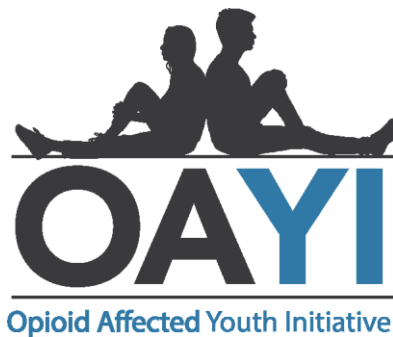


PINELLAS COUNTY
OPIOID AFFECTED YOUTH INITIATIVE:
AIDING DRUG IMPACTED CHILDREN IN OUT-OF-HOME CARE
OFFICE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION (OJJDP)
WORK PLAN
2020



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Aiding Drug Impacted Children in Out-of-Home Care

Problem Statement

During the last three years, Pinellas County 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 Dependency Drug Court parents 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 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.

Mission, Goals and Objectives

The **mission** of the Pinellas County Opioid Affected Youth Initiative is to implement data-driven services that will address public safety concerns, intervention, prevention, and diversion services for children, youth, and families impacted by opioid abuse.

The goals of the Sixth Judicial Circuit's Opioid Affected Youth Initiative are to:

- 1) Facilitate rapid access to care for at-risk children in the Dependency Drug Court (DDC) and Early Childhood Court (ECC).
- 2) Expand coverage of services.
- 3) Generate expertise among team members to address special needs of opioid affected children.
- 4) Implement and expand trauma-informed care delivery models tailored to children and families' needs.
- 5) Align and maximize resources across the dependency system by sharing data.

Project Objectives:

- 1) 75 children will receive enhanced trauma based services to meet their individual mental and physical health needs over Phase 2 of the grant project.
- 2) Adverse Childhood Experiences (ACE) Scores will demonstrate a reduction in traumatic events for seventy percent (70%) of the children served as a result of participation in the project.
- 3) At least seventy percent (70%) of children receiving Child Parent Psychotherapy and other trauma therapy will exhibit a reduction in trauma symptoms and maintain such reduction at completion of the intervention as evidenced by the trauma symptoms measurement tools utilized by these provider types.
- 4) At least seventy percent (70%) of children with possible fetal drug exposure will be connected either to tutoring or educational advocacy services.
- 5) Children who are provided five months or more of individual tutoring under the Project will exhibit an increase in reading and math grade levels by the end of the tutoring and a decrease in both unexcused school absences and school based behavior referrals while participating in tutoring.
- 6) At least seventy percent (70%) of parents that participate in enhanced parenting/family education or bonding interventions, including increased visitation, will exhibit an increase in positive/protective skills and relationships with their children, as exhibited in child welfare reports to the court assessing these skills and relationships.
- 7) All children served by the project will, whether reunified or not, have a plan for continued treatment to address ongoing effects of trauma from their parents' drug use or from the effects of being removed from the parental home.
- 8) All youth exhibiting drug abusing behaviors will receive substance abuse education and/or treatment.
- 9) Reduce child victimization including child abuse and neglect, sex trafficking and labor trafficking.

Project Stakeholders

The Sixth Judicial Circuit **Opioid Affected Youth Initiative Steering/Planning Committee** will periodically examine the implementation of key program components, as described herein. This examination will determine whether these components were implemented as intended, identify key changes that have occurred in program design, assess program achievement of stated goals and objectives, identify problem areas, and assist in the formation of recommendations for future improvements. The Steering Committee consists of the Presiding Judge of the Dependency Drug Court, the Presiding Judge of the Early Childhood Court, the Executive Director of Eckerd Connects, the Unified Family Court Director, the Project Director, the Operations Manager of Pinellas County Coordination, a Pinellas County Justice Programs Analyst, a Research Assistant from Court Administration and Representatives of the following agencies:

Adoption Related Services – treatment provider

Dr. James Lewis – clinical neuropsychologist

Family Network on Disabilities

Family Partnerships – Supervised Visitation provider

Family Resources – treatment provider

Florida Department of Children and Families – Circuit 6

Guardian ad Litem Program – Circuit 6

Healthy Start Pinellas – treatment provider

Juvenile Behavioral Evaluation Program (Sixth Judicial Circuit)

Partnership for Children and Families – CBHA Provider

Lutheran Services Foundation – child welfare agency subcontracted by Eckerd Connects

Operation PAR – drug treatment provider

Pinellas County Health Department

Pinellas County Schools

Regional Counsel – Circuit 6 (attorney for parent)

State Attorney's Office – Circuit 6

Suncoast Center – mental health provider

University of South Florida Family Study Center

and

Westcare Gulfcoast – drug treatment provider, contracted provider for DDC

The Steering/Planning Committee shall meet monthly during project implementation and at least bimonthly throughout project.

Operational Teams in both the DDC and ECC plan for and carry out the final logistics for the day-to-day operations of these respective problem solving courts to address ongoing operational issues. These teams are composed of the presiding judges, the court coordinators and assigned representatives of the State Attorney's Office, Eckerd Connects, Lutheran Services, the Sheriff's Child Protection Investigation Staff, the Guardian ad Litem Program, and Treatment Providers.

Roles and Responsibilities of Key Agencies and Staff

Agency/Staff Member	Impact on Project
Pinellas County Government	Serves as grantee and fiscal agent for the OJJDP grant project, ensures compliance with OJJDP fiscal and programmatic reporting requirements, designates a Project Director, enters into agreements with sub-recipients of grant funds.
Eckerd Connects	Employs and trains two Child Safety Family Support Coordinators either directly or through subcontracted child welfare case management entities for the grant project, secures needed services for children by utilizing its Purchase of Services System, provides data necessary for project reporting, serves on Steering Committee, participates in project training events and participates in OJJDP approved visits and technical assistance events.
Westcare Gulfcoast Florida, Inc.	Employs and trains an Opioid Peer Mentor for the grant project, provides data necessary for project reporting, serves on Steering Committee, participates in project training events and participates in OJJDP approved visits and technical assistance events.
Sixth Judicial Circuit	Operates problem solving courts participating in project, provides Unified Family Court Director to assist with implementation, provides Project Director to manage the project.
Dr. James Lewis, Clinical Neuropsychologist	Provides clinical consultation to Steering/Planning Committee and Project Director. Provides training to Child-Parent Psychotherapy and Parent-Child Trauma Therapy providers in use of Structured Interviews for Identifying Fetal Drug Exposure among children served.
Adoption Related Services – Pinellas	Provides Child-Parent Psychotherapy for parents and children referred from ECC and DDC Courts, provides data necessary for project reporting, serves on Steering Committee, participates in project training events and participates in OJJDP approved visits and technical assistance events.
University of South Florida-St. Petersburg Family Study Center	Provides Child-Parent Psychotherapy for parents and children referred from ECC and DDC Courts, provides data necessary for project reporting, serves on Steering Committee, participates in project training events and participates in OJJDP approved visits and technical assistance events.
DDC and ECC Operational Teams	Assist in the identification of children’s needs and makes referrals for project services, shares data necessary for project reporting, participates in project training events and participates in OJJDP approved visits and technical assistance events.

Presiding Judges - DDC and ECC	Provides judicial leadership for Steering Committee meetings, leads DDC and ECC Operational Teams, participates in project training events and participates in OJJDP approved visits and technical assistance events.
Project Director	Manages the OAYI project, facilitates communication between stakeholders, holds periodic grant meetings, coordinates data collection, staffs Steering Committee Meetings, attends required OJJDP meetings and trainings, and reports data to Pinellas County Government.
Unified Family Court Director	Supervises administrative staff assigned to both DDC and ECC operations teams, reports issues and concerns to Project Director, ensures DDC and ECC data collection related to project, serves on Steering Committee, participates in project training events and participates in OJJDP approved visits and technical assistance events.
Operations Manager (Pinellas County)	Ensures compliance grant administrative, fiscal and programmatic reporting requirements, manages Pinellas County contracts with grant sub-recipients, serves on Steering Committee, participates in project training events and participates in OJJDP approved visits and technical assistance events.
Justice Program Analyst (Pinellas County)	Assists Operations Manager with all grant requirements and administrative details, serves on Steering Committee, participates in project training events and participates in OJJDP approved visits and technical assistance events.
Executive Director, Eckerd Connects	Oversees all Eckerd Connects interactions with project, invoices Pinellas County for cost of child-related services provided, ensures availability of treatment providers, reports necessary project data.
Research Assistant (Court Administration)	Validates data and performs analysis.
Institute of Intergovernmental Research (IIR)	Provides technical assistance throughout the duration of this grant project.

Project Overview

The Pinellas OAYI project will provide comprehensive and effective trauma-based services for children in the Pinellas Dependency Drug Court and Early Childhood 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. The DDC and ECC 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 OAYI Steering/Planning Team has been convened from key stakeholders of both problem-solving courts. The team is working with OJJDP and RII to carefully fashion this new project using a data-informed approach. The Planning Team uses 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.

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.

This project constitutes a significant expansion of available community based services for children in DDC and ECC dependency cases.

The DDC and ECC Operations Teams will use the CBHAs and other information gleaned from case handling to identify the mental and behavioral health needs of the children it serves and utilize the Eckerd Purchase-of-Service system and Pinellas County sub-recipient contracts to secure services to adequately meet these needs.

Children served will receive Child-Parent Psychotherapy (CPP) (ages 0-3 specific target) or a form of parent-child trauma therapy (adult-involved trauma therapy for kids not yet reunified). Therapeutic visitation will also be utilized where appropriate.

A grant-funded Opioid Peer Mentor will provide additional family supports to what is already offered in the DDC and ECC.

The project teams will work to identify children with fetal drug exposure and match them with tutors, if school aged, or provide them with educational advocacy services, if younger.

Finally, the grant provides for additional positions to help foster supervised visitations and provide transportation to some critical appointments.

Target Population and Eligibility Criteria

The target population consists of children, ages 0 to 17, from families who have had a dependency adjudication where a primary cause for the neglect or abuse is a parental substance use disorder and these families have opted to participate in either the Pinellas DDC or ECC. The DDC serves approximately 45 families annually and the ECC serves 10-15. Thus, the size of the target population – children – is about 100 children.

Family Eligibility Criteria for DDC:

- Parent meets DSM-V criteria for a substance use disorder.
- Must volunteer for DDC and complete Consent for Disclosure of Confidential Information, and complete a DDC application
- Must possess the ability to effectively engage in treatment , e.g., absence of significant unstable mental health/primary care disorder
- Participant(s) must be parents who have custody or who are requesting custody
- Participant has no prior convictions for murder, manslaughter, sexual offenses, arson first degree, or robbery first degree
- Dependency case cannot include allegations of egregious abuse, as determined by the Presiding Judge
- Assigned Dependency Drug Court Judge must approve DDC participation
- History of violence may disqualify, as determined by Presiding Judge
- Reunification is a goal in the presenting dependency case (at case initiation)
- There is enough time, given permanency deadlines, for a participating parent to achieve some success, as determined by the referring dependency judge

Family Eligibility Criteria for ECC:

- Child is age zero to three (if there is one, second child may be zero to five)
- Child is placed in Pinellas County
- Child has been removed from the home and/or the parental authority has been removed from the parent
- Child has experienced or been exposed to abuse, abandonment, neglect, violence, or substance abuse
- Parent's first therapeutic intervention related to parent/child issues (preferred, but not a disqualifier)
- Parent's first interaction with dependency courts (preferred, but not a disqualifier)
- If Parent has substance abuse issues, he/she is in treatment and compliant with substance treatment, or is willing to enter treatment and become substance free
- If Parent has mental health issues, he/she is in treatment and compliant with treatment, or is willing to enter treatment and address mental health issues
- Parent agrees to participate in the ECC Program
- The parent has not perpetrated an egregious act of violence against the child

Successful Termination Criteria

The OAYI Project expects that every child will initiate any service to which they have been referred. As all treatment recommendations shall be individualized to the child, and all children will have a plan for continuation treatment upon release from the project, there is not a set number of treatment units that must be completed for successful completion.

Families will be exiting the DDC and ECC courts when they have either met all required components of those programs, or they have terminated unsuccessfully.

Successful Termination Criteria for DDC:

- A participant can graduate from dependency drug court upon completion of the recommended treatment program with at least 90 days drug free.
- The successful outcome of the dependency case requires that parents complete their case plans and that the Court determines returning the child permanently to the parent can be done safely.
Note: Drug Court Graduation does not guarantee reunification.

Successful Termination Criteria for ECC:

- The child has safely reached permanency and stability in his or her living conditions
- The family relationships and connections have been preserved
- The family has enhanced capacity to provide for their child's needs
- The child has received appropriate services to meet their educational, physical and mental health needs
- The goal for successful completion is one year, although this may be extended to 18 months due to circumstances specific to the family and case.

Case Flow

DDC Cases:

Potential DDC participants are identified by the Sheriff's child protection investigator, state attorney, parent attorney or DDC Coordinator at the Emergency Shelter Hearing. At that time, the Dependency Judge will tell the respondents about the possibility of dependency drug court, and court staff is instructed to provide information about the drug court option and how to apply for entry.

Eligible participants can enter drug court voluntarily by admitting or consenting to findings of dependency at arraignment. (Note: Parties who deny dependency and are later adjudicated dependent may be referred to DDC as determined by the presiding judge. Further, parents who initially refuse DDD or who are not initially identified as someone of has a possible substance abuse disorder, may be reconsidered for DDC referral if they change their mind or later identify as having a substance use disorder, provided there is enough time left in the case to effectively address the participant's disorder.) Participants must also complete a drug court application, sign a consent form to release confidential medical information, and seek a full substance abuse evaluation. This evaluation must identify both the treatment level the evaluator feels the respondent needs to recover.

Final approval for entry into the program is granted by the Dependency Drug Court Judge following adjudication of dependence. Participation in the Dependency Drug Court Program is ordered as part of the Respondent's Dependency Case Plan. Case Plans utilize a holistic approach including, in addition to substance abuse treatment, any mental health services, domestic violence services, anger management services, parenting classes, visitation programs, housing, transportation, and any other services that are pertinent to achieving the family stability necessary for reunification.

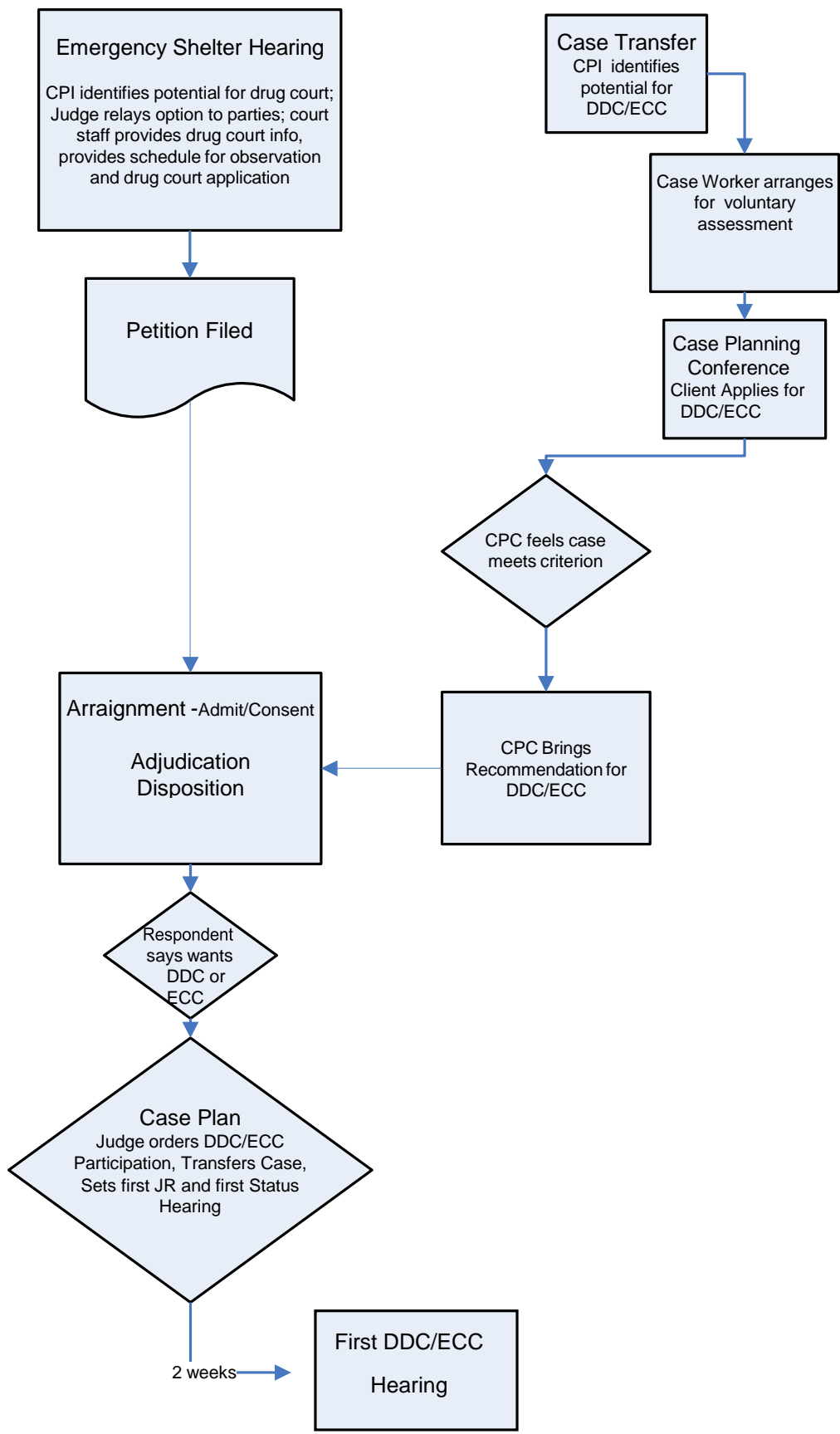
Participation in the Dependency Drug Court is for one year. During this time, the participant will attend all treatment elements, make regular court appearances, undergo frequent drug screening, and be subject to applicable drug court rewards and sanctions. Children of DDC families will be attend recommended services while the family is participating in DDC.

Upon completion of parent's treatment (including any required aftercare component) with at least 90 days drug free, participating parents become eligible for graduation. Despite drug court status, recovery from substance abuse and reunification with the child remain separate issues.

ECC Cases:

Early Childhood Court participants are reviewed by the ECC Community Coordinator upon early identification. Cases are referred by self-referral, parent attorney, guardian ad litem, Judge, child welfare case management, etc.) The Community Coordinator is present at shelter hearings to assist in the early identification of participants. Upon identification of a family, the Community Coordinator notifies Eckerd of the family's participation so that the family can be assigned to the appropriate case management organization. Participants will not be required to prove eligibility but must agree to participate in ECC rather than have their case assigned to a traditional dependency session.

Families will receive access to immediate assessments and receive services through approved provider of early childhood intervention. A signature service of the ECC model is Child-Parent Psychotherapy (CPP). The ECC will inform referrals and provide oversight of other services that the family needs including substance abuse treatment. The ECC hold hearings a minimum of monthly, to address progress, case permanency goals and additional needed services.



Staffing Plan

1. Drug Court Judges are assigned by the Chief Judge.
2. The Administrative Office of the Courts provides a grant Project Director as well as staff to handle case flow management and ongoing operations coordination duties.

The Project Director will coordinate closely with Pinellas County Government personnel to will ensure that all requirements of the grant are met. (See Roles and Responsibilities of Key Agencies and Staff)

Court personnel are needed to coordinate with all court-related agencies and programs to ensure parents are linked to appropriate treatment services and ensure case progression through drug court and readiness of cases and reports for all hearings. These positions – including the UFC Director, the ECC Community Coordinator and Court Program Specialists work to ensure sufficient communication occurs between child protection case managers, the State Attorney’s Office, court-appointed attorneys, treatment providers, and the Court.

3. Eckerd Connects will hire two Child Safety Family Support Coordinators whose job it is to increase visitation time between participating parents and children and help secure transportation to required appointments when transportation is an issue.
4. Westcare will hire an Opioid Peer Mentor. 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.
5. Pinellas County Government will contract with Dr. James Lewis to provide clinical consultation services to the Planning/Steering Committee and the Project Director in identification of children’s needs and the provision of effective services.

Court Staffings/Family Team Meetings

The Dependency Drug Court utilizes case staffings/family team meetings in order to report case information to the judge in advance of the status hearings. During a typical case staffing, each family's progress is discussed and input and feedback is garnered from all court team members for each case scheduled for a status hearing. Team members can make a recommendation for child treatment or services at any staffing during this project.

Team members who participate in status hearings, other than the judge, include substance abuse treatment representatives, who report on the progress or lack thereof of their clients; parent 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); child protection case managers, who share information with the court so that best plan can be fashioned for family; and the Court's Community Coordinator or Court Program Specialist, whose role is to be the liaison among all involved entities and court team members.

Outreach and Training

One of the key process goals of the OAYI project is to train DDC and ECC teams, child welfare case managers, and community treatment providers on the impacts that opioid and other drug abuse, as well as other traumas, have had on children in the targeted population. The OAYI project provides a unique opportunity to provide resources for children not previously available, and thus, this project requires stakeholders to expand their knowledge and handling of child health and mental health issues.

Training activities include the following:

- Westcare will administer a multi-disciplinary training on the impacts of opioid abuse on families.
- Dr. Lewis will provide targeted training with POS providers and/or other community providers on neuro-trauma.
- Dr. Lewis will consult with CBHA, CPP and parent-child trauma therapy providers to use ACEs scores at intake (first) session and at discharge in order to identify any additional trauma events during the course of program participation and focus on reduction of new traumatic events during the period where therapy services are provided.

Strategic Operational Issues

During the planning for the new project the following strategic operational issues were identified. Following each issue is a description of the strategies the team formulated to manage the issue.

1. **When and how will child service recommendations and referrals made?** - Currently, the child welfare case manager is largely responsible for identifying the needs of the child. This is frequently done after a Comprehensive Behavioral Health Assessment (CBHA) is completed. The team reported that case planning conferences are held before the CBHA is back. Case plan tasks can be amended, but subsequent referrals can be made without amending the underlying case plan. Child referrals to services have historically been limited to those services that

Medicaid will pay for, so CBHA recommendations are often limited to Medicaid eligible services. The team believes that recommendations for child services can and should come at any point along a family's participation in the project. The DDC and ECC will continually assess child needs and make referrals along with the child welfare case managers, making the referral process flexible. Because expansion services will be provided with grant funding, referrals can be made without court order. Eckerd will provide a point of contact to help teams expedite the referral process for this grant project.

2. **How familiar are the court teams with available community resources?** – Eckerd Connects maintains an extensive Purchase-of-Service (POS) community resource list. This list is not well known outside of Eckerd and its subcontracted child welfare agencies. Further, this list is used primarily for services not paid for by Medicaid, so most of the services listed are for adults, but not all. Eckerd is currently involved in a review and reorganization of this list, as many outdated resources still appear on the list. The list was shared with the planning team and was sorted by resource type. Child welfare representatives shared that case workers often make referrals based on resources they are familiar with and have successfully referred to in the past. Any resource on the list is available to the families through POS referral. Also, team members want to know about providers who do take Medicaid, as these services would be utilized first where clinically appropriate. Eckerd will advise regarding updates to their provider listings in this regard. Additionally, Dr. Lewis, as project consultant, will work with Eckerd to identify parent-child trauma therapy providers for school-aged children as well as academic tutoring services for those at high risk for academic disabilities and needs. The DDC and ECC teams will work with the Family Network on Disabilities to secure educational advocacy for children not yet school-age at high risk for neurodevelopmental problems to connect these children to early intervention services.
3. **Will therapeutic visitation be available?** – Therapeutic visits is a currently identified underutilized tool. Therapeutic visitation will be expanded under the grant project and efforts will be made to seek out Eckerd POS providers who can do visits after standard business hours.
4. **Will childcare during parent treatment visits be available?** After reunification, parents often are still in ongoing treatment and aftercare for substance use disorders, and childcare becomes an impediment to progress. The team identified this as a need and will ensure that childcare is made available, preferably close to treatment facilities and during counseling sessions when this occurs.
5. **How will Child-Parent Psychotherapy (CPP) be provided?** Because Eckerd does not currently offer CPP through POS, Pinellas County will contract directly with local providers to provide the number of needed slots for ECC and DDC.
6. **How will services be recorded for the grant?** Eckerd, as the POS administrator, will provide all necessary information regarding resources provided under the grant in detail for invoicing purposes as well as aggregated for data collection purposes. (See Evaluation Plan)
7. **How will the project measure both 1) reduced trauma for children and 2) increase in parent protective skills and positive relationships with children?** The project will establish mechanisms for recording each child's exposure to traumatic events using the Adverse Childhood Experiences (ACEs) test categories. ACEs scores will be obtained at the point of intake to treatment and at point of discharge. The project will report on new episodes of domestic violence, substance relapse after documented abstinence, new criminal charges, etc.).

Additionally, providers of CPP and other parent-child trauma therapy will report effectiveness of these interventions using tools chosen by these providers.

8. **How will the project identify expansion of service versus standard service?** Eckerd is providing baseline annualized expenditure data.
9. **How will the Opioid Peer Mentor be best utilized between the two problem-solving courts?**
The Opioid Peer Mentor will assist families identified as having opioid addiction issues and ECC families, as the Dependency Drug Court has another Peer Mentor to help with some of the DDC families. Both mentors are employed by Westcare, who will work on case coordination and inform the court teams of any coverage issues.
10. **What resources will be leveraged for this grant?** 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. 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, the assigned case worker 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. 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 DDC including participation in the Nurturing Program for Families in Substance Abuse Treatment & Recovery, home visits and home-based services; and comprehensive case management services that considers and addresses the needs of the entire family. 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.

Amended Project Timeline

Preparation OBJECTIVE #1: Work with OJJDP to plan for final aspects of new project, ensuring that project is data-informed.

Activities:	Targeted Completion Date:	Person(s) Responsible:
Planning Team in coordination with OJJDP and technical assistance providers finalizes plan for enhanced services, communications with partners and referral logistics.	Month 7	Michelle Ardabily, Project Director

Preparation OBJECTIVE #2: Enter into necessary contractual arrangements.

Activities:	Targeted Completion Date:	Person(s) Responsible:
Enter into contract for Child Family Support Coordinators and expanded child services with Eckerd (Eckerd subcontracts with Directions for Living); Enter into contract with Westcare for Opioid Peer Mentor and Opioid Training; Enter into contract with ARS and USF for CPP treatment slots; Enter into agreement with Dr. James Lewis for project clinical consulting.	Month 8	Deborah Berry, Bureau Director, Pinellas County Justice Services; and Ardabily
Initiate new services for target youth.	Month 10 (when courts reopen following COVID-19 shutdown)	Ardabily and Eckerd Executive Director Brian Bostick

Preparation OBJECTIVE #3: Finalize documentation for data reporting responsibilities and coordination.

Activities:	Targeted Completion Date:	Person(s) Responsible:
Planning Team reviews OJJDP Performance Metrics and those additional metrics established by the Project. Update Evaluation/Data Collection Plan to ensure all grant elements included.	Month 7	Ardabily, Tom Toy (Juvenile Court)
Update ETO system for any new data reporting; design reports for planning team.	Month 7	Ardabily
Establish invoicing process for contracts	Month 8	Berry

Review grant reporting requirements and schedule reporting accordingly.	As required, all project years	Ardabily and Berry
Provide statistical feedback to operations team.	Monthly after launch, all project years	Ardabily and Toy

Preparation OBJECTIVE #4: Acquire needed positions.

Activities:	Targeted Completion Date:	Person(s) Responsible:
Recruit and hire Child Family Support Coordinators and Opioid Peer Mentor	Month 9	Bostick and Jean Jones, Westcare
Train new staff.	Month 10	Bostick and Jones

Preparation OBJECTIVE #5: Provide necessary system training, coordinating activities and outreach.

Activities:	Targeted Completion Date:	Person(s) Responsible:
Hold final pre-launch operational team meeting to review logistics, responsibilities and readiness	Month 9	FDTC Judge Patrice Moore, EEC Judge Kimberly Todd and Ardabily
Issue Press Release regarding new Opioid Affected Youth Initiative	Month 10	Ardabily and Court PIO Stephen Thompson
Train DDC and ECC teams on the impact of opioid abuse on families.	Month 13	Jones and Ardabily
Discuss Initiative with Stakeholders, Potential Funders and Community Leaders	Ongoing, all project years	Judge Moore, Judge Todd, Bostick and Ardabily
Hold Operational Team Meetings and Planning Team Meetings to discuss ongoing operation and to make changes to program policy and procedure, as needed.	Monthly upon launch, all project years	Judge Moore, Judge Todd, UFC Director Debra Leiman and Ardabily

Information Sharing Protocols

- ◆ Child Welfare Case Managers ensure that a Comprehensive Behavioral Health Assessment, which provides family history and recommendations for the child's needs/wellbeing is completed for each child.
- ◆ DDC and ECC teams, including child welfare case managers, will provide treatment referrals to treatment providers that are best suited to the needs of the clients.
- ◆ DDC and ECC staff will include a DDC coordinator and ECC Community Coordinator, who will provide case flow management services, coordinate treatment case reporting, and assist in monitoring clients' progress.
- ◆ Eckerd/Lutheran Services staff will provide Child Welfare case managers. These staff members will collaborate to develop a case plan, monitor client's overall progress, and provide referrals to ancillary support services in community-based settings to enable case plan completion.
- ◆ The Treatment Provider shall make all final determinations regarding the suitability of potential clients for a particular treatment modality. If unwilling to provide ordered treatment, the Provider will refer the case back to the DDC or ECC Judge for further determination.
- ◆ DDC and ECC will provide written authorization for release and disclosure of confidential medical information in accordance with Federal Regulation 42 CFR, part 2.
- ◆ The child welfare case worker will supply verbal and written reports and accounts. Information will include, but is not limited to, attendance, scope of treatment, quality of participation, screen dates and results, problems, achievements and treatment accomplishments, and family interactions. Such information will be required at each court hearing.
- ◆ To ensure collaboration, Providers are encouraged to initiate communication with the DDC and ECC regarding a child's treatment or any related issue as often as necessary, in accordance with the filed Disclosure of Confidential Medical Information.

**SIXTH JUDICIAL CIRCUIT PINELLAS DEPENDENCY DRUG COURT
CONSENT FOR DISCLOSURE OF CONFIDENTIAL MEDICAL INFORMATION**

Case No. _____ **DP**

I, _____, understand that this Disclosure of Confidential Medical Information is necessary to inform the Court and the Dependency Drug Court Team members of my eligibility and acceptability for substance abuse treatment services and my treatment attendance, prognosis, compliance, and progress in accordance with the Dependency Drug Court’s monitoring criteria. For these purposes, I voluntarily consent to the disclosure of my substance abuse treatment information, and any medical information, including information related to mental health, for use in Dependency Drug Court to the following:

The Dependency Drug Court team, which includes: the Presiding Judge, my attorney, Eckerd, Directions for Living, Lutheran Services, the State Attorney’s Office (representing the Department of Children and Families), the Clerk of Circuit Court, Regional Counsel or private dependency counsel, representatives from Dependency Drug Court substance and mental health treatment programs, the Guardian ad Litem Program, Court staff, and any Florida or federal agency that is providing funding for Dependency Drug Court as necessary to show compliance with any funding requirements.

I understand my substance abuse and mental health treatment information includes initial screening assessment including treatment recommendations; risk assessments; family functioning surveys; substance abuse and mental health treatment progress reports; drug screening results; case management notes collected manually or in an automated case management system; and program evaluation reports for use by the Dependency Drug Court team members

I understand that the Dependency Drug Court is an open proceeding and other Dependency Drug Court clients, participants, and attendees may be present when my case is addressed.

I understand that this release does not authorize additional medical records searches and the collecting of confidential medical documents that are not related to my Dependency Court case.

I understand that this release does not authorize the release of any additional medical records, nor does it prevent the use of a separate consent form, signed by me, authorizing the release of my medical records to a specific agency, for specific records.

I understand that this consent will remain in effect from the date I sign this release until I complete or terminate from Dependency Drug Court.

Any disclosure made is subject to the Code of Federal Regulations, 42 C.F.R. § 2.11, § 2.12, and the United States Code, 42 U.S.C. § 290dd-2, governing confidentiality of alcohol and drug abuse patient records. Recipients of this information may re-disclose it only in connection with their official duties.

As stated in the Code of Federal Regulations, 42 C.F.R. § 2.31, § 2.35, as a participant in the Dependency Drug Court, I have the right to revoke this consent at any time. My revocation of this consent will result in my termination from the Dependency Drug Court.

Parent’s Signature

Parent’s Printed Name

Date

Signature of Parent’s Attorney

Parent Attorney’s Printed Name

Date

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT IN AND FOR PINELLAS
COUNTY, FLORIDA

JUVENILE DIVISION

IN THE INTEREST OF:

CASE NO: _____ DPANO

CHILD/CHILDREN

CONSENT TO PARTICIPATION AND TREATMENT
IN EARLY CHILDHOOD COURT INITIATIVE

Participant Name: _____

Date of Birth: _____

Date: _____

Time: _____ a.m./p.m.

I, _____, hereby voluntarily consent to participate in the Early Childhood Court Initiative (ECC), a program expected to provide me with additional services to help me with the completion of my case plan. These services may include special planning sessions in which I am expected to participate. I also understand that in order to participate in this program, I agree to sign this Consent form.

I understand that as part of the ECC Initiative receiving outpatient home-based infant mental health services are required. I voluntarily consent, on my own behalf and on behalf of my child, to participate in these services, which may include assessments and therapeutic treatment for me and my child _____.

I understand that this consent form will be valid and remain in effect as long as I receive services from the ECC Initiative.

Data Collection Procedures

I understand that the University of South Florida Family Study Center, which provides technical assistance to the ECC regarding co-parenting, will have access to information about me and my family. The purpose for analyzing this data is to advise the court on techniques associated with effective co-parenting. This information is obtained from answers provided during interviews conducted by administrative staff of the court. Some of those answers concern types and frequency of communications between parent and foster parent and between parent and relative and/or other non-relative caregiver. Other answers reviewed include information regarding participation in co-parenting training, participation of other important adults in the child's life, communication planning, frequency of phone contact, and perceived barriers to effective co-parenting.

I also understand that ZERO TO THREE, a non-profit organization that funds and oversees our ECC Initiative, will collect information about me. This information will be used to learn if participating families are getting the services they need, to make changes to better meet the needs of children and parents, and people interested in starting an early childhood court in their own communities around the country will also be informed on how the project is working so they can decide if they want to start an Early Childhood Court project in their court.

The information collected includes:

- basic demographics such as age,
- family history,
- all services the court system and providers may think you and your child need,
- all services you and your child actually receive,
- visits you have had with your child when she or he is not living with you,
- where the child is living and who they are living with, and
- the court-determined outcome of the case.

The project staff will get this information from reviewing court orders and other documents submitted to the court by child protective services and social service providers.

I understand and will allow the ECC Initiative to release information about me and my child/children to the Juvenile Welfare Board of Pinellas County (JWB). I also give permission for JWB to look at my behavioral evaluation file. This release includes all information given by me to ECC and information that ECC receives from others. The information will include my name social security number, address, school, date of birth, sex, race, and other similar information. As well as the name, social security number, address, school, date of birth, sex, race, and other similar information of my child/children. This information is protected by Chapter 39, Florida

Statutes, and ECC may not release it to JWB without my written permission, which I hereby freely give. I also understand that I will be expected to sign JWB's form *Need Statement of Written Purpose* prior to the release of my social security number.

In signing this release of information, I understand that:

- JWB may use the information to research, track, and measure the impact of JWB-funded programs and services in order to maintain and improve those programs and services.
- For research purposes, JWB may use the information to identify and match persons with other information kept by JWB and other agencies, including Personal Enrichment through Mental Health Services, Inc. (PEMHS).
- Under section 125.901(11), Florida Statutes, personal identifying information concerning a child and the child's parent or guardian is exempt from Chapter 119, Florida Statutes.
- JWB will not return information or remove information from its records.

Privacy and Confidentiality

I further understand that my paper records (including the information about me described earlier) will remain in a safe location and will be kept confidential to the extent permitted by law. This same information will be entered into a secure database that is password protected. While the local project staff and database administrator will see my name along with the information about me, ZERO TO THREE project management staff will only be permitted to see a unique ID number assigned to my paper records. They will not have access to my name or any other personal identifying information. If this program is written about in a publication, or discussed at a conference or in staff training activities, no personal identifying information will be included. Authorized evaluators or other agents who may review your records for audit purposes will be bound by the same provision of confidentiality that applies to ZERO TO THREE project management staff.

I understand:

- I may withdraw my consent at any time by writing the ECC.
- If I take back this consent, ECC will not release any new information; however, information already released cannot be recalled.
- **My consent to release this information to the above listed entities will not affect what the court may do in my case(s).**
- **I have a right to discuss this release with an attorney before signing this form.**

This Consent to Participation and Treatment in the Early Childhood Court Initiative form has been explained to me and I fully understand and agree to its contents.

Comments: _____

Parent Signature: _____

Date: _____

Parent phone number: _____

Signature of witness (name and credentials) who explained the contents of this Consent form:

Printed Name and Credentials

Signature

cc: SAO
Mother/Attorney for mother
Father/Attorney for father

10/2018

Opioid Affected Youth Initiative (OAYI) Evaluation Plan

Evaluation of the OAYI grant program will focus on project planning team training, and providing data-driven services that address public concerns, intervention, prevention, and treatment services for children, youth, and families impacted by opioid abuse. Evaluation will include “process” measures (e.g. grant implementation) and measurable quantitative performance measures (i.e., number of youth receiving enhanced services, percentage-exhibiting reduction in trauma, etc.). The evaluation of OAYI will include coordination with OJJDP regarding training, data, and research. The grant will additionally include qualitative data reporting.

The goals of the ongoing OAYI program evaluation are to:

- 1) Facilitate rapid access to care for at-risk children in DDC and ECC.
- 2) Expand coverage of services.
- 3) Generate expertise among team members to address special needs of opioid affected children.
- 4) Implement and expand trauma-informed care delivery models tailored to children and families’ needs.
- 5) Align and maximize resources across the dependency system by sharing data.

Process Measures

The process evaluation will assist the OAYI to meet its goals and objectives of assessing the effectiveness of project implementation during the OJJDP grant period. 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.

Key Program Process Components

1. Ensure the timely identification and delivery of services to children in Dependency Drug Court (DDC) and Early Childhood Court (ECC) dependency proceedings, possibly later including data related to children in other problem-solving courts impacted by the opioid crisis.
2. Develop and adopt a Memorandum of Understanding (MOU) and work plan to establish understandings and guide operations related to the proposed project.
3. Add necessary data collection activities to ensure project assessment, guide improvements, and provide a basis for funding sustainability.
4. Train DDC and ECC teams, child welfare case managers, and community treatment providers on the impact that opioid abuse on families.

Outcome Evaluation

An ongoing outcome evaluation will assist in determining the program’s effectiveness. Data obtained from evaluating the OAYI process and outcomes will be used to modify program components, procedures and approaches, and to justify continuation or expansion of the program.

Project Objectives:

- 75 children will receive enhanced trauma based services to meet their individual mental and physical health needs over Phase 2 of the grant project.
- Adverse Childhood Experiences (ACE) Scores will demonstrate a reduction in traumatic events for seventy percent (70%) of the children served as a result of participation in the project.

- At least seventy percent (70%) of children receiving Child Parent Psychotherapy and other trauma therapy will exhibit a reduction in trauma symptoms and maintain such reduction at completion of the intervention as evidenced by the trauma symptoms measurement tools utilized by these provider types.
- At least seventy percent (70%) of children with possible fetal drug exposure will be connected either to tutoring or educational advocacy services.
- Children who are provided five months or more of individual tutoring under the Project will exhibit an increase in reading and math grade levels by the end of the tutoring and a decrease in both unexcused school absences and school based behavior referrals while participating in tutoring.
- At least seventy percent (70%) of parents that participate in enhanced parenting/family education or bonding interventions, including increased visitation, will exhibit an increase in positive/protective skills and relationships with their children, as exhibited in child welfare reports to the court assessing these skills and relationships.
- All children served by the project will, whether reunified or not, have a plan for continued treatment to address ongoing effects of trauma from their parents' drug use or from the effects of being removed from the parental home.
- All youth exhibiting drug abusing behaviors will receive substance abuse education and/or treatment.
- Reduce child victimization including child abuse and neglect, sex trafficking and labor trafficking.

Specific Performance Measures -Phase 2 (post-launch) Reporting

1. Number of program youth carried over from previous reporting period, new admissions during reporting period
2. Number of program youth who exited the program having engaged in treatment, total number of youth who exited the program
3. Number of families who exited the programs having completed program requirements, total number of families who exited the program
4. Number of program youth served during the program period exhibiting a reduction in traumatic events, total number of youth receiving services for trauma during the reporting period; final measure at program exit
5. Number of children identified as at risk for neurodevelopmental problems due to possible fetal drug exposure.
6. Number of children provided with educational advocacy as a result of their risk status for neurodevelopmental problems.
7. Number of children provided with academic tutoring as a result of their risk status for neurodevelopmental problems.
8. Number of children provided with five or more months of academic tutoring who exhibited an increase in reading and math grade levels by the end of the tutoring; number who exhibited a decrease unexcused school absences while participating in tutoring; number who exhibited a decrease in school-based behavior referrals while participating in tutoring.
9. Number of DDC and ECC youth placed out of the home during the 6 months prior to grant start date (baseline); Number of youth placed out of the home during the reporting period (*OJJDP required reporting measures*)
10. Number of youth treated for substance abuse
11. Youth victimizations- victimization defined as physical or psychological (new dependency actions/removals Short term: Number of youth served during reporting period, number removed from home (victimized) during reporting period, number violent victimizations, number nonviolent victimizations, number sex trafficking victims served, new sex trafficking victims, number of labor trafficking victims served, new labor trafficking victims, number both sex and labor trafficked served, new sex and labor trafficked. (*OJJDP required reporting measures*)
12. Youth re-victimizations –Short term: Number of youth re-removed/re-victimized during reporting period, number violent revictimizations, number nonviolent revictimizations, new sex trafficking victims, new labor trafficking victims, new sex and labor trafficked. (*OJJDP required reporting measures*)

13. Number of parents participating in child parent psychotherapy (CPP) or other enhanced parenting/family education or bonding interventions, number of parents participating in increased visitation, total number exhibiting increased positive/protective skills and relationships with their children
14. Number of children exiting project with a plan for continuing treatment, total number of children exiting
15. Demographics of children – age categories, race and ethnicity, placement status, reunifications, reremovals (aggregated totals only)

OAYI Team Member Accountability: Evaluation Activities

The OAYI planning team will be required to assist with ongoing data collection and evaluation of the OAYI grant program. The following is a list of expected activities associated with ongoing evaluation:

1. Involved agencies will have ongoing participation on the OAYI Steering Committee and DDC and ECC Operational Teams to address implementation and program development issues.
2. The Steering Committee will periodically examine the implementation of key program components, as described herein. This examination will determine whether these components were implemented as intended, identify key changes that have occurred in program design, assess program achievement of stated goals and objectives, identify problem areas, and assist in the formation of recommendations for future improvements.
3. The grant Project Director shall be responsible for keeping minutes of Steering Committee meetings.
4. Eckerd shall provide data regarding the number of children receiving services through its Purchase-of-Service (POS) system, the number of services provided, and the types of services provided (including specific categories of trauma therapy, therapeutic visitation, academic tutoring, or substance abuse education/treatment) quarterly to the grant Project Director.
5. Eckerd shall provide data regarding the number of visitations enabled/supervised and number of family appointments assisted by the Child Safety Family Support Coordinators added by the project quarterly to the grant Project Director.
6. Providers of Trauma Therapy, enhanced parenting/family education or bonding interventions will report data regarding the number of parent/child units receiving services, and their assessment of the effectiveness of this intervention, using an evidence-based tool where possible, quarterly and at service exit to either the DDC Court Program Specialist or the ECC Community Coordinator. The DDC and ECC coordinators will report these treatment results to the Project Director.
7. The DDC Court Program Specialist and ECC Community Coordinator will collect ACE scores for children measured by CBHA providers for each case and report these to the Project Director quarterly.
8. Providers of Trauma Therapy, whether parent-child or individual, will administer an ACE test at treatment completion, highlighting new trauma events since program start, and provide this information at treatment exit to the DDC Court Program Specialist, ECC Community Coordinator, or Project Director.
9. Child welfare case managers shall provide reasons for removal for each child entering DDC or ECC to the Court's DDC Court Program Specialist or the ECC Community Coordinator.
10. Child welfare case managers should specifically report any known sex or labor trafficking victimization by children before removal or during DDC or ECC participation to the DDC Court Program Specialist or ECC Community Coordinator.
11. The DDC Court Program Specialist and ECC Community Coordinator will report the number of children receiving educational advocacy services quarterly to the Project Director.
12. Child welfare case manager shall report re-removals of children in DDC and ECC to the Court's DDC Court Program Specialist or the ECC Community Coordinator.
13. Court administration staff will provide for data collection of required variables (as established in this plan) not collected and readily available elsewhere.
14. The Administrative Office of the Courts and Eckerd will monitor availability of treatment resources and other needed ancillary services.

MEMORANDUM OF UNDERSTANDING
OJJDP FY2020 Opioid Affected Youth Initiative

THIS AGREEMENT made and entered into this ___ day of _____, 2020, by and between Pinellas County, a political subdivision of the State of Florida, hereinafter referred to as “County”, and Eckerd Connects, WestCare Gulfcoast-Florida, Inc., and the Sixth Judicial Circuit of the Florida State Courts System.

WHEREAS, County, Eckerd Connects, WestCare Gulfcoast-Florida, Inc., the Sixth Judicial Circuit of the Florida State Courts System have come together to collaborate to implement an awarded project under the U.S. Department of Justice Office of Juvenile Programs, Office of Juvenile Justice and Delinquency Prevention (OJJDP) FY19 Opioid Affected Youth Initiative.

WHEREAS, the participants listed below have agreed to enter into a collaborative agreement in which County is the lead agency and named applicant and the other agencies are participants in the collaboration; and

WHEREAS, the participants herein desire to enter into a Memorandum of Understanding setting forth the services to be provided;

NOW, THEREFORE, it is hereby agreed by and between the participants as follows:

1) Development and History of the Collaboration

The problem of opioid abuse and other drug addictions, is such a huge contributing factor to child removals in Pinellas County that the action plan of the Pinellas County 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. 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 substance use disorders 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. The Pinellas County dependency court and child welfare system is struggling to provide counseling, therapy, and other specialized services to kids who need them. The Pinellas Family Treatment Court teams recognize this, and came together to pursue federal opioid grant dollars to help address this critical need.

The steering committee of the Pinellas Aiding Drug Impacted Children in Out-of-Home Care project funded as part of OJJDP’s Opioid Affected Youth Initiative (OAYI) , was formed in 2019 to begin planning for implementation of this new project. The steering committee is composed of team members of both the Pinellas Dependency Drug Court (DDC) and the Pinellas Early Childhood Court (ECC) as well as additional community treatment providers. The Pinellas DDC was implemented in 2017 with funding from OJJDP. The ECC was launched in May 2015 and is now supported by the Pinellas County Juvenile Welfare Board, which provides funding for its community coordinator. These two family treatment courts share many of the same team members. Thus, planning for this important enhancement for children provided an opportunity with a seamless transition for the Circuit.

2) Roles and Responsibilities

Pinellas County

- a) The County is the grantee and recipient for this project, and thus acts as fiscal agent for the grant project and ensures compliance with the reporting requirements of OJJDP.

The County designated a Project Director from the Administrative Office of the Courts, Chief Deputy Court Administrator Michelle Ardabily to lead project development and implementation activities according to the provisions of the grant agreement and Pinellas County partner agreements. Ms. Ardabily will attend required trainings, and assist in monitoring fulfillment of all

grant requirements. Ms. Ardabili will work closely with the Pinellas County Office of Justice Coordination, largely through assigned Pinellas Grant Manager.

The Office of Justice Coordination will submit all required programmatic and fiscal reports to OJJDP.

- b) Pinellas County will enter into an agreement with the following parties under this project. The County will be the recipient of the grant and the following parties will be sub-recipients of the sub-award.
- c) In the event sufficient grant or budgeted funds are not available for a new fiscal period, the County will notify the Parties of such occurrence and this agreement shall terminate on the last day of the current fiscal period without penalty or expense to the County.

Eckerd Connects (Eckerd)

Eckerd will:

- Hire, train, and equip Child Safety Family Support Coordinators. The initial budget supports the addition of two coordinators. Eckerd may subcontract these positions to their case management agencies.
- Secure needed services for children as identified through this project by utilizing its Purchase-of-Service System. These services will be in addition to the level of service currently provided to children in dependency cases. New services will not be required to be court ordered for these referrals to be made and will not be limited to services covered by Medicaid.
- Invoice Pinellas County for the services provided with detail to support each request as required by contract.
- Provide data on a quarterly basis to the Project Director pertaining to the number of children receiving Purchase-of-Service (POS) services through grant funding, the number and the types of services being utilized.
- Provide data on a quarterly basis to the Project Director regarding the work of the Child Safety Family Support Coordinators including the number of parent visits enabled, number of parent visits supervised, transports provided and any other services provided to assist targeted children and their families. If these positions are subcontracted, Eckerd shall collect the data by the project deadline.
- Provide data on a quarterly basis to the Project Director regarding child engagement in services through contracted child welfare case management, whether sub-contracted or otherwise.
- Provide data, whether directly or through subcontracted child welfare case management entities, to the Court's DDC Court Program Specialist or the ECC Community Coordinator regarding the reasons for removal for each child entering DDC or ECC.
- Provide data whether directly or through subcontracted child welfare case management entities, to the Court's DDC Court Program Specialist or the ECC Community Coordinator regarding any know sex and/or labor trafficking for each child entering DDC or ECC, whether directly or through subcontracted child welfare case management entities.
- Provide data, whether directly or through subcontracted child welfare case management entities, to the Court's DDC Court Program Specialist or the ECC Community Coordinator regarding new abuse reports filed and re-removals for children currently in the DDC and ECC.
- Attend OAYI steering/planning workgroup meetings and provide input on ways to improve effectiveness of the project.
- Participate in proposed project related training.
- Enter into an agreement with the Pinellas County Government for the provision of project services under the grant.
- Participate in OJJDP approved visits and technical assistance events.

Westcare Gulfcoast Florida, Inc. (Westcare)

Westcare will:

- Hire, train, and equip an Opioid Peer Mentor for this project.
- Train the multi-disciplinary DDC and ECC teams regarding the specific effects of opioid abuse on families.
- Provide quarterly data to the Project Director regarding the number of families served by the Opioid Peer Mentor.
- Provide quarterly data to the Project Director regarding parent education participation of DDC parents and the resulting effects.
- Attend OAYI steering/planning workgroup meetings and provide input on ways to improve the effectiveness of the project.
- Participate in proposed project related training.

- Enter into an agreement with the Pinellas County Government for the provision of project services under the grant.
- Participate in OJJDP approved visits and technical assistance events.

Sixth Judicial Circuit - Pinellas

Sixth Judicial Circuit will:

- Continue to provide problem solving courts in dependency.
- Employ legislatively approved-staff in these courts to assist with implementation of the project, including a Unified Family Court Director.
- Provide its Chief Deputy Court Administrator Michelle Ardabili to manage the OAYI project, facilitate communication between partners, hold periodic grant meetings, coordinate data collection, staff Steering/Planning Workgroup meetings, attend required OJJDP meetings and trainings, and report required data to Pinellas County Government.
- The Project Director will be responsible for all activities in the project's OJJDP-approved work plan and data collection plan.
- Provide judicial leadership for Steering/Planning Workgroup meetings to explore and plan for continued project improvements.
- Continually assess problem solving court policy for effectiveness in implementation using best practice and Florida law to guide policy decisions.
- Participate in proposed project related training.
- Participate in OJJDP approved visits and technical assistance meetings and events.
- Provide all required and necessary information for OJJDP grant reporting.

2) Timeline

This MOU is effective on the date that the last of the six parties becomes a signatory. The parties may extend the MOU upon written mutual agreement. This MOU automatically terminates on September 30, 2022 or upon completion of the OJJDP project, whichever occurs earlier, unless the project is extended by OJJDP. A party may withdraw from the MOU after providing written notice to each of the remaining signatories. To the extent possible, the remaining signatories will strive to meet the goals and objectives of the MOU. Upon termination, the withdrawing Party shall return all funds received that are determined by the County to have not been expended for a purpose provided for within the Roles and Responsibilities, Section 2 of this Agreement.

3) Miscellaneous

- a) The parties will enter into subsequent agreements as necessary in order to comply with Federal Agency grant requirements including those provided for in 2 CFR 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements For Federal Awards.
- b) There shall be no modification of this Agreement or of any covenant, condition, or limitation herein contained unless mutually agreed upon by the Parties and incorporated as a written amendment to this Agreement.
- c) It is hereby mutually agreed that the Parties are independent contractors and not employees or agents of each other.
- d) Each Party shall comply with all federal, state, and local laws and ordinances and any rules or regulations adopted thereafter.
- e) The laws of the State of Florida shall govern this Agreement.
- f) The Parties shall neither assign the responsibility of this Agreement to another party nor subcontract for any of the work not previously referenced as part of this Agreement without prior written approval of the other Parties.

4) Adding Parties to the MOU

- a. Additional OAYI grant partners may be added as parties to this MOU by addendum to the agreement outlining the party, the party's role in the project, and an effective date.
- b. The partner addition request must be in writing from the Sixth Judicial Circuit Court providing detail on the partner's role.

- c. The addendum may be approved by signatures of the added party and the Director of Human Services in cooperation with the Sixth Judicial Circuit Court.

The Parties agree to be fully responsible for their own acts of negligence, or their respective agents' acts of negligence when acting within the scope of their employment, and agree to be liable for any damages resulting from said negligence. Nothing herein is intended to serve as a waiver of sovereign immunity by either the County or any public body. Nothing herein shall be construed as consent by the County or any public body to be sued by third parties in any manner arising out of this Agreement.

IN WITNESS WHEREOF, the parties to this Agreement have caused the same to be signed by their duly authorized representatives this ____ day of _____, 20__.

**APPROVED AS TO FORM
OFFICE OF COUNTY ATTORNEY**

By: _____
Assistant County Attorney

**PINELLAS COUNTY, Florida acting
by and through its County Administrator**

By: _____
Barry A. Burton, County Administrator
Date: _____

ATTEST:

By: _____

Eckerd Connects

By: _____
Title: _____
Date: _____

ATTEST:

By: _____

Westcare Gulfcoast Florida, Inc.

By: _____
Title: _____
Date: _____

ATTEST:

By: _____

**Sixth Judicial Circuit
Florida State Courts System**

By: _____
Title: Chief Judge
Date: _____

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