand and respect the boundaries and responsibilities** of other team members.

If decisions regarding **treatment** must be made, the **FTC Judge shall rely on the treatment provider** sitting in treatment team, as they are the experts, to determine diagnoses, select treatment interventions, and determine levels of care.

The treatment team should try to **reach a consensus** regarding each participant and operate in a **non-adversarial manner** when formulating recommendations to the FTC Judge.

The FTC Judge “is ethically bound to exercise independent discretion and make independent decisions after hearing from all parties and reviewing the relevant facts and applicable laws”. (CENTER FOR CHILDREN AND FAMILY FUTURES, NATIONAL ASSOCIATION OF DRUG COURT PROFESSIONALS, FAMILY TREATMENT COURT BEST PRACTICE STANDARDS (Office of Juvenile Justice and

Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice)
34(2019).)

The FTC Judge has the **final say** regarding incentives and responses and other Court action.



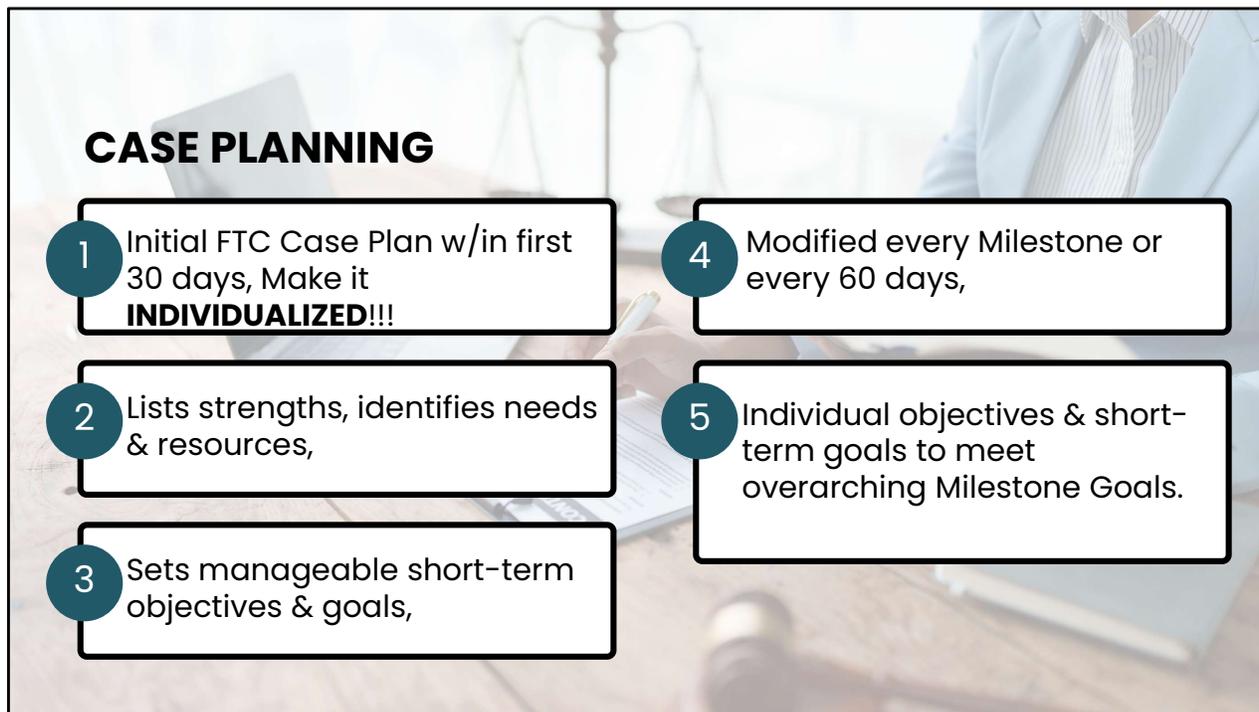
WV Family Treatment Courts

CASE PLANNING



Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV

In this section, we will discuss how the treatment team will help **set objectives and goals** for participants to achieve and progress through the Milestones.



In compliance with the *Family Treatment Courts Best Practice Standards* (2019), the FTC case plan **reflects the strengths and needs of the participant(s)** along with the **resources available** to aid in completing manageable, realistic, and achievable short-term goals.

The FTC case plan will address all four of the Substance Abuse and Mental Health Services Administration’s (“SAMHSA”) dimensions of recovery (i.e., health, home, purpose, and community) in an effort to achieve reunification or ensure successful permanency of the child(ren) in the underlying abuse/neglect case(s).

The “strengths” and “needs” of the FTC participants are identified in their ASI report. The ASI will identify strengths and needs in the following areas: medical, employment/support, alcohol/drugs, legal, family/social, and psychiatric.

The initial FTC Case Plan shall be created for each participant in the **first 30 days of FTC participation**. The FTC treatment team, along with the JA MDT in the participant’s underlying case(s), will help develop the initial case plan. The participant must assist with or be involved in the

development of the case plan.

Case plans are **modified every Milestone** after to encompass the Milestone requirements and goals, **OR every 60-days** as determined by the treatment team.

Additionally, modification of the case plan should occur when there is a significant change in the participant's life (i.e., pregnancy, homelessness, etc.) that would require additional interventions.

FTCs shall ensure such expectations and goals of each participant are specific (i.e., clearly defined), measurable (i.e., can indicate milestones or track progress of goal), achievable (i.e., is it realistic, do they have the resources or skills to complete the goal?), relevant (i.e., does the goal align with the participant's long-term goals, is it the right time to work on this goal?), and time-bound (i.e., can this be completed in a short amount of time, is there a deadline?).

DIFFERENT TYPES OF GOALS

- **Proximal Goals** are goals that can be achieved and sustained for a reasonable time, although they may not want to or be accustomed to doing so.
- **Distal Goals** are goals that a participant is not yet capable of achieving or can do so only intermittently or for a limited time.
- **Managed Goals** are goals that participant has reasonably initiated and sustained.



Proximal (short-term)

Ex. Participant will submit to all randomly scheduled urine drug screens, regardless of the screening result.



Distal (long-term)

Ex. Participant will sustain long-term recovery from alcohol/drugs.



Managed (achieved)

Ex. Participant will let the Coordinator search their home for drug paraphernalia and be honest about what is in their home.

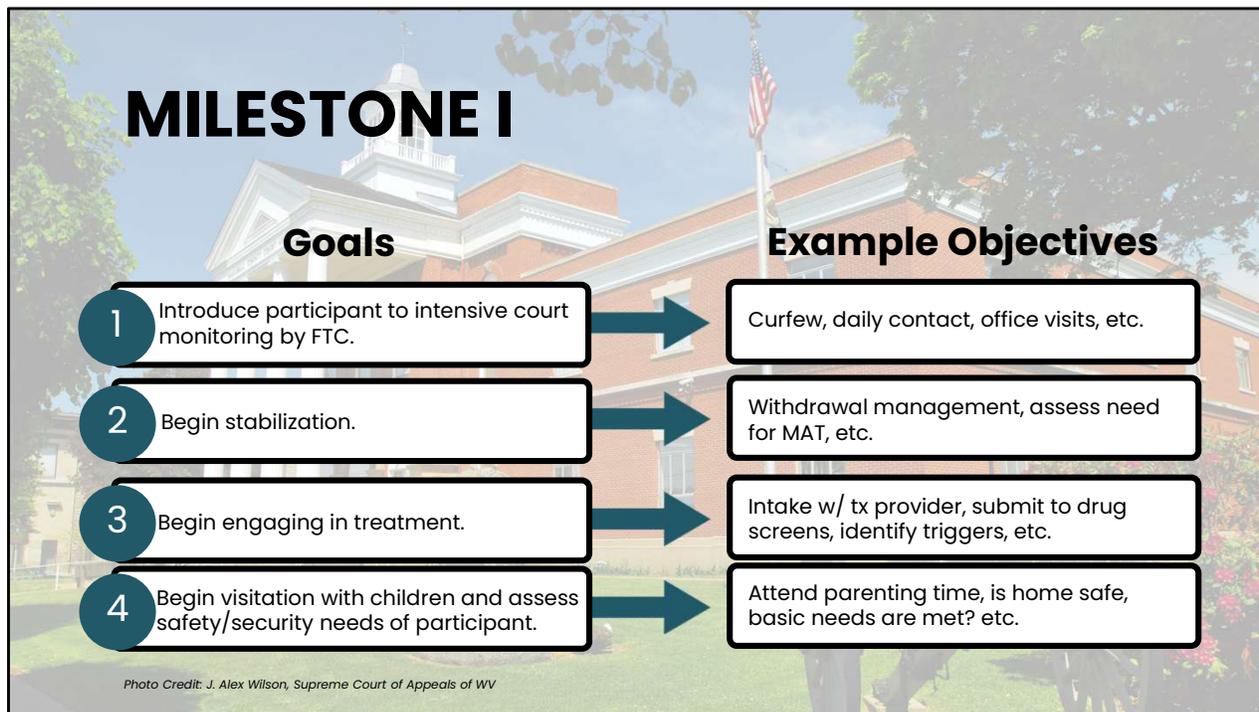
When selecting objectives and setting goals, we first need to figure out if the goal is proximal, distal, or managed.

When a participant fails to comply or complete a task or goal that they have the capability of achieving, such as appearing on time to court, that is a proximal goal. **Proximal goals are achievable and sustainable now**, even if the participant may not want to do them. If a participant fails to achieve a proximal goal, a response is appropriate.

When a participant fails to comply or complete a task or goal that they are **not capable of achieving or sustaining long term, that is a distal goal**.

When a participant has sustained a goal, like obtaining a safe residence and keeping it clean, that is a **managed goal**.

Case Plans should encompass proximal goals that are achievable within a shorter time frame. If you set a bunch of distal goals for participants, motivation and progress with those goals will be slow or lacking.



There are **4 overarching goals** for Milestone I. For instance, with the goal of introducing the participant to the intensive court monitoring provided by FTC, we need to select short-term goals and tasks to complete. For example, you have a participant that likes to sleep late in the mornings, and this may cause issues with treatment and court attendance. A proximal goal you could set is:

The Participant will set an alarm for 9:00 am every weekday and text the Coordinator when they wake to ensure they make it to their treatment appointment by 10:30 am.

MILESTONE II

Goals

Example Objectives

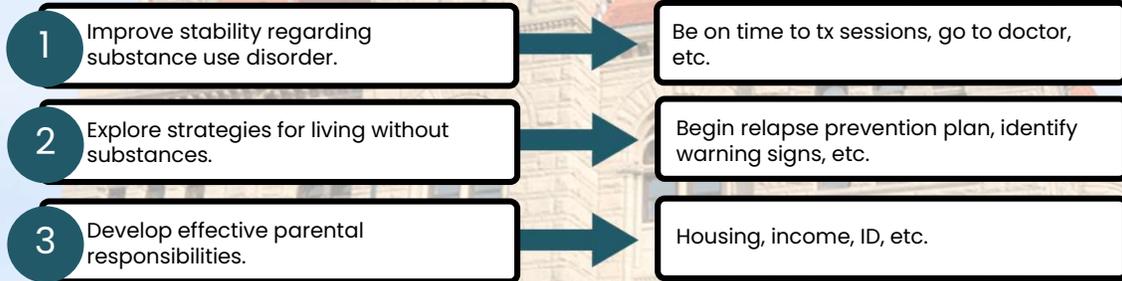


Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV

MILESTONE III

Goals

- 1 Demonstrate recovery skills and develop a relapse prevention plan.
- 2 Develop skills that meet the safety and well-being needs of the child(ren)/family members.

Example Objectives

- Complete relapse prevention plan, explore recovery network, RCS, etc.
- Assess child sleeping quarters for safety, begin voc. training, etc.

Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV

MILESTONE IV

Goals

Example Objectives

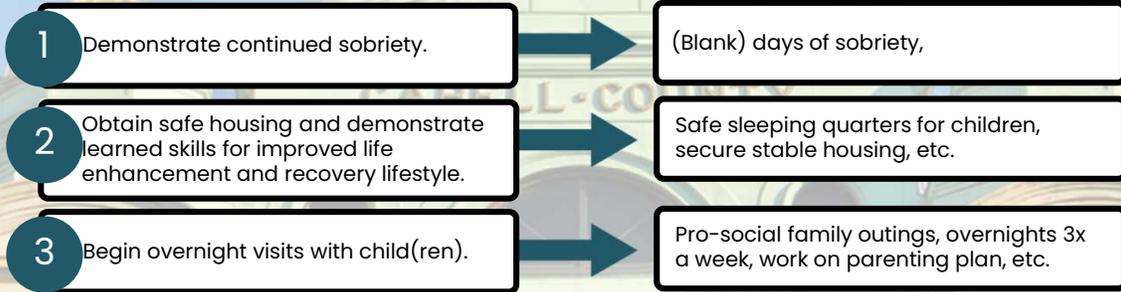


Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV

MILESTONE V

Goals

Example Objectives

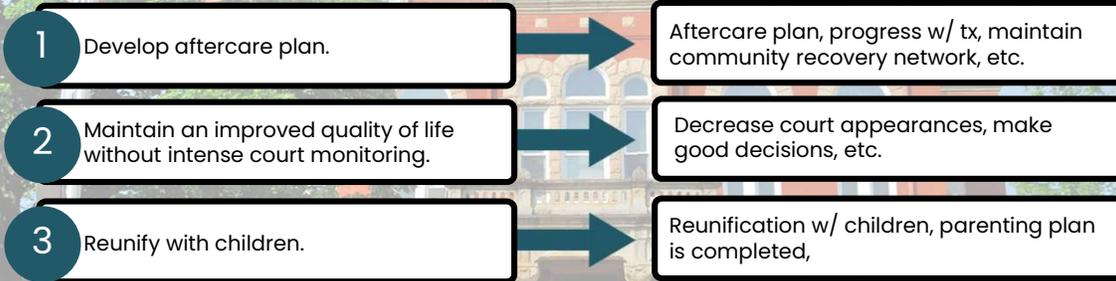


Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV



WV Family Treatment Courts

COURT HEARINGS



Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV

In this section, we will discuss **how often FTC hearings occur**, **discussion points** for Judges, **interactions w/participants**, and **judicial decision-making**.

FREQUENCY OF HEARINGS

- Recommended schedule:
 - Milestone I: once (1x) per week,
 - Milestone II: once (1x) per week,
 - Milestone III: twice (2x) per month,
 - Milestone IV: twice (2x) per month,
 - Milestone V: once (1x) per month.
- Judge sets schedule, &
- Appearances should reduce the more improvement you see from participants.

Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV



The objective of FTC hearings is **compliance and monitoring** of participants. To ensure effective monitoring of FTC participants and their compliance with case plan goals, it is important to have regularly scheduled hearings. Frequent hearings tend to **increase compliance** among participants, **hold participants accountable**, and **promote a positive relationship** with the Judge.

In addition, modifications to behavior are significantly more effective if they are delivered as soon as possible after the behavior has occurred.

The **presiding Judge sets the FTC court hearing schedule** but it is recommended the FTC hearings be scheduled:

Milestone I: once (1x) per week,

Milestone II: once (1x) per week,

Milestone III: twice (2x) per month,

Milestone IV: twice (2x) per month, and

Milestone V: once (1x) per month.

Regardless of a participant's Milestone status, if a participant begins to exhibit non-compliant behaviors and/or serious concerns arise that need to be addressed by the FTC Judge, the FTC Judge may require participants appear before the FTC as necessary.

COURTROOM ATMOSPHERE

Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV

- 1 Ensure all participants and treatment team members have the right to be heard,
- 2 Communications between Judge & the participants should impact the observers,
- 3 Ensure all tx team members & court staff remain attentive/engaged during FTC,
- 4 Follow the same rules that are expected of participants regarding court appearances,
- 5 Consistent scheduling of FTC hearings,
- 6 Require participants to stay for the entire hearing to observe the interactions,
- 7 Use a strength-based approach when communicating with participants,
- 8 Avoid language that could be construed as public shaming,
- 9 Inform participants about the FTC requirements & consequences, &
- 10 Set short-term goals for participants to achieve by next hearing.

Family Treatment Court is built upon the creation of a non-adversarial courtroom atmosphere where a single Judge and a dedicated team work together toward the common goal of breaking the cycle of parental substance use and child neglect as well as increase the effectiveness of parenting for the overall safety and well-being of children. The behavior and attitudes that the participants observe in court affect their overall perception of the court's fairness.

To achieve this, it is important for the FTC Judge to ensure all participants and treatment team members have a **right to be heard**. Other considerations include ensuring **consistent scheduling** of FTC hearings; requiring participants to **stay and observe** the entire court session to enhance motivation and accountability in participants; **highlight strengths; avoid language that could be construed as public shaming**; routinely inform participants about the **consequences for non-compliance**; and ask each participant to **complete a small, achievable goal** before the

next review hearing.

DISCUSSION TOPICS FOR FTC HEARINGS

- Engagement with treatment and other services,
- Compliance with treatment,
- Compliance with CPS,
- Compliance with the FTC case plan,
- Ask the participant to discuss their successes,
- Ask the participant to discuss their barriers, and
- Ask about their children.

Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV



The *Best Practice Standards* (2019) recommends FTC Judges spend an average of **three (3) minutes with each participant** during FTC hearings. During those three minutes, Judges should discuss the following with each participant:

- Engagement with treatment and other services,
- Compliance with treatment,
- Compliance with CPS,
- Compliance with the FTC case plan,
- Ask the participant to discuss their successes,
- Ask the participant to discuss their barriers, and
- Ask about their children.

INTERACTIONS BETWEEN JUDGE & PARTICIPANTS

- Primary focus is progress w/ case plan goals,
- Highlight positives,
- Communicate respect & support,
- Ensure participants have the right to be heard,
- Be consistent, articulate expectations & possible consequences, follow through w/ directives & responses,
- Predictable responses lead to compliance, unpredictable responses result in learned helplessness, &
- State the reason an incentive/response/adjustment was ordered.



Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV

The focus of hearings is the participants' **progress with case plan goals and FTC requirements**. The FTC treatment team should attempt to focus on positives and participant strengths, even when negative situations must be addressed. The **strength-based approach** allows the FTC Judge and treatment team to interact with participants with the goal of enhancing engagement, encouraging pro-recovery behaviors, and promoting accountability in participants.

The role of the FTC Judge is most effective when the **Judge communicates respect and support** to participants. The key is to maintain a balance between the role as caring authority figure and the role of Judge. The Judge needs to gain the participant's trust through effective communication and understanding the challenge of recovery. However, the Judge must resist being perceived as the participant's friend.

FTC Judges shall ensure the following during court interactions with participants:

- Ensure participants have the **right to be heard** and are given the opportunity to voice their perspectives,

- **Be consistent** with participants, including articulating expectations of the participants and possible consequences for behaviors if participants fail to adhere to the FTC Judge's/treatment team's directives. Most importantly, **follow through with directives**.
- Perceived certainty of a response has a deterrent effect on behavior.
 - When participants perceive judicial responses as predictable, participants are more likely to comply with expectations.
 - Unpredictable responses lead to "learned helplessness" in the participants and may cause participants to become withdrawn or discouraged.

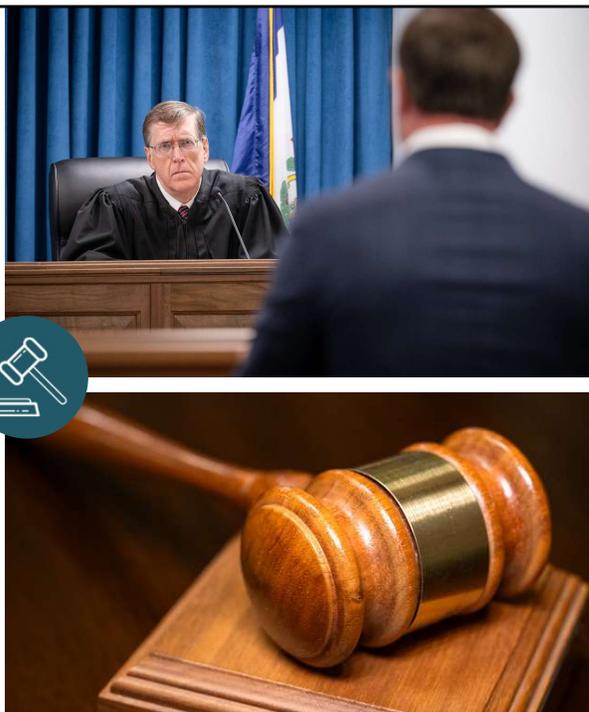
Consequences for one participant must be equivalent to those received by other participants who engage in similar behaviors and with similar expectations (e.g., similar response for two Milestone II participants who miss appointments with FTC-CC). However, the FTC Judge has the discretion to modify responses in light of the facts of the situation. For example, two participants yield positive drug screens; one participant admits to using a substance and reengages in treatment while the other participant is untruthful about his/her use.

When behavioral modifications are given to participants, the FTC Judge must be able to articulate the reason a particular incentive/response/adjustment was recommended by the FTC treatment team and ordered by the Judge.

JUDICIAL DECISION-MAKING

- Ethically bound to exercise independent judicial decision-making,
- TX decisions come at the recommendation of the treatment provider,
- Incentives, responses, etc. come from the recommendation of the Tx Team,
- One Judge over JA/FTC, authority remains the same, &
- Two Judges- administrative order by the circuit is recommended.

Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV



The FTC Judge is **ethically bound to exercise independent discretion and make decisions** based upon reviewing the facts, applicable laws, and hearing the arguments from all the parties.

The FTC Judge shall **defer to licensed treatment professionals** to make treatment decisions, including treatment adjustments. All treatment decisions and adjustments are based on the clinical needs (i.e., substance use, mental, physical, social, or emotional health) of participants and shall not be used as a response to behavior. Participants that relapse should be re-assessed by the treatment provider in order to determine the best method for addressing the relapse and returning the participant to abstinence.

The FTC treatment team will provide the FTC Judge recommendations that include but are not limited to visitation and parenting time, treatment adjustments, incentives, and responses. The FTC Judge will have the **final say** regarding these decisions.



WV Family Treatment Courts

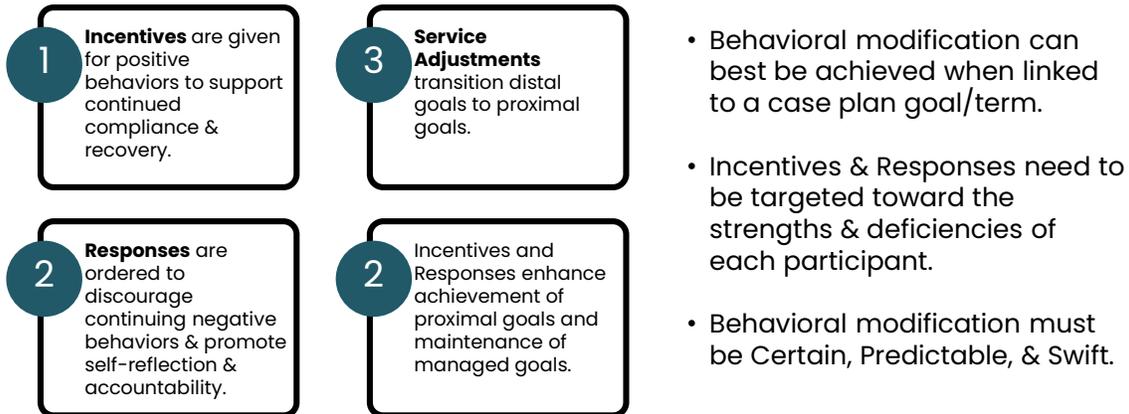
BEHAVIORAL MODIFICATION



Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV

In this section, we will discuss **behavioral modification techniques** (i.e., incentives, responses, & service adjustments) that are utilized by the Judge to continue or change behavior.

BEHAVIORAL MODIFICATION: AN OVERVIEW



To support behavioral change in participants, FTCs utilize incentives, responses, and service adjustments. Incentives are given to participants for positive behaviors to encourage and support continued pro-recovery behavior. Responses are ordered to discourage the continuance of negative behaviors and promote accountability in participants for their actions. Service Adjustments are supervision and treatment adjustments or learning assignments that the participants needs to engage in to improve behavior.

Behavioral modification is most effective when incentives and responses encompass predictability, certainty, and swiftness of their application. Meaning, participants are given advanced notice of clearly defined expectations for behaviors, notified of possible consequences for non-compliance and those consequences are handed out in a consistent manner, and such delivery of responses is swift and perceived as fair. Incentives and responses can best achieve the intended changes in behavior when the incentive/response is linked to an expectation or specific goal (i.e., FTC requirements, case plan goals, etc.), made known to the participant in advance. FTCs shall ensure such expectations are manageable, achievable, and clearly defined to each participant (i.e.,

written in participant handbook, terms and conditions, case plan, etc.).

It is essential that incentives and responses be applied in a way that is specifically targeted at the strengths and deficits of each participant, and as such is more likely to facilitate the sort of self-reflection on the part of the participant necessary to achieve genuine change in his or her life. Responses and incentives should be “customized” to the individual while maintaining the perception of fairness.

Incentives, responses, and service adjustments should be applied immediately or as close as possible to the behavior occurring. The FTC treatment team shall have protocols in place to communicate with each other about participants’ behaviors and/or situations that need immediate attention and action on part of the treatment team. If approved by the FTC Judge, if a situation like above arises, the treatment team members should be able to reach a consensus on the response outside of a treatment team meeting to ensure a swift response to behavior. Waiting even hours from the infraction lessens the value of the response and waiting days for a weekly treatment team meeting would greatly diminish the effectiveness of the behavioral modification.

Incentives and responses help enhance achievement of proximal goals and sustainability or maintenance of managed goals.

However, for distal goals, the most effective response to such behaviors are service adjustments.

CERTAIN, PREDICTABLE, & SWIFT

Participants are given advanced notice of clearly defined expectations for behaviors, notified of possible consequences for non-compliance and those consequences are handed out in a consistent manner, and such delivery of the behavioral modification is swift and perceived as fair.



Certain

Participants know what is expected of them and the consequences of non-compliance (i.e., listed in case plan, participation agreement, ordered by Judge, etc.)



Predictable

Participants know that if they fail to comply/complete a goal, they will receive a response/adjustment (i.e., the Judge is consistent and has told them of the consequences).



Swift

Participants are given incentives, responses, & service adjustments immediately after or close to the event occurring.

Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV

To reiterate, responses, in particular, must be **certain, predictable, and swift**. Certain as in participants know what is expected of them (as stated in the Participation Agreement and case plan) and the consequences for failing to comply or complete said tasks are made known to the participants in advance.

Predictable means that participants know if they fail to comply or complete a task or goal, they will receive a response because FTC operates consistently.

Participants also know that incentives and responses are ordered immediately after or close to the event occurring.

INCENTIVES

- **Verbal Praise** from Judge and/or Treatment Team
- **Applause**
- **Certificate**
- **Gift Cards**
- **Leaving early** from FTC hearing,
- **Decrease in community service,**
- **Group outings,** events and activities for all FTC participants and their children.
 - Examples: picnic, park day, movies, etc.
- **Family activities,**
 - Examples: gift certificate to movie, waterpark, theme park, etc.
- **Children's books** for the parent to read to the child,
- **Board games** to play as a family,
- **Toys for children** (especially those that can promote interactive play with family),
- **Clothing** for court or job interviews,
- **Quality toiletry items** (any product that lends to the betterment of the participant)
- **Haircuts** (that lends to the betterment of the participant),
- **Family photos,**
- **Photo Scrapbook** (e.g., pictures of visits, positive moments, etc. to be given to them to highlight positives throughout FTC)

Whenever a participant completes a goal and exhibits behavior conducive to recovery, the FTC Judge will respond to the behavior in the form of an incentive.

RANGE OF INCENTIVES

Incentives must increase in intensity as the participant progresses through FTC. For example, Milestone I incentives should be low range incentives, but by Milestone II and III, participant incentives should increase and be beneficial to the participant. However, huge achievements such as getting a job or housing increase the necessity for a larger incentive.



Low

Verbal praise, applause, small rewards, certificates, etc.



Moderate

Family outings, events/parties, gift certificates, etc.



High

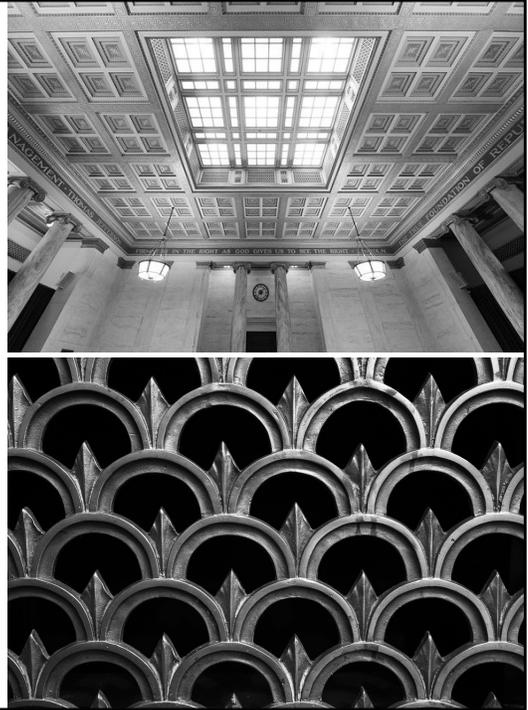
Graduation, ceremony, large-ticket items.

When thinking about Incentives, think about what impact they will have on the participant. Incentives must **increase in intensity as the participant progresses through FTC**. For example, Milestone I incentives should be low range incentives, but by Milestone II and III, participant incentives should increase and be beneficial to the participant, such as more family outings enables more parenting time. However, huge achievements such as getting a job or housing increase the necessity for a larger incentive.

RESPONSES

- **Verbal reprimand** from the Judge,
- Increased **community service** time,
- **Increase time** in a Milestone,
- **Postponement of Graduation** due to repeat or serious negative behaviors,
- **Termination from FTC**, and
- **Termination of Parental Rights** (through the JA case(s)) as a result of not completing FTC.

Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV



There are a limited number of responses, or in other words—sanctions, to utilize when responding to negative behaviors. Typically in FTC, we modify negative behaviors with service adjustments and not solely consequences. However, certain actions may warrant the use of a sanction, especially in later milestones.

RANGE OF RESPONSES

Just like incentives, responses must increase in intensity for effective behavioral change. Milestone I participants should be given lower range responses, but as expectations increase and distal goals become proximal or managed, so do the consequences for non-compliance. But, for serious violations to the rules, the FTC Judge should consider what response would be appropriate for the violation. For example, if you have a Milestone II participant that is alleged to have actively dealt drugs to other participants, that violation may warrant termination rather than a medium range response.



Low

Verbal reprimand



Moderate

Community service, increased time in Milestone, etc.



High

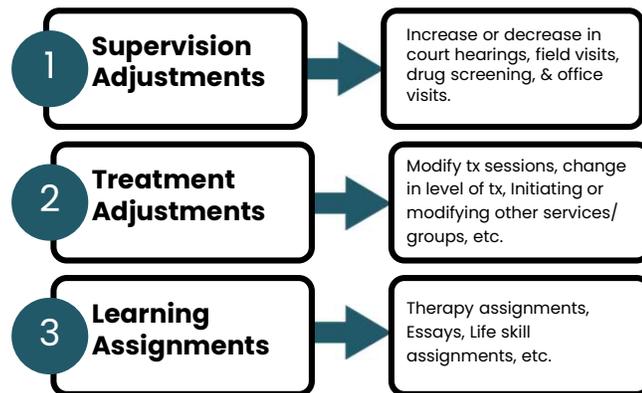
Termination from FTC

Just like incentives, responses must **increase in intensity** for effective behavioral change. Milestone I participants should be given lower range responses, but as expectations increase and distal goals become proximal or managed, so do the consequences for non-compliance. But, for **serious violations** to the rules, the FTC Judge should consider what response would be appropriate for the violation. For example, if you have a Milestone II participant that is alleged to have actively dealt drugs to other participants, that violation may warrant termination rather than a low or medium range response.

SERVICE ADJUSTMENTS

There are three categories of Service adjustments: supervision adjustments, treatment adjustments, and learning assignments.

Service adjustments may be used at any time but should be exclusively used during the first 90 days in recovery instead of responses.



There are three categories of Service adjustments: **Supervision adjustments**, **treatment adjustments**, and **learning assignments**. Service adjustments may be used at any time but should be exclusively used during the **first 90 days in recovery** instead of responses.



WV Family Treatment Courts

DISCHARGE DECISIONS



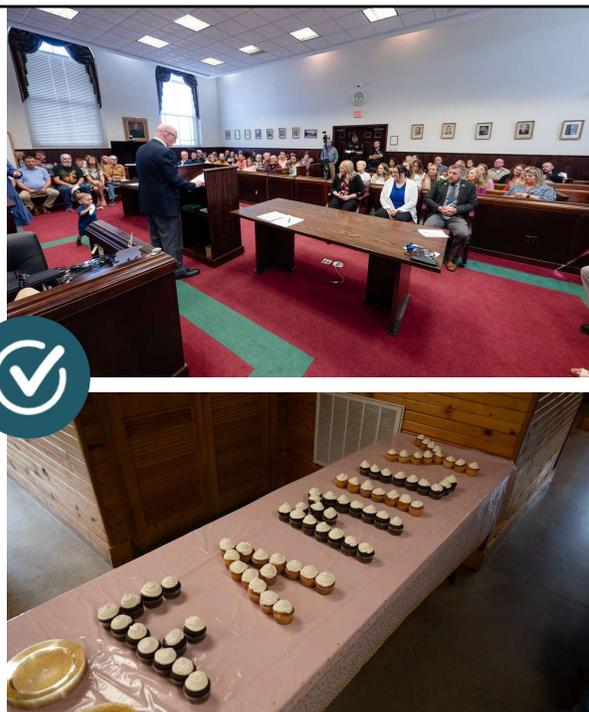
Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV

In this last section, we will discuss the different **types of discharges** participants experience during FTC.

GRADUATION

- Only Successful FTC Discharge,
- Planning for graduation begins at the start of Milestone V,
- Completion of Milestones & case plan, relapse prevention plan, aftercare plan, etc.,
- Discharge summary is provided to JA MDT 10 days after completing Milestone V, &
- Dismissal order is filed in TFD & JA cases.

Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV



Planning for a participant's graduation must start at the **beginning of Milestone V** with ensuring participants have a good understanding of the Milestone requirements, case plan goals, and aftercare planning.

- Near the end of Milestone V, participants must **submit required graduation documentation** (i.e., relapse prevention plan, graduation application, milestone checklists, local requirements, etc.) to the FTC treatment team for review,
- After reviewing the graduation documentation, the FTC treatment team will **provide a recommendation** to the FTC Judge on whether the participant has met all the obligations under the initial FTC Participation Agreement and case plan goals,
 - If the participant's graduation request is **denied** by the FTC Judge, the FTC Judge will notify the participant of **any unfulfilled requirements and provide a timeframe** for the participant to

complete the tasks,

- If the FTC Judge approves the request to graduate, the FTC Judge shall **notify the participant of their graduation approval**,
- The FTC-CC shall provide to the graduate an **exit survey link**,
- The FTC-CC shall complete a **discharge summary** on the participant and submit the summary to the JA parties at least 10 days after program completion.
- A **Dismissal order** shall be completed and filed in both the JA and TFD cases after the participant has graduated.

ADMINISTRATIVE

- FTC is inactive/suspended.
- FTC closes permanently.
- FTC accepted a participant that is not eligible to participate.

Transition plan needs completed w/in 45 days of closure/suspension.

Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV

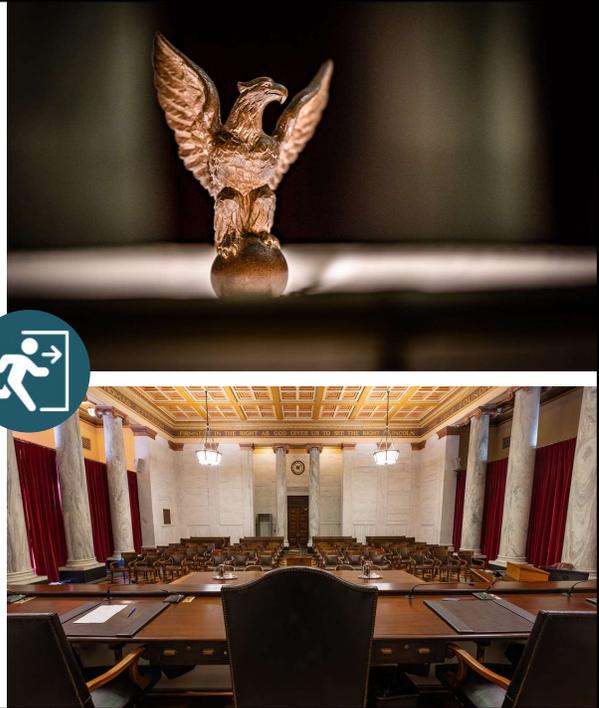


An Administrative Discharge is utilized when the FTC is **inactive/suspended operations, closed permanently**, or when the FTC accepted a participant that was **not legally or clinically eligible to participate**. An administrative discharge is at no fault of the participants.

NEUTRAL

- Participant is no longer a party in the JA case,
- Circuit Court no longer has jurisdiction over the participant,
- Participant is incapable of participating due to a health or cognitive condition other than SUD,
- FTC cannot provide the tx necessary for the participant's recovery, &
- During first 30 days of FTC, they do not desire/are non-compliant w/ FTC (local courts' discretion).

Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV



A “neutral discharge” is when the FTC treatment team has determined that a participant is **no longer capable of participating or available to participate in the FTC for reasons beyond that individual's control**. Alternatively, an FTC treatment team may utilize a neutral discharge during the **Orientation phase** of FTC if non-compliance exists or the participant does not desire to remain in FTC. Using a neutral discharge portrays to others that FTC is not taking a stance on whether the participant was successful or unsuccessful with FTC.

A **Neutral Discharge** is utilized when:

- The participant is no longer a party to the underlying JA case(s),
- The Circuit Court no longer has jurisdiction over that participant,
- The participant is incapable of participating in FTC because of a health or cognitive condition other than a substance use disorder,
- The FTC cannot provide the treatment or interventions necessary for the participant's recovery,
- During the first 30 days of FTC (i.e., Orientation/Milestone I), the participant fails to comply with services or supervision, cannot be

located, generally displays non-compliant behaviors, or decides FTC is not the right treatment for them.

WITHDRAW

- Participants have the right to withdraw from FTC.
- Considered an “unsuccessful” discharge statistically.
- Participants are made aware of possible consequences their voluntary withdrawal from FTC may have on their JA case(s), including the possibility of termination of parental rights.
- Review & sign the Request to Withdraw from FTC form w/ their JA attorney.
- Discharge summary is provided to JA MDT within 7 days.
- Dismissal order filed in TFD & JA cases.

Photo Credit: J. Alex Wilson, Supreme Court of Appeals of WV



At any time during their participation with FTC, a **participant shall have the right to withdraw from FTC.**

Unless a participant’s withdrawal is based upon and approved by the FTC treatment team as a “neutral discharge”, withdrawing from FTC is considered an unsuccessful discharge.

Participants shall be made aware of possible ramifications their withdrawal from FTC could have on their underlying case(s) and such information shall be included in participant handbooks.

The following is the procedure for a participant withdrawing from FTC:

- The **FTC-CC shall speak with the participant** and identify the reasons or justifications for the participant wanting to withdraw from FTC.
- If the reasoning is service based (e.g., obligations are too much, services are too far from the participant, etc.), the FTC-CC shall

staff the matter with the FTC-CWW and ensure an **MDT meeting** in the underlying case(s) is held to notify the parties of the situation and discuss service options.

- The FTC-CC will advise the participant to **speak with their attorney** regarding the withdrawal decision.
- After speaking with their attorney, the participant still wishes to withdrawal from FTC, the participant and their attorney will complete the **Request to Withdraw Form**, which will detail the reasoning behind the withdrawal from FTC.
- The FTC-CC shall provide the participant with an **exit survey link**,
- The FTC-CC shall complete a **Discharge Summary** on the participant and submit the summary to the JA parties within 7 days of their withdraw.
- A **Dismissal Order** shall be filed in both the TFD case and JA case(s).

TERMINATION: BEHAVIORS & PROCEDURE



- Tx Team recommends termination,
- FTC Judge notifies participant of Tx Team's recommendation,
- Motion/Report is filed detailing non-compliance,
- Hearing is scheduled,
- Evidence is presented at hearing, Judge makes final decision,
- Participant's attorney must be present,
- If the participant does not contest the removal, can sign (w/attorney) a waiver of termination hearing form,
- Discharge summary filed in JA or TFD case within 7 days of removal,
- Dismissal order is filed in TFD & JA cases.

Some behaviors exhibited by participants may warrant their removal from FTC. Such behaviors should be assessed in light of the participant's intellectual, cognitive, and affective capacities.

The following is a list of behaviors that may result in termination from FTC that the FTC treatment team must discuss prior to making a termination recommendation:

- New criminal charges against the participant during FTC participation,
- Violent or threatening behavior,
- New child welfare involvement during their time in FTC,
- Repeat non-compliance with the terms and conditions of FTC (including missing, failing, or altering drug screens, failing to appear for FTC appointments, being untruthful),
- Absconding from FTC and/or ceasing communication with FTC-CC,
- Failing to attend substance abuse treatment as recommended by the FTC treatment team and/or leaving or stopping treatment against clinical advice.

If the FTC treatment team recommends termination from FTC, due process requirements shall be provided to participants. Since the FTC is

taking a stance that the participant was unsuccessful and/or non-compliant, a **hearing on the matter is warranted**.

At termination hearings, participants shall have written and timely notice of claimed allegations, such as a written and filed motion that includes exhibits and narrative as evidence of the allegations. They also the **right to be heard** and present any evidence, as well as the **right to cross-examine witnesses** with their JA attorney present.

In addition, participants have the right for the Judge presiding over the matter to be neutral and detached.

If the FTC treatment team recommends termination of a participant from FTC, the **below elements shall be followed**:

- During the FTC hearing immediately after the treatment team's recommendation, the **participant shall be made aware** of the treatment team's recommendation of termination.
- the FTC treatment team shall **prepare a motion** outlining the allegations against the participant and schedule it for a hearing attempting the proper notices, A motion with the claimed allegations will be filed in the appropriate case within 7 business days prior to the hearing occurring.
- The FTC Judge will **notify the participant** about the court process of termination and the option to waive the termination hearing.
- The FTC Judge shall **schedule an evidentiary hearing** to allow the participant's attorney to be present.
- At this hearing, **evidence must be presented** regarding the participant's non-compliant behaviors and the reasoning for the FTC treatment team's recommendation of termination.
- If the participant wishes to voluntarily waive their right to a termination hearing, A **Waiver of Termination Hearing form** shall be signed by the participant and their attorney.
- The FTC-CC shall provide the participant with an **exit survey link**.
- The FTC-CC shall complete a **discharge summary** on the

participant and follow the dissemination procedure.

- A **Dismissal order** shall be completed and filed in both the JA and TFD cases after the participant has been terminated from FTC.
- FTC Judge may file **separate orders** in the underlying JA case(s) and/or TFD case to notify the MDT of the participant's FTC discharge.



Supreme Court of Appeals of WV

Thank You

West Virginia
FAMILY TREATMENT COURTS

FTC Treatment Team Training
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