PROGRAM NARRATIVE:

(1) A. Statement of the Problem *(10 Percent)***:** Pinellas County Government, on behalf of the Sixth Judicial Circuit (SJC) of Florida (in Pinellas County), is requesting OJJDP Family Drug Court Implementation and Enhancement Program funds of $600,000 (over 36 months) in Category 1, to implement the SJC Family Drug Treatment Court (FDTC). The SJC-FDTC will operate as part of the SJC's "Unified Family Division." The target population of the SJC-FDTC will be adults (parents) who have had a dependency adjudication where a primary cause for the neglect or abuse is parental substance abuse and have a history of substance abuse disorders with or without co-occurring mental health problems, and histories of trauma. The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 7.5 million children under age 18, live or have lived with a parent who has experienced an alcohol or drug use disorder in the past year. The target geographic location of the proposed SJC-FDTC is Pinellas County, Florida. Below is a profile of Pinellas County compared Florida and the U.S.

CHARACTERISTIC	PINELLAS CTY	ALL FLORIDA	U.S.
Population (2014)	938,098	19,893,297	318,857,056
Caucasian/White (2013)	83.4%	78.1%	77.7%
Black/African American (2013)	10.8%	16.7%	13.2%
Hispanic/Latino (Non-White) (2013)	8.6%	23.6%	17.1%
Mixed Races (Two or More) (2013)	2.0%	1.9%	2.4%
Language Other Than English Spoken	13.2%	27.4%	20.7%
Persons Below Poverty Level (2009-2013)	14.1%	16.3%	15.4%
Unemployment Rate (February 2015)	5.2%	5.6%	5.4%

SAMHSA's Behavioral Health Barometer: Florida (2015) uses data from the National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services to report on the behavioral health problems facing Floridians. In Florida, SAMHSA reports that: adult illicit drug abuse (2013-2014) was at 2.4%; 12.6% of adults received treatment for illicit drug abuse (2010-2014); 7.9% of adults received treatment for alcohol abuse (2010-2014); 7.9% of Floridians (18-64) used the state's public mental health system; 3.4% of adults had past year suicide thoughts (2014); and 3.7% of

Floridians (18+) had serious mental illness (2013-2014). Data from Pinellas County government (including the Pinellas County Sheriff's Office (for 2014) indicates that: 47% of Pinellas County residents were arrested; 87% were arrested for non-violent crime; 16.7% were drug-related arrests; and the recidivism rate for non-violent drug offenders was 25 percent. In addition, Pinellas County reports that between 2007 and 2012, there was a 226% increase in babies born addicted to drugs in Pinellas County from 43 babies in 2007 to 140 babies in 2012. Further, Pinellas County government estimates that every 32 hours, someone dies of a drug overdose in Pinellas County. The District Six Medical Examiner's *Annual Report* (2014) indicates that suicide deaths increased by 23% from 2013 to 2014 (166 to 204) in Pinellas County; and a total of 166 drug/alcohol related deaths were documented in Pinellas County. The following table provides a demographic profile of SJC Adult Drug Court participants in Pinellas County.

DATA TYPE	VALUE		DATA TYPE	VALUE
Identified as Male (FY14/15)	61%		Alcohol (FY14/15)	42%
Identified as Female (FY14/15)	39%		Cocaine (FY14/15)	26%
Caucasian/White (FY14/15)	85%		Marijuana (FY14/15)	57%
Black/African American (FY14/15)	14%		Prescription Meds (FY14/15)	62%
English-Speaking (FY14/15)	100%		Heroin (FY14/15)	4%
Hispanic/Latino (FY14/15)	.07%		Total Participants (2010-2015)	2,693
Native American (FY14/15)	.001%		Total Graduations (2010-2015)	1,839
Other Race(s) (FY14/15)	.002%		Graduation Rate (2010-2015)	58.8%
Ages 17-24 (FY14/15)	21%		Retention Rate (2010-2015)	70.1%
Ages 25-34 (FY14/15)	40%		Employment (2010-2015)	69%
Ages 35-44 (FY14/15)	19%		Drug-Free Babies (2010-2015)	49
Ages 45-54 (FY14/15)	13%		Recidivism Rate (2012)	18%
Ages 55-61 (FY14/15)	.04%		Recidivism Rate (2013)	14%

The link between child maltreatment and substance abuse is well documented. According to the Administration on Children, Youth, and Families (ACYF), each year in the United States, nearly 1 million cases of child abuse and neglect are filed and substantiated. A National Drug Court Institute (NDCI) Drug Court Practitioner Fact Sheet titled, *Family Dependency Treatment Court: Applying the Drug Court Model in Child Maltreatment Cases*, reports that during 2014, Child Protection Services

agencies received an estimated 3.6 million referrals involving approximately 6.6 million children. 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 percent 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 revictimization and terminations of parental rights. Local data was derived from a combination of sources including the Sixth Judicial Circuit of Florida, Office of the Florida State Attorney, Pinellas County Sherriff's Office, and Eckerd Kids: Child Welfare & Foster Care Agency, is as follows:

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

The problem of drug dependence is such a huge contributing factor to child removals in Pinellas County that the Sixth Judicial Circuit's Dependency Court Improvement Committee's (DCIC) Action Plan identifies a reduction in the removal rate of families entering the system of care related to substance abuse as a priority goal. *Past efforts of the Sixth Judicial Circuit are detailed in Section C.*

(2) B. Goals, Objectives, and Performance Measures *(20 Percent)***:** As illustrated by the *Statement of the Problem* in Section A, a Family Drug Court (FDC) is needed in Pinellas County to provide substance-abusing parents with support, treatment, and access to services that will protect children; reunite families, when safe to do so; and expedite permanency. With this principal aim in mind, the Sixth Judicial Circuit and its stakeholders, have identified several meaningful goals and measurable

objectives. The goals which describe the program's intent to ameliorate or altogether eliminate the problems noted in Section A, as well as, the measurable objectives which explain how the program will accomplish the goals, align with the performance measures noted by OJJDP in the RFP. The process of identifying mutual goals and measurable objectives is part of this team's process of developing a shared mission and vision for the proposed SJC-FDTC. **Goal One:** Implement a Family Drug Court (FDC) in Pinellas County that will provide substance-abusing parents with support, treatment, and access to services that will protect children; reunite families (when safe to do so) and expedite permanency. **Objective 1A:** Thirty-five (35) families annually (105 families over 36 months) will participate in the FDC program as documented in individualized treatment plans and the Drug Court Case Management System (DCCM). **Objective 1B: At least t**hirty-five (35) adults (parents) annually will participate in evidence-based and trauma-informed substance abuse treatment services as documented in individualized treatment plans and the DCCM. **Objective 1C:** At least thirty-five (35) adults (parents) annually will participate in evidence-based parenting/family education sessions as documented in individualized treatment plans and the DCCM. **Objective 1D:** At least thirty-five (35) adults (parents) annually will receive home-based case management services as documented in individualized treatment plans and the DCCM. **Objective 1E:** At least 60% of participating families annually will successfully complete the 12-month FDC program as documented in the DCCM. **Goal Two:** Improve the mental, behavioral, and social functioning among parents and families participating in the Family Drug Court of Pinellas County. **Objective 2A:** At least eighty percent (80%) of parents/families that complete their behavioral health treatment plans annually will remain substance free at thirty (30) days prior to discharge and at three (3) months post-completion as evidenced by the tool and as documented in the DCCM. **Objective 2B:** At least eighty percent (80%) of parents/families that complete Seeking Safety annually will exhibit a reduction in trauma symptoms at completion of

the intervention, and will maintain reduced symptoms at program completion as evidenced by the PCL5 and as documented in the DCCM. **Objective 2C:** At least ninety percent (90%) of parents that participate in parenting/family education sessions annually will exhibit an increase in positive/protective skills as evidenced by pre-and post-tests and as documented in the DCCM. **Objective 2D:** Annually, the Pinellas County FDC will achieve the following: 1) At least 90% of participating parents will not generate any new child maltreatment reports during participation, and 70% will not generate new maltreatment reports three months post-discharge; 2) Incidents of parental rights terminations will lower by 20% among participating parents/families; 3) At least 60% of children removed from the homes of participating parents/families will be returned (if possible with interests of child being paramount); and 4) At least 70% of participating families will achieve timely permanency (within 12-15 months of enrollment in FDTC), as documented in the DCCM. If fortunate enough to be selected as a grantee, Pinellas County and the Sixth Judicial Circuit understand that they must demonstrate program progress and success. The applicant agrees to provide data to OJJDP (quarterly performance metrics of relevant data through the Data Reporting Tool) regarding the performance measures detailed on pages 13-16 of the RFP. Pinellas County, Sixth Judicial Circuit, WestCare and the proposed Evaluator all have current and previous experience in reporting data on federal grants from agencies including BJA and SAMHSA in compliance with the GPRA Act.

(3) C. Project Design and Implementation *(40 Percent)***:** Pinellas County Government (the applicant) on behalf of the Sixth Judicial Circuit (SJC) of Florida (in Pinellas County), is requesting OJJDP Family Drug Court Implementation and Enhancement Program funds of $600,000 (over 36 months) in Category 1, to implement the SJC Family Dependency Treatment Court (FDTC), a Family Drug Court. As with Pinellas County's other specialty treatment courts (e.g., Adult Drug Court, Veterans Treatment Court, etc.), the SJC's plan for the SJC-FDTC is informed by best practices,

standards and evidence-based approaches established by or endorsed by the Bureau of Justice Assistance (BJA), the National Association of Drug Court Professionals (NADCP), National Drug Court Institute (NDCI), the Center for Court Innovation (CCI), and the National Institute of Justice's (NIJ) Multisite Adult Drug Court Evaluation. Among the standards that most inform the SJC's specialty Courts and dockets are NADCP's Ten Key Components of Drug Courts and NADCP's Adult Drug Court Best Practice Standards. In addition, in the planning of the proposed Family Drug Court, Pinellas County, SJC and its stakeholders were guided by OJJDP's publication titled, *Guidance to States: Recommendations for Developing Family Drug Court Guidelines* (2015).

1. Collaborative Planning: Pinellas County government, the Sixth Judicial Circuit (SJC) and community stakeholders understand that collaboration is essential to the successful implementation and sustainment of a Family Drug Court. 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. In 2006, the Sixth Judicial Circuit (SJC) Family Dependency Treatment Court (FDTC) planning team participated in *The Drug Court Planning Initiative: Family Dependency Treatment Court* training that was created and conducted by the National Drug Court Institute (NDCI). The team attending the training consisted of a SJC Unified Family Court Judge, the SJC Unified Family Court Manager, a parent attorney, and representatives from the Guardian ad Litem Program, the Florida State Attorney's Office, community-based treatment providers, SJC Court Technology Department, a Child Protection Services Case Worker and a SJC Court Planner. After completion of the training, Pinellas County and SJC expanded the FDTC Planning Team to more than two dozen members of local stakeholder agencies/entities. This group worked for more than 12 months to develop a written comprehensive plan for the launch of the first SJC-FDTC in 2007, including a complete policies and procedures manual. Unfortunately,

the specialty court was forced to shut down in 2008, due to recession-driven budget cuts. Since 2008, the team has continued to meet and submit unsuccessful funding requests to implement the SJC-FDTC again. Team members met formally in early May 2016, to review the previous model and prepare to submit this proposal to OJJDP. Since 2008, the SJC has successfully implemented and sustained Adult Drug Courts in two counties, a Veterans Treatment Court, an Early Childhood Court based on the Zero-to-Three model, and several specialty dockets funded with federal grants (e.g., SAMHSA, BJA, etc.).

2. Eligibility, Engagement, and Screening: In alignment with NADCP's Adult Drug Court Best Practice Standards on *Target Population* and *Historically Disadvantaged Groups*, as well as, NADCP's 3rd Key Component of Drug Courts, eligible participants will be identified early and promptly placed in the family drug court program. Eligibility screening will be conducted by WestCare GulfCoast-Florida, Inc. using a structured interview tool (biopsychosocial assessment) and high risk/high need participants/cases enter the program immediately following a determination of their eligibility. As with its other treatment courts, SJC, will develop and share objective eligibility criteria based on empirical evidence and communicated to potential referral sources in writing. Criterion for inclusion in the SJC-FDTC will include: Candidate is 18 years of age or older and resides in Pinellas County, Florida; Candidate communicates a willingness, ability and desire to complete the program; Candidate meets DSM 5 criteria for substance disorder; and Candidate is a parent or legal custodian who has custody or who is requesting custody; Candidate must not have a history of charges or convictions involving the use or attempted use of force with the intent to cause death or serious bodily harm to another person; and Candidate is not already participating in an Adult (Felony) Drug Court. The target population for the proposed SJC-FDTC consists of parents who have had a dependency adjudication where a primary cause for the neglect or abuse is parental substance abuse and have a history of substance abuse

disorders with or without co-occurring mental health problems and histories of trauma. In 2007 and 2008 when the first SJC-FDTC was operational, cocaine was the most frequently reported drug that prompted child removal. Opiates and Benzodiazepines (BZP), mostly in pill form, were and still are also frequently abused. In 2010, the Florida Legislature implemented sweeping changes that resulted in the closure of "pill mills" across the State and implemented restriction on the prescribing of pain medicine in stand-alone clinics. Other efforts include the establishment of a prescription drug-monitoring program that began in September 2011. Since that time, although prescription abuse continues to be the primary problem faced by the Circuit's drug courts, an uptick in heroin has also be noted. All of the previous participants had at least one relapse during treatment, which was one of the driving factors for securing a more intensive level of treatment. As recent as five years ago, Pinellas County had lost more people to prescription drugs than any other county in Florida (249 in 2011). Potential drug court participants will be identified by the Pinellas County Sheriff's Office Child Protection Investigator at Emergency Shelter Hearings. At that time, the Dependency Judge will inform respondents of the possibility of participation in the SJC-FDTC, and staff is instructed to provide information about the family drug court option to potential participants. The shelter hearing is usually when the case is considered substantiated by child welfare, although frequently more investigation is still needed. The dependency petition must be filed within 21 days of the shelter hearing, and the arraignment is held no later than 28 days after shelter. During the Child Protection Investigation, the Sheriff's Office will ask critical factor questions in all cases including substance abuse history. They will review prior abuse reports and criminal histories. If this investigation indicates substance misuse, they will pursue drug testing and assessment, both of which are voluntary. Clients consenting to an assessment are sent by the Sheriff's Office to WestCare. This will generally occur after early services intervention staffing and before the case planning conference, but always

occurs prior to disposition. WestCare will use the American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC-2) to place the offender in the most appropriate and least restrictive level of care. At the case planning conference, the potential client will be provided with a packet of information about SJC-FDTC, including an application. If it is determined at the conference that the case meets the eligibility criteria, then the case worker will bring this recommendation to the presiding UFC Judge at the arraignment/adjudication hearing. Eligible participants will be able to enter the SJC-FDTC voluntarily by admitting or consenting to findings of dependency at arraignment. Final approval for entry into the program is granted by the Dependency Drug Court Judge following adjudication of dependence. Participation in the SJC-FDTC is ordered as part of the Respondent's Dependency Case Plan. Treatment must begin within 14 days of referral by the Court, pursuant to the anticipated terms of the treatment contract. The first drug court status hearing is set for two weeks following disposition to ensure timely treatment start. Based on previous enrollment numbers, as well as child protection caseload capacities, the team believes that once fully operational, they will treat 35 active participants per year and their children.

3. Assessment, Service Delivery and Case Management: In alignment with NADCP's Key Components of Drug Courts, as well as, NADCP's Adult Drug Court Best Practice Standards, OJJDP's publication titled, *Guidance to States: Recommendations for Developing Family Drug Court Guidelines* (2015), and with guidance from OJJDP Technical Assistance Representatives and input from participants via focus groups, participant input questionnaires and satisfaction surveys, the SJC-FDTC will provide services to children, adults and families as follows: **Assessment and Planning:** In alignment with best practices noted by SAMHSA, an integrated assessment protocol will be administered for participating adults that will include a structured interview (biopsychosocial assessment), in addition to the validated Adverse Childhood Experiences (ACEs) tool and the North

Carolina Family Assessment Scale for Reunification (NCFAS-R). Using these instruments, the WestCare Counselor, in collaboration with the participant (and his/her circle of support as applicable) will develop a treatment plan that meets his/her unique needs. WestCare will use the American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC-2) to place the offender in the most appropriate and least restrictive level of care. In addition to the clinical parental assessment used to admit a parent to SJC-FDTC, the SJC will rely on a number of other assessments to guide their treatment plans and interventions. Comprehensive Behavioral Health Assessments (CBHA) are completed for children in out of home care placements upon initial removal. The CBHA evaluations, administered through Eckerd Kids (the local Child Welfare Agency) contain critical information pertaining to children's mental health, medical and educational needs. Under Florida's Safety Decision Making Framework, a Family Functioning Assessment (FFA) will also be completed, which provides a synthesis and critical analysis of all the facts gathered that are specific to services work with the family. An initial FFA is done by the Child Protection Investigator and an FFA – Ongoing is administered later by the child protection case manager. The FFA addresses four domains: Maltreatment and Nature of Maltreatment, Child Functioning, Adult Functioning and Parenting. The Department of Children and Families through Eckerd Kids is responsible for preparing the dependency case plan, which includes the requirement on the part of the parent to successfully complete the SJC-FDTC program. Eckerd Kids subcontracts with Directions for Mental Health and Lutheran Services Florida to provide child welfare case management services in Pinellas County. The resulting case plans utilize a holistic approach including, in addition to substance abuse treatment, any mental health services, medical services, domestic violence services, anger management services, parenting classes, visitation programs, housing, employment, transportation, and any other services that are pertinent to achieving the family stability necessary for reunification. With an operational SJC-FDTC, the case

plan will be informed by a cross section of various professional perspectives including representatives from substance abuse and mental health treatment and domestic violence. All SJC-FDTC team members will work closely to ensure that all needs identified in the case plan after are met and services provided to help ensure successful completion. Together all stakeholders will leverage a great deal of community resources not otherwise available or identified. Continued use of the FFA in ongoing and frequent status hearings will enable the SJC-FDTC team to readdress the needs of all family members and adjust services accordingly. This will be accomplished through continuous communication between agencies fostered by the regular monitoring of a court SJC-FDTC Coordinator. This team will approach all aspects of the case with both short term and long term interests in mind. The regular input of substance abuse treatment providers will inject a critical perspective often missing in regular dependency planning.

Services for Parents will include substance abuse treatment, recovery support services, case management, aftercare/relapse prevention, and parenting/family education sessions. The SJC-FDTC team will utilize a Family Drug Court checklist provided by OJJDP which includes a list of effective strategies for addressing the needs of parents in a self-assessment format. Individualized, evidence-based, trauma-informed and gender responsive outpatient substance abuse treatment will be provided by WestCare GulfCoast-Florida, Inc. in alignment with treatment protocols, best practices and evidence-based approaches endorsed by SAMHSA. Both home-based and community-based services (at centrally located sites) will be provided based on the individual needs of participants and their families. Substance abuse treatment will have an average length of nine (9) to ten (10) months depending on individual risk/need, but may be as long as twelve (12) months. Most participants will participate in outpatient treatment, however, residential is also available within the community if needed. Treatment services will be provided in phases and each phase will include a highly structured

psycho-educational treatment approach and will be paired with appropriate goals, expectations, and requirements for advancement (e.g. orientation, engagement, compliance, maintenance, transition, relapse prevention, and aftercare) in alignment with each participant's customized treatment plan to ensure services are flexible and individualized. Nonclinical "wrap around" or recovery supportive services (RSS) will be initiated with all SJC-FDTC participants throughout participation. Using best practices from SAMHSA's RSS/Recovery-Oriented Systems of Care, the SJC-FDTC will integrate flexibly staged RSS with treatment services throughout the term of participation. RSS that will be offered include: life skills training, transportation assistance, housing assistance and counseling, employment services, referrals and linkages, educational support, etc. SJC and WestCare are skilled in using focus groups and other methods of soliciting participant feedback to help shape the menu of services. In regards to mental health care, all participants and family members will be screened for mental health conditions using a validated instrument. If needed, participants and family members will be connected with local mental health partners for further evaluation and mental health counseling (including family counseling) and medication management.

The outcomes identified by OJJDP for Family Drug Courts will be achieved using several evidence-based programs and practices (EBP), which are featured in SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) and appropriate for use with the proposed target population in individual and groups sessions for home-based or community-based settings. Highly individualized substance abuse treatment programming based on **Cognitive Behavioral Therapy (CBT)** and **Motivational Interviewing (MI)/Motivational Enhancement Therapy (MET)** models will be provided to all SJC-FDTC participants. These evidence-based counseling techniques will be used in the delivery of evidence-based and manualized curricula including: **Living in Balance (LIB): Moving From a Life of Addiction to a Life of Recovery:** LIB is a manual-based, comprehensive

addiction treatment program that emphasizes relapse prevention. LIB consists of a series of psychoeducational and experiential training sessions that can delivered on an individual basis or in group settings with relaxation exercises, role-play exercises, discussions, and workbook exercises. The psychoeducational sessions cover topics such as drug education, relapse prevention, available self-help groups, and sexually transmitted diseases (STDs). The experientially based or interactive sessions are designed to enhance the client's level of functioning in certain key life areas that are often neglected with prolonged drug use: physical, emotional, and social well-being, adult education opportunities, vocational development, daily living skills, spirituality/recovery, sexuality, and recreation/leisure. **Seeking Safety (SS)** is an evidence-based, present-focused, highly flexible and safe counseling model to help people attain safety from trauma and/or substance abuse. It directly addresses both trauma and addiction, but without requiring clients to delve into the trauma narrative, thus making it relevant to a very broad range of clients and easy to implement. Seeking Safety offers 25 topics that can be conducted in any order and as few or many as time allows: *Introduction/Case Management, Safety, PTSD: Taking Back Your Power, When Substances Control You, Honesty, Asking for Help, Setting Boundaries in Relationships, Getting Others to Support Your Recovery, Healthy Relationships, Community Resources, Compassion, Creating Meaning, Discovery, Integrating the Split Self, Recovery Thinking, Taking Good Care of Yourself, Commitment, Respecting Your Time, Coping with Triggers, Self-Nurturing, Red and Green Flags, Detaching from Emotional Pain (Grounding), Life Choices, and Termination.* **Nurturing Parenting™ Families in Substance Abuse Treatment & Recovery:** The Nurturing Program for Families in Substance Abuse Treatment & Recovery is built on the principles of relational development. The 17-topic manualized curricula focuses on parental and familial factors including mutuality, authenticity and empathy. The evidence-based curricula guide parents to explore their childhood experiences, their fears, and their strengths. Parents explore effects

of substance abuse on themselves and their families, and strengthen their recovery. Parents develop self-awareness and build nurturing skills using a variety of techniques and activities that accommodate different learning styles. Parents explore their own process of development as adults in recovery, and examine the parallels and differences in the development of their children.

Services for Children: The SJC-FDTC team will utilize a Family Drug Court checklist provided by OJJDP which includes a list of effective strategies for "addressing the needs of children" in a self-assessment format. The dependency case plan must also include all available information relevant to the child's care including services to address the child's needs. The monitoring of developmental milestones throughout the child's growth and developmental stages will be achieved through medical assessments from All Children's Hospital. All Children's also completes developmental assessments on babies, and the Fidler Developmental Assessment Center completes assessments on the 3-5 year old children. Once children are in the public school system, these assessments are continued through an Early Learning Coalition. Finally, most important will be the coordination with the parents/caregivers, primary care physicians, schools and daycares to monitor the ongoing needs of the child(ren) through a systematic process. Eckerd Kids ensures that every child serviced through the child welfare system receives routine medical and dental care. As the community based care child welfare lead agency, Eckerd Kids ensures that all sub-contracted providers are aware of the Florida Administrative Rules that govern this process. In addition to linking children to medical and dental services per code, Eckerd Kids collects data weekly via a Focus Tool, which is utilized system-wide, to ensure that medical services are provided ongoing. Any child that is in the dependency system, whether substance exposed during pregnancy or exhibiting other developmental delays, will be evaluated for the level of care they require. Once the assessment is completed the child will be referred for Individual therapy – to include play therapy, art therapy, music therapy, and dance. If

recommended, and based upon the child's age, individual counseling may also be implemented. Additional services that are available to meet the child's needs include Hospice (including grief and loss support groups), sexual abuse survivor therapy (for children that are either a victim or perpetrator), medication management (through regular psychiatric follow ups and evaluations), and specialized trauma therapy EDMR (eye movement desensitization re-processing). In an effort to help foster co-parenting in the interest of the child, Ice Breakers, which meets once for one hour helps the parents initiate a collaborative partnership to address the child's best interests and strengthen child adjustment. When a child has been placed into a licensed foster home or with a relative placement, the Ice Breaker program will be notified within 24 hrs. The assigned Eckerd Kids Operations Specialist will assess the circumstances around the removal of the child to identify any potential safety risks. If the family is found appropriate, the assigned Operations Specialist will contact the biological parents and the foster parents to explain the Ice Breaker meeting and its purpose, and a time will be coordinated that is mutually agreed upon by both parties. The meeting will be held and facilitated by the assigned Operations Specialist within seven days of the removal. Some families may be screened out from participating if the parent is currently incarcerated or out of region/state, the Court has issued an order prohibiting the biological parent from contacting the caregiver, or safety concerns were presented during the investigation (concerns of possible dangerousness or physical violence). The location of the meeting will be off site, in an effort to help both sets of parents feel as if they are on neutral ground. The aim is to validate the parent as a partner on a team working together for the child, and to minimize negative feelings the biological parents may harbor towards the FDTC and foster parents. The Operations Specialist will explain the purpose/goal of the meeting and introduce the participants and clarify each role and responsibility. The foster parent will be invited to speak first to relieve the birth parent's anxiety of not knowing where or who the child is with. The birth parent will share information

about their child. This will be facilitated through use of an “About My Child” questionnaire. During the Ice Breaker, the team will also develop an eco-chart to map the significant adults in the child’s life to help with future co-parenting efforts. At the Ice Breaker meeting plans will also be made for the nature and frequency of other regular communications between biological parents and child and between biological and foster parents each week. Bio-foster parent conversations (whether by phone, email, or combination) will occur multiple times weekly, linked to calls with the child as applicable, and will be child-focused and provide episodic opportunity for parents to give input (what bedtime rituals, soothing routines, logic behind and necessity for regular multiple contacts weekly even for preverbal infants who may not be able to "talk back" on the phone.

In addition, in partnership with The Moyer Foundation, WestCare offers Camp Mariposa® St. Petersburg, a series of free, weekend overnight camps that support children between the ages of nine through twelve who are impacted by substance abuse in their families. The program combines traditional camp activities with therapeutic components to equip children being directly impacted by addiction with the knowledge, tools, and coping skills to prevent them from developing an addiction of their own, as well as, helping them to decrease their trauma symptoms and help break the intergenerational cycle of addiction.

Services for Families: Several family engagement activities are part of the SJC-FDTC plan including treatment planning that addresses the needs of the entire family; family counseling and support groups; manualized parenting/family education sessions as discussed previously; home visits and home-based services; and comprehensive case management services that considers and addresses the needs of the entire family. In addition, the SJC’s Quality Parenting Initiative Just in Time Training is a program for relatives, non-relatives and foster parents who have children who have been a victim of substance abuse. The training is called Intergenerational Abuse and its Effect of Children and was developed in

2011. **Case Management:** Strengths-based and flexible case management services will be available to all SJC-FDTC participants. In alignment with SAMHSA, CSAT TIP 27: *Comprehensive Case Management for Substance Abuse Treatment,* case management will enhance the scope of addictions treatment, the recovery continuum and the overall SJC-FDTC experience. Case Management will be provided by SJC's Dependency Case Manager with assistance from WestCare Counselors to provide ongoing assessment of participant progress and needs, to coordinate referrals to services in addition to primary treatment (e.g. intensive mental health services, education, housing, social services, food stamps, healthcare services, social supports, other benefits, mentoring programs, etc.), to provide structure and support for individuals who typically have difficulty using services even when they are available, and to ensure communication between the court and the various service providers. Participant progress will be documented in clinical case files and the Drug Court Case Management (DCCM) software system. This electronic case management record software provides the SJC with the ability to share information, capture valuable demographic data and monitor the outcome of programs, enabling judicial, treatment and administrative professionals the ability to collaborate together. **Relapse Prevention:** The SJC will continue to coordinate with its contracted treatment providers to provide SJC-FDTC participants with relapse prevention services, which guide each participant's individualized service plan. Relapse prevention is integrated into all phases of treatment (from orientation to graduation) and post-discharge aftercare provided by treatment providers within the community. WestCare Counselors provide aftercare guided by SAMHSA's TAP 19: *Relapse Prevention with Chemically Dependent Criminal Offenders, Provider's Manual* and informed by BJA's Drug Court Clearinghouse document, *The Nature and Provision of Aftercare: Continuing Care Programs that Last Beyond Graduation*. The aim with relapse prevention is to teach participants to recognize and manage relapse warning signs. The SJC-FDTC team recognizes the principles of relapse

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

4. Program Design and Duration: The SJC-FDTC will exclusively handle cases in which there has been an adjudication of dependency utilizing an integrated court model. Therefore, when a Dependency Judge agrees to allow a case to proceed in SJC-FDTC, the Judge understands that the case will be handled by the assigned SJC-FDTC judge, who will also hear connected Unified Family Court (UFC) master cases, if any. Thus, all SJC-FDTC cases will be heard by a single UFC Judge. The average length of participation is anticipated to be one year, so as to comply with the permanency placement timeframes mandated by the Adoption and Safe Families Act of 1997. Since the underlying dependency case is still progressing, dependency judicial review hearings will be conducted as needed by the SJC-FDTC Judge at the same time as the drug court status hearings. Despite drug court status,

recovery from substance abuse and family reunification will remain separate issues. Individualized, evidence-based, trauma-informed and gender responsive outpatient substance abuse treatment will be provided by WestCare GulfCoast-Florida, Inc., an experienced behavioral health and human services provider in Pinellas County. WestCare will provide a combination of home-based and community-based treatment and recovery support services to participants in alignment with individualized treatment plans (and needs and schedules of participants and families). Treatment (on average) is planned to have a length of nine (9) to ten (10) months depending on individual risk/need. In alignment with NADCP Adult Drug Court Best Practice Standards, WestCare will provide treatment in phases as follows: **Phase I:** (16 Weeks), includes integrated screening and assessment using validated tools; individualized treatment planning (including discharge/aftercare planning) and placement in appropriate treatment; plan reviews; home-based case management services including referrals and linkages; evidence-based outpatient and home-based substance abuse treatment; parenting/family education sessions; recovery support services (RSS); and urine drug screening. **Phase I Advancement Requirements** include regular court appearances; compliance with treatment; regular visitation with children**;** participation in required services (including children participating in developmental activities); **c**ompliance with sanctions; **c**onsistent negative urinalysis; and demonstrated commitment to recovery and family reunification. **Phase II: (Up to 24 Weeks), includes** individualized treatment plan reviews (including discharge/aftercare planning) home-based case management services including referrals and linkages; evidence-based outpatient and home-based substance abuse treatment; parenting/family education sessions; recovery support services (RSS); and urine drug screening. Proposed **graduation requirements** for the SJC-FDTC participants will include successful completion of an individualized treatment plan; compliance with judicial supervision requirements, consistent negative urinalysis for minimum of 90 consecutive days; and compliance with all conditions

of the participant's parenting plan. Drug court participation may extend beyond 12-months if achievement of graduation requirements appears probable and reunification remains a goal. An **unsuccessful termination** may result when the participant reaches the end of the maximum drug court participation with less than 90 days of consistent negative urinalyses results, and the Judge terminates the participant for failure to effectively engage in treatment, the Judge terminates the participant if reunification is no longer a goal in the dependency case, or the participant opts-out of drug court. (Note: In this latter case, the parent would have to have case plan amended to remove SJC-FDTC.). The SJC-FDCT Judge will make a termination determination after consultation with the State Attorney, Defense Counsel and other SJC-FDTC team members. In alignment with NADCP's 6th Key Component, "A coordinated strategy governs drug court responses to participants' compliance," the SJC-FDTC multi-disciplinary team maintains frequent and regular communication in order for the Court to respond expeditiously to apply a graduated matrix of incentives (non-cash) and sanctions in alignment with the NADCP's *Adult Drug Court Best Practice Standards*: *Incentives, Sanctions and Therapeutic Adjustments*. Additionally, the NDCI's publication, *Behavior Modification 101 for Drug Courts: Making the Most of Incentives and Sanctions* assists the Court to develop its matrix of graduated incentives and sanctions. At each court hearing, parents are subject to a range of sanctions or rewards based on their program compliance. The SJC-FDCT Judge will utilize acknowledgement, applause, decreased court appearances, decreased drug testing, unsupervised visitation, phase advancement and phase advancement certificates as rewards for improvements and phase completion or other achievement milestones. Typical sanctions are reprimand, increased court appearances, modification of visitation standards, community service hours, new assessment and treatment regimen, development and sharing of a corrective action plan, and termination from FDTC. Sanctions will result from positive urine tests, missed counseling sessions, reports of poor participation and other program setbacks. The

implementation plan for the SJC-FDTC is based on what it has learned from past experience. Because the Court tried to run its first FDTC without dedicated case management staff, forced cuts to an overly burdened case management staff led to the Court's closure. The first implementation also did not have funding for the right level of treatment. Shorter outpatient programs were not effective in reaching the very difficult drug problems this particular population faced. The County and the Court are seeking federal dollars to ensure that the FDTC can be launched again, this time with proper resources. The County and Court have successfully attained grants to expand and enhance their existing Adult Drug Court, and justice and treatment stakeholders have a history of more than 15 years working together to acquire the resources necessary to treat and help cure addiction. The County benefits from collaboration with a treatment provider, WestCare, who has national recognition and a great deal of experience in securing resources to sustain its programs. The local Juvenile Welfare Board has expressed an interest in the project as they believe these efforts promote safety for the children of Pinellas County and help keep Pinellas families intact. A demonstrably effective family drug court would provide great leverage in securing additional resources necessary to sustain a reasonably-sized family drug court when this federal grant period ends. The FDTC Planning Team believes that it has fashioned a strong evaluation plan that provides for outcome measure reporting necessary to demonstrate the strong benefits of a Pinellas FDTC. The Sixth Judicial Circuit is also pursuing future state funding for more case managers, such as the one which will help coordinate these proceedings. The sustainability plan will be continually addressed by the FDTC Planning Team throughout the grant funding period in order to ensure sustained funding when the grant period ends. The team will also look for local, state and federal grant opportunities to enhance and/or expand FDTC services as the court evolves. In the interim it is noted that the involved agencies have been and continue to be willing to dedicate required resources to the court and its frequent status hearings, such as FDTC case

managers and attorneys. The FDTC will work closely with Eckerd to wrap services so as not to duplicate resources that may already be available, but this dedicated effort will certainly provide more consistent resources than would otherwise be made available to the affected children, parents and other family members. Cost savings, while not yet fully researched, would be created through interrupting the dependency cycle brought about due to substance abuse and the prevention of future entries into the dependency system.

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

provides information regarding case plan progress; substance abuse treatment representatives, who report on the progress of their clients in treatment; defense attorneys, who ensure a client's due process rights are protected; a representative of the State Attorney's Office, who represents the interests of the Department of Children and Families; a representative of the Guardian ad Litem Program, who advocates for the interest of the child(ren), and the Court's Dependency Drug Court Coordinator, whose role is to be the liaison among all drug court team members. Treatment reports are made available electronically via a database at least 48 hours before a scheduled review. All members of the FDTC have access to this database via a secure means over the internet so that information regarding participants is readily available. Unified Family Court Judge Patrice Moore has been designated by the Chief Judge to hear FDTC cases.

6. Mandatory Drug Testing and Monitoring: In alignment with the NADCP's 5th "Key Component" of Drug Courts, "Abstinence is monitored by frequent alcohol and other drug testing," frequent (at least once per week) science-based randomized urine drug testing will be used as a tool to monitor the abstinence and treatment compliance of all participants. Proposed treatment provider WestCare will provide technicians (of diverse genders) who are trained in procedures that follow the NADCP standards with adherence to Chain of Custody Protocols found within the Clinical Improvement Act. Observed collection is the primary method of screening. The initial drug screen will utilize a 12 panel screening for drugs commonly abused using an enzyme immunoassay (EIA) procedure (e.g., cocaine, marijuana, PCP, amphetamines, opiates, benzodiazepines, barbiturates, methadone, propoxyphene, Quaaludes, Ecstasy/MDA, and Oxycodone/Percocet). Breathalyzers will also be administered with participants with a history of alcohol use. WestCare uses Redwood Toxicology Laboratory (RTL) for drug confirmation or for further screening. The analytical methods used by RTL are scientifically accepted and approved by the U.S. Department of Health and Human Services (CMS/CLIA).

WestCare will promptly inform the SJC if the participant fails to provide a specimen for screening, submits the sample of another individual, adulterates a specimen or if the screening reveals evidence of non-abstinence. Failed tests are addressed by the Court, and appropriate, graduated sanctions may be applied, including more frequent testing, an amended treatment protocol adding additional services to address reasons for relapse, and restarting a treatment phase. Treatment participants may also be required to have a drug screen if the treatment staff suspects that they have used drugs. Only adult participants will be screened by WestCare. If the Child Protection agency determines that a child is also in need of testing in order to secure potentially needed services, the Judge may also order that as part of the dependency proceeding.

7. Staff Training: Informed by "Recommendation 4: Ensure Interdisciplinary Knowledge" from OJJDP's publication titled, *Guidance to States: Recommendations for Developing Family Drug Court Guidelines* (2015), and NADCP's 9th Key Component of Drug Courts regarding interdisciplinary education, the SJC will integrate cross training and other knowledge development opportunities into the implementation plan for the proposed SJC-FDTC. The applicant also desires to seek guidance from OJJDP technical assistance representatives to help shape this area of implementation. Previously, a team of SJC staff and stakeholders participated in *The Drug Court Planning Initiative: Family Dependency Treatment Court* training that was created and conducted by the National Drug Court Institute (NDCI). Chief Deputy Court Administrator Michelle Ardabily also attends the National Association of Drug Court Professionals (NADCP) Conference annually and provides teach-back sessions to stakeholders within her local community. WestCare also offers free cross training and knowledge development workshops and webinars. These trainings help ensure that all stakeholders and local systems have an understanding of the impact of substance abuse and co-occurring disorders on children and all family members. The SJC-FDTC team will utilize OJJDP's Effective Strategies for

Ensuring Interdisciplinary Knowledge self-assessment checklist tool to help guide the team in planning and implementing a meaningful knowledge development plan. Members of the SJC-FDTC team will also attend annual grantee meetings for further knowledge development.

8. Management Information System and Performance Measures: In alignment with NADCP's 8th Key Component of Drug Courts regarding monitoring and evaluation, the SJC will utilize its Social Solutions Evidence to Outcomes drug court database to capture case related information for the FDTC. The SJC will utilize The WestCare Foundation, Inc. Evaluation and Quality Department to comply with evaluation requirements. The WestCare Foundation, Inc. is an independent incorporated entity with an Institutional Review Board (IRB) and extensive experience in performing independent evaluations of federal grants (e.g., SAMHSA, OJJDP, BJA, etc.). The evaluation team will consist of a Research Assistant and the Director of Evaluation for WestCare Foundation's Eastern and Caribbean Region, Denise Connor. Ms. Connor will oversee the independent evaluation of the SJC-FDTC. Ms. Connor has more than 10 years of program evaluation experience, including numerous SAMHSA, HRSA and CDC projects in compliance with GPRA. Ms. Connor and her team have an in-depth understanding of the difference between evaluation and research. The information gathered through the proposed SJC-FDTC will be used for evaluation, internal improvement and compliance with funding requirements. Ms. Connor will work with the SJC and its stakeholders on a plan for evaluation that details outcome questions and specific outcome data elements in alignment with performance measures noted by OJJDP in the RFP. The Research Assistant (WestCare GulfCoast-Florida employee) collects GPRA and other relevant data; works closely with the multidisciplinary team and project evaluator of the project to make sure that demographic, process and outcome data are collected during outreach activities, and drafts evaluation reports for the project evaluator to review and approve. The Research Assistant functions as a staff member of the project, working closely with other project

staff, and conducting community interviews and focus groups as needed for the project. Additionally, the plan spells out the performance management activities, data collection and data reporting responsibilities of all SJC-FDTC stakeholders. The information will be collected by SJC's Chief Deputy Court Administrator for quarterly reporting to the SJC-FDTC team and for the creation of an annual SJC-FDTC performance report. Minimum data requirements include the performance measures noted in the RFP. Data obtained from evaluating the SJC-FDTC process and outcomes also will be used to modify program components, procedures and approaches, and to justify continuation or expansion of the program. To minimize the burden on the clinical staff and to prevent data bias, the Research Assistant will administer the instruments at each time point using face-to-face interviews, and will collect data residing in Court system and enter it into the evaluation databases. In accord with current protocols, the Research Assistant will share information from the instruments with staff to assist with treatment and discharge planning and clinical decision-making. Ms. Connor, the Evaluator, will maintain a separate evaluation file for each SJC-FDTC participant admitted to the program that will contain demographic data and the data collection instruments. Evaluation data will reside in secure Statistical Package for the Social Sciences (SPSS) databases written especially for this program. Quarterly, the Evaluator will review and clean the SPSS databases to identify missing data points and inconsistencies. The Evaluator will resolve inconsistencies and missing data points through review of clinical records. Process Evaluation will consist of four components: (1) Implementation Fidelity will track and evaluate implementation of the project, track adherence to timeframes, identify any barriers to implementation, and describe deviations from the Implementation Plan. The Evaluator will facilitate a systematic Performance Improvement strategy (described in detail below) to support the multi-disciplinary team in identifying and defining barriers, defining strategies to reduce them, and collecting and analyzing data to determine effectiveness of barrier reduction. (2) Fidelity Monitoring will assure

that EBP implementation is faithful to the models and will allow the early correction of deviations as well as provide support in planning and monitoring any modifications. This will occur by: (a) participation in initial and ongoing training on the EBPs; (b) quarterly review of clinical records to ensure they capture core elements of the EBPs; and (c) random direct observation of program activities by the Research Assistant. The Evaluator will provide feedback to the staff regarding adherence and will assist in developing a learning plan for clinicians to increase fidelity, should this be necessary. In such instances, random monitoring will occur more frequently until the clinician reaches acceptable fidelity levels. (3) Client, child, and family member perceptions are an important factor in assessing and understanding program effectiveness and provides invaluable insights into why the program is working and/or how to improve program performance. The clients, children (aged 5 years and older), family members and other stakeholders will be encouraged to complete individual Perception Surveys biannually to determine their view of and satisfaction with the program. Because of the in-home component, the Research Assistant will have the option of offering on-line and telephone-based surveys to participants, however "in person" surveys will be preferred. Surveys will be anonymous and client-level data only will be available to the Evaluation Team. The Evaluator will compile a report and disseminate it to the Court staff and multidisciplinary team. The program will use a criterion of 80% satisfaction level to identify those areas requiring improvement or enhancement. (4). Program Walk-Throughs will help the Court identify potential areas for improvement in processes including admission, referral, family engagement, and discharge. Members of the multidisciplinary team will conduct walk-throughs annually in order to be assured of providing substance-abusing parents with support, treatment, and access to services that will protect children; reunite families, when safe to do so; and expedite permanency. Walk-throughs will assess processes such as strengthening communication with child welfare and other partners, engaging family members into the program, and

maintaining high-quality culturally competent trauma informed services in order to optimize the capacity the Court to intervene with substance-abusing adults and adults with co-occurring mental health disorders who are involved with the court as a result of child abuse and neglect issues. The SJC has developed Information Sharing Protocols and Treatment Provider Information Exchange Requirements. To enable the FDTC Operations Team to exchange needed information, the Planning Team also developed a Consent for Disclosure of Confidential Medical Information form, which each new FDTC participant completes. This form provides a release of substance abuse treatment information and any medical information, including information related to mental health, for use in Dependency Drug Court to all Dependency Drug Court team members. This release meets the confidentiality requirements in relevant sections of Chapter 42 of the Code of Federal Regulations.

(4) Capabilities/Competencies: The applicant, Pinellas County government, is complex mix of 25 governmental bodies: one for each of the 24 cities/municipalities and one for the unincorporated area. Pinellas County government 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), with 69 Judges, is part of Pinellas County, and is Florida's 3rd largest trial court and recognized as one of the most efficient trial courts in the nation. Examples of similar projects include the Pinellas Adult Drug Court (PADC) which was established in 2001, and the Pinellas Veterans Treatment Court (VTC) which was established in 2011. These specialty treatment court models have served nearly 2,000 individuals representing diverse and vulnerable populations. The specialty court models represent partnerships forged between Pinellas County government, SJC, State Attorney's Office, Public Defender's Office, Pinellas County Sheriff's Office, Florida Department of Corrections (community supervision) and community-based treatment providers. Pinellas County and SJC are current and past recipients of numerous SAMHSA and BJA treatment court grants. Pinellas County

and SJC also have successfully managed grants from the Department of Justice (DOJ), Office on Violence Against Women, 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 proposed SJC-FDTC will be assigned to Unified Family Court Judge Patrice Moore. 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, will provide leadership to the SJC-FDTC by presiding over court proceedings, conducting judicial reviews of case status reports, conducting judicial supervision court appearances, being an integral member of the SJC-FDTC team and monitoring appropriate application of disciplines, sanctions and incentives while maintaining the integrity of the court. Michelle Ardabily is the SJC's **Chief Deputy Court Administrator** and will serve as the **Project Director**. Ms. Ardabily has served the SJC for 22 years and supervises all drug courts in the SJC including an Adult Drug Court grant which implemented a special "dependency track." The **SJC-FDTC Coordinator** (to be hired) will be assigned to the Office of the Courts Administrator and supervised by Ms. Ardabily, in the SJC's UFC Division. The Coordinator will ensure all participants are assessed, conduct meetings, ensure smooth court calendaring, provide data to team members, monitor progress of participants, and attend SJC-FDTC team meetings. Ms. Ardabily will work in conjunction with Fiscal Agent Deborah Berry in the Pinellas County Office of Justice Coordination regarding fiscal management of contracts, contracting,

payment of subcontractors, performance monitoring, and grant reporting. Other members of the SJC-FDTC team will include: A **Child Protection Investigator** who will identify potential court cases and keep the shelter Judge informed. This position will also work with case workers to expedite early services intervention staffings and drug evaluations. The **State Attorney's Office** will help identify eligible participants based on objective written criteria. This office represents the State's interests in all court proceedings. **Regional Counsel** will represent the interests of parents by discussing all legal aspects of the case, the nature and purpose of SJC-FDTC, program rules, available options, and consequences with participants. A **Guardian ad Litem** will represent the interests of child(ren). A case worker provided by **Eckerd Kids** will be involved. The Florida Department of Children and Families contracts with Eckerd Kids to be the Child Welfare & Foster Care Agency for the target geographic area. The proposed community-based treatment provider **WestCare GulfCoast-Florida, Inc.** is a community-based, licensed, and CARF-accredited nonprofit established in Pinellas County in 2001. WestCare is an affiliate of the national WestCare network of behavioral health organizations operating in 17 U.S. states and 3 U.S. territories and has successfully implemented both SAMHSA and BJA grants and works under numerous contracts with Pinellas County, SJC and the Florida Department of Corrections to provide evidence-based residential and outpatient substance abuse treatment services to hundreds of Pinellas County residents annually. WC-GCFL's continuum of treatment services includes emergency shelter, transitional housing, outpatient and residential programs, prevention programs and permanent supportive housing for veterans. A copy of the Sixth Judicial Circuit's administrative organizational chart is attached as well as an organizational chart for the proposed SJC-FDTC project. Applicable job descriptions, resumes and letters of commitment are also attached.