

FAMILIES ON TRACK!
The Enhancement and Expansion of the Pinellas Family Drug Treatment Court (FDTC)

PROGRAM NARRATIVE

A. Statement of the Problem (20%)

The lead applicant, **Pinellas County Government**, on behalf of the **Sixth Judicial Circuit (SJC)**, is requesting *Drug Treatment Courts Program* (FY 2018) funding under **OJJDP-2018-13551**,

Category 2: Family Drug Courts Enhancement, to **enhance**

and **expand** the Circuit's existing **Pinellas County Family**

Drug Treatment Court (FDTC), established in 2016. The

SJC, the third largest trial court in Florida, serves both Pasco

and Pinellas Counties in the state's Central West Coast. The

existing FDTC serves the geographic area of Pinellas County,

Florida, which the U.S. Census Bureau estimates the

population to be 970,637 (2017), with the majority of residents

(83%) being White (alone), with a median household income of approximately \$47,090. The Pinellas

FDTC operates within the Circuit's Pinellas Unified Family Court (UFC) division. The overarching

goal of the Circuit's FDTC is to reduce child maltreatment and support family stability. The 2014

National Survey on Drug Use and Health reported 8.7 million children under the age of 18 living

with at least one parent who was dependent on or abused alcohol or an illicit drug. Although not all

of these children will experience abuse or neglect, they are at higher risk of experiencing

maltreatment. The alternative justice program offers substance-abusing parents support, behavioral

health treatment, and access to community-based services (including recovery support services) that

will protect children; reunite families (when safe to do so), and expedite permanency. The Pinellas

FDTC focuses on a population of adult parents (ages 18+) with substance use disorders (SUD), many



Every 43 hours a person dies from opioids in Pinellas County.

Increase in opioid Rx linked to 32% increase in FL removal rate for parental neglect.

Specialized drug courts will help stabilize families and help solve the opioid crisis.

have co-occurring or coexisting substance use and mental disorders (COD). Additionally, these adults have a dependency adjudication where the child maltreatment or neglect is due to parental SUD. Moreover, many of the individuals involved in UFC cases have experienced at least one traumatic event, while many have suffered with lengthy histories of trauma. The rapidly intensifying national opioid epidemic is hitting home, and Pinellas County government, SJC and the entire FDTC multidisciplinary team are feeling an overwhelming demand for solutions to opioid abuse and opioid-related deaths. During the last 3 years, the SJC has documented an increase in the number of defendants whose primary, secondary or tertiary drug-of-choice is a type of opiate or opioid (25% of total defendants over the last 12 months). The *Florida Medical Examiners Commission Interim Report* (2017), utilizing data from the State of Florida's Bureau of Vital Statistics, reveals that during the two (2) quarters of 2017 (January to June): **(a)** Drug-related deaths increased by 11% in Florida; **(b)** 2,096 opioid-caused deaths were reported in Florida, a 27% increase from 2016; and **(c)** Drugs that caused the most deaths in Florida include: ethyl (2.7% increase), benzodiazepines (25% increase); cocaine (36% increase), cannabinoids (2.6% increase), morphine, possibly rapidly metabolized heroin (20% increase), fentanyl analogs (383% increase) and fentanyl (1.5% increase). The rapid increase in opioid overdose deaths tells a similarly grim narrative in Pinellas County, the target geographic area of the existing FDTC. The *Florida Medical Examiners Commission Interim Report* (2017) reveals that every 43 hours a person dies from opioids in Pinellas County. Additionally, a 200% increase in opioid-related deaths, from 2015 to 2016 in Pinellas County was reported. Moreover 59% of opioid deaths in 2016 were males and 96% of the victims were white. Ages ranged from 16-77, but the age group with the most deaths was 53-57, followed by 28-32 and 33-37. Some of the deadliest opioids found in the county are the synthetic opioid fentanyl and its analogs, which were found in postmortem toxicology screenings more frequently than oxycodone

and heroin combined. As noted in the *National Strategic Plan for Family Drug Courts (2017)*, existing Family Treatment Drug Courts are serving only a fraction of the vulnerable individuals and families that need this innovative, cost-effective, and human intervention. Without it, a family's unaddressed cycle of addiction and justice involvement prepares children to mature under the dark cloud of an intergenerational cycle that mirrors the traumatic and life-altering experience of their parent(s). A recent article in a 2018 edition of the Tampa Bay Times¹ (local newspaper) revealed that the opioid epidemic, and prescription drug abuse in general, is driving children into Florida's foster care system. A new 2018 study from the University of South Florida (local university) found that 2 out of every 1,000 children in Florida were removed from their homes due to parental neglect from 2012 to 2015, representing a staggering 129% increase.² The report suggested a connection between a recent increase in opioid prescriptions in Florida and a recent 32% increase in the removal rate for parental neglect among Florida families. Further, the Florida Coalition for Children reports that 60% of child removals were the result of substance abuse in 2017, nearly double the amount from 2014, costing the state and taxpayers more than \$40 million. A National Association of Drug Court Professionals (NADCP) publication titled, *Research Update on Family Drug Courts*, estimates that between 60% and 80% of substantiated child abuse and neglect cases involve substance abuse by a custodial parent or guardian. In 80% of confirmed child abuse and neglect cases, experts identify parental substance abuse as a precipitating factor, which further complicates these already difficult and complex cases. Continued substance abuse by a custodial parent is associated with longer out-of-home placements for dependent children and higher rates of child

¹ Griffin, Justine. "Opioid Epidemic Is Driving Thousands of Florida Children into Foster Care, Study Finds." Tampa Bay, Florida News, Poynter Institute, 8 Jan. 2018.

² Quast, Tony. "Opioid Prescription Rates And Child Removals: Evidence From Florida." Health Affairs, vol. 37, no. 1, 5 Jan. 2018.

victimization and terminations of parental rights. Below is local data from the SJC, State Attorney, County Sherriff, and Eckerd Connects.

PINELLAS COUNTY DATA TYPE	VALUE
Termination of parental rights (TPR) petitions filed (FY 2015-2016)	231
Dependency petitions filed (FY 2015-2016)	500
Children transferred through services (July 2015-March 2016)	619
Verified maltreatments involving substance abuse (July 2015-March 2016)	279
Number of children removed due to substance abuse (July 2015-March 2016)	159
Adoption petitions filed as a result of TPR (2014)	123
Average family reunification rate (January 2016-April 2016)	54%
Did not re-enter foster care within 12 months of moving to perm. home (2014)	12%

The problem of drug dependence is such a huge contributing factor to child removals in Pinellas County that the action plan of the SJC Dependency Court Improvement Committee’s (DCIC) identifies a reduction in the removal rate of families entering the system of care related to substance abuse as a priority goal. With local opioid abuse (and drug abuse in general) rapidly intensifying, Pinellas County government, the SJC, and other members of the FDTC team, sense an urgent need to continue to address the new and emerging needs of those with the highest risk/need including opioid abusing adults (parents) and/or adult parents with COD. Particularly needed, is the availability of accessible community-based SUD/COD outpatient and residential treatment and reentry/recovery services prioritized and specialized for participants with the highest risk/need. Unfortunately, the opioid epidemic is placing a financial strain on the local judicial system. Individuals addicted to opioids are more likely experience relapse and recidivism. This places a heavy burden on the justice system and increases the workload for several local sectors (i.e., law enforcement, hospitals, behavioral health providers, first responders, child protective services, etc.). Treatment courts that specialize in economy are having to do even more with less. With more than


650 active cases at any given time, SJC is skilled at maximizing a modest budget and leveraging resources. SJC makes every effort to tap into state and local resources to ensure the ongoing and stable operation of its progressive alternative justice initiatives. However, most state dollars invested in treatment courts support less intensive forms of treatment, leaving scarce funding for specialized integrated treatment interventions. Additionally, Florida is one of nineteen (19) states that have not implemented a Medicaid expansion under the Affordable Care Act. Moreover, Florida legislature passed and Gov. Rick Scott signed an \$87 billion budget that was \$28 million short in prison funding. To make up the shortfall, the Florida Department of Corrections has cut substance abuse and mental health treatment programs, including community-based residential SUD treatment beds. Effective June 1, 2018, the state cut 40% of the residential treatment beds that SJC could have accessed for justice-involved individuals with a clinical need for more intensive inpatient treatment. In the midst of a financial crisis and growing opioid epidemic, seeking federal funding is one of the only viable ways to ensure that the existing FDTC can continue to protect children, save lives, and, when safe to do so, reunite families. A *Prescription for Action*, a joint report by the National Association of Counties (NACo) and the National League of Cities (NLC) that examines how counties and cities can help tackle the opioid crisis, recommends that officials turn to drug courts instead of incarceration for nonviolent offenders whose crimes stem from drug addiction. The report notes that an increasing number of drug courts are choosing to specialize in a specific type of addicted offender, which allows the court to modify its program to better treat the specific addictions of its participants.

B. Goals, Objectives, and Performance Measures (5%)

The principal purpose of the Pinellas Family Drug Treatment Court (FDTC) is to provide safe, nurturing, and permanent homes and developmental services for children while providing parents with the necessary support and services they need to achieve stable recovery. The FDTC achieves

this overarching goal by providing substance-abusing parents with support, treatment, and access to services that will protect children; reunite families, when safe to do so; and expedite permanency. The multidisciplinary FDTC team has identified two strategic goals that describe the program’s intent to ameliorate or altogether eliminate the problems noted in *Section A*, and several measurable objectives that align with performance measures for *Category 2*, noted by OJJDP in *Appendix A* of the solicitation.

GOAL ONE			
Enhance the Pinellas Family Drug Treatment Court (FDTC) to increase the capacity of FDTC team to intervene with substance abusing adult parents and adult parents with co-occurring mental health disorders who involved with the local justice system as a result of child abuse and neglect issues.			
OBJECTIVE 1A	OBJECTIVE 1B	OBJECTIVE 1C	OBJECTIVE 1D
173 adults will participate in the FDTC program over the life of the grant project.	44 adults (parents) annually will participate in licensed, evidence-based and person responsive ASAM Level 1 or 3.3 treatment.	At least thirty-five (35) additional family members (annually) will participate in one or more services.	At least 60% of participating adults and families annually will successfully complete the 12-month FDTC program.
GOAL TWO			
Improve the mental, behavioral, and social functioning among parents and families participating in the Pinellas FDTC.			
OBJECTIVE 2A	OBJECTIVE 2B	OBJECTIVE 2C	OBJECTIVE 2D
At least eighty percent (80%) of parents/families that complete their behavioral health treatment plans annually will remain substance free at thirty (30) days prior to discharge and at three (3) months post-completion.	At least eighty percent (80%) of parents/families that complete Seeking Safety annually will exhibit a reduction in trauma symptoms at completion of the intervention, and will maintain reduced symptoms at program completion.	At least ninety percent (90%) of parents that participate in parenting/family education sessions annually will exhibit an increase in positive/protective skills.	Over the life of the grant project (48 months) the Pinellas FDTC will achieve the following: (a) At least 90% of participating parents will not generate any new child maltreatment reports during participation, and 70% will not generate new maltreatment reports

		<p>three months post-discharge;</p> <p>(b) Incidents of parental rights terminations will lower by 20% among participating parents/families;</p> <p>(c) At least 60% of children removed from the homes of participating parents/families will be returned (if possible with interests of child being paramount); and</p> <p>(d) At least 70% of participating families will achieve timely permanency (within 12-15 months of enrollment in FDTC.).</p>
---	--	--

All objectives will be evidenced as documented in each participant’s individualized electronic Health and Wellness Plan (aka treatment plan) and in the Drug Court Case Management System (DCCM). Pinellas County agrees to provide data to OJJDP (quarterly performance metrics of relevant data through the Data Reporting Tool) regarding the performance measures detailed in Appendix A. The FDTC team will review performance measures on a monthly basis and adjust policy and practice as needed based on this review. Data analysis will be used by the FDTC team to track successes, needs, and deficiencies, as well as to justify and strengthen requests for new or continued funding. The FDTC’s plan for continuous quality improvement is detailed in *Section C* of this program narrative.

C. Project Design and Implementation (45%)

Pinellas County Government (the applicant) on behalf of the **Sixth Judicial Circuit (SJC)** of Florida (in Pinellas County), is requesting OJJDP *Drug Treatment Courts Program* funds of

\$900,000 (over 48 months) in **Category 2: Enhancement**, to expand and enhance the **Pinellas County Family Drug Treatment Court (FDTC)** established in 2016. All specialty treatment courts designed, implemented, and sustained by the SJC are informed by and follow best practices standards and evidence-based approaches established and/or endorsed by the Bureau of Justice Assistance (BJA), the National Association of Drug Court Professionals (NADCP), National Drug Court Institute (NDCI), the Center for Court Innovation (CCI), and the National Institute of Justice's (NIJ) *Multisite Adult Drug Court Evaluation*. NADCP's *Ten Key Components of Drug Courts and Adult Drug Court Best Practice Standards*, as well as, OJJDP's *Guidance to States: Recommendations for Developing Family Drug Court Guidelines* (2015) and NDCI's *Family Treatment Court Planning Guide*, comprise the foundation on which the Pinellas FDTC is built. The

The family-centered, holistic, and strengths-based approach of the Pinellas FDTC emboldens parents to take life-changing steps to stabilize and strengthen their families and themselves, beyond child welfare, social services, and criminal justice issues.

Pinellas FDTC program is voluntary, and designed to support substance abusing parents as they work towards a goal of recovery and family reunification. To achieve their goals, these parents and members of their families require access to a comprehensive continuum of community-based behavioral health treatment and recovery support services that the FDTC offers them. The FDTC program also offers parents opportunities to stay in contact with their child(ren), when safe to do so, as they work on personal goals established within an individualized, strengths-based and holistic Health and Wellness Plan (treatment/service plan). SUD treatment is customized to gender, drug-of-choice, and emotional and developmental age. A key component of the FDTC is the ability to place participants in the least restrictive level of care using the American Society of Addiction Medicine (ASAM) Patient Placement Criteria. Once enrolled, each participant receives the following services,

delivered by a multidisciplinary team of seasoned behavioral health professionals, integrated with judicial supervision and comprehensive case management services:

Pinellas Family Drug Treatment Court Menu of Services

Emphasizing Accountability, Rehabilitation, Recovery, and Cessation of Criminal Activity.

- Integrated screening and assessment for SUD/COD using a biopsychosocial assessment instrument administered in a structured clinical interview;
- Individualized, participant-driven treatment planning that addresses the needs of the individual and family (plan reviews every 30 days);
- Phased, licensed, evidence-based, and person-responsive (ASAM Level of Care) Outpatient and/or Residential SUD/COD treatment;
- Frequent, randomized, and science-based drug testing for monitoring compliance;
- Specialized COD education and support groups;
- Health and wellness planning and integrated healthcare services;
- Strengths-based case management services for participant and family coordinated between court, treatment and child welfare personnel (may include home visits);
- Parenting education and skills-building groups to strengthen parent child bonding and strengthen family functioning;
- Family engagement events and services (including home visits), family counseling, family reunification support groups and family parenting education;
- Wrap-around recovery support services (RSS) designed to improve access and retention in services (e.g., child care, vocational, educational, peer support, mentoring, transportation services);
- Linkages to comprehensive services for children to meet their neurological, physical, social-emotional, behavioral, or cognitive needs coordinated between the Court, Pasco County Government, Eckerd Connects and WestCare; and
- Relapse prevention, aftercare and alumni groups.

To assist families to break the intergenerational cycle of abuse, neglect, and trauma, due to parental SUD/COD, and to support the crime-and drug free lives of parents in all four dimensions of recovery (i.e., Health, Home, Purpose and Community), and to achieve the goals and objectives identified in

this proposal, the Pinellas FDTC will implement the following expansion and enhancement components.

EXPANSION AND ENHANCEMENT PLANS AND SERVICE ESTIMATIONS

FAMILIES ON TRACK! 176 UNDUPLICATED ADULTS SERVED OVER 48 MONTHS			SERVICE PROJECTIONS ADULTS SERVED OVER 48 MONTHS			
COMPONENT	EXPAND	ENHANCE	YR1	YR2	YR3	YR4
ASAM Level 1 Outpatient SUD/COD treatment.		X	35	35	35	35
New ASAM Level 3.3 SUD/COD FDTC treatment track. Adds new integrated treatment beds to local continuum.	X		9	9	9	6
FIGURES ABOVE REPRESENT UNDUPLICATED PERSONS SERVED						
Evidence-based treatment modified to meet the needs of participants w/ COD and to include opioid-reduction components.		X	ALL (44)	ALL (44)	ALL (44)	ALL (41)
Key Personnel: Court Program Specialist (1 FTE); Sustainment of a <i>judicial case manager</i> that services the FDTC.		X	ALL	ALL	ALL	ALL

Proposed Expansion and Enhancement Components: Since its implementation in 2016, the Pinellas FDTC has primarily offered ASAM Level 1 Outpatient SUD treatment to participants. Many of the Circuit’s drug court clients (presenting the highest risk/need) have a clinical need for higher intensity inpatient treatment services, most state dollars are invested in less intensive and more economical interventions, leaving little funding for residential treatment options. Consequently, Pinellas County and SJC are requesting enhancement funding from OJJDP to implement a modest number of new treatment beds to prioritize the recruitment, engagement and retention of parents whose first, second or tertiary drug-of-choice is opioids, as well as, parents with COD. The new residential treatment component will offer highest risk/need participants three (3)

months of inpatient SUD/COD treatment, and if needed, three (3) months of recovery housing and reentry services. Working in conjunction with licensed and CARF Accredited community-based treatment provider WestCare GulfCoast-Florida, the FDTC team will have an opportunity to offer new residential SUD treatment beds (ASAM Level 3.3) within WestCare's Community Involvement Center (65,000 square feet) in Pinellas County. The addition of new beds will increase the number of FDTC participants receiving residential treatment. A seasoned multi-disciplinary team of behavioral health professionals will provide 24-hour licensed and integrated residential treatment that is evidence-based, person responsive, trauma responsive and co-occurring capable. Treatment services also will be enriched by the integration of *opioid use, abuse, and overdose reduction education* using harm reduction strategies including utilizing SAMHSA's *Opioid Overdose Toolkit* and SAMHSA's *Decisions in Recovery: Treatment for Opioid Use Disorder* (client handbook). In addition, WestCare will augment its licensed treatment services with the addition of a new concluding phase of treatment that is focused on reentry and relapse prevention. During this final (3rd) treatment phase, participants will transition from the residential treatment (or outpatient) environment into *recovery housing* (aka transitional housing) for up to ninety (90) days (as needed) WestCare operates its recovery housing beds (aka recovery residences) in alignment with the strengths-based and inclusive standards set forth by the National Alliance for Recovery Residences (NARR). During the reentry phase, all clients will focus on the development of stable community supports including housing, employment, education, reconnections with members of their circle of support, other recovery support services, and continued participation in group therapy to address ongoing issues related to reentry, relapse prevention, and family functioning.

Additionally, FDTC has the opportunity to *leverage* existing resources. The FDTC will have the ability to offer *Medication Assisted Treatment (MAT)* to participants (as clinically indicated) under

the supervision of WestCare's Medical Director. The SJC and WestCare currently receive funding from the State of Florida to cover costs of Visitor® (naltrexone) under the care and prescription of a physician and licensed treatment provider. WestCare operates *A Turning Point*, an emergency intervention shelter and inebriate receiving facility that provides emergency intervention shelter services for homeless adults with SUD or COD. The shelter is the only facility (in the local area) that accepts inebriated adults directly from the street. FTDC participants in need of detoxification and stabilization will have access to the facility as needed.

Evidence-based Programs and Practices: WestCare selects interventions that are well-articulated with empirical support, and meet the approval of the WestCare's clinical experts (i.e., Chief Clinical Officer, Clinical Committee, etc.) and members of the FDTC team. All clinical treatment services provided by WestCare will be rooted in a cognitive-behavioral relapse prevention approach.

Cognitive Behavioral Therapy (CBT) is a general classification of psychotherapy, based on social learning theory that involves cognitive restructuring, modifying behavior, and/or developing alternative coping skills. WestCare uses CBT strategies to assist individuals in changing criminal beliefs and values. To change irrational thinking patterns cognitive strategies incorporate skills training in problem solving, negotiation, and interpersonal skills training. These interventions concentrate on the effects of thoughts and emotions on behavior and include strategies that promote pro-social behavior and accountability through a system of incentives and sanctions. ***Motivational Interviewing (MI)*** and ***Motivational Enhancement Therapy (MET)*** are other evidence-based techniques which WestCare uses in conjunction with CBT to address problems of motivation, treatment readiness, ambivalence, and resistance in assessment and treatment. ***Relapse Prevention (RP)*** is a cognitive-behavioral approach that focuses on the identification and management of high risk situations that could lead to relapse. Relapse prevention assists participants to identify triggers

for offending, learning strategies to avoid these triggers, and learning healthy ways of coping with triggers. WestCare helps its clients to develop coping skills, decision-making skills, and “right” thinking. WestCare’s model is flexible, maintaining authority by setting limits and enforcing parole/probation orders and other rules while using a problem solving approach with positive modeling and making extensive use of community resources. *No modifications are planned for these interventions.* **Seeking Safety**, developed by Lisa Najavits, Ph.D., is an evidence-based, present-focused, highly flexible and safe counseling model to help people attain safety from trauma and/or substance abuse. It directly addresses both trauma and addiction, but without requiring clients to delve into the trauma narrative, thus making it relevant to a very broad range of clients and easy to implement. Seeking Safety offers 25 topics that can be conducted in any order and as few or many as time allows. **Nurturing Parenting™ Families in Substance Abuse Treatment & Recovery**: The Nurturing Program for Families in Substance Abuse Treatment & Recovery is built on the principles of relational development. The 17-topic manualized curricula focuses on parental and familial factors including mutuality, authenticity and empathy. The evidence-based curricula guide parents to explore their childhood experiences, their fears, and their strengths. Parents explore effects of substance abuse on themselves and their families, and strengthen their recovery. Parents develop self-awareness and build nurturing skills using a variety of techniques and activities that accommodate different learning styles. Parents explore their own process of development as adults in recovery, and examine the parallels and differences in the development of their children. *No modifications are planned.* Residential programs and environments are structured using the **Modified Therapeutic Community (MTC)** treatment framework. Ideal for use with clients that have COD, the MTC model makes three key adaptations to address COD: more flexibility, less intensive and more individualization.

Eight (8) critical elements help support a strong foundation for the continued growth and development of the FDTC including: **(1) Collaborative Planning:** The Pinellas FDTC represents an important collaboration among multidisciplinary partners representing numerous local systems (i.e., court, child welfare, substance use disorder treatment and social services agencies, etc.). Bound by a shared family centric mission and vision, members of the FDTC team leverage authority, capacity, resources, and skills to respond to the array of challenges faced by families impacted by child welfare, social services, and criminal justice issues, especially, the families directly harmed by the opioid crisis. The FDTC team participated previously participated in *The Drug Court Planning Initiative: Family Dependency Treatment Court* training that was created and conducted by the National Drug Court Institute (NDCI). The process of designing, implementing, operating and sustaining the FTDC over the last three years has increased communication and information sharing between local systems, and has increased communication between these constituencies and families, thus providing the necessary support and guidance to protect children and reunite families.

(2) Eligibility, Engagement, and Screening: In alignment with NADCP's Adult Drug Court Best Practice Standards on *Target Population* and *Historically Disadvantaged Groups*, as well as, NADCP's 3rd Key Component of Drug Courts, eligible participants will continue to be identified early and promptly placed in the FDTC program. Integrated and strengths-based screening and assessment will be conducted as part of the individualized treatment plan process. In order to participate in the FDTC, each adult must meet the following **written objective eligibility** criteria: Must be at least 18 years of age and a parent. Must be a resident of Pinellas County. Must have dependency case where maltreatment/neglect is due to parental SUD. Must have case jurisdiction in Pinellas Count. Must prioritize the welfare of the child(ren) and family reunification as primary goals. Must admit to abuse and neglect allegation(s) and exhibit a desire to live crime/drug free.

☒ Some *disqualifiers* include alleged sexual perpetrators, histories of violent offenses, pending felonies, otherwise incompetent. Eligible participants are identified early and promptly placed in the FDTC program. The FDTC program uses of a Risk-Need-Responsivity Model and the Level of Service Inventory-Revised (LSI-R) validated risk assessment tool to prioritize participation for highest risk/need offenders. The Pinellas FDTC welcomes multiple referral sources with a *no wrong door* policy. **(3) Assessment, Service Delivery and Case Management:** In alignment with NADCP's Key Components of Drug Courts, as well as, NADCP's Adult Drug Court Best Practice Standards, OJJDP's publication titled, *Guidance to States: Recommendations for Developing Family Drug Court Guidelines* (2015), and with guidance from OJJDP Technical Assistance Representatives and input from participants via focus groups, participant input questionnaires and satisfaction surveys, services will be provided to children, adults and families as follows: ***Integrated and Strengths-based Assessment and Planning:*** In alignment with best practices noted by SAMHSA, an integrated assessment protocol will be administered for participating adults that will include a structured interview (biopsychosocial assessment), in addition to the validated Adverse Childhood Experiences (ACEs) tool and the North Carolina Family Assessment Scale for Reunification (NCFAS-R). Using these instruments, the WestCare Counselor, in collaboration with the participant (and his/her circle of support as applicable) will develop a custom Health and Wellness Plan (aka treatment plan) to address the unique needs of the participant and his/her family. The American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC-2) is used to place offenders in the most appropriate and least restrictive level of care. The Comprehensive Behavioral Health Assessments (CBHA) are completed for children in out of home care placements upon initial removal. The CBHA evaluations, administered through Eckerd Connects (the local Child Welfare Agency) contain critical information pertaining to children's mental health, medical and educational needs. Under Florida's

Safety Decision Making Framework, a Family Functioning Assessment (FFA) will also be completed, which provides a synthesis and critical analysis of all the facts gathered that are specific to services work with the family. An initial FFA is done by the Child Protection Investigator and an FFA – Ongoing is administered later by the child protection case manager. The FFA addresses four domains: Maltreatment and Nature of Maltreatment, Child Functioning, Adult Functioning and Parenting. The Department of Children and Families through Eckerd Connects is responsible for preparing the dependency case plan, which includes the requirement on the part of the parent to successfully complete the FTDC program. Eckerd Connects subcontracts with Directions for Mental Health and Lutheran Services Florida to provide child welfare case management services in Pinellas County. The resulting case plans utilize a holistic approach including, in addition to substance abuse treatment, any mental health services, medical services, domestic violence services, anger management services, parenting classes, visitation programs, housing, employment, transportation, and any other services that are pertinent to achieving the family stability necessary for reunification. All FTDC team members work closely to ensure that all needs identified in the case plan are satisfied and services provided to help ensure successful completion. The team approaches all aspects of each case with both short-term and long-term interests in mind. The regular input of substance abuse treatment provider will inject a critical perspective often missing in regular dependency planning. *Services for parents* will include substance abuse treatment, recovery support services, case management, aftercare/relapse prevention, and parenting/family education sessions. Using best practices from SAMHSA's RSS/Recovery-Oriented Systems of Care, the FTDC program integrates flexibly staged RSS with treatment services throughout the term of participation. (i.e., life skills training, transportation assistance, housing assistance and counseling, employment services, referrals and linkages, educational support, etc.). Participants also will utilize *Therapy Assistance*

Online (TAO) Connect, a web-based platform that provides individuals with self-guided educational and interactive modules, practice tools, and journals and progress measures that address topics such as: mindfulness, stress management, resiliency, relationships, connectedness, etc. FDTC clients will participate (at their own pace) in weekly sessions in a computer “lab” supervised by program personnel. In regards to mental health care, all participants and family members will be screened for mental health conditions using a validated instrument. If needed, participants and family members will be connected with local mental health partners for further evaluation and mental health counseling (including family counseling) and medication management. **Services for Children:** The FDTC team will utilize a Family Drug Court checklist provided by OJJDP which includes a list of effective strategies for “addressing the needs of children” in a self-assessment format. The dependency case plan must also include all available information relevant to the child’s care including services to address the child’s needs. The monitoring of developmental milestones throughout the child’s growth and developmental stages will be achieved through medical assessments from All Children’s Hospital. All Children’s also completes developmental assessments on babies, and the Fidler Developmental Assessment Center completes assessments on the 3-5 year old children. Once children are in the public school system, these assessments are continued through an Early Learning Coalition. Finally, most important will be the coordination with the parents/caregivers, primary care physicians, schools and daycares to monitor the ongoing needs of the child(ren) through a systematic process. Eckerd Connects ensures that every child serviced through the child welfare system receives routine medical and dental care. As the community based care child welfare lead agency, Eckerd Connects ensures that all sub-contracted providers are aware of the Florida Administrative Rules that govern this process. In addition to linking children to medical and dental services per code, Eckerd Connects collects data weekly via a Focus Tool, which

is utilized system-wide, to ensure that medical services are provided ongoing. Any child that is in the dependency system, whether substance exposed during pregnancy or exhibiting other developmental delays, will be evaluated for the level of care they require. Once the assessment is completed the child will be referred for Individual therapy – to include play therapy, art therapy, music therapy, and dance. If recommended, and based upon the child’s age, individual counseling may also be implemented. Additional services that are available to meet the child’s needs include Hospice (including grief and loss support groups), sexual abuse survivor therapy (for children that are either a victim or perpetrator), medication management (through regular psychiatric follow ups and evaluations), and specialized trauma therapy EDMR (eye movement desensitization re-processing). In an effort to help foster co-parenting in the interest of the child, Ice Breakers, which meets once for one hour helps the parents initiate a collaborative partnership to address the child’s best interests and strengthen child adjustment. When a child has been placed into a licensed foster home or with a relative placement, the Ice Breaker program will be notified within 24 hrs. The assigned Eckerd Connects Operations Specialist will assess the circumstances around the removal of the child to identify any potential safety risks. If the family is found appropriate, the assigned Operations Specialist will contact the biological parents and the foster parents to explain the Ice Breaker meeting and its purpose, and a time will be coordinated that is mutually agreed upon by both parties. The meeting will be held and facilitated by the assigned Operations Specialist within seven days of the removal. Some families may be screened out from participating if the parent is currently incarcerated or out of region/state, the Court has issued an order prohibiting the biological parent from contacting the caregiver, or safety concerns were presented during the investigation (concerns of possible dangerousness or physical violence). The location of the meeting will be off site, in an effort to help both sets of parents feel as if they are on neutral ground. The aim is to validate the

parent as a partner on a team working together for the child, and to minimize negative feelings the biological parents may harbor towards the FDTC and foster parents. The Operations Specialist will explain the purpose/goal of the meeting and introduce the participants and clarify each role and responsibility. The foster parent will be invited to speak first to relieve the birth parent's anxiety of not knowing where or who the child is with. The birth parent will share information about their child. This will be facilitated through use of an "About My Child" questionnaire. During the Ice Breaker, the team will also develop an eco-chart to map the significant adults in the child's life to help with future co-parenting efforts. At the Ice Breaker meeting plans will also be made for the nature and frequency of other regular communications between biological parents and child and between biological and foster parents each week. Bio-foster parent conversations (whether by phone, email, or combination) will occur multiple times weekly, linked to calls with the child as applicable, and will be child-focused and provide episodic opportunity for parents to give input (what bedtime rituals, soothing routines, logic behind and necessity for regular multiple contacts weekly even for preverbal infants who may not be able to "talk back" on the phone. In addition, in partnership with The Moyer Foundation, WestCare offers Camp Mariposa® St. Petersburg, a series of free, weekend overnight camps that support children between the ages of nine through twelve who are impacted by substance abuse in their families. The program combines traditional camp activities with therapeutic components to equip children being directly impacted by addiction with the knowledge, tools, and coping skills to prevent them from developing an addiction of their own, as well as, helping them to decrease their trauma symptoms and help break the intergenerational cycle of addiction. *Services for Families:* Several family engagement activities are part of the FDTC plan including treatment planning that addresses the needs of the entire family; family counseling and support groups; manualized parenting/family education sessions as discussed previously; home visits and home-

based services; and comprehensive case management services that considers and addresses the needs of the entire family. In addition, the SJC's Quality Parenting Initiative Just in Time Training is a program for relatives, non-relatives and foster parents who have children who have been a victim of substance abuse. The training is called Intergenerational Abuse and its Effect of Children and was developed in 2011. **Case Management:** Strengths-based and flexible case management services will be available to all FDTC participants. In alignment with SAMHSA, CSAT TIP 27: *Comprehensive Case Management for Substance Abuse Treatment*, case management will enhance the scope of addictions treatment, the recovery continuum and the overall FDTC experience. Case Management will be provided by SJC's Court Program Specialist with assistance from WestCare Counselors to provide ongoing assessment of participant progress and needs, to coordinate referrals to services in addition to primary treatment (e.g. intensive mental health services, education, housing, social services, food stamps, healthcare services, social supports, other benefits, mentoring programs, etc.), to provide structure and support for individuals who typically have difficulty using services even when they are available, and to ensure communication between the court and the various service providers. Participant progress will be documented in clinical case files and the Drug Court Case Management (DCCM) software system. This electronic case management record software provides the SJC with the ability to share information, capture valuable demographic data and monitor the outcome of programs, enabling judicial, treatment and administrative professionals the ability to collaborate together. **Relapse Prevention:** The SJC will continue to coordinate with its contracted treatment providers to provide FDTC participants with relapse prevention services, which guide each participant's individualized service plan. Relapse prevention is integrated into all phases of treatment (from orientation to graduation) and post-discharge aftercare provided by treatment providers within the community. WestCare Counselors provide aftercare guided by SAMHSA's TAP 19: *Relapse*

Prevention with Chemically Dependent Criminal Offenders, Provider's Manual and informed by BJA's Drug Court Clearinghouse document, *The Nature and Provision of Aftercare: Continuing Care Programs that Last Beyond Graduation*. The aim with relapse prevention is to teach participants to recognize and manage relapse warning signs. The FDTC team recognizes the principles of relapse prevention including: self-regulation, integration, understanding, self-knowledge, coping skills, change, awareness, significant others and maintenance. Treatment providers will continue to provide cross-training to FDTC team members, family members and other stakeholders on relapse prevention/recovery maintenance. The FDTC Policies and Procedures Manual further addresses expectations and protocols for information sharing as well as data collection responsibilities so that information among the team members will be coordinated effectively and ensure confidential information is protected. The Sixth Judicial Circuit will utilize its Social Solutions Evidence to Outcomes drug court database to capture case related information for the FDTC. This automated case management system (CMS) is accessible by the Court, State Attorney's Office, Regional Counsel, Treatment agencies, and other resource providers with assigned role-based securities over a secure internet connection. This enables access to needed data between hearings and for the electronic submission of required treatment reports. A Memorandum of Agreement guides use of the CMS. Together with written Information Sharing and Data Protocols in the FDTC manual, these tools will guide information sharing between collaborating agencies. (4)

Program Design and Duration: The FDTC will exclusively handle cases in which there has been an adjudication of dependency utilizing an integrated court model. Therefore, when a Dependency Judge agrees to allow a case to proceed in FDTC, the Judge understands that the case will be handled by the assigned FDTC judge, who will also hear connected Unified Family Court (UFC) master cases, if any. Thus, all FDTC cases will be heard by a single UFC Judge. The average length of

participation is anticipated to be one year, so as to comply with the permanency placement timeframes mandated by the Adoption and Safe Families Act of 1997. Since the underlying dependency case is still progressing, dependency judicial review hearings will be conducted as needed by the FDTC Judge at the same time as the drug court status hearings. Despite drug court status, recovery from substance abuse and family reunification will remain separate issues. (5)

Continuing Judicial Supervision: In alignment with the NADCP's 7th "Key Component" of Drug Courts, "Ongoing judicial interaction with each drug court participant is essential," the SJC will continue to maintain its strict judicial supervision requirements that underscore that the Judge is the leader of the drug court and emphasizes an active, supervising relationship, maintained throughout treatment that increases the likelihood that a participant will remain in treatment and improves the chances for sobriety and law-abiding behavior. Participants in the FDTC will appear before the Judge biweekly for status hearing or more frequently depending on individual needs. It is anticipated that the Drug Court Judge will change the frequency of appearances, as deemed appropriate as the case progresses. For example, a participant with good treatment reports who is having difficulty attending every other week due to work constraints, may be allowed to appear less frequently, again, as determined by the Judge. The SJC will utilize "case staffings" (team meetings) in order to report case information to the Judge in advance of the status hearings. During a typical case staffing, each client's progress is discussed and input and feedback is garnered from all drug court team members for each client scheduled for a status hearing. The prior staffings enable the judge to utilize the review hearing to establish and maintain a more personalized judge-client interaction rather than having it present as a more adversarial proceeding in which various interests may be at odds. Team members who participate in status hearings, other than the judge, include the child protection case manager, who provides information regarding case plan progress; substance abuse treatment

representatives, who report on the progress of their clients in treatment; defense attorneys, who ensure a client's due process rights are protected; a representative of the State Attorney's Office, who represents the interests of the Department of Children and Families; a representative of the Guardian ad Litem Program, who advocates for the interest of the child(ren), and the Court's Dependency Drug Court Coordinator, whose role is to be the liaison among all drug court team members. Treatment reports are made available electronically via a database at least 48 hours before a scheduled review. All members of the FDTC have access to this database via a secure means over the internet so that information regarding participants is readily available. Unified Family Court Judge Patrice Moore has been designated by the Chief Judge to hear FDTC cases. **(6) *Mandatory Drug Testing and Monitoring:*** In alignment with the NADCP's 5th "Key Component" of Drug Courts, "Abstinence is monitored by frequent alcohol and other drug testing," frequent (at least once per week) science-based randomized urine drug testing will be used as a tool to monitor the abstinence and treatment compliance of all participants. Proposed treatment provider WestCare will provide technicians (of diverse genders) who are trained in procedures that follow the NADCP standards with adherence to Chain of Custody Protocols found within the Clinical Improvement Act. Observed collection is the primary method of screening. The initial drug screen will utilize a 12 panel screening for drugs commonly abused using an enzyme immunoassay (EIA) procedure (e.g., cocaine, marijuana, PCP, amphetamines, opiates, benzodiazepines, barbiturates, methadone, propoxyphene, Quaaludes, Ecstasy/MDA, and Oxycodone/Percocet). Breathalyzers will also be administered with participants with a history of alcohol use. WestCare will promptly inform the SJC if the participant fails to provide a specimen for screening, submits the sample of another individual, adulterates a specimen or if the screening reveals evidence of non-abstinence. Failed tests are addressed by the Court, and appropriate, graduated sanctions may be applied, including more

frequent testing, an amended treatment protocol adding additional services to address reasons for relapse, and restarting a treatment phase. Treatment participants may also be required to have a drug screen if the treatment staff suspects that they have used drugs. Only adult participants will be screened by WestCare. If the Child Protection agency determines that a child is also in need of testing in order to secure potentially needed services, the Judge may also order that as part of the dependency proceeding. **(7) Staff Training:** Informed by “Recommendation 4: Ensure Interdisciplinary Knowledge” from OJJDP’s publication titled, *Guidance to States: Recommendations for Developing Family Drug Court Guidelines* (2015), and NADCP’s 9th Key Component of Drug Courts regarding interdisciplinary education, the SJC will integrate cross training and other knowledge development opportunities into the implementation plan for the proposed FDTC. The applicant also desires to seek guidance from OJJDP technical assistance representatives to help shape this area of implementation. Previously, a team of SJC staff and stakeholders participated in *The Drug Court Planning Initiative: Family Dependency Treatment Court* training that was created and conducted by the National Drug Court Institute (NDCI). Chief Deputy Court Administrator Michelle Ardabilly also attends the National Association of Drug Court Professionals (NADCP) Conference annually and provides teach-back sessions to stakeholders within her local community. WestCare also offers free cross training and knowledge development workshops and webinars. These trainings help ensure that all stakeholders and local systems have an understanding of the impact of substance abuse and co-occurring disorders on children and all family members. The FDTC team will utilize OJJDP’s Effective Strategies for Ensuring Interdisciplinary Knowledge self-assessment checklist tool to help guide the team in planning and implementing a meaningful knowledge development plan. Members of the FDTC team will also attend annual grantee meetings for further knowledge development. **(8) Management Information System and Performance Measures: Data Collection**

will involve participation from members of the FTDC team. The Program Director, administrative staff of Pinellas County Government and the Sixth Judicial Circuit will work in conjunction with the Office of the State Attorney and the WestCare (treatment provider) Data Coordinator to maintain engagement with each drug court client during their participation and at least one (1) year program completion, for the purpose of collecting client-level performance and outcome data in accordance with all required performance measures for *Category 2: Enhancement*. The SJC's Court Program Specialist and WestCare's Case Manager will remain connected with participants in between follow-up interviews by conducting frequent "check-ins" by phone, collecting locator information at intake and discharge, offering incentives, and conducting interviews at locations and times convenient to participants. In alignment with SAMHSA's TAP 19: *Relapse Prevention with Chemically Dependent Criminal Offenders* and BJA's Drug Court Clearinghouse document, *The Nature and Provision of Aftercare: Continuing Care Programs that Last Beyond Graduation*, the will offer community-based relapse prevention/aftercare. The *Relapse Prevention Journal* will be incorporated to develop individualized relapse prevention plans. Participant data will be secured in an electronic health record (EHR) system. The SJC utilizes an automated data system used by Circuit Courts throughout Florida. The court will provide participant data on rearrests and incarceration in partnership with the Office of the State Attorney, who currently runs reports on drug court participants at one (1) and two (2) years post-completion to share with the Judge and members of the drug court team. The SJC contracts with a community-based behavioral health treatment provider to conduct a clinical interview with potential drug participants who meet the initial objective criteria. Using the Herdman Assessment Form, a comprehensive biopsychosocial questionnaire that screens for drug use severity, mental health problems, motivation for treatment and criminal thinking patterns (among other areas). Additionally, to ensure that recruitment prioritizes individuals with the

highest risk/need, the program selected the LSI-R™ because it is: (1) A 54-item quantitative survey of offender attributes relevant to level of supervision and treatment decisions; (2) based on legal requirements and includes relevant factors needed for making decisions about risk and treatment; and (3) helps predict parole outcome, success in correctional halfway houses, institutional misconducts, and recidivism. The LSI-R can be used in a variety of settings and is appropriately normed for focus population. The Project Coordinator will be responsible for conducting a quarterly review of the actual number of participants served with grant funds as compared to the projected number of participants to be served, using the automated data system used by the Sixth Judicial Circuit to manage its programs. Additionally, Data will be shared during regular meetings of the drug court team. The Program Coordinator will report aggregated client-level performance and outcome data through the OJJDP will require award recipients to submit semiannual performance metrics of relevant data through the Data Reporting Tool. Pinellas County Government, Sixth Judicial Circuit and WestCare all have experience complying with OJJDP reporting requirements. The QA plan will consist of data driven Process and Outcome assessment. **Process Assessment** consists of four components: (1) **Implementation Fidelity** will track and evaluate implementation of the project, determine adherence to specified timeframes, identify barriers, and describe deviations from the project implementation plan (time-task plan); (2) **Fidelity Monitoring** will assure that the implementation of evidence-based programs and practices is faithful to the models and will allow the early detection/correction of deviations; (3) **Client and Stakeholder Perceptions Surveys** are an important factor in assessing and understanding program effectiveness and will help determine satisfaction with the program and services; and (4) **Process Observation** will consist of a series of walk-throughs of different court processes annually using the NiaTx Walk-Through method to assure that the court is operating as intended, with fidelity to the ten key components. This allows

members of the drug court team to directly experience the chosen organizational process as clients do in order to more clearly understand client needs, and then use what they learn to increase court effectiveness. **Outcome Assessment** will address the effectiveness of the program in attaining goals and objectives and meeting all required performance measures, thus assessing the drug court's overall impact on the community. To maintain court operation and enhancement efforts beyond the life of federal grant funds, WestCare will conduct strategic **sustainability planning** with the drug court team. The goal of sustainability planning is to employ sound financing strategies and cultivate and maintain solid partnerships that leverage resources. Strategic sustainability planning facilitated by WestCare is guided by the National Drug Court Institute's publication, *Ensuring Sustainability For Drug Courts: An Overview of Funding Strategies*, and emphasizes a myriad of financing strategies not limited only to grant seeking. Third party reimbursement, private philanthropy, social enterprise, fee-for-service models, and other methods are addressed by the plan. Additionally, the sustainability planning process begins with a SWOT analysis, includes a review of program procedures and practices, and sets 5-year plans for maintaining, expanding, enhancing and sustaining program services with quality improvement and finance diversity in mind. **A timeline and logic model are included as separate attachments.**

D. Capabilities and Competencies (20%)

The Applicant, **Pinellas County Government**, is a complex mix of 25 governmental bodies (one for each of its 24 cities/municipalities and one for an unincorporated area). Pinellas County is committed to progressive public policy, superior public service, and judicious exercise of authority and responsible management of public resources. The **Sixth Judicial Circuit (SJC)** is located in the Central West Coast of Florida and serves residents of Pasco and Pinellas Counties. The third largest

trial court in Florida, SJC boasts 45 Circuit Court Judges and 24 County Court Judges serving a circuit population of nearly 1.5 million. Data from Florida's Summary Reporting System (SRS) notes an average of 62,000 circuit filings and 200,000 county filings occur each year within the judicial circuit. Examples of similar projects include the Pinellas Adult Drug Court (PADC) which was established in 2001, and the Pinellas Veterans Treatment Court (VTC) which was established in 2011. These specialty treatment court models have served more than 2,000 individuals representing diverse and vulnerable populations. Each specialty treatment court model represents partnerships forged between Pinellas County, SJC, the State Attorney's Office, the Public Defender's Office, the Pinellas County Sheriff's Office, the Florida Department of Corrections (community supervision) and community-based, licensed behavioral health treatment providers. Pinellas County and SJC are current and/or past recipients of several federal treatment court grants (i.e., SAMHSA, BJA, OJJDP, etc.). Pinellas County and SJC also have successfully managed grants from the Department of Justice (DOJ), Office on Violence Against Women (OVW), Office of Justice Programs (OJP) and the Office of Juvenile Justice and Delinquency Prevention (OJJDP). SJC's Unified Family Court (UFC) is a comprehensive approach to handling all cases involving children and families while resolving family disputes in a fair, timely, efficient and cost-effective manner. UFC judges hear all delinquency and dependency cases and identified interconnected cases involving domestic relations issues, including domestic violence. UFC also provides prompt linkage to related services. The Unified Family Court, designed to have one judge oversee all matters involving one family, has been a section of the Family Law Division since 2001. The Family Drug Treatment Court (FDTC) is assigned to **Associate Administrative Judge Patrice Moore** presiding in the Pinellas Unified Family Court. Judge Moore was appointed in 2008, to the Florida Board of Psychology. Elected in August of 2010, Judge Moore was the first African American female Circuit

Judge in the SJC. As the presiding Judge, Judge Moore, provides leadership to the FDTC by presiding over court proceedings, conducting judicial reviews of case status reports, conducting judicial supervision court appearances, being an integral member of the FDTC team and monitoring appropriate application of disciplines, sanctions and incentives while maintaining the integrity of the court. **Ms. Michelle Ardabily, Chief Deputy Court Administrator** of the SJC will serve as the Project Director. Ms. Ardabily has served the SJC for 29 years and supervises all drug courts in the SJC including it Family Drug Treatment Court. Ms. Ardabily, and her team, including a Court Program Specialist II, ensure all participants are assessed, conduct meetings, ensure smooth court calendaring, provide data to team members, monitor progress of participants, and attend FDTC team meetings. Ms. Ardabily will work in conjunction with **Fiscal Agent Deborah Berry** of the Pinellas County Office of Justice Coordination (Pinellas County Government) regarding fiscal management of contracts, contracting, payment of subcontractors, performance monitoring, and grant reporting. Other members the circuit's FDTC team include: A **Child Protection Investigator** who will identify potential court cases and keep the shelter Judge informed. This position will also work with case workers to expedite early services intervention staffings and drug evaluations. The **State Attorney's Office** will help identify eligible participants based on objective written criteria. This office represents the State's interests in all court proceedings. Regional Counsel will represent the interests of parents by discussing all legal aspects of the case, the nature and purpose of FDTC, program rules, available options, and consequences with participants. A Guardian ad Litem will represent the interests of child(ren). A case worker provided by **Eckerd Connects** will be involved. The Florida Department of Children and Families contracts with Eckerd Connects to be the Child Welfare & Foster Care Agency for the target geographic area. Additionally, for nearly a decade, the SJC has worked in conjunction with **WestCare GulfCoast-Florida, Inc. (WestCare)** have collaborated to

offer life-changing behavioral health and human services to Floridians with SUD and/or COD, and their families. WestCare, the proposed SUD treatment provider, is a 501(c) 3 community-based, licensed and CARF-accredited nonprofit was established in 2001 and serves approximately 3,500 individuals annually with 150 staff members. WestCare has an operating budget of nearly \$8M and manages more than 30 local, state and federal service. Additionally, WestCare has been a successful SAMHSA and BJA (offender mentoring) grantee. WestCare collaborates with Pinellas County, the Sixth Judicial Circuit, and the Florida Department of Corrections, under service contracts, to offer evidence-based residential and outpatient SUD treatment and recovery support services to Floridians with the highest risk/needs. The WestCare continuum of community-based behavioral health and human services includes emergency shelter, detoxification and stabilization, reentry/recovery housing, outpatient and inpatient SUD treatment programs (i.e., modified therapeutic community), prevention programs for children and youth, and permanent supportive housing for veterans. All services offered by WestCare are individualized, person-centered, culturally competent, science-based and trauma responsive. The *Government Organizational Chart* of Pinellas County and the *Administrative Organizational Chart* of the Sixth Judicial Circuit's Dependency Court, are included in the attachments of this application. Additionally, key job descriptions, resumes and letters of commitment also are included as attachments.