Mission Statement:

The Barron County Family Recovery Court (FRC) team collaborates to support people through their journey of recovery using wrap-around services to bring-about whole person and whole family wellness.

Program Goals:

1. **Participant Recovery**: Parents access treatment more quickly and sustain their sobriety
2. **Remain at Home**: More children remain at home throughout the program
3. **Reunification**: Children stay in foster care for fewer days and reunify within 12 months at a higher rate.
4. **Reduced Maltreatment**: Fewer children experience subsequent maltreatment
5. **Reduced Re-entry**: Fewer children who reunified returned back to foster care

Governance Structure:
The Barron County Family Recovery Court (FRC) has three levels of governance, Treatment Team, Steering, and Oversight Committees, to oversee the program. Representatives from partnering agencies are committed to working together at each level of the governance structure to support the FRC program, from the day to day operations to the long-term sustainability and success of the program.

New members to the governance structure agree to read the policy and procedure manual, participant handbook, and will participate in training and shadow the FRC pre-court staffing and court sessions.

Annual Meeting:
All members of the governance structure agree to participate in cross-training and interdisciplinary education and to attend the FRC Annual Meeting (held the 4th Thursday in July). The annual meeting tasks will include, but are not limited to: 1) Review of relevant programmatic data from the previous year, 2) Formally adopt any updates to the FRC Policies and Procedures, 3) Goal/Action Plan setting for the coming year, 4) Review of previous years goals/accomplishments, 5) Team members review their commitment to the FRC and sign a letter of commitment. (see Appendix ___)

*All members of the FRC structure will sign a letter of commitment agreeing to support the FRC mission and goals and the success of the program, while bringing perspective from individual roles/agencies. Letter of commitments will be updated annually at the FRC annual meeting.

A complete list of the current members of the governance structure and their contact information can be found in Appendix 1.

The Treatment Team

The Treatment Team works day to day in the family treatment court with the participants to ensure participant success. Members work together to reach consensus on policy and procedure enhancements and resolve any challenges that impede smooth operation of FRC. Recommendations to policy and procedure change are provided to the Steering Committee for review.

Members of the Treatment Team include:
Presiding FRC Judges, FRC Coordinator, FRC Social Worker, County Attorney, Parent Attorneys, Substance Use Disorders (SUDs) Treatment providers, Comprehensive Community Service (CCS) representative, Probation Agent, Parent Educator, Recovery Coaches, Mental Health Clinician, Public Health Nurse and Court Appointed Special Advocates (CASA)

The Steering Committee

The goal of the Steering Committee is to remove barriers to ensure program success and achieve program goals. This level of governance is made up of managers across agencies with the authority to shape policies and practices for their organizations. This committee sets major policy directions, identifies and finds solutions to barriers, and secures resources for the family treatment court to ensure its sustainability. Policy and procedure changes are submitted to the Oversight Committee for final approval.

Members of the Steering Committee include:
Barron County Judges, County Attorney, Parent Attorney representative, FRC Coordinator, FRC Social Worker, CPS Program Manager, SUDs Program Manager, Children's Services Program Manager, Public Health Program Manager, Mental Health Clinician, CASA Director, Probation Supervisor, Indian Child Welfare Worker, Indian Child Welfare Attorney, Recovery Coaches, Prevention Specialist, CPS Lead Worker.

Meeting Frequency: Monthly

Oversight Committee

The main goal of the Oversight Committee is to ensure long term sustainability, review and use data reports; give final approval of practice and policy changes. This committee is made up of high-level administrators across agencies who have the authority in their organization to shape practice and policy and ensure program sustainability.

Oversight Committee Members include:
DHHS Director, Corporation Counsel, Barron County Judge, Parent Attorney representative, and Recovery Coaches.

Meeting Frequency: Quarterly

Policy and Procedures Manual and Participant Handbook:

Policy and Procedures:

The Barron County Family Recovery Court will maintain a policy and procedure manual that details all aspects of the program operations. The Policy and Procedure manual will be updated as needed throughout the year. The Policy and Procedure manual will be reviewed yearly at the Annual Meeting.

Changes to the Policy and Procedure manual must go through the Steering and Oversight Committee meetings for approval (simple majority vote to approve changes). Steering and Oversight Committee meetings will maintain meeting minutes to maintain a record of changes to the policy and procedures.

Participant Handbook:
The Barron County Family Recovery Court will maintain a Participant Handbook that details program expectations, Milestones and advancement criteria, and other information relevant to participants. The Participant handbook will be updated as needed throughout the year as needed by the FRC Coordinator. The Participant Handbook will be reviewed yearly at the Annual Meeting.

Roles and Responsibilities of FRC Treatment Team

Family Recovery Court Coordinator

1. Participate fully as a treatment court team member, committing to the program, mission and goals. Partner with families and collaborate with the team to ensure success. Yearly training is required to remain current with best practices.
2. Respectfully collaborate with the Treatment Team. All Treatment Team members will use person-first, non-stigmatizing language during discussions about participants and families and when interacting with participants and families.
3. Partner with supervisors to discuss potential referrals to the FRC.
4. Receives all applications for the FRC and maintains statistics on referral rates.
5. Manages the FRC wait list, if necessary.
6. Completes initial intake with the family for FRC including completion of the following components:
    a. Facilitates signatures for all releases, provides the family with a copy of the FRC participant handbook, rules, etc.
    b. Facilitates a Bridge Assessment with the family.
    c. Facilitates an ACE screener for parents and children.
    d. Completes the Lethality Assessment (LAP) for parents.
    e. Completes AODA assessment referral.
    f. Staff referral information and results with the team for acceptance.
    g. Coordinates program start date with Treatment Team and court.
    h. Provide notification if the participant is accepted or denied into FRC.
7. Coordinate referrals to agency and community programs identified in each milestone but not limited to: income maintenance, W2, Public Health, MRT, Seaking Safety, Recovery Coaching, outsourced substance use testing, . Ensure all releases are up to date.
8. Completes FRC reports. FRC reports will be filed the Friday before staffing and distributed to the Treatment team by the Monday before pre-court staffing.
9. Lead every other week FRC pre-court staffings and attend review hearings immediately after. Lead Treatment Team staffings on the opposite week.
10. The primary contact for collaboration and information gathering from SUDs treatment providers, family planning Public Health Nurse, sponsors, recovery coach, probation agent, community providers, external contracted providers for substance use testing, and extended family members.
11. Accept and monitor weekly NA meeting logs and planners including sponsorship contacts.
12. Complete Bridge to Self Sufficiency Assessment at each milestone.
    a. Document results of Bridge Assessment in Google Sheet “FRC Tracking ”.

13. Facilitate completion of advancement requests with the family members and submit to the Family Recovery Court Team.
14. Partner with the Treatment Team to coordinate the utilization of community based services, such as health and behavioral health services, housing, economic support services, transportation, education, vocational training, job skills training, and placement to provide a strong foundation for recovery.
15. Facilitate and monitor drug testing results of the members. Ensure drug testing protocol is being run to the best of its ability. This may include place/remove sweat patches for FRC participants and/or conduct random urine tests/saliva tests in the field.
16. Engage in best practice training and ensure implementation into the Barron County FRC.
17. Meet with each participant in the program, as required by milestone, to assist with participant needs and remove barriers to program completion.
18. Casenote in eInfosys.
19. Arrange and coordinate graduation ceremonies.

Family Recovery Court CPS Social Worker

1. Participate fully as a treatment court team member, committing to the program, mission and goals. Partner with families and collaborate with the team to ensure success. Yearly training is required to remain current with best practices.
2. Respectfully collaborate with the Treatment Team. All Treatment Team members will use person-first, non-stigmatizing language during discussions about participants and families and when interacting with participants and families.
3. Provide all ongoing case management responsibilities as directed in Chapter 48 and Wisconsin State Ongoing Standards including safety assessments, court reports, permanency plans, CANS assessment, family/visitation plans.
4. At minimum conduct monthly team meetings.
5. Complete CANS assessment every six months.
6. Conduct ongoing safety assessments of the children. Keep the team aware of any significant change in safety or needs of the children or parents.
    a. Assess and implement in-home safety planning if appropriate.
7. Maintains casenotes in eWisacwis.
8. Participate in every other week FRC pre-court staffings and review hearings immediately after. Participate in Treatment Team staffings on the opposite week.
9. The primary contact for collaboration and information gathering with SUDs treatment providers, mental health providers, parent aide, CASA, School officials, GAL, placement providers, attorneys, medical providers, CCS providers, and extended family members. Encourage participation of informal supports to the family.
10. Arrange and monitor family interaction between the children and parents (unsupervised and supervised visitation).
11. Monitor parent progress through the defined parameters of AFSA timelines.
12. Assist the FRC Coordinator in the facilitation and monitoring drug testing results of the members. Ensure drug testing protocol is being run to the best of its ability. This may include place/remove sweat patches for FRC participants and/or conduct random urine tests/saliva tests in the field.
13. Assist the FRC Coordinator in accepting and monitoring weekly NA meeting logs and planners including sponsorship contacts.
14. Assists the FRC Coordinator in educating the community and referral sources on eligibility standards and program goals.

Treatment Provider

1. Participate fully as a treatment court team member, committing to the program, mission and goals. Partner with families and collaborate with the team to ensure success. Yearly training is required to remain current with best practices.
2. Respectfully collaborate with the Treatment Team. All Treatment Team members will use person-first, non-stigmatizing language during discussions about participants and families and when interacting with participants and families.
3. Provide recommended services to those in treatment court, with identified funding sources, and ensure evidence based practices are being implemented and followed.
4. Receive referrals, with identified funding sources, from the FRC Coordinator and complete Substance Use Disorder assessments, including recommended level of care, in a timely manner on all individuals referred.
    a. If residential care is recommended, the treatment provider or designated team member will facilitate coordinate admission.
5. Give the FRC Coordinator regular updates. If an individual misses a session, please inform the FRC Coordinator as soon as possible so therapeutic responses can be immediate.
6. Communicate regarding client care by providing up to date treatment plans, continued care plans, relapse prevention plans and discharge paperwork when completed or updated.
7. Participate in every other week FRC pre-court staffings and review hearings immediately after. Participate in Treatment Team staffings on the opposite week.
8. Be familiar with the FRC program expectations through review of the Policy and Procedures and Participant Handbook.
9. Contact the Family Treatment Court Coordinator if there are any concerns, issues or questions regarding a participant in the treatment court program.
10. Remain knowledgeable of addiction, alcoholism, and pharmacology generally and apply the knowledge to respond to participant behavior in a therapeutically appropriate manner.
11. Become familiar with any gender, age, or cultural issues that may impact participants' success.

Mental Health Clinician

1. Participate fully as a treatment court team member, committing to the program, mission and goals. Partner with families and collaborate with the team to ensure success. Yearly training is required to remain current with best practices.
2. Respectfully collaborate with the Treatment Team. All Treatment Team members will use person-first, non-stigmatizing language during discussions about participants and families and when interacting with participants and families.
3. Participate in treatment planning, incentive suggestion, recommendations for care, etc.
4. Participate in treatment team activities such conferences and training.
5. Participate in quality improvement initiatives, utilization review activities, and/or workgroups when available.
6. Participate in every other week FRC pre-court staffings and review hearings immediately after. Participate in Treatment Team staffings on the opposite week. Share expertise and clinical impressions with treatment team.
7. Provide updates and feedback in clinical and diagnostic matters to treatment team when available.
8. The Mental Health Clinician will provide care within their scope of practice as outlined by applicable state law, licensing, regulations, institutional policy, and practice agreements.

9. Cooperate with grant reporting, grant activities, and evaluations related to grant goals and data collection.
10. Be familiar with the FRC program expectations through review of the Policy and Procedures and Participant Handbook.
11. Contact the Family Treatment Court Coordinator if there are any concerns, issues or questions regarding a participant in the treatment court program.

CCS Provider

1. Participate fully as a treatment court team member, committing to the program, mission and goals. Partner with families and collaborate with the team to ensure success. Yearly training is required to remain current with best practices.
2. Respectfully collaborate with the Treatment Team. All Treatment Team members will use person-first, non-stigmatizing language during discussions about participants and families and when interacting with participants and families.
3. Participate in treatment planning, incentive suggestion, recommendations for care, etc.
4. Communicate regarding client care by providing up to date treatment plans, continued care plans, relapse prevention plans and discharge paperwork when completed or updated.
5. Give the FRC Coordinator regular updates. If an individual misses a session, please inform the FRC Coordinator as soon as possible so therapeutic responses can be immediate.
6. Communicate regarding client care by providing up to date treatment plans, continued care plans, and other CCS provided plans and services.
7. Remain knowledgeable of addiction, alcoholism, and pharmacology generally and apply the knowledge to respond to compliance in a therapeutically appropriate manner.
8. Be familiar with any gender, age, or cultural issues that may impact participant's success.

Public Health Nurse

1. Participate fully as a treatment court team member, committing to the program, mission and goals. Partner with families and collaborate with the team to ensure success. Yearly training is required to remain current with best practices.
2. Respectfully collaborate with the Treatment Team. All Treatment Team members will use person-first, non-stigmatizing language during discussions about participants and families and when interacting with participants and families.
3. Provide recommended services to those in treatment court, with identified funding sources, and ensure evidence based practices are being implemented and followed.
4. Receive referrals from the FRC Coordinator and review need, recommendations, and health concerns in a timely manner on all individuals referred.
5. Communicate with the team of any recommendations regarding the referral and plan.
6. Give the FRC Coordinator regular updates. If an individual misses a session, please inform the FRC Coordinator as soon as possible so therapeutic responses can be immediate.
7. Communicate regarding client care by providing up to date treatment plans.
8. Participate in every other week FRC pre-court staffings and review hearings immediately after. Participate in Treatment Team staffings on the opposite week.
9. Be familiar with the FRC program expectations through review of the Policy and Procedures and Participant Handbook.

10. Contact the Family Treatment Court Coordinator if there are any concerns, issues or questions regarding a participant in the treatment court program.
11. Remain knowledgeable of addiction, alcoholism, and pharmacology generally and apply the knowledge to respond to participant behavior in a therapeutically appropriate manner.
12. Be familiar with any gender, age, or cultural issues that may impact participants' success.

Judges

1. Participate fully as a treatment court team member, committing themselves to the program, mission and goals and work as a full partner to ensure participant success. Yearly training is required to remain current with best practices.
2. Respectfully collaborate with the Treatment Team. All Treatment Team members will use person-first, non-stigmatizing language during discussions about participants and families and when interacting with participants and families.
3. Participate in every other week FRC pre-court staffings and review hearings immediately after.
4. Preside over treatment court proceedings.
5. Impose appropriate and individualized incentives and therapeutic responses for participant behaviors, taking into consideration recommendations of the Treatment Team.
6. Become a program advocate by utilizing community leadership to create interest and develop support for the program.
7. Contact the FRC Coordinator if there are any concerns, issues, or questions regarding a participant in the FRC program.
8. Remain knowledgeable of addiction, alcoholism and pharmacology generally and apply the knowledge to respond to compliance in a therapeutically appropriate manner.
9. Become familiar with any gender, age or cultural issues that may impact participants' success.
10. FRC Judges are committed to serving as the FRC Judge for a minimum of two consecutive years.

County Attorney

1. Participate fully as a Family Recovery Court team member, committing themselves to the program, mission and goals, and work as a full partner to ensure participant success. Yearly training is required to remain current with best practices.
2. Respectfully collaborate with the Treatment Team. All Treatment Team members will use person-first, non-stigmatizing language during discussions about participants and families and when interacting with participants and families.
3. Participate in every other week FRC pre-court staffings and review hearings immediately after.
4. Agree to offer family treatment court to those who would be appropriate for the program. If there are questions regarding eligibility, contact the Family Treatment Court Coordinator.
5. Advocate for participants with other legal partners to promote program participation and participant success.
6. Monitor participant progress to define parameters of behavior that allow continued program participation and suggest effective incentives and therapeutic responses to respond to participant behavior.
7. Ensure community safety concerns by maintaining eligibility standards while participating in a non-adversarial environment which focuses on benefits of therapeutic program outcomes.

8. Remain knowledgeable of addiction, alcoholism, and pharmacology generally and apply the knowledge to respond to compliance in a therapeutically appropriate manner.
9. Become familiar with any gender, age, or cultural issues that may impact participant's success.

Parent Attorney

1. Participate fully as a Family Recovery Court team member, committing themselves to the program, mission and goals, and work as a full partner to ensure participant success. Yearly training is required to remain current with best practices.
2. Respectfully collaborate with the Treatment Team. All Treatment Team members will use person-first, non-stigmatizing language during discussions about participants and families and when interacting with participants and families.
3. All appointed attorneys will familiarize themselves with the Family Recovery Court approach.
4. All attorneys shall participate fully as FRC team members, participating in a non-adversarial manner at FRC meetings to promote a unified drug court team presence.
5. Agree to offer FRC to those who would be appropriate for the program. If there are any questions regarding eligibility, contact the FRC Coordinator.
6. Participate in every other week FRC pre-court staffings and review hearings immediately after. Attendance may be in person, via Zoom or phone.
7. The parent attorney reviews the Family Recovery Court agreement with the parent to ensure there is complete understanding and awareness of the benefits and limitations associated with FRC.
8. The parent attorney advocates for their client and acts to protect due process rights, while actively participating with the team in making all decisions applicable to the participant's involvement in FRC.
9. Closely monitor legally mandated child welfare timeline requirements.

CASA

1. Participate fully as a Family Recovery Court team member, committing themselves to the program, mission and goals, and work as a full partner to ensure participant success. Yearly training is required to remain current with best practices.
2. Respectfully collaborate with the Treatment Team. All Treatment Team members will use person-first, non-stigmatizing language during discussions about participants and families and when interacting with participants and families.
3. CASA will follow their guidelines on reporting to the court.
4. Participate in every other week FRC pre-court staffings and review hearings immediately after. Participate in Treatment Team staffings on the opposite week. Attendance may be in person, via Zoom or phone.
5. CASA will communicate with the FRC Coordinator and Social Worker regarding any concerns for the child or family.

Recovery Coach

1. Participate fully as a Family Recovery Court team member, committing themselves to the program, mission and goals, and work as a full partner to ensure participant success. Yearly training is required to remain current with best practices.

2. Respectfully collaborate with the Treatment Team. All Treatment Team members will use person-first, non-stigmatizing language during discussions about participants and families and when interacting with participants and families.
3. Participate in every other week FRC pre-court staffings and review hearings immediately after. Participate in Treatment Team staffings on the opposite week.
4. Meet individually with the FRC participants assigned to the Recovery Coach as needed to work on participant goals.
5. Help FRC Participants remove personal and environmental obstacles to recovery.
6. Link the FRC participant to the recovery community.
7. Serves as a guide and mentor for FRC participants in the management of personal and family recovery.
8. Develop monthly family activities for FRC participants to attend with their children.
9. Establish, implement, and facilitate a family/peer support program.
10. Assist with incentives distribution.
    a. Coordinate with Prevention Specialist for ordering supplies.

<u>Parent Aide</u>

1. Participate fully as a Family Recovery Court team member, committing themselves to the program, mission and goals, and work as a full partner to ensure participant success. Yearly training is required to remain current with best practices
2. Respectfully collaborate with the Treatment Team. All Treatment Team members will use person-first, non-stigmatizing language during discussions about participants and families and when interacting with participants and families.
3. Participate in every other week FRC pre-court staffings and review hearings immediately after. Participate in Treatment Team staffings on the opposite week.
4. Provide insight and direction around child development, parenting practices, and home management recommendations.
5. Run gender specific group parent education classes using an evidence based curriculum.
6. Meet with families individually to provide specific and individualized education as needed.
7. Provide updates to the FRC Coordinator and social worker.

<u>Probation Agent</u>

1. Participate fully as a Family Recovery Court team member, committing themselves to the program, mission and goals, and work as a full partner to ensure participant success. Yearly training is required to remain current with best practices
2. Respectfully collaborate with the Treatment Team. All Treatment Team members will use person-first, non-stigmatizing language during discussions about participants and families and when interacting with participants and families.
3. Support treatment efforts for FRC participants that are on probation.
4. Participate in every other week FRC pre-court staffings and review hearings immediately after. Participate in Treatment Team staffings on the opposite week.
5. Report on compliance with probation and any concerns for successes identified in interactions.
6. Collaborate with the FRC Team to develop therapeutic responses to positive drug tests or other violations that do not include jail, if avoidable.

FRC Prevention Specialist

1. Participate fully as a Family Recovery Court team member, committing themselves to the program, mission and goals, and work as a full partner to ensure participant success. Yearly training is required to remain current with best practices
2. Respectfully collaborate with the Treatment Team. All Treatment Team members will use person-first, non-stigmatizing language during discussions about participants and families and when interacting with participants and families.
3. Coordinate Steering and Oversight Committee Meetings.
4. Coordinates the Annual Meeting.
5. Coordinate/facilitate any training needs/gaps identified during the Treatment Team, steering committee, and oversight committee meetings.
6. Frequently update policy and procedure and participant manual.
7. Regularly revisit the program mission, goals, and objectives with the FRC team to assure efficacy and application.
8. Maintain a data collection system to identify trends and provide a basis for evaluation. Coordinate and provide documentation as necessary to ensure grant requirements are being met.
    a. Complete grant reporting as needed.
9. Educate the community and referral sources on eligibility standards and program goals.
10. Encourage team members to educate in their agency and their peers.
11. If needed, create memoranda of understanding for each individual and agency involved with treatment court participants.
12. Provide training for any new individual joining the Treatment Team.
13. Facilitate/coordinate any workgroups needed to move forward specific tasks/initiatives
14. Distribute participant surveys quarterly and governance structure members surveys annually (just prior to the annual meeting).
15. Manage the incentives budget/purchase orders for new incentives.
16. Outreach and communicate to the Treatment Team on community resources.

Participant

1. Have open and honest communication with the Treatment Team.
2. Attend scheduled FRC Review Hearings (frequency determined by milestone).
3. Comply with court supervision and treatment requirements.
4. No criminal activity.
5. Engage in drug free and prosocial activities.
6. Attend all appointments and meetings.
7. Random drug testing as required.
8. Engage in the recovery community.
9. Maintain confidentiality of other participants.
10. Work with the FRC team to schedule medical, dental, and mental health appointments to support your overall health.
11. Follow the FRC milestones and any additional recommendations from the team.

Non-Parent Significant Others (NPSO)

1. Follow the expectations similar to the “participant” role
2. Non-Parent Significant Others expectations are outlined more completely in the Referring and Admitting section of this document.

Identification, Referring, and Admitting Participants

While the FRC acknowledges that the majority of clients will be connected through the Family Recovery Court through the child protection system, referrals are accepted from other sources.

Eligibility Criteria

1. Individual must have a CHIPS case in Barron County
2. Individual must have a moderate to severe substance use disorder per the DSM V TR
3. Individual must agree to voluntarily follow all program requirements
4. Individual must reside in Barron County unless approved by the Court

Exclusionary Criteria

1. Individual has some history that resulted in the death of a child
2. Individual poses a safety concern to another participant or team member and cannot be safely managed in FRC
3. Individual is incarcerated and the terms of sentence will severely hinder participation in FRC
4. Any other factors that prevent reunification as determined by CPS.

Criminal Charges

For those participants who have an open criminal referral or case, the District Attorney's office will take into consideration a client's participation in the Family Recovery Court. This does not mean there will be no prosecution of the criminal referral or case, but it does mean that the District Attorney's office will take into consideration the requirements of Family Recovery Court and will prosecute the criminal referral or case in such a way as to not work against a participant who is meeting the requirements of Family Recovery Court. Note: The District Attorney's office will prosecute a criminal referral or case in the same way as it would any defendant if a participant is terminated from the Family Recovery Court. The FRC Coordinator will have participants sign a Release of Information so the FRC Coordinator can communicate with the District Attorney's office regarding their criminal referrals or cases, and update when the participant graduates or is terminated from the program.

FRC Screening/Onboarding Process:

1. UNCOPE screener is completed by IA worker or the FRC Coordinator if the referral is from another source.
2. If two or more UNCOPE questions are positive, a referral is made for an AODA assessment with BARC
    a. If there is other information leading the worker to believe that substance use is impacting family functioning, the worker has the discretion to recommend the client participate in an AODA assessment even without two positive responses from the UNCOPE. Examples: positive drug test, criminal charges related to substances
3. If the results of the AODA assessment reveal a moderate or severe substance use disorder it has been determined that a CHIPS has or will be filed before the close of the initial assessment , the parent will be offered to shadow the FRC.
    a. The assigned worker (IA or Ongoing Worker) should accompany the client to the FRC for shadowing.
    b. Confidentiality Agreement will need to be signed prior to shadowing experience.

   c. Coordinator to review FRC option with client and attorney.
4. The assigned IA worker (or Coordinator) will complete a referral for the client to being working with a Recovery Coach.
5. After shadowing the FRC the client is offered the FRC application to complete
   a. Client can complete the application with their current worker
   b. Application should be turned into the FRC coordinator once completed.
6. Upon receipt of the application, the Coordinator will present the application to the Treatment Team.
   a. Admission is based on meeting eligibility criteria and being willing to participate, NOT by vote.
   b. Case planning will occur on opposite court weeks during the Treatment Team staffing.
   c. Participants cannot formally start court until the case planning is completed. This requires the completion of several assessments including SUDs, LAP, Adverse Childhood Experiences, Recovery Capital, and Bridge Assessments.
7. Participants may begin Milestone 1 and FRC Hearings after CHIPS plea and the completion of case planning has occurred.
8. If the program is full, the coordinator will monitor the waitlist and admit participants as soon as possible. Participants on the waitlist will be provided a copy of the expectations for the orientation milestone, Recovery Resources, etc.
   a. As enrolled participants graduate/disenroll from the program, the FRC coordinator will contact participants in the order they were placed on the waitlist to coordinate their formal admission into the program.
   b. The FRC Coordinator will provide updates at the Treatment Team staffing each week if there is a waitlist regarding the number of people and suspected wait time before enrollment.

Participation for Non-Parent Significant Others in FRC

Barron County FRC acknowledges that the environment of the participant is critical in achieving sobriety. The involvement of significant others who are not parents in FRC has been reviewed and technical assistance sought for to best address the dynamic of this group in FRC. In following the best practice guidelines and to support the health of the system as a whole, it has been decided that non-parent significant others (NPSO) will be included in the FRC program as outlined below. (Non-Parent Significant Other example: enrolled participant's boyfriend or girlfriend who is not a parent of the child(ren) on the CHIPS petition).

1. FRC Social Worker must do a home study and background check on any and all persons who will be living in the home to determine if this is a safe environment for your children. The FRC Social Worker will gather necessary information about all household members functioning and substance use history.
2. FRC Social Worker will request releases of information to receive necessary records to complete a thorough assessment of strengths and needs for the NPSO.
3. The NPSO will participate in an intake with the FRC Coordinator, as outlined in the FRC Screening and Process.
4. If determined appropriate by the Treatment Team, the NPSO should enroll in the FRC, the NPSO will begin attending FRC court hearings, and participate in sobriety monitoring as determined necessary by the FRC team.
5. The NPSO's progress will be tracked through the enrolled participant's report and milestone progress will be determined **together**. For example: if the participant has 30 days of sobriety, but the NPSO has 10 days of sobriety, for terms of advancement and reunification, both the participant and NPSO have 10 days of sobriety.

6. If there are current or historical concerns for domestic violence for either the participant or the NPSO, the identified Domestic Violence survivor will meet with a representative from Embrace to discuss relationship risks and safety planning. A release must be signed so that the FRC coordinator can receive a copy of these records and/or any recommendations made as a result of this consultation.
7. If the NPSO's participation or progress is impeding the progress of the parent participant, guidance will be provided about how this lack of progress will impact reunification and permanency for their child(ren).

Court Frequency, Structure, Staffing Structure:

The Barron County Family Recovery Court is a one judge hybrid family treatment court model. The FRC Judge oversees the FRC case, but does not always have the connected Child in Need of Protection or Services (CHIPS) case, or any related criminal cases or family court cases. FRC Court hearings are held on the record and participants are represented by a court appointed attorney throughout the FRC case. FRC Treatment Team Staffing is not held on the record. The FRC judge is present for staffing during the weeks where court is immediately following the staffing. Attorneys must be present at FRC staffing for their clients case to be discussed during staffing where the judge is present to avoid ex parte communication.

Family Recovery Court: Pre-Court Case Staffing

Prior to the FRC Review Hearing, pre-court case staffings are held to review each participant's case. The Treatment Team is in attendance and reviews each case. Prior to the pre-court staffing, the FRC Coordinator submits a Staffing Sheet to the Treatment Team members by the Friday before court. Each case is reviewed in terms of:

- SUDs Treatment progress
- Parenting time and the permanency timeline
- Progress toward completion of milestone requirements
- Individual needs of the participant or child
- Incentives and therapeutic responses
- Review of individualized case plan

Pre-court case staffings are a collegial process during which all team members engage in an open dialogue regarding the participant's performance since their last appearance before the Court. Pre-court case staffings occur every other Tuesday at 1:30 pm. Cases that will see the Judge that week will be staffed. The FRC report is reviewed and strategies to address problems or concerns are identified. Recommendations for incentives, therapeutic responses, and any modifications to the case plan are considered during the staffing process.

Family Recovery Court: Participant Review Hearings

The participants shall attend review hearings every other week while in the first milestone of the program. As they progress through the program, they will be required to attend less frequently. All FRC participants scheduled for a review hearing that day are present in the courtroom for the entire proceeding. It is through this process that the participants form a support group for each other, sharing in each other's successes and learning from each other's experiences. Each participant is individually addressed by the Court and reports on their progress since their last appearance. They will report on their progress with

treatment, goals previously established at the last review hearing, and any other changes or developments in their circumstances since their last appearance.

The Judge engages in a one-on-one dialogue with the participant regarding their circumstances, achievements and barriers to success. It is through this process of communication and relationship development that the FRC realizes its greatest impact. It is through this process of information exchange in open court that incentives are provided and therapeutic responses imposed. Participants who are progressing in their milestone will receive congratulatory remarks, applause, and tangible items. Those participants who are struggling will be provided guidance, and therapeutic adjustments are made to the case plan.

Responding to Behavior- Incentives and Therapeutic Responses:

Each time participants come to court, the Treatment Team will decide whether they will receive an incentive, a therapeutic response, both, or neither. The judge will provide the incentive or therapeutic response at court. This decision depends on several factors, including the participant's attendance and participation in treatment, drug screen results, and general progress in the program. While incentives and responses may not be the same for everyone, they will be fair, and the Judge will explain the reason for the response chosen.

When deciding on incentives and therapeutic responses, the Treatment Team considers the participants ability to complete the task required, honesty, and length of time in the program.

Jail is not an allowable therapeutic response in the FRC.

Incentives
To help participants stay motivated and reward their hard work, here is a list of incentives they may earn:

- Applause and praise from the FRC Judge and Treatment Team
- Standing ovation
- Milestone advancement
- Certificates of Achievement
- Gift cards
- Court Cash
- Family photos/picture frame at reunification
- Graduation celebration

Therapeutic Responses

- Writing assignments
- Individualized treatment responses
- Community support meetings/activities
- Contact with support person, team members, or designated professional
- Other personalized responses
- Behavioral Contracts
- Increased check-ins with treatment team
- Termination of Parental Rights

Milestones

There are 6 phases for individuals to work through to achieve graduation; orientation milestone and 5 subsequent milestones. Each milestone has its own purpose to support the participant in building their recovery and reunification with the children. The time frames show the minimum amount of time it takes to complete each milestone. These are estimates- the actual time it takes will depend on each parent's circumstances and progress. Typically, the program takes 12-18 months to complete.

The expectations for each participant is determined through the case planning process with the treatment team. The treatment team reviews the results of completed assessments and the participant's priorities as they formulate the case plan. There are criteria that all participants must complete and other services that may be added to a case plan to support the individual needs of each person and child involved in the program.

Participants cannot be demoted to an earlier milestone as a therapeutic response.

Required for all FRC Participants:
The following services must be completed to graduate from the program, but can occur at any time during the participant's involvement with the program.

- Complete Substance Use Disorder Treatment recommendations
- Moral Reconation Therapy (MRT)
- Seeking Safety
- Strengthening Families and Systems (previously called Trauma Informed Parenting)

Expectations for participants throughout the program:

- Participant will follow all requested drug testing
- Participant will attend all visits with the children
- Participant will meet with recovery coach as recommended
- Participant will follow all treatment recommendations
- Participant will use their planner to map out all obligations, appointments, and verify self-help/sober support meetings. Planners will be submitted to coordinator every Sunday
- Participant will follow individual case plans by the FRC team
- Participant will be honest with the team

Orientation Milestone:
The purpose of the orientation Milestone is to provide guidance around steps that should be taken to prepare to formally start the FRC. Participants in this phase should work in coordination with their assigned social worker to get necessary assessments completed, shadow FRC court, and work on engaging in the recovery community. *The length of time in the Orientation Milestone is dependent on the completion of the necessary assessments and that participants have entered a plea in the CHIPS case.*

- Sign requested releases of information
- Shadow the FRC (3:00pm every other Tuesday)
- Begin sobriety monitoring
- Attend alumni meeting at 4:30pm on Tuesdays
- Apply for Medicaid and foodshare
- Attend all visits with child(ren)
- Get a planner and begin to write down appointments/commitments
- Complete a FRC program application after shadowing FRC court at least once.

- Attend two AA/NA/CMA meetings each week and look for a sponsor
- Meet with FRC Coordinator to complete assessments (LAP, ACE, Bridge Assessment, and Recovery Capital) and all intake paperwork
- Complete Substance Use Disorder (SUDs) assessment and follow any recommendations.
- Begin working with a Recovery Coach

Milestone 1: Recovery Pillar Health - 45 days

Milestone 1 focuses on overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being.

- Participant will follow all FRC expectations
- Participant will demonstrate 30 consecutive days of documented sobriety
- Participant will attend FRC Hearings every other week
- Participant will attend weekly Alumni meetings
- Participant will attend 2 approved self-help meetings each week
- Participant will attend a physical health appointment
- Participant will meet with Public Health for reproductive health education
- Participant will secure a sponsor/mentor

Milestone 2: Recovery Pillar Home - 60 days

Milestone 2 focuses on having a stable and safe place to live

- Participant will follow all FRC expectations
- Participant will demonstrate 45 consecutive days of documented sobriety in Milestone 2
- Participant will attend FRC Hearings every other week
- Participant will attend group parent aide
- Participant will meet with Financial Coaching and follow meeting requirements
- Participant will have legal income to support basic needs
- Participant will begin securing safe and stable housing suitable for reunification
- Participant will attend 1 sober support meeting (NA, AA, CMA), 1 approved self-help meeting,
- and the Alumni meeting every week.

Milestone 3: Recovery Pillar: Purpose- 60 days

Milestone 3 focuses on conducting meaningful daily activities and having the independence, income, and resources to participate in society.

- Participant will follow all FRC expectations
- Participant will demonstrate 60 consecutive days of documented sobriety in Milestone 3
- Participant will attend FRC hearings every other week
- Participant will identify support network with Treatment Team
- Participant will attend 1 sober support meeting (NA, AA, CMA), and 2 approved self-help
- meetings each week.
- Participant will attend the Alumni meeting twice a month.

Milestone 4: Recovery Pillar: Community- 90 days

- Milestone 4 focuses on having relationships and social networks that provide support, friendship, love, and hope.
- Participant will follow all FRC expectations
- Participant will demonstrate 90 consecutive days of documented sobriety in Milestone 4

- Participant will attend FRC hearings every other week
- Participant will invite one support person to an FRC hearing.
- Participant will attend 1 sober support meeting (NA, AA, CMA), and 2 approved self-help
- meetings each week.
- Participant will attend the alumni meeting once a month.
- Children are reunified.

Milestone 5: Recovery Pillar: Maintenance- 120 days

The focus of Milestone 5 works on maintaining balance throughout all pillars (health, home, purpose, and community.

- Participant will follow all FRC expectations
- Participant will demonstrate 120 consecutive days of documented sobriety in Milestone 5
- Participant will attend 1 sober support meeting (NA, AA, CMA), and 2 approved self-help meetings each week.
- Participant will attend the Alumni meeting every 4 weeks
- Participant will attend FRC hearings every 4 weeks.

Available Services for FRC Participants and Families

Individual service needs are assessed through multiple methods including: Bridge Assessment, SUDs Assessment, ACE screener, LAP assessment, self-report, and observation. Individual case plans are created at Treatment Team Meetings. Participants are still expected to meet the expectation of the Milestones to advance through the program. Potential services that may be added to case plans based on the need of the individual participant, child, or family needs are listed below (list is not exhaustive):

Sponsor meetings
Individual therapy
Family Therapy
W-2
FSET
Childcare assistance
Detox
Medication Assisted Treatment (MAT)
Inpatient treatment
Children therapy
We-Cope
Psychological evaluation
Psychiatric evaluation
Embrace consultation
Strong Couples Program
Benjamin's House
Westcap
Individual Skill Development Education (ISDE)
Money Matters Modules
RentSmart
Parents are Forever
Raising a Thinking Child
Positive Parenting Program
Resilient Co-Parenting class
Focus on Fathers
Raising Caring Kids

Graduation

After a participant has completed Milestone 5 requirements, their success will be celebrated and recognized during their graduation. A graduation celebration will be held during the FRC Court and participants will be able to invite family members, supporters, and others that helped them throughout the process. The FRC team members will speak on the participant's achievements and their hard work. The participant will also have the opportunity to discuss their progress through the program. After graduation, participants may continue to participate in alumni meetings and monthly FRC activities.

Involuntary Discharge

1. The participant is identified at pre-court staffing as non-compliant with FRC expectations (missing court, not participating in treatment, not participating in sobriety monitoring, etc.)
2. Concerns are discussed during FRC pre-court staffing amongst the Treatment Team and reasonable efforts are made to re-engage the participant (sponsor meeting, more frequent check ins, increased focus on sobriety/treatment – other expectations reduced, etc.)
3. The participant should meet with their Recovery Coach to discuss barriers to engagement and develop a plan to re-engage.
    a. If there is not an available Peer Support/Recovery Coach, the treatment team will designate the person who should attempt to engage the participant and complete the re-engagement plan. This decision should be made by deciding who has developed a trusting relationship with the participant and has some rapport.
    b. If re-engagement plan is followed, no further action is necessary.
4. If the participant does not meet the expectations of the re-engagement plan, the participant should meet with CPS worker to complete a reverse plan that is 4 weeks in length (or two FRC sessions).
    a. If the participant follows the re-engagement plan, no further action is necessary.
5. If progress is not made throughout these steps, the FRC coordinator and CPS Social Worker will present the intervention attempts to the team to review for dismissal from the program.
6. FRC Treatment Team determines if the participant should be discharged based on the information presented.
    a. If more information is needed, the team will create a plan to acquire necessary information to make this decision before the next pre court staffing.
7. A revision request is submitted to the court to request that the participant be removed from FRC.

Note: If progress does not continue from where it left off if the participant re-engages in the program after the discharge/suspension process begins. Example: Participant was struggling with treatment attendance/sobriety monitoring in Milestone 1. Participant met with Recovery Coach, completed a re-engagement plan and made progress in FRC. Now in Milestone 3, the Treatment Team identifies concern for the participant missing meetings, visits, and court hearings. The process would still begin with meeting with Recovery Coach and developing a re-engagement plan for the newly identified concern.

Voluntary Withdraw

If a participant would like to withdraw from the program, they will need to speak with their attorney. The attorney will file a request to withdraw from the program.

Medications

The participants in the Family Recovery Court must be forthcoming to their medical providers regarding their addiction history. If possible, participants of FRC will not take narcotic or habit forming medication and will find alternative methods to manage symptoms. If there are no other alternatives, and such medication is deemed necessary by the established medical provider, the participant shall provide documentation within 72 hours for each medication prescribed. The Barron County Family Recovery Court Prescription Form must be completed by the prescribing physician for any mind-altering, or habit forming medications. Any drug test identifying the presence of narcotics or habit forming medications without this documentation will be considered a positive drug screen.

Substance Use Testing

Substance Use Testing is an expectation of participating in the Family Recovery Court program. The treatment team will determine the testing methodology that best suits the individual participant needs. This could include (but is not limited to): sweat patches, mobilized breathalyzer, urinalysis testing, and oral fluid testing. Substance Use Testing is a necessary component of the Family Recovery Court as it is a tool used to document sobriety needed for a treatment court.

Frequency of testing is determined by milestone and treatment team.

Urinalysis Tests

Participants in all milestones may be requested to provide a random urinalysis (UA) anytime throughout participation in the Family Recovery Court program.

- The participant agrees to be drug/alcohol tested at any time by any person designated by the Family Recovery Court Team.
- Upon request, the participant shall immediately deliver the requested sample. If a sample is not produced, is not of sufficient quantity, or is adulterated in any way, it will be treated as a positive sample for the presence of unauthorized drugs and/or alcohol.
- Participants are encouraged to be honest with the treatment team about any use so the treatment team can determine how to best support their recovery.
- If a participant wishes to challenge the accuracy of a test rapid result, the challenge MUST be made directly after receiving notice of the positive result. The FRC coordinator will decide if sending a test in for additional confirmatory testing is necessary and may consult with the treatment team regarding this request.

Mobile Breathalyzer: SoberTrack

Participants may be requested to utilize a mobilized breathalyzer system known as SoberTrack. This is a contracted service through Sun Monitoring. Participants could be required to provide up to five breath tests per day within the designated test windows. Please note that participants are subject to use the mobilized SoberTrack device at the treatment team's discretion. Participants are expected to follow Sun Monitoring's user agreement which is reviewed when the participant begins SoberTrack testing.

- Participants will disclose their current address and phone number to Sun Monitoring.
- Participants will be referred to SoberTrack testing as determined needed by the treatment team. The determination of when a participant no longer requires SoberTrack testing.
- Participants will inform the FRC Coordinator if there is a reason they are unable to comply with scheduled testing.
- Sun Monitoring will notify Barron County FRC Coordinator of any missed tests or positive tests.
- Participants are responsible for their SoberTrack equipment if lost or stolen
- Participants are responsible to return the SoberTrack equipment in the box provided.

Sweat Patches

Participants may be requested to wear a sweat patch as a means of sobriety monitoring.

- Participants are expected to adhere to the guidelines of the Sweat Patch Testing Agreement through the Barron County Department of Health and Human Services.
- Participants are required to have their patch changed at minimum every 14 days.
- While wearing the sweat patch, participants must not tamper with the sweat patch. Participants may not remove the patch. Participants may not add tape, adhesive or any other substance to the exterior or interior of the patch. Tampering with the patch will result in a determination that the patch has been adultered. This is considered a positive test.
- Sweat patches that are known to be tampered with will not be sent in for confirmation. If information is received from the lab that a submitted sample was tampered with, this will be considered a positive test.
- Participants are able to perform normal activities (bathing, showering, participating in sports, swimming, etc.) When drying after a shower or a bath, blot the patch, do not rub a towel over the patch.
- Participants are not able to use a hot tub, sauna, tanning bed, or sweat lodge while wearing the sweat patch.
- Participants must contact the FRC Coordinator if there are concerns about adhesion.
- Participants may also be required to submit a urine/saliva specimen at the treatment teams request.
- It is the participants responsibility to notify their case manager of any medications or changes in medications.
- Participants are not allowed to use cannabinoids (Delta 8, Delta 10, etc.) while using the sweat patch.

Oral Fluid Testing

- The participant agrees to be drug/alcohol tested at any time by any person designated by the Family Recovery Court Team.
- Upon request, the participant shall immediately deliver the requested sample. If a sample is not provided or is adulterated in any way, it will be treated as a positive sample for the presence of unauthorized drugs and/or alcohol.
- Participants are encouraged to be honest with the treatment team about any use so the treatment team can determine how to best support their recovery.
- Oral Fluid tests will not provide a rapid test result and must be sent in for confirmatory testing to get testing results.

<u>FRC Program Rules and Expectations</u>

Participants in the program will be expected to abide by the following rules to promote a healthy and safe environment for parents to be successful in their recovery:

1. **Do not use or possess any drugs or alcohol**. Maintaining a drug free lifestyle is very important in your recovery process. Carefully choose the people with whom you associate.
2. **Take prescription medications as prescribed by your doctor.**

3. **If a physician prescribes medication for you:** You must not take more medication than your doctor ordered or get multiple prescriptions from different doctors. If an addictive or mind altering medication is prescribed, the team may request a medication form from your doctor.
4. **Attend all suggested treatment**. If you are unable to attend a scheduled session, you MUST contact your treatment counselor BEFORE a session is missed.
5. **Cooperate with your Barron County Social Worker and Family Recovery Coordinator as directed.** If you have any problems making an appointment, contact your social worker or FRC Coordinator immediately. This is especially important for requested urinalysis.
6. **Be on time for parenting time and all treatment activities.**
    a. **Parenting time:** Spending time with your child(ren) is important for bonding, attachment, and family healing and recovery from the effects of addiction. You will be required to confirm your visit the day prior or morning of, depending on the time of the scheduled visit.
    b. **Treatment:** If you are late for treatment, you may not be allowed to attend your counseling session and will be considered non-compliant. This will be based off of each provider's policies and procedures. Contact your treatment counselor if there is a possibility you may be late.
7. **Maintain appropriate behavior.** Violent or inappropriate behavior will not be tolerated and will be reported to the Court. This may result in discharge from the Family Recovery Court program.
8. **Attend all court hearings and plan to stay until the end**. If you must leave early, contact the FRC Coordinator as soon as possible to allow enough time for the team to be notified.
9. **Dress appropriately for Review Hearings.** Dress to make a positive impression. Clothing bearing drug or alcohol related themes or promoting or advertising alcohol or drug use or violence is considered inappropriate. Dress conservatively and in a respectful manner. Do not be too revealing or inappropriately dressed. Speak with your FRC Coordinator if you need assistance with clothing.
10. **Participate in recommended services (parent aide, MRT, Celebrating Families!, ect.)**
11. **Confidentiality.** Anything heard in review hearings regarding other families is kept in the courtroom.
12. **Be honest.** Honesty is essential to your recovery and to your success in Family Recovery Court. This rule is intended to encourage and reward upfront honesty that supports sobriety and will be applied accordingly.

Parenting Time/Family Interaction:
Barron County FRC participants and their children will engage in high-quality, well-resourced, face-to-face parenting time (visitation) when the child is in out-of-home placement. High-quality parenting and family time is important for sustaining the parent-child connection, nurturing parent-child attachment, reducing children's anxiety and feelings of abandonment, reunifying families, and achieving permanency. When needed, trained individuals facilitate supervised parenting time as parents work to achieve unsupervised parenting time. The Barron County FRC does not use parenting time as an incentive or sanction for participant behavior.

The Barron County FRC Social Worker will also follow the Wisconsin Ongoing Services Standards regarding Family Interaction and necessary documentation. Wisconsin Ongoing Services Standards have the following requirements for parenting time/family interaction:

Purpose of Family Interaction
The primary purpose of family interaction is to preserve and strengthen family relationships, whenever possible. Additional purposes of family interaction include:

- Facilitating timely reunification of children to their families
- Assessing and addressing safety issues during family interaction
- Assessing and working with the family to enhance parental protective capacities
- Minimizing placement induced trauma for the child/ family caused by separation
- Establishing, enhancing, and maintaining child, sibling, and family attachments
- Establishing and facilitating other permanency options, when appropriate

Family interaction is an opportunity to maintain, establish, and promote parent-child relationships. In addition, family interaction is an opportunity for parents to evaluate their own parenting capacities and gain knowledge of new practices and views about parenting. Children, their parent(s), and their sibling(s) have a right to family interaction whenever possible in order to maintain and enhance their attachment to each other.

Areas to assess during family interaction may include, but are not limited to: the child's health, safety, developmental, emotional, and attachment needs, as well as the presence of domestic violence. The agency should also evaluate the child's substantial relationships to determine the need to maintain those connections to reduce trauma and loss for the child. These substantial relationships may include, but are not limited to: friends, neighbors, local community and support groups, extended family members as defined by culture, and spiritual communities.

Requirements for the Family Interaction Plan
The agency is responsible for ensuring initial face-to-face family interaction occurs within five working days of the child(ren)'s placement in out-of-home care. The agency shall, no later than 60 calendar days after placement, establish and document a family interaction plan that outlines the anticipated interaction for the child with parents, siblings, and other identified participants.

Frequency
Facilitating face-to-face family interaction is the responsibility of the agency and must occur weekly, at a minimum. When siblings are not placed together, sibling face-to-face interaction must occur monthly, at minimum. Additionally, children shall have other family interactions (e.g., telephone calls, letters, etc.) with their parents weekly.

Additional Requirements

- Family interaction can only be prohibited by the agency if a court finds continued contact is not in the child's best interests.
- Family interaction can be decreased or suspended if there is evidence that the contact is contrary to the safety of the child(ren) and this information is documented in the case record.
- Family interaction cannot be used as a punishment, reward, or threat for a child.
- The agency cannot restrict or suspend family interaction as a means to control or punish a parent for failure to work with agency or community providers or to comply with conditions of the case or Permanency Plan.
- The out-of-home care provider cannot prohibit family interaction.

Documentation
The family interaction plan and content must be documented in the eWiSACWIS Family Interaction section.

Participant Assessments:

Substance Use Disorder Assessment: Barron County Behavioral Health- Barron Area Recovery Center (BARC)

Barron County Behavioral Health- (BARC)

Potential FRC participants are referred to BARC for a Substance Use Disorder (SUDs) assessment. BARC uses the American Society of Addiction Medicine (ASAM) Criteria Assessment. The ASAM Criteria is a comprehensive set of guidelines that use a holistic, person-centered approach to developing treatment plans for patients with addiction and co-occurring conditions.

The ASAM Criteria defines the standards for conducting a comprehensive biopsychosocial assessment to inform patient placement and treatment planning. These standards describe six dimensions that should be assessed, including:

1. Acute intoxication and/or withdrawal potential
2. Biomedical conditions and complications
3. Emotional, behavioral, and cognitive conditions and complications
4. Readiness to change
5. Relapse, continued use, or continued problem potential
6. Recovery/living environment

The ASAM Criteria also provides standards for rating the patient's risks in each dimension and dimensional admission criteria for determining the least intensive, but safe level of care for meeting the patient's individual treatment needs.

When possible, potential FRC participants should be introduced to treatment providers during their shadowing experience in the FRC Court by the Initial Assessment Social Worker or FRC Coordinator as a means of facilitating a "warm hand off". A warm handoff is a handoff that is conducted in person, between two members of the care team, in front of the patient (and family if present). Warm handoffs can help address communication issues and:

- Engage the participants and their families and encourage them to ask questions.
- Allow patients to clarify or correct the information exchanged.
- Build relationships.

Other Substance Use Disorder providers:

The FRC allows for client choice for selecting a treatment provider. If a client decides to seek assessment from a provider outside of BARC, the FRC will have the client sign a release of information between their provider and BARC to communicate regarding the assessed treatment need to the FRC Treatment Team.

Reassessment of SUDs:

The FRC Treatment Team will evaluate participant progress during FRC Treatment Team Meetings. If the current level/type of treatment does not appear to be meeting the client's needs, a recommendation for reassessment will be made. The level of care or treatment provided can be changed based on the results of the reassessment.

*If the FRC participant is no longer participating in BARC Outpatient Therapy, a new referral will need to be made for the reassessment.

If the client is engaged in treatment with an outside provider, the BARC representative will consult with the assigned provider regarding the treatment needs and potential need for reassessment.

Bridge to Self-Sufficiency (Bridge):
The FRC Coordinator uses the "Bridge to Self-Sufficiency" tool to assess participants throughout the program and to help participants identify areas that they would like to work on to improve their overall functioning. Pillars assessed include: Family Stability, Well-Being, Financial Management, Education & Training, Employment & Career Management, and Mobility.
The Bridge is completed with the participant at intake and at every milestone. This is located in appendix 2.

Adverse Childhood Experiences (ACE):
The adverse childhood experiences (ACEs) screener is a validated, accessible screening tool that can be used for early detection of common childhood traumas. This screener is completed by the FRC Coordinator prior to participant enrollment. The ACE screener is found in appendix 3.

UNCOPE Screener:
The Initial Assessment worker will complete the UNCOPE screener to every adult during the initial assessment. If there is an outside referral, the FRC Coordinator will complete the UNCOPE screener with all adults in the referral. The UNCOPE screener is found in appendix 4.

Lethality Assessment Program (LAP):
The FRC Coordinator has received training in administering the Intimate Partner Violence Lethality Screen. The FRC Coordinator will complete this screener on all participants at intake and throughout the program as needed. The Intimate Partner Violence Lethality screener is found in appendix 5.

Multidimensional Inventory of Recovery Capital (MIRC):
Recovery capital is a term for the different things that help or hinder a person as they recover from problems with alcohol or other drugs. The FRC Coordinator will complete the MIRC with all participants at intake and at each milestone. The MIRC can be found in appendix 6.

Child Assessments

Child and Adolescent Needs and Strengths (CANS):
About the Child and Adolescent Needs and Strengths (CANS) tool:
The Child and Adolescent Needs and Strengths (CANS) tool is a multi-purpose instrument developed to support: decision making, including Level of Need and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The CANS tool assesses a child's needs and strengths in different areas such as: school, trauma, mental health needs, risk behaviors

The CANS uses algorithms to provide three different results: 1) A mental health screen, to determine whether a child has mental health needs, 2) A Level of Need, to recommend a level of placement for a child based on the identified needs and strengths, and 3) A supplemental rate to be included in the foster care reimbursement

The CANS is intended to be a communication tool. The CANS can be used to facilitate communication and consensus within your treatment team by sharing the ratings with the team and ensuring that all members are in agreement with the assessment. Information about the needs and strengths of the child and the child's family should be communicated with the team. Discussions about agreement on how the child's needs and strengths are described provides the foundation for agreement about what approaches to take to address those needs and identify and build strengths.

Frequency of the CANS tool completion:
The assigned ongoing FRC Social Worker will complete the Child and Adolescent Needs and Strengths (CANS) on each child in the FRC program every 6 months. The results of the CANS will be reviewed at the Treatment Team Meeting at the point of intake and *in 6 month increments*.

General Assessment:
Initial Assessment information gathered:
Information regarding the FRC participants and their children's overall functioning is gathered during the process of a Child Protection Initial Assessment (IA). The initial assessment workers gather information around the 7 domains: 1) child maltreatment/incident, 2) surrounding circumstances of the maltreatment, 3) child functioning, 4) parent functioning, 5) discipline practices, 6) parental practices, and 7) family functioning.

Treatment:
Substance Use Disorder Treatment:
Barron County Behavioral Health
BARC provides Outpatient Treatment to FRC participants who assess into that level of treatment. BARC utilizes components of the Matrix Model. The Matrix Model is a structured, multi-component behavioral treatment model that consists of evidence-based practices, including relapse prevention, family therapy, group therapy, psycho-education, and self-help, delivered in a sequential and clinically coordinated manner.
Outpatient Groups are gender specific. FRC participants are given priority enrollment in BARC Outpatient Treatment, so they may begin treatment as soon as possible.

***Other Treatment Providers**:
The FRC allows for client choice for selecting a treatment provider. If a client decides to seek treatment from a provider outside of BARC, the FRC will have the client sign a release of information between their provider and BARC to communicate regarding treatment progress to the FRC Treatment Team.

Medication Assisted Treatment (MAT):
The Barron County FRC recognizes that medications can be used to treat substance use disorders, sustain recovery and prevent overdose. Medication-assisted treatment (MAT) is an evidence-based treatment, when combined with counseling and other therapeutic techniques, provides a whole-patient approach. BARC does assess withdrawal potential during the SUDs assessment. The Barron County FRC does not have an MAT provider on the treatment team, therefore participants interested in this treatment option will be provided information on local providers. FRC participants should follow the recommendations of their MAT provider and sign and release for BARC to communicate with the MAT provider to provide updates to the Treatment Team.

Parent Education

The Parent Aid is a support service for families who meet the family where they're at to become a role model to parents with children of all ages. Services are provided in home or in the office to give parents the encouragement and support needed to deal with parenting challenges. The Parent Aid uses evidence-based curriculum and activities to assist parents with topics such as:

- Discipline.
- Co-Parenting.
- Responsibilities and Chores.
- Developmental Milestones.
- Financial Management and Budgeting.

- Home Maintenance and Organization.
- Bonding and Attachment.
- Healthier Eating.
- Trauma-Informed Parenting.

The Parent Aid helps parents identify goals specific to their parenting needs, and then works with families to meet those goals.

Moral Reconation Thearpy (MRT)

Moral Reconation Thearpy (MRT) is a SAMHSA evidenced-based program that uses cognitive behavioral therapy to enhance moral reasoning, better decision making, and decrease recidivism. MRT is provided by facilitators contracted through FRC.

Seeking Safety

Seeking Safety is an evidence-based curriculum designed for people with a history of trauma and substance use. It is a coping skills approach to help people attain safety from trauma and addiction. The program is present-focuses and designed to be safe, optimistic, and engaging. Seeking Safety classes are run by the Community Referral Agency (CRA). This class is provided virtually in gender specific groups.

FRC Recovery Pillars: Community and Purpose

Barron County FRC recognizes that an individual's recovery is built on their strengths, talents, coping abilities, resources, and inherent values. It is holistic, addresses the whole person and their community, and is supported by peers, friends, and family members. Purpose is defined by SAMHSA as: “conducting meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.” Community is defined by SAMHSA as: “having relationships and social networks that provide support, friendship, love, and hope.” The Barron County FRC supports participants in their recovery through providing opportunities to build purpose and community through various events and activities.

Alumni Meeting:

Family Recovery Court (FRC) Alumni Meetings are held weekly at the Barron County Government Center at 4:30PM. FRC Alumni meetings are led by Barron County Recovery Coaches. FRC participants are required to attend Alumni Meetings to develop supportive relationships with their FRC peers. The purpose of the group is to build a sober network of peers to use for support and camaraderie, as well as to learn of other recovery related activities within the community to expand outreach.

Monthly Family Events:
The Family Recovery Court Recovery Coaches organize monthly family centered sober events for participants to attend with their children. These are opportunities for FRC families to come together, participate in healthy, family friendly activities, and build connections with one another.

January	**February**	**March**	**April**
New Year's Eve Skate at Skate City	Sledding	Easter egg hunt	Bowling, family game night
May	**June**	**July**	**August**
Mother's Day craft Hiking/Walking Trails	AquaFest Family Day Farmers Market Day	Swimming Barron County Fair Tubing	National Night Out Swimming
September	**October**	**November**	**December**
Darkness to Light event	Main Street Trick or Treat	Friendsgiving Potluck	Family Cookie decorating, ornament making,

Other FRC Awareness Events:
May: National Treatment Court Month
The Art of Recovery Display. FRC Participants, Alumni, and their families were invited to provide artwork to display at the Justice Center during the month of May. This could be paintings, drawings, written works, etc. This opportunity is also with the NA/AA community.

September: Recovery Month
In September 2023, the Barron County Family Recovery Court held their first community awareness event to celebrate the recovery community and to remember those who have lost their lives to addiction. This event consisted of a meal, memorials, family games, speakers, and providing information on resources to the recovery community.

Services to Support Independence:
Case management around Housing, Employment/Income, and Financial Education is primarily supported by the FRC Coordinator. This can include assistance with referrals to local agencies/programs that can support the participant's needs. Strengths and areas for growth in these areas will be assessed through the Bridge Assessment and the Recovery Capital assessment. The Treatment Team will review progress in these areas.

Housing: FRC participants and their children will receive case management support to access safe and affordable housing.

Employment: FRC participants will receive case management support to establish income to meet their needs and the needs of their children.

Financial Education: FRC participants will complete Financial Coaching with the UW-Extension. Goals of Financial Coaching:

- Help participants to understand concerns, resolve problems, and pursue your financial goals.
- Provide participants with information, education, and guidance so they are able to make decisions on their own behalf.
- Help participants to identify and use resources to address their needs and promote financial wellness.

The FRC Coordinator will support participants in achieving their individual goals through continued assessment and assistance in setting incremental goals.

Data Collection and Program Evaluation:

To ensure progress with program goals, data is collected and stored in an electronic database. This database is maintained by the FRC Coordinator. Necessary information is submitted by partnering agencies to ensure a complete record. Data is collected by the Prevention Speicalist. All data is de identified prior to sharing. Program data is reviewed at the Steering and Oversight Committee meetings and during the Annual Meeting.

Participant Surveys:

Participant surveys will be conducted 4 times per year via Google Forms. Participants will be provided surveys up to one year post-graduation. The current participant survey questions are listed in the appendix 7.

Stakeholder Surveys:

Stakeholders (members of the Treatment Team, Steering Committee, and Oversight Committee) will be provided a survey annually prior to the Annual meeting. The current stakeholder survey questions are outlined in appendix 8.

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