

AIDING DRUG IMPACTED CHILDREN IN OUT-OF-HOME CARE
Strengthening the Child Services Delivery Model

PROGRAM NARRATIVE

A. Statement of the Problem (10%)

The lead applicant, **Pinellas County Government**, on behalf of the **Sixth Judicial Circuit (SJC)**, is requesting *Opioid Affected Youth Initiative* (FY 2019) funding under **OJJDP-2019-15035**, to provide comprehensive and effective trauma-based services for children in Family Treatment Courts who have been adversely affected by the opioid epidemic.

The SJC, the third largest trial court in Florida, serves both Pasco and Pinellas Counties in the state's Central West Coast. The existing Family Treatment Courts – a Family Dependency Treatment Court (FDTC) and an Early Childhood Court (ECC) -- serve 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 Family Treatment Courts operate within the Circuit's Pinellas Unified Family Court (UFC) division. The overarching goal of the Circuit's Family Treatment Courts is to reduce child maltreatment and support family stability by viewing the children, youth and parents who appear in these courts through a public health lens – understanding what has happened to them, identifying their needs, and promoting healing and recovery. These alternative justice programs currently offer 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. While efforts have been made to make both of these courts family-focused, it is recognized that resources are insufficient for



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 family-focused initiatives will help stabilize families, address ACEs and help solve the opioid crisis.

comprehensively and effectively addressing the severe impacts that substance abuse, led by opioids, has had on the children. The Pinellas FDTC, initiated in 2016, focuses on a population of adult parents (ages 18+) with substance use disorders (SUD); many have co-occurring or coexisting substance use and mental disorders (COD) and serves about 45 parents a year. Additionally, these adults have a dependency adjudication where the child maltreatment or neglect is due to parental SUD. The Pinellas ECC, initiated in 2015, helps infant and toddler victims of maltreatment by protecting them from further harm, addressing damage already done, and addressing trauma of parents to enable them to more effectively parent. ECC parents, about 10 to 20 served per year, also often suffer from SUD and COD.

Both of these Family Treatment Court multidisciplinary teams say that the rapidly intensifying national opioid epidemic is hitting home, and they are feeling an overwhelming demand for solutions to opioid abuse and opioid-related deaths. During the last three years, the SJC has documented an increase in the number of Family Treatment Court participants whose primary, secondary or tertiary drug-of-choice is a type of opiate or opioid (70% of total FTDC parents over the last 12 months – as per SJC problem-solving court Evidence to Outcomes – ETO automated case management/data system provided through Social Solutions). The *Florida Medical Examiners Commission Interim Report* (2017), utilizing data from the State of Florida’s Bureau of Vital Statistics, reveals that during 2017: **(a)** Drug-related deaths increased by 4% in Florida; **(b)** 4,280 opioid-caused deaths were reported in Florida, a 9% increase from 2016; and **(c)** Drugs that caused the most deaths in Florida include: cocaine (14% increase), fentanyl (25% increase), fentanyl analogs (65% increase), benzodiazepines (3% decrease), morphine, possibly rapidly metabolized heroin (4% decrease), ethyl alcohol (8% increase) and heroin (less than 1% decrease). Fentanyl analogs, heroin, fentanyl, morphine and cocaine were listed as causing death in more than 50% of the deaths in which these drugs were found.

The rapid increase in opioid overdose deaths tells a similarly grim narrative in Pinellas County. The Pinellas County Opioid Task Force 2017-2019 Strategic Plan reveals that one person dies every 32 hours from a drug-related overdose in Pinellas County, and, despite clustering of deaths in select areas of the county, the Task Force notes that drug abuse is not limited to one area. The county's overdose rate between 1999 and 2016 was the fifth highest in the state, making Pinellas County residents 50 percent more likely to die due to drug overdose than the average American. (Golden, May 11, 2018). 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. The Pinellas County Sheriff's Office reports that fentanyl hit the county drug scene in the early 2000s, but has become prevalent in the past two years. Dealers, the office reports, are cutting their illegal drugs with fentanyl to create more product at a cheaper price.

The drug epidemic is dramatically affecting families. The National Council of Juvenile and Family Court Judges reports that 208,000 children were removed in 2015 due to drug use by parents/caretakers, which constitutes one-third of all removals. Courts are serving only a fraction of the vulnerable individuals and families affected by this epidemic. Without adequate response, 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 Times (Griffin, Jan 2018) 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 two 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. (Quast, January 2018) 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 victimization and terminations of parental rights. Below is local data from the SJC, State Attorney, County Sheriff, and Eckerd Connects.

PINELLAS COUNTY DATA TYPE	VALUE
Termination of parental rights (TPR) petitions filed (2017)	213
Dependency petitions filed (2017)	592
Children transferred through services (July 2017- June 2018)	1026
Maltreatment referrals involving substance abuse (July 2017- June 2018)	366
Number of children removed due to substance abuse (July 2017- June 2018)	302
Adoption petitions filed as a result of TPR (2017)	154
Average family reunification rate (July 2017- June 2018)	38.5%
Did not re-enter foster care within 12 months of moving to perm. home (FY 2018)	90.8%

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 Family Treatment Court teams have

beefed up their services to adults and even implemented some new services for children. Unfortunately, however, the opioid epidemic is placing a financial strain on the local judicial system. The Florida Child Welfare system is particularly strained financially due to a large influx of new children into care, and the primary emphasis has been keeping these children safe. These children, however, have greater needs than just getting out of harm's way. Children affected by parental substance use are at a higher risk of behavioral and psychological problems. Parental opioid use is considered an Adverse Childhood Experience (ACE). The widely recognized Adverse Childhood Experience (ACE) Study by the Centers for Disease Control and Kaiser Permanente links childhood trauma (ACEs) to long-term health and social consequences and is a major finding in understanding community health. Children of parents with SUD are also more likely to develop substance use problems themselves. Trauma is passed down through the generations as parents respond to stress the way their parents did. The National Judicial Opioid Task Force recognizes that although the foster care system has done a good job of protecting kids, it does not adequately address psychological, social and emotional well-being. A report of the Children's Bureau, part of the U.S. Department of Health and Human Services found that Pinellas County is struggling to provide counseling, therapy, and other specialized services to kids who need them. (O'Donnell, January 2017). The Pinellas Family Treatment Court teams recognize this, and while they make every effort to tap into state and local resources to ensure the provision of juvenile services, much more is needed in order to break the cycle of generational dysfunction caused by trauma. 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 problem solving courts can adequately serve children.

Goals, Objectives, and Performance Measures

The principal purpose of the proposed project is to facilitate rapid access to care for at-risk children, expand coverage of services, generate expertise among team members to address special needs of opioid affected children, implement family-focused and trauma informed care, and align and maximize resources across the system by sharing data. The teams have identified two strategic goals that describe the project’s intent to ameliorate or altogether eliminate the problems noted above, and several measurable objectives that align with performance measures noted by OJJDP in *Appendix A* of the solicitation.

GOAL ONE			
The project planning team will, in coordination with OJJDP, utilize training, data and research to finalize its project design to aid drug impacted children who have been removed from their homes.			
OBJECTIVE 1A	OBJECTIVE 1B	OBJECTIVE 1C	OBJECTIVE 1D
Review all data regarding the delivery of services to children in dependency proceedings, as well as possible data related to children in other problem-solving courts impacted by the opioid crisis.	Develop and adopt an MOU and/or agreements to establish understandings and guide operations related to the proposed project.	Add necessary data collection activities to ensure project assessment, guide improvements, and provide a basis for funding sustainability.	Launch the new project.
GOAL TWO			
Children will receive comprehensive services to adequately meet their physical and mental health needs, and families will have enhanced capacity to provide for their children’s needs.			
OBJECTIVE 2A	OBJECTIVE 2B	OBJECTIVE 2C	OBJECTIVE 2D
75 children will receive enhanced trauma based services to meet their individual mental and physical health needs	At least eighty percent (80%) of children receiving services will exhibit a reduction in trauma symptoms at	At least ninety percent (90%) of parents that participate in enhanced parenting/family	All children served by the project will, whether reunified or not, have a plan for continued treatment to address ongoing

over Phase 2 of the grant project.	completion of the intervention, and will maintain reduced symptoms at program completion.	education or bonding interventions, including increased visitation, will exhibit an increase in positive/protective skills and relationships with their children.	effects of trauma from their parents' drug use or from the effects of being removed from the parental home.
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All objectives will be evidenced as documented in the child welfare or the SJC ETO Problem Solving case management systems. Pinellas County agrees to provide data to OJJDP quarterly performance metrics of relevant data through the Performance Measurement Tool (PMT) regarding the performance measures detailed in Appendix A. The project 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 project team to track successes, needs, and deficiencies, as well as to justify and strengthen requests for new or continued funding.

B. 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 *Opioid Affected Youth Initiative* (FY 2019) funding to provide comprehensive and effective trauma-based services for children in Family Treatment Courts who have been adversely affected by the opioid epidemic. All specialty treatment court services designed and implemented 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 National Council of Juvenile and Family Court Judges (NCJFCJ), Zero to Three (ZTT), the Center for Children and Family Futures, the National Academy for State Health Policy's "*State Strategies to Meet the Needs of Young Children and Families Affected by the*

Opioid Crisis,” and the National Center on Substance Abuse and Child Welfare. This project will provide enhancements to both SJC’s FDTC and ECC. These courts have been in operation since 2016 and 2015 respectively, and both have benefitted from strong community collaboration. Both courts are voluntary programs and are designed to support parents with substance use disorders and/or behavioral health issues 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 these courts offer them. In order to expand and enhance services to the children of parents in these courts, a new Opioid Affected Dependency Youth Planning Team will be convened from key stakeholders of both problem-solving courts. Pinellas County Government, SJC and community stakeholders understand that collaboration is essential to the successful implementation and sustainment of an effective intervention, and prevention program for children affected by opioid use. Multidisciplinary partners representing numerous systems (e.g., court, child welfare, treatment, etc.) must leverage authority, capacity, resources, and skills to respond to the array of challenges faced by families affected by substance use disorders. The team will work with OJJDP for the first year of the project to carefully fashion this new project using a data-informed approach. The Planning Team will use a framework provided by the National Academy for State Health Policy in its “*State Strategies to Meet the Needs of Young Children and Families Affected by the Opioid Crisis*” as well as other sources to guide its work. Effective strategies, the National Academy notes include facilitating rapid access to care, expanding coverage of services, enhancing the capacity of child-serving

The Plan

- facilitate rapid access to care
- expand coverage of services
- enhance the capacity of child-serving professionals
- implement and expand care delivery models tailored to children and families’ needs
- integrate trauma-informed care
- share data across systems

professionals, implementing and expanding care delivery models tailored to children and families' needs, integrating trauma-informed care, and sharing data across systems.

The project will, upon acceptance of a case into one of these courts and within seven days of sheltering a child, provide each child with a Comprehensive Behavioral Health Assessment (CBHA) that includes screening for developmental delays and neurological effects of possible prenatal exposure to alcohol and other drugs, and the emotional and mental effects of their parents substance use, relationships with parents and the separation experience. Eckerd Connects (Eckerd), the lead child welfare community-based care agency, uses the CBHA in preparing permanency plans for children entering out-of-home care and makes appropriate referrals for services. CBHA assessors must meet certification and credentialing requirements of Agency for Health Care Administration, Managed Medical Assistance and/or those as outlined in the Medicaid Community Behavioral Health Services Coverage and Limitations Handbook and other applicable Florida Statutes regarding licensure.

The team will ensure that these assessments are used to **rapidly access care** for children and other family members. The SJC teams learned from OJJDP and Children and Family Futures' "Guidance to States: Recommendations for Developing Family Drug Court Guidelines" that parents who participate in treatment programs offering at least five family and children's services and employment and educational services are twice as likely to reunify with their children than in those programs that offer three or fewer of these services. The teams, therefore, want to provide a stronger foundation of children's services using national models and evidence based practices currently provided with **existing care delivery models that have proven effective, but need to be expanded**. So, while some of the proposed services are currently available, they are not always offered to

families in dependency proceedings due to funding insufficiencies. If awarded, the team will **expand access to the following existing community services from trauma-informed providers:**

1. Total Family Strategies (TFS) provided through the Suncoast Center for Mental Health - TFS provides individualized in-home and community based services. The program offers an array of services determined by the needs of each family, from peer to peer support and mentoring provided by volunteers, to family support and case management, to comprehensive therapy. In addition, the program addresses the importance of social networking/support as an integral component of family stability. TFS provides comprehensive family assessments, parenting support and mentoring, parenting education, child development consultation and assessment, life skills and self-sufficiency support (home management skills, education support, employment assistance, and budgeting assistance), risk assessment and safety planning, substance abuse services, family therapy, individual therapy, and child therapy. Social network/social support activities are designed, planned, organized, and implemented by program families, creating opportunities for families to practice skills that lead to ongoing confidence in their ability to give and receive support. Parent Aide (Peer-to-Peer Support Services) is a child abuse prevention component of the TFS Program that uses a nationally recognized methodology for providing support for parents. The focus is on offering help to parents from someone who has been in their shoes. This unique approach is characterized by the use of emotionally supportive volunteers who are matched one to one with families who request help. Under the supervision of a family case manager, volunteers complete weekly home visits where they serve as a role model and mentor for parents.

2. Substance Abuse related family counseling by Operation PAR - Operation PAR's outpatient services assess and identify the critical needs and take steps to find support and strategies to achieve client goals while maintaining work and family commitments. Operation PAR's outpatient services provide youth and adults with opportunities to address substance use disorders, mental health conditions, and other concerns in an outpatient setting. Outpatient services cover psychosocial assessments, physical health screenings, HIV and Hepatitis risk education, structured individual and/or group therapeutic counseling, life management skills, family counseling, random drug screening, and psychiatric evaluations and treatment.
3. Counseling services for children from Pinellas County Family Resources Center - Family Resources offers a variety of community education programs to empower families and young adults by teaching them healthy relationship skills with practical strategies for motivating change. The Healthy Relationship Program is offered to teens and adults ages 15 to 25. Facilitators use an evidence-based curriculum, engaging activities and open discussion to give young people the knowledge and skills to develop healthy, successful relationships in all areas of their life. Family Resources offer three curriculum options from The Dibble Institute: Relationship Smarts Plus, Love Notes, and Money Habituates. The Dibble Institute, based in Berkeley, California, is a national, independent non-profit that equips young people with the skills and knowledge they need to build healthy romantic lives by translating research literature into teaching tools.
4. Health services from the Florida Department of Health in Pinellas County – Services available at the Florida Department of Health in Pinellas County include infant, child and adolescent health ;breastfeeding assistance; birth certificates; children's medical services,

Florida's Children's Medical Services Managed Care Plan (CMS Plan - provides children with special health care needs a family-centered, comprehensive, and coordinated system of care). The CMS Plan is designed to serve children under age 21 whose serious or chronic physical or developmental conditions require extensive preventive and ongoing care.), drowning prevention, Early Steps (serves families with infants and toddlers, birth to 36 months of age, who have developmental delays or an established condition likely to result in a developmental delay), Healthy Start (Healthy Start includes targeted support services that address identified risks. The range of Healthy Start services available to pregnant women, infants and children up to age three include information, psychosocial, childbirth and home visiting.), KidCare (Florida Kidcare is Florida's child health insurance program for children from birth through age 18 who do not have insurance.), lead poisoning testing, newborn screening. (Florida screens all babies for over 36 different conditions, unless a parent objects in writing.) School Health Services Program (This program provides basic health services to all public school students, including health appraisals; nursing assessments; child-specific training; preventative dental screenings and services; vision, hearing, scoliosis, and growth and development screenings; health counseling; referral and follow-up of suspected or confirmed health problems; first aid and emergency health services; assistance with medication administration; and health care procedures for students with chronic or acute health conditions.), Sudden Unexpected Infant Death prevention, and WIC (WIC is a federally funded nutrition program for Women, Infants, and Children.)

5. Family and youth drug treatment, Nurturing Parenting - Families in Substance Abuse Treatment Recovery, peer mentoring, and Camp Mariposa at Westcare Gulfcoast-Florida,

Inc. – Parental drug treatment, the Nurturing Parenting classes, and a parent mentor are resources provided through OJJDP Drug Treatment Courts funding for the Pinellas Family Dependency Drug Court. While the parenting classes are a leveraged resource for this project, it is important to note that 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.

If awarded, Westcare will add an Opioid Peer Mentor specifically for this project's participants. This position is to be held by an individual who has similar "lived experiences" and has exhibited success in sustaining a crime and drug-free life for two (2) consecutive years or longer. The position provides peer leadership, outreach, advocacy, coaching and recovery support services to those seeking or sustain recovery within the community. The Opioid Peer Mentor will help develop a plan with each client with services that include anger management education, employments and vocational needs, transportation, housing, social supports, overdose education, and in-home visits as examples. The Mentor also provides some specialized services to link clients to social supports with emphasis on building a lasting support system (employer, faith community,

family support as examples). The Opioid Peer Mentor will receive specialized training by Westcare to understand and best address opioid addictions and their special problems, like affective numbness, toxic brain injuries, accumulated un-mourned grief experiences, etc. They will also have training and access to curriculums in patterns of power and control, overdose prevention, the impact of arrest and incarceration on children, breaking the cycle of intergenerational addiction (focus is on teaching risk and protective factors with children), and traditional 12-step programs. The Opioid Peer Mentor will ensure that each client adheres to their recovery plan and develops systems to recognize and work through potential personal barriers. The Mentor will communicate with the Eckerd case managers to provide opportunities for families to interact and maintain healthy communication and contact during the recovery process.

Finally, 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 of their own, as well as, helping them to decrease their trauma symptoms and help break the intergenerational cycle of addiction.

6. Visitation services from Directions for Living (DFL) and Lutheran Services Florida (LSF) - DFL and LSF, the child welfare case management agencies, use supervised visitation center Family Partnerships and the Angel Center for visitation between children and parents. Case managers supervise visits between parents and children at the Angel Center and in the community. Adequate visitation, when safe, is critically important for child-parent relationships. Currently, with inadequate supervised visitation resources, the case

managers are struggling to supervise ordered visits. This has become an issue as caseloads have grown. Case managers are also responsible for facilitating visits with relatives, family friends and with siblings. On average, a case manager is responsible for facilitating at least 12 visits per month. Parents also struggle to make it to visits regularly due to lack of transportation. Parents utilizing public transportation on average are on the bus for at least five hours for one visit. Therefore, if awarded, the child welfare agencies (Eckerd contracts with DFL and LFS) will add two Child Safety Family Support Coordinator positions to supervise visits and enable transportation to family members for visits and to needed services when transportation is an issue. These new service provisions will additionally **enhance the capacity of child serving professionals.**

7. Prenatal and new parent services at Healthy Start Coalition of Pinellas, Inc. - Healthy Start services are offered at a place and time convenient to the family, including home visits and visits in some prenatal care offices. Services include breastfeeding education, childbirth education, parenting support, smoking cessation, nutritional care, health education, access to needed resources, counseling, and safe sleep education.
8. Child Parent Psychotherapy (CPP) from University of South Florida's Family Study Center and other certified community providers – CPP is a proven intervention to heal trauma and improve the parent-child relationship and is often considered beneficial in responding to attachment issues in Early Childhood Court. Through CPP, the therapist helps the parent address their own past trauma that is impairing the parent's view of the child and their ability to adequately care for the child. A central goal is to support and strengthen the caregiver-child relationship as a vehicle for restoring and protecting the child's mental health. Working with both the parent and the child through CPP

significantly lowers parental stress levels, and toddlers will have a marked decrease in developmental delay and deficits as well as observed levels of less anxiety.

Pinellas County will contract with sub-recipient Eckerd to provide most of these expanded services through child welfare case management agencies DFL and LSF. Pinellas County will contract directly with sub-recipient Westcare for the new Opioid Peer Mentor and related training.

Additional leveraged child service resources for the proposed project include routine medical and dental care, medical assessments, sex abuse survivor therapy, EDMR, Hospice, co-parenting efforts, and case management. 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. 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. 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 assigned

Eckerd 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 coordinate an Ice Breaker meeting whose 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 foster parents.

The foster parent is invited to speak first to relieve the birth parent's anxiety of not knowing where or with whom the child is placed. The birth parent will share information about their child. 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. 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.

Sharing Data – A substantial amount of effort has already been dedicated in the affected courts establishing trust and investment into the establishment of Family Treatment Court policies and procedures addressing 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 SJC utilizes 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, child welfare case workers, treatment providers, 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.

C. Capabilities and Competencies (25%)

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, the Pinellas Veterans Treatment Court (VTC), which was established in 2011, and the Pinellas Family Dependency Treatment Court, which was initiated in 2015. 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), Eckerd (child

welfare) 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. Judge Moore has recently been selected a "champion" for the new Florida Courts Opioid Initiative. In this role, Judge Moore has agreed to become a local subject matter expert regarding opioids. The Initiative aims to bring awareness and training regarding Florida's opioid crisis. This initiative's training resources will be leveraged as part of this project. The Early Childhood Court (ECC) is assigned to **Circuit Judge Kimberly Todd**, presiding in the Pinellas Unified Family Court. Also elected in 2010, Judge

Todd has served primarily in the Family Division and has been appointed by the Chief Judge to serve as mentor to new judges assigned to the Family or Unified Family Court Division, the latter including juvenile delinquency and dependency. As the designated ECC Judge, Judge Todd presides over all ECC cases, conducts frequent court hearings, and makes decision that are in the best interest of the child. **Ms. Michelle Ardabily, Chief Deputy Court Administrator** of the SJC will serve as the Project Director. Ms. Ardabily has served the SJC for 30+ years and supervises all problem-solving courts in the SJC including its Family Drug Treatment Court. Ms. Ardabily and her staff team ensure all participants are assessed, conduct meetings, ensure smooth court calendaring, provide data to team members, monitor progress of participants, and attend grant 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 prospective Opioid Addicted Youth team include: A **Child Protection Investigator** who will identify potential court cases and keep the shelter Judge informed. This position will also work with caseworkers to expedite early services intervention staffing 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). **Eckerd Connects** staff members as well as caseworkers contracted by Eckerd through Directions for Mental Health and Lutheran Services of Florida are major stakeholders in this project. 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 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 primary drug 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, letters of commitment also are included as attachments.

D. Plan for Collecting the Data Required for This Solicitation's Performance Measures (10%)

Data Collection will involve participation from members of both the FTDC and ECC teams, who will be part of the new Opioid Affected Youth Initiative project team. The Project Director, administrative staff of Pinellas County Government and the Sixth Judicial Circuit will work in conjunction with the Office of the State Attorney, Eckerd, Directions for Living, Lutheran Services

of Florida and WestCare to maintain engagement with participating youth during their family's participation, for the purpose of collecting client-level performance and outcome data in accordance with all required performance measures for the OJJDP FY 2019 Opioid Affected Youth Initiative collaborative agreement. The Project Director 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. This system is dynamic in that it permits specific data entry via the different team member roles, while the Project Director uses Business SAP, Web Intelligence to fashion reports of any data collected within the system. Dozens of reports are already available to assess numerous performance metrics. Additionally, data reports will be shared during regular meetings of the drug court team. The Project Director will require award recipients to submit agreed upon performance metrics of any additional relevant data that may not be captured through this system so that all required data can be assembled and checked for accuracy. Pinellas County Government and the Sixth Judicial Circuit have experience complying with OJJDP reporting requirements. The QA plan will consist of data driven Process and Outcome assessment. **Process Assessment** consists of two primary 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); and (2) **Process Observation** will consist of regular review of case staffings, FDTC and ECC court hearings, and regular grant meetings. The Project Director and the daily program teams will have regular exchanges about data in order to ensure data accuracy and consider implications for program improvement. **Outcome Assessment** will address the effectiveness of the program in attaining goals and objectives and meeting all required performance measures, thus assessing the initiative's overall impact on the community. To

maintain court operation and enhancement efforts beyond the life of federal grant funds, the Project Director will conduct strategic *sustainability planning* with the drug problem solving court team members. The goal of sustainability planning is to employ sound financing strategies, cultivate, and maintain solid partnerships that leverage resources. Strategic sustainability planning facilitated by SJC 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. *Bibliographic references, a timeline and logic model are included as separate attachments.*