



MASON COUNTY
FAMILY RECOVERY COURT
HANDBOOK

Welcome to FRC!

This handbook is designed to answer your questions and provide you with information about the Mason County Family Recovery Court (FRC). As you read through this information, you may have some questions or need some things clarified. Please take the time to speak with your attorney, social worker, counselor, court case manager, and/or the therapeutic program coordinator if you have any questions. You are encouraged to share this handbook with your family members, significant others, and/or close friends so they understand how to best support you.

What is FRC?

Family Recovery Court is a specialized court that helps parents get the help they need to address the challenges that led to involvement in the child welfare system.

FRC operates with a dedicated judicial officer, staff from the Department of Children, Youth, and Families (DCYF), and with a team of treatment professionals, case managers, and attorneys. Together, they provide a coordinated response to the needs of parents and children who are involved with the court.

Accountability and Honesty

We know that accountability and honesty are two of the most challenging qualities to practice during this process. However, practicing accountability and honesty is essential to your progress in this program.

As a participant, you are expected to comply with all aspects of this handbook, the Family Recovery Court Program Contract, and all instructions given in court by the judge/commissioner. When you are accountable, it means you commit to following the rules in FRC and take responsibility for your actions and choices. Being honest means telling the truth and not trying to hide things or lie. This helps build trust with others and allows the team to help address your needs. When people are accountable and honest, the team can work together better, solve problems more effectively, and create a positive and trustworthy environment for everyone involved.

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Your FRC Team

Throughout your time in the program, you may hear references to your “Team.” When we say this, we mean that there is a whole group behind you who are here to help and want you to succeed. This is an overview of who is usually on your team:

Presiding Judicial Officer

The Judicial Officer presides over FRC hearings and case staffing and issues all orders as necessary. The program's goal is that the Judicial Officer is the same person each time you are in FRC so that they get a chance to know you and your family.

Treatment Court Program Manager

The Treatment Court Program Manager oversees the day-to-day operations of the Therapeutic Court.

Therapeutic Courts Case Manager

You will be assigned to a case manager who works for Mason County. The Therapeutic Court Case Manager provides case management, outreach, advocacy, and home visitation services to FRC participants.

Department of Children, Youth, and Families (DCYF or the Department)

When a client appears before the court, is accepted into the FRC program, and begins to engage in court-ordered services, the case is transferred to the DCYF social worker, who is a member of the FRC team. The DCYF Social Worker monitors compliance and progress with all court orders.

Assistant Attorney General

The AAG represents the Department in the dependency proceeding.

Parent Ally

Parent Allies (PA) are parents who have gone through the child welfare system and now use their experience and training to provide support, resources, classes, and tools to help other parents and families.

Treatment Specialists

The treatment specialist on your team depends on what type of services you need. You may have substance use, domestic violence, anger management, and/or mental health provider on your team. This individual maintains your confidentiality while consistently keeping the team updated on the progress, updates, and obstacles each participant encounters during their treatment journey.

Parent Attorney

A parent attorney represents the clients in both FRC proceedings and the underlying dependency cases.

Youth Attorney

A youth attorney represents the clients in both FRC proceedings and the underlying dependency cases.

Guardians *Ad Litem*

The Guardians Ad Litem (GAL) represents the children's best interests in both the FRC program and the underlying dependency case, ensuring that all parties prioritize the children's health, safety, and well-being. The GALs are independent and not hired by either the DCYF or the parents.

What to Expect When Participating

Once you sign up for the FRC program, you are expected to follow the rules outlined in this handbook, your Family Recovery Court Contract (there is a copy at the end of this handbook in Appendix B), and any instructions and orders given by the Judicial Officer. Your progress and adherence to program expectations will be monitored through three “Milestones.” Each Milestone has specific expectations that are outlined in the following pages. Also, at the end of this handbook, Appendices F through K have the Milestone Contract and Milestone Application for Advancement. However, if you have any questions, please ask your FRC Case Manager or DCYF Social Worker. We want you to feel confident that you know what to expect in FRC, so we welcome all your questions.

Treatment Expectations

While in FRC, you may be required to complete various programs and services ordered by the Judicial Officer. These can include parenting programs, substance use evaluations and treatment, mental health evaluations and treatment, educational and vocational programs, and specialized counseling for domestic violence and trauma. There might be other services deemed necessary as well. If you are required to engage in a service, you are expected to attend all scheduled appointments.

Hearing and Courtroom Expectations

You are expected to attend court in-person.

You must arrive on time and stay until the entire FRC docket is finished.

If an emergency occurs, you're sick, or you have a situation impacting your ability to come to court, you must let your FRC Case Manager know. However, just asking your FRC Case Manager doesn't mean that you automatically get permission to attend via Zoom. The Judicial Officer must give you permission. The Case Manager will tell you if the court allows you to use Zoom.

You can't use your cell phone during court hearings.

You are expected to dress appropriately for court. If you need any assistance reach out to your FRC Case Manager for resources.

You need to behave respectfully and use appropriate language while communicating with the court.

Life Skills Classes

Once you have 30 days of sobriety, you will begin to attend a Life Skills class every other week instead of court. These classes cover topics like nutrition, organization, and finances. You will continue to attend this class every other week until you complete Milestone 2. If you have a positive result, dilute result, or miss a scheduled UA test during your enrollment in the Life Skills classes, you will return to court that week rather than proceeding with the Life Skills sessions. You will be eligible to return when you have the required 30 days of sobriety again.

Milestone 1: Minimum Advancement Requirements

1. Consistently maintain weekly contact with an FRC Team Member, such as GAL, Peer, Case Manager, or DCYF Caseworker.
2. Maintain consistent weekly contact with the FRC Case Manager.
3. Attend weekly court appearances without any unexcused absences for at least four weeks.
4. Substantially comply with all court-ordered obligations and responsibilities.
5. Engage in treatment programs as required, such as Substance Use Disorder (SUD) treatment, Mental Health Treatment, Anger Management, and Domestic Violence (DV) programs.
6. Comply with random Urine Analysis (UA) testing.
7. If required, obtain or identify a support person.
8. Consistently attend all available visitations with your children.
9. Begin efforts to obtain safe and sober housing or work on a housing plan.
10. Achieve 30 consecutive days of clean/sober time while in Milestone 1 before advancing.
11. Maintain a violation-free record for 14 consecutive days before advancing.

Milestone 2: Minimum Advancement Requirements

1. Consistently maintain weekly contact with an FRC Team Member, such as GAL, Peer, Case Manager, or DCYF Caseworker.
2. Maintain consistent bi-weekly contact with the FRC Case Manager.
3. Attend court appearances bi-weekly
4. Attend Life Skills on non-court weeks
5. Meet all court-ordered responsibilities.
6. Complete mental health and/or substance use relapse prevention plan (if applicable).
7. Comply with random UA (Urine Analysis) testing.
8. Maintain a support person.
9. Consistently attend all available visitations with your children.
10. Have a housing plan.
11. Create a plan to address outstanding medical or dental issues.
12. Satisfactory participation in educational and vocational pursuits (if applicable).
13. Have a plan in place for obtaining financial stability.
14. Achieve 60 consecutive days of clean/sober time while in Milestone 2 before advancing.
15. Maintain a violation-free record for 30 consecutive days before advancing.

Milestone 3: Minimum Graduation Requirements

1. Consistently bi-weekly contact with an FRC Team Member, such as GAL, Peer, Case Manager, or DCYF Caseworker.
2. Maintain consistent tri-weekly contact with the FRC Case Manager.
3. Attend court appearances tri-weekly.
4. Current in all programs.
5. Compliant with all treatment requirements.
6. Review and revise mental health and/or substance use relapse prevention plan (if applicable).
7. Comply with random UA (Urine Analysis) testing.
8. Maintain a support person.
9. Consistently attend all available visitations with your children.
10. Obtained/Maintained stable housing.
11. Achieved financial stability.
12. Be close to achieving a permanent plan.
13. Achieve 90 consecutive days of clean/sober time while in Milestone 3 before graduation.
14. Maintain a violation-free record for 45 consecutive days before graduation.

Incentives/Responses

Throughout your time in the program, you will be rewarded with incentives when you show behavior that aligns with program requirements and behavior that helps you achieve your goals. Failure to comply with treatment and court orders may result in responses. The table below outlines potential violations and responses, as well as achievements and incentives within the FRC program.

Violations		Responses		
	Failure to Call UA Line	Low	Verbal Reprimand from Judge	
	Positive UA (includes dilute, missed)		Written Warning	
	Missed Support Group Meeting(s)		Weekly Planner Checks	
	Arriving Late/Leaving Early to FRC (unexcused)	Intermediate	Daily Social Worker Reporting	
	Unexcused Absence From FRC		Home Assignment	
	Failure to Abide by FRC Medication Policy		Meet with FRC Case Manager	
	Failure to Perform Responses		Team Round-Table	
	Failure to Contact Social Worker		Loss of Clean Time	
	Missed Scheduled Parenting Time		Additional Service/Evaluation	
	Failure to Schedule Initial Service Appointment		Increased Support Group Meetings	
	Missed Treatment Appointment (Unexcused)		Increased Court Appearances	
	Failure to Complete an Ancillary Service		Increased UA Frequency	
	Failure to Complete a Treatment Service		High	Delay in Milestone Advancement
	Failure to Remain Law Abiding	Program Suspension/Discharge		
Achievements		Incentives		
	Attending All Court Appearances	Low	Courtroom Recognition	
	Consistent Negative UAs		Judicial Praise/Recognition	
	Obtainment of a Support Person	Intermediate	Small Gifts	
	Participation in Treatment		Child Birthday Bags	
	Participation in Ancillary Services		Sobriety Medallions	
	Participation in Support Group Meetings		Bookmarks	
	Compliance with Treatment Plan		Certificates of Achievement	
	Treatment/Service Completion		Letter of Reference/Recognition	
	High School Equivalency Completion		Gift Certificates/Gifts	
	College Enrollment and Attendance		Reduced In-Person Court Appearances	
	Job Obtainment/Promotion		High	Milestone Advancement
	Attendance at Community Events			Program Graduation

Table 1

Drug Testing

While in FRC, you will have frequent and random urine tests to check if you are staying away from alcohol and any non-prescribed drugs that could affect your mood. These tests can happen any day of the week (including Saturday and Sunday). Your treatment provider will give you specific information on how to call in to see if you have a UA each day, but you must call in daily and you must go when you are told. These tests are done to see how you are progressing, if any changes in support and treatment need to be made, and if you are following the program rules.

The Family Recovery Court team believes in the accuracy of these test results and uses them to support your journey. Before you start the program, you will be told that you are responsible for the results of your drug tests. This will be clearly explained in the contract you sign when you join the program and in the "Substances to Avoid" and "Diluted UA" documents. Copies of these documents are at the end of this handbook in Appendix A and Appendix C.

Positive UA Procedure

If someone in the FRC program has a positive test, their "clean and sober" date will be changed to the date of their first negative test after the positive one.

Dilute Samples

As outlined in the "Dilute UA Policy" document (Appendix C): If the urine sample has a very low level of creatinine (equal to or below 20 mg/dL), it's considered overly diluted and not suitable for testing. This standard is used by all treatment providers and labs for drug tests in therapeutic courts. These diluted samples will be treated the same as a positive test. As a result, anyone with a diluted sample will have their "clean and sober" date changed to the date of their first negative test after the diluted sample.

Trying to tamper with the urine sample by substituting or adulterating it is a severe violation and will result in a serious response.

Failure to Provide a Sample

If you miss a UA or fail to provide a sample, any previously accumulated "clean and sober time" may be forfeited, and you may face an appropriate response. You must inform your FRC Case Manager, DCYF Social Worker, and treatment provider if you miss a UA.

Medication Policy

As a participant, it's essential to stay drug-free during the program. In addition to avoiding alcohol and illicit drugs, following the FRC's guidance on avoiding over-the-counter medications, foods, and supplements, avoiding mood-altering prescription medications, and informing your team of any prescriptions are required.

Before joining FRC, you must read and sign the "Substances to Avoid" document (Appendix A) to understand what to steer clear of regarding over-the-counter medications, foods, and

supplements. This is an important document to refer back to. In addition, you must tell your treatment provider, DCYF Social Worker, and FRC Case Manager about any prescription medications you are taking and include them on your urinalysis orders. Taking any medications or substances without approval from FRC is not allowed. If you are currently on medication-assisted treatment (MAT) like methadone or suboxone, you can still participate in FRC. Just make sure to provide proof of your current prescription and dosage and follow the standard prescription medication procedures.

Suspension, Termination, and Graduation

Suspension from FRC

If your behavior does not comply with the program's rules, the Judicial Officer may decide to temporarily suspend you for a certain period. This means you won't be able to participate in the program for a while.

In such cases, there will be a hearing called a "Show Cause hearing." The Assistant Attorney General will present an "Order to Show Cause" to the court. You and your attorney will be informed about the hearing following the local and civil rules.

The suspension can last for up to 30 days. If it goes beyond that, there must be a good reason for the extension. To get back into the program after suspension, you must write a letter to the team, using the "Application for Readmittance." In that letter, you should explain why you think you should be readmitted. During your suspension, you should still try to follow the court's orders for any required services. You can attend court proceedings, but you won't actively participate in them.

Termination from Family Recovery Court

If you can't get back into the program after a suspension, you will be removed from FRC. If that happens, your case will return to the regular court schedule, and they will make the necessary decisions.

If you want to try to join FRC again later on, you can file a motion.

Graduation from Family Recovery Court

When you meet all the FRC requirements, you can graduate from FRC! However, sometimes people choose to stay in FRC after they are eligible to graduate. If you choose to remain in the program beyond the first date you are eligible for graduation, you will continue to be held to the same standards of compliance. This means that any violations may change your eligibility for graduation.

When you get to graduation, we want to celebrate this special moment with you, your friends, and your family so you are free to invite them so we can all join in the celebration of all your successes. After graduation, your case will go back to the regular court calendar.

Appendix A : Substances to Avoid

(These are substances that could produce positive results and will be considered a positive UA)

Alcohol (In Any Form)	Alcoholic beverages, vapors, medications containing alcohol (such as cough syrups and liquid-caps like Nyquil and Robitussin), energy drinks containing alcohol, and foods containing alcohol (including those with trace amounts like Kombucha and non-alcoholic beer).
Amphetamine	Any medications containing Pseudoephedrine such as Alka-Seltzer Cold, Claritin-D, Comtrex Acute, Contac Cold Maximum, Coricidin, Dayquil/Nyquil, Dimetapp, Dristan Maximum, Robitussin, Sinarest, Sudafed, Tavist Allergy, Tylenol Cold or Allergy. <i>There are non-pseudoephedrine versions available for almost all of these. Check the label or speak with the pharmacist to make sure you are getting the correct type.</i>
Dextromethorphan "DM"	Cold and flu medications and cough suppressants such as Alka-Seltzer Cold, Comtrex Acute, Contac Cold Maximum, Coricidin, Dayquil/Nyquil, Dimetapp, Dristan Maximum, Robitussin, Sudafed, Triaminic, Tylenol Cold, Vicks 44. <i>There are non-dextromethorphan versions available of almost all of these. Check the label or speak with the pharmacist to make sure you are getting the correct type.</i>
Supplements	Diet Pills, metabolism supplements, energy enhancers may have ingredients that will produce a positive UA. A good rule is to avoid anything labeled "Not for Human Consumption."
Foods	ALL products containing poppy seeds. Common items like salad dressings, muffins, bread, hamburger buns, cookies, and crackers may contain poppy seeds.
Inhalants	Substances used or abused as inhalants, commonly known as huffing.

(Please initial beside each statement and sign below)

- _____ I agree to talk with the pharmacy if I have any doubts whether any over-the-counter medications I am purchasing contain pseudoephedrine, dextromethorphan, or alcohol.
- _____ I understand that if I take any of these medications, supplements, or food products, it will **still** be counted as a positive.
- _____ I am responsible for remaining in full compliance with the abstinence policy of Family Recovery Court
- _____ I understand that I am responsible for everything that enters my body.
- _____ I understand that all prescription medications must be listed to enable an accurate urine drug screen. Proof of prescriptions must be provided to either your caseworker or treatment provider or both.

Participant Signature

Date

Attorney Signature

Date

Appendix B: FRC Contract

Mason County Family Recovery Court Contract

Participant Name: _____

Please initial each condition of Family Recovery Court:

_____ I understand the goal of the Court is to return my child(ren) to me or the other parent as soon as it is safe for the child(ren).

_____ I understand that I am expected to follow all FRC rules outlined in this document and the Participant Handbook.

_____ I understand that abstinence from all mood-altering substances and alcohol is a requirement.

_____ I will agree to attend, participate in and complete treatment, therapy and educational programs and all court-ordered services.

_____ I will appear in court in person on all scheduled court dates.

_____ I will meet with my DCYF Social Worker as directed.

_____ I will comply with all conditions of my probation if I am on probation.

_____ I understand that at Family Recovery Court (FRC) staffing my case will be discussed by all members of the FRC team including the Judicial Officer.

_____ I understand that I will hear confidential information during FRC sessions about other families and that this information is not to be discussed with non-FRC members.

_____ I will be drug and/or alcohol tested on a frequent basis. I will submit to drug/or alcohol testing including urine and breath testing as directed by my treatment provider, DCYF social worker or

by the court. If I miss a test or do not provide a valid specimen, or provide a dilute specimen, it will count as a positive test.

_____ If I am taking any over-the-counter or prescription medications, I must immediately notify the treatment provider and provide verification if I have a prescription.

_____ I have received a list of medications that will cross-test for illegal substances and understand that I am not allowed to take these medications while part of this treatment program, unless approved by the court.

_____ In order to complete FRC, I will successfully complete all treatment as recommended by my treatment provider.

_____ I understand that this program may take more than 6 months.

_____ I understand that although entrance to the FRC is voluntary, once I make the commitment that I am expected to successfully complete the entire program.

_____ I understand the Court will use positive rewards for success in this program. Rewards may include, but are not limited to:

- Courtroom recognition
- Judicial praise
- Certificates of Achievement
- Reduced in-person court appearances
- Milestone advancement

_____ I understand the Court will use responses for noncompliance with the FRC contract, the FRC Handbook, or the Court's order. Responses may include, but are not limited to:

- Verbal reprimand from Judicial Officer
- Written warning
- Weekly planner checks
- Daily reporting
- Homework assignment
- Meet with FRC case manager
- Loss of clean time

- Additional services/evaluations
- Changes in treatment requirements
- More intensive treatment
- More frequent UA's or meetings
- Termination from FRC

_____ I understand that if I graduate from FRC I still must comply with the dependency dispositional order and my treatment plan (including UA's) until my dependency case is dismissed.

_____ This contract is not revocable by me.

_____ I understand the treatment team, including the Court may discuss my case outside of court, without my presence. I waive any objection to such ex parte communications.

_____ I will sign any and all releases of confidentiality necessary to further the treatment aims of the Family Recovery Court Program, including any and all releases necessary** to allow the Court and counsel complete access to my diagnostic and treatment information, and to my medical, mental health and other counseling records. My signature on this document also constitutes my release. *All further releases signed will be in compliance with all State and Federal privacy protections.

_____ With respect to court proceedings, I **waive my rights** to confidentiality. I understand that other FRC participants may be in the courtroom during my case and the proceedings will be open to the general public.

I have read this contract and have reviewed it with my attorney. I understand and agree to abide by the terms of this contract.

Participant's Signature

Date

Parents' Attorney

Date

Appendix C: Dilute UA Policy

MASON COUNTY FAMILY RECOVERY COURT

Dilute UA policy

Please be aware that diluted (more like water than urine) UAs will be considered a positive test, are not acceptable and can result in a sanction.

Please discuss the following steps with your doctor and inform him/her about the FRC requirements regarding UA testing.

1. Eat food at least one hour prior to testing.
2. Do **NOT** consume large quantities (2 or more large cups) of water, coffee or other fluids immediately before your test.
3. Do not take/drink diuretics (any food, liquid or medication which causes increased urination). Diet shakes, teas, over the counter diuretic pills, cranberry juice and some energy drinks are examples of diuretics.

You are responsible to avoid behaviors which may cause a dilute UA!

I have read or had this information read to me.

FRC Participant

Date

Appendix D: ROI

Mason County Therapeutic Courts

Consent for the Release of Confidential Information

Adult Felony Drug Court



Family Recovery Court

Veterans Court

Mental Health Court

_____ of _____
(Name of Client) (Client's physical address)

Authorize _____ to disclose/exchange the following information:
(Person/Agency making Disclosure)

Verification of my eligibility and/or acceptability for substance abuse, mental health, and/or domestic violence treatment services. Confirmation of my completion of assessments for services, diagnosis from treatment assessments, start/engagement in treatment, attendance for services, prognosis, compliance, progress, and urinalysis results.

With the following persons of organizations: Members and agencies included in Mason County Family Recovery Court Team.

The purpose of need for this release is to provide the above information to the Mason County Mason County Family Recovery Court .

I understand that my records are protected under the Federal and State confidentiality regulations and cannot be disclosed without my written consent unless otherwise specified by the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g., probation) and that in any event, this consent expires automatically as described below:

For the duration of participation in the program Or: Other: _____ (Specifics dates)

I further acknowledge that the information to be released was fully explained to me and this consent is given of my own free will.

Clients Signature (Date) (Date of Birth)

(Witness) (Parent/Authorized Rep for client under 18)

Appendix E: Priorities Checklist

Participants Name: _____

Week of: _____

(Put your most important to your least important tasks/goals at hand in order)

(Examples of task/description is providing ua's, attending treatment or parenting classes, making it to all your available visits with your child, child's doctors appt, doc appt for self, transportation, housing, food, diapers/diaper bag for visits, school, one on ones, self-care time, employment, finances/banking, paying bills, looking for work etc.)

√	Task / Description	Notes for the week:
		Who do you need help from: _____ Barriers to complete: _____ Notes: _____
		Who do you need help from: _____ Barriers to complete: _____ Notes: _____
		Who do you need help from: _____ Barriers to complete: _____ Notes: _____
		Who do you need help from: _____ Barriers to complete: _____ Notes: _____
		Who do you need help from: _____ Barriers to complete: _____ Notes: _____
		Who do you need help from: _____ Barriers to complete: _____ Notes: _____

Appendix F: Milestone 1 Contract

Milestone 1

Contract

Name: _____

Program Goals for this Level:

- Consistently maintain weekly contact with an FRC Team Member (GAL, peer, Case manager, DCYF social worker)
- Maintain consistent weekly contact with the FRC Case Manager
- Substantially comply with all court-ordered obligations and responsibilities
- Attend weekly court hearings
- Comply with random Urine Analysis (UA) testing
- Attend 4 recovery/support groups per week
- Obtain or identify a support person (if applicable)
- Begin efforts to obtain safe and sober housing or work on a housing plan
- Connect to community supports

Parenting Goals for this Level:

- Demonstrate an understanding of child(ren)'s medical and behavioral health needs
- A comprehensive health exam, including an assessment for appropriate mental and behavioral health services, has been completed for the child(ren)
- Linkages to quality childhood development programs that can meet the developmental and/or educational needs of the children have been established

Individual Goals for this Level:

-
-
-
-
-

Requirements for Advancement:

- Achieve 30 consecutive days of clean/sober time before advancing.
- Maintain a violation-free record for 14 consecutive days before advancing.

I have read, understand, and acknowledge that by signing this contract I am agreeing to follow all the conditions listed above regarding my treatment and participation in Family Therapeutic Court.

Participant Signature

Date

Appendix G: Milestone 1 Completion Application

Milestone 1 Completion- Application for Advancement

Requirement Checklist		
Milestone accomplishments:	X= complete	Prof. Signature
Consistently maintain weekly contact with an FRC Team Member (GAL, peer, Case manager, DCYF social worker.)		
Maintain consistent weekly contact with the FRC Case Manager		
Attend weekly court appearances without any unexcused absences for at least 4 weeks prior to advancement.		
Substantially comply with all court-ordered obligations and responsibilities.		
Engage in treatment programs as required (SUD, MH, A.M., D.V.)		
Comply with random Urine Analysis (UA) testing.		
Obtain or identify a support person (If applicable)		
Attend 4 recovery/support groups per week, with attendance verified through signed and dated attendance slips. (If applicable)		
Consistently attend all available visitations with your children.		
Begin efforts to obtain safe and sober housing or work on a housing plan.		
Achieve 30 consecutive days of clean/sober time before advancing.		
Maintain a violation-free record for 14 consecutive days before advancing.		

Written Responses

Answer all of the following questions. It is to your advantage to provide as much detail and information as possible when answering these questions. If you need assistance in completing your application, please let your DCYF Social Worker or FRC Case Manager know.

List three things you learned in Milestone 1?

1.)

2.)

3.)

Describe what new skills you have learned in Milestone 1 and how you have applied them in parenting your child(ren)? Provide at least one specific example (what was the skill, how did it work, and what did you learn)

What aspects of Milestone 1 had the least value for you and why?

What aspects of Milestone 1 had the most impact on you and why?

Why do you believe you are ready to move to Milestone 2?

What individual goals (list at least three) would you like to accomplish in Milestone 2?

1.

2.

3.

What else should the FRC Team consider in reviewing your application?

Appendix H: Milestone 2 Contract

Milestone 2 Contract

Name: _____

Program Goals for this Level:

- Consistently maintain weekly contact with an FRC Team Member (GAL, peer, Case manager, DCYF social worker)
- Maintain consistent bi-weekly contact with the FRC Case Manager
- Meet all court-ordered responsibilities
- Attend bi-weekly court hearings
- Attend Life Skills on non-court weeks
- Comply with random Urine Analysis (UA) testing
- Attend 3 recovery/support groups per week
- Maintain a support person
- Have a housing plan
- Satisfactory participation in educational and vocational pursuits (If applicable)
- Have plan in place for financial stability

Parenting Goals for this Level:

- Demonstrate an understanding of child(ren)'s cognitive development and educational needs
- Participate in children's school/daycare and extracurricular activities (if applicable)
- Consistently attend all available visitations with your children.

Individual Goals for this Level:

-
-
-
-
-

Requirements for Advancement:

- Achieve 60 consecutive days of clean/sober time before advancing.
- Maintain a violation-free record for 30 consecutive days before advancing.

I have read, understand, and acknowledge that by signing this contract I am agreeing to follow all the conditions listed above regarding my treatment and participation in Family Therapeutic Court.

Participant Signature

Date

Appendix I: Milestone 2 Completion Application

Milestone 2 Completion Application

Requirement Checklist		
Accomplishments of Milestone 2:	X= complete	Prof. Signatures
Consistently maintain weekly contact with an FRC Team Member (GAL, Peer, Case Manager, DCYF Social worker).		
Maintain consistent bi-weekly contact with the FRC Case manager.		
Attend court appearances bi-weekly- Attend life skills on alternating weeks.		
Meet all court-ordered responsibilities.		
Complete mental health and or substance use relapse prevention plan. (If applicable)		
Comply with random Urine Analysis (UA) testing.		
Maintain a support person.		
Attend 3 recovery/support groups per week with attendance verified through signed and dated attendance slips. (If applicable)		
Consistently attend all available visitations with your children.		
Have a housing plan.		
Satisfactory participation in educational and vocational pursuits (If applicable)		
Have a plan in place for obtaining financial stability.		
Achieve 60 consecutive days of clean/sober time before advancing.		
Maintain a violation-free record for 30 consecutive days before advancing.		

Written Responses

Answer all of the following questions. It is to your advantage to provide as much detail and information as possible when answering these questions. If you need assistance in completing your application, please let your DCYF Social Worker or FRC Case Manager know.

What aspects of Milestone 2 had the most impact on you and why?

What aspects of Milestone 2 have been least value for you and why?

Why do you believe you are ready to move to Milestone 3?

What individual goals do you want to accomplish in Milestone 3?

Describe how you have applied what you learned in your parenting course? Provide at least one specific example.

Describe your experience participating in your child(ren)'s extra-curricular activities?

What else should the FRC Team consider in reviewing your application?

Appendix J: Milestone 3 Contract

Milestone 3

Contract

Name: _____

Program Goals for this Level:

- Consistently maintain weekly contact with an FRC Team Member (GAL, peer, Case manager, DCYF social worker)
- Maintain consistent tri-weekly contact with the FRC Case Manager
- Attend court appearances tri-weekly
- Current in all programs
- Compliant in all treatment requirements (eg. SUD, MH, DV..etc)
- Review and revise MH and or SUD relapse prevention plan (if applicable)
- Comply with random Urine Analysis (UA) testing
- Attend 3 recovery/support groups per week
- Maintain a support person
- Obtained/Maintained stable housing.
- Achieve financial stability
- Work towards a permanency plan

Parenting Goals for this Level:

- Create age-appropriate house rules with child(ren)
- Demonstrate an understanding of appropriate discipline styles throughout all stages of child development
- Apply parenting skills in the home
- Schedule, transport, and participate in all appointments related to children's medical, dental, and mental health needs
- Consistently attend all available visitations with your children.

Individual Goals for this Level:

-
-
-

Requirements for Advancement:

- Achieve 90 consecutive days of clean/sober time before advancing.
- Maintain a violation-free record for 45 consecutive days before advancing.

I have read, understand, and acknowledge that by signing this contract I am agreeing to follow all the conditions listed above regarding my treatment and participation in FTC.

Participant Signature

Date

Appendix K: Graduation Application

Graduation Application

Requirement Checklist		
Accomplishment for graduation:	X= complete	Prof. signature
Consistently bi-weekly contact with an FRC Team Member (GAL, Peer, Case Manager, DCYF social worker)		
Maintain consistent tri-weekly contact with the FRC case manager.		
Attend tri-weekly court hearings		
Current in all programs.		
Compliant with all treatment requirements (SUD, MH, DV etc.)		
Review and revise MH and or SUD relapse prevention plan (if applicable)		
Comply with all random UA testing (urine analysis)		
Maintain a support person.		
Attend 3 recovery/support groups per week, with attendance verified through signed and dated attendance slips- at least 1 meeting can be a pre-approved, pro-social activity.		
Consistently attend all available visitations with your children.		
Obtained, maintained stable housing.		
Achieve financial stability.		
Be close to achieving a permanent plan in your case.		
Achieve 90 consecutive days of clean/sober time before advancing.		
Maintain a violation-free record for 45 consecutive days before advancing.		

Written Responses

Describe your life prior to entry into FRC:

Describe one or more challenges that you overcame while in FRC:

Describe one or more accomplishments that you made while in FRC:

What future goals have you planned for yourself in the following areas:	
Family/Parenting	
Recovery	
Employment and/or Volunteering	
Educational	
Social	

Program Feedback

What part(s) of FRC did you find to be the most beneficial?

What part(s) of FRC did you find to be the least beneficial? What would you change? _____

Are you interested in participating in a treatment court Alumni Group? Yes No

Additional Comments/Suggestions:

Appendix L: Parenting Worksheet

PARENTING WORKSHEET-

Fill in the blanks to reflect on your experience as a parent.

Child's Name: _____

I NEED TO BECOME A MORE _____ PARENT

MY CHILD THINKS I AM A _____ PARENT

I WISH MY CHILD WOULD STOP _____

I WISH MY CHILD WOULD START _____

I HOPE MY CHILD NEVER _____

I NEED TO GIVE MY CHILD MORE _____

MY CHILD'S BEHAVIOR WOULD BE BETTER IF

MY CHILD'S STRENGTHS ARE _____

MY CHILD'S MOOD IS TYPICALLY _____

MY CHILD LIKES TO _____

MY CHILD HATES TO _____

Appendix M: Application for lift of suspension

Mason County Family Recovery Court

Application for lift of suspension.

Name of participant: _____

Date of suspension: _____

Date of suspension review: _____

1. Why were you suspended? Please be specific. _____

2. What are your court ordered obligations and what compliance status are you in with each of them? _____

5. What is going to be different for you if the suspension is lifted? What do you plan on doing differently with this new chance; if given the chance.

Participant signature: _____

Date: _____

Appendix N: Physician's Medication Waiver

Mason County Therapeutic Courts

414 N 5th Street Building 6 Shelton, WA 98584 * 360-427-9670 x 296 * Fax: 360-968-0443

therapeuticcourts@masoncountywa.gov

PHYSICIAN'S MEDICATION WAIVER

I, _____, am a participant in a Mason County Therapeutic Court Program. This is a treatment court program in Superior Court. I am actively involved in treatment for my substance use problems and this is an abstinence-based program. It is for this reason that I must avoid using any narcotic substances and/or any other addictive substances (including those containing any alcohol) such as opiates, sleep aids, ADHD medications, benzodiazepines, muscle relaxants, certain over-the-counter medications etc. unless my medical condition absolutely requires that I must take any of these medications in order for me to get well. My continuing participation in the program is contingent on obtaining medical justification for any use of these types of substances.

This letter is to be completed by the physician who is treating me for my medical condition. It serves to confirm that I have been actively communicating my substance use history with physician, I have tried all non-addictive medications for my medical condition, and that I absolutely must take the prescribed medications in the opinion of my physician. If there are non-addictive medications that would help my medical condition I am willing to try other options so that I can maintain a non-addictive lifestyle.

Participant Signature: _____ Date: _____

For Physician Use Only:

I, _____, verify that _____ is under my medical care and that the medication I am prescribing is the only viable option for the successful recovery of this person's medical condition.

Physician Name (Print)

Physician Signature

Date

Address/City/State/Zip/Phone