

**GEORGIA STATE CLEARINGHOUSE MEMORANDUM  
EXECUTIVE ORDER 12372 REVIEW PROCESS**

TO: MS. HALEY FLEMING  
ATLANTA REGIONAL COMMISSION  
40 COURTLAND STREET, NE  
ATLANTA, GA 30303

FROM: Barbara Jackson  
Georgia State Clearinghouse

DATE: 2/20/2007

SUBJECT: Executive Order 12372 Review

APPLICANT: Supreme Court of Georgia

PROJECT: Drug Court Discretionary Grant Program: Douglas Co. Family Zero-to-Three  
Treatment Court

CFDA NO.: 16.585

STATE ID: GA070220003

**IMPORTANT! REVIEW COMMENTS DUE BY OR BEFORE: 3/13/2007**

A copy of the Standard Federal Application package, Environmental Information, or Direct Federal Development project is enclosed for your review and comment. Your review should focus on the projects compatibility with those state or regional goals, policies, plans, fiscal resources, criteria for Developments of Regional Impact (DRI), environmental impacts, or inconsistencies with federal executive orders, acts and/or rules and regulations with which your agency is concerned. Negative environmental impacts or provision for protection of the environment and possible duplication of the proposed project with programs presently in place should be pointed out.

Any major points of conflict identified by you during the review process immediately should be brought to the attention of the Administrator, Georgia State Clearinghouse. The Administrator will attempt to mediate these concerns prior to completing the review of the project. The Clearinghouse telephone number is (404) 656-3855.

Please have your comments typed (or hand-printed) and dated on the enclosed Form SC-3. An additional sheet may be used if additional space is needed. Your comments will be summarized in a single state position or a composite that reflects both the state and regional recommendations and be returned to the applicant/sponsor. They in turn will forward a copy to the federal agency if necessary.

Form SC-2  
May 2004

**GEORGIA STATE CLEARINGHOUSE MEMORANDUM  
EXECUTIVE ORDER 12372 REVIEW PROCESS**

TO: Barbara Jackson  
Georgia State Clearinghouse  
270 Washington Street, SW, Eighth Floor  
Atlanta, Georgia 30334

FROM: MS. HALEY FLEMING  
ATLANTA REGIONAL COMMISSION

SUBJECT: Executive Order 12372 Review

APPLICANT: Supreme Court of Georgia

PROJECT: Drug Court Discretionary Grant Program: Douglas Co. Family Zero-to-Three Treatment Court

STATE ID: GA070220003

FEDERAL ID:

DATE:

- ☐ This notice is considered to be consistent with those state or regional goals, policies, plans, fiscal resources, criteria for developments of regional impact, environmental impacts, federal executive orders, acts and/or rules and regulations with which this organization is concerned.

This notice is not consistent with:

- ☐ The goals, plans, policies, or fiscal resources with which this organization is concerned. (Line through inappropriate word or words and prepare a statement that explains the rationale for the inconsistency. Additional pages may be used for outlining the inconsistencies).
- ☐ The criteria for developments of regional impact, federal executive orders, acts and/or rules and regulations administered by your agency. Negative environmental impacts or provision for protection of the environment should be pointed out. (Additional pages may be used for outlining the inconsistencies).
- ☐ This notice does not impact upon the activities of the organization.

**Application for Federal Assistance SF-424**

Version 02

<b>*1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>*2. Type of Application</b> * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation    *Other (Specify) _____ <input type="checkbox"/> Revision	
<b>3. Date Received:</b>		<b>4. Applicant Identifier:</b>	
<b>5a. Federal Entity Identifier:</b>		<b>*5b. Federal Award Identifier:</b>	
<b>State Use Only:</b>			
<b>6. Date Received by State:</b>		<b>7. State Application Identifier:</b>	
<b>8. APPLICANT INFORMATION:</b>			
<b>*a. Legal Name:</b> Supreme Court of Georgia			
<b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 58-1165633		<b>*c. Organizational DUNS:</b> 1552965800000	
<b>d. Address:</b>			
<b>*Street 1:</b> <u>224 Washington St. SW</u>			
<b>Street 2:</b> _____			
<b>*City:</b> <u>Atlanta</u>			
<b>County:</b> <u>Douglas</u>			
<b>*State:</b> <u>GA</u>			
<b>Province:</b> _____			
<b>*Country:</b> <u>USA</u>			
<b>*Zip / Postal Code</b> <u>30334</u>			
<b>e. Organizational Unit:</b>			
<b>Department Name:</b> Administrative Office of the Courts		<b>Division Name:</b>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
<b>Prefix:</b> _____		<b>*First Name:</b> <u>Jane</u>	
<b>Middle Name:</b> _____			
<b>*Last Name:</b> <u>Martin</u>			
<b>Suffix:</b> _____			
<b>Title:</b> <u>Director of Grants Administration</u>			
<b>Organizational Affiliation:</b>			
<b>*Telephone Number:</b> 404-463-4266		<b>Fax Number:</b> 404-651-6449	
<b>*Email:</b> martinjh@gaaoc.us			

**Application for Federal Assistance SF-424**

Version 02

**\*9. Type of Applicant 1: Select Applicant Type:**

A.State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

DOJ OJJDP

**11. Catalog of Federal Domestic Assistance Number:**

16.585

CFDA Title:

Drug Courts Discretionary Grant Program

**\*12 Funding Opportunity Number:**

OJJDP-2007-1545

\*Title:

Family Drug Courts Program

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Douglas County, Atlanta, Georgia

**\*15. Descriptive Title of Applicant's Project:**

Douglas County Family Zero-to-Three Treatment Court

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: 13	*b. Program/Project: 13	
<b>17. Proposed Project:</b>		
*a. Start Date: 10-01-2007	*b. End Date: 09-30-2010	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	150,000	
*b. Applicant	50,000	
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	200,000	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>2/15/2007</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
<b>Authorized Representative:</b>		
Prefix: _____	*First Name: <u>Kimberly</u>	
Middle Name: _____		
*Last Name: <u>Tallon</u>		
Suffix: _____		
*Title: AOR		
*Telephone Number: 404-463-4266		Fax Number: 404-651-6449
* Email: martinjh@gaaoc.us		
*Signature of Authorized Representative: K. Tallon		*Date Signed: 2/13/2007

### Disclosure of Lobbying Activities

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure)

<b>1. Type of Federal Action:</b> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	<b>2. Status of Federal Action:</b> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award c. post-award	<b>3. Report Type:</b> a. initial filing <input type="checkbox"/> b. material change  <b>For material change only:</b> Year _____ quarter _____ Date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if Known:  <b>Supreme Court of Georgia</b> <b>224 Washington St. SW</b> <b>Atlanta, GA 30334</b>   Congressional District, if known: 13		<b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</b>     Congressional District, if known:
<b>6. Federal Department/Agency:</b> DOJ OJJDP	<b>7. Federal Program Name/Description:</b> Drug Court Discretionary Grant Program  CFDA Number, if applicable: 16.585	
<b>7. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b>  \$	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>  n/a	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>  n/a	
<b>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</b>		<b>Signature:</b> K. Tallon  <b>Print Name:</b> Kimberly Tallon  <b>Title:</b> AOR  <b>Telephone No.:</b> 404-463-0043 <b>Date:</b> 2/13/2007
<b>Federal Use Only</b>		<b>Authorized for Local Reproduction</b> <b>Standard Form - LLL (Rev. 7-97)</b>

**Judicial Council of Georgia**  
**Administrative Office of the Courts**

David L. Ratley  
Director

February 14, 2007

Barbara Jackson  
Georgia State Clearinghouse  
270 Washington Street, SW, 8<sup>th</sup> Floor  
Atlanta, GA 30334

**Re: CFDA No. 16.585 – *Douglas County Family Zero-to-Three Treatment Court ("Family Drug Court")***

Dear Ms. Jackson:

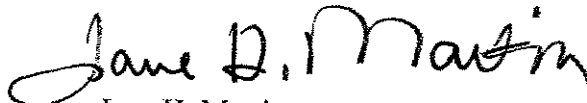
Like many other parts of the country, Georgia is experiencing a rapid and alarming increase in the prevalence and severity of drug use in general and methamphetamine use in particular. This is accompanied by subsequent problems of domestic violence, child abuse and crime, to name only a few.

The Georgia Judicial Council, through its administrative offices (AOC) and in collaboration with several state agencies and community organizations, propose a project to serve the smallest victims of Georgia's drug abuse epidemic. Family Drug Court is a drug prevention initiative for adult drug addicts and their children ages zero to three. Family Drug Court will conduct a targeted pilot program at Douglas County Juvenile Court to encourage innovative methodologies to reach these drug endangered children as well as support their parents in achieving lasting sobriety.

Using the evidence-based models of Zero-to-Three, Family Drug Court and intensive judicial supervision, recovering drug addicts will learn positive parenting and child health and development education as part of comprehensive wraparound services to prevent relapse. It is the further intention of Family Drug Court to provide a positive, drug-free environment for young children during a developmentally impressionable period thereby preventing future use among them. The overall goal of this intervention is to prevent relapse by the parents and future drug abuse by the drug endangered children that will be served by the project. Children of addicts are three to four times more likely to be victims of abuse and neglect. Family Drug Court seeks to reduce these statistics and provide families with coping skills and practical instruction to maintain recovery and achieve a better future.

Enclosed are the required four copies of the complete federal application with all attachments for your review. Please do not hesitate to contact me should you have any questions.

Sincerely yours,



Jane H. Martin  
Assistant Director for Grants

Enclosures

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**OJJDP FY 2007 Family Drug Courts Solicitation  
CFDA 16.585**

**Judicial Council of Georgia,  
Administrative Office of the Courts  
*Douglas County Family Zero-to-Three Treatment Court***

**February 12, 2007**

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## **Program Narrative**

### **Family Drug Court Abstract**

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Georgia has experienced the devastating effects of drug abuse. Out of a growing concern for the future of young children negatively impacted by drug abuse in general and methamphetamine in particular, Douglas County Juvenile Court will establish a Family Zero-to-Three Treatment Court ("Family Drug Court") to serve 15-20 families annually. The county is at the epicenter of the meth epidemic in Georgia and many of the users are parents.

Family Drug Court is a special court docket designed to provide an integrated, collaborative response to the needs of drug-addicted parents and their children. This innovative program will assist the Court in making timely decisions about safe placements for children by providing a full range of substance abuse and related services to adults and their children before the Court on a petition of child abuse or neglect.

Using the evidence-based models of Family Drug Court and Zero-to-Three, parents addicted to alcohol and drugs will receive treatment and develop positive parenting skills as part of comprehensive wraparound services to prevent relapse and promote family reunification. Family Drug Court will increase child safety, permanency and well being by preventing maltreatment, promoting parent-child reunification and bonding through the National Family Drug Court Initiative guidelines.

### **Statement of the Problem/Program Narrative**

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The Family Zero-to-Three Treatment Court at Douglas County Juvenile Court will be administered by the Administrative Office of the Courts ("AOC") in order to help the state judiciary evaluate this program as a model for other jurisdictions. The program will use two evidence-based practices: intensive judicial monitoring within a drug/family treatment court context and Zero-to-Three ("ZTT"), an intensive parenting skills intervention. These two

- Organized and volunteered for "Say Yes to Life"- a concert held for all middle school aged children that promoted drug free living and activities
- Red Ribbon Week- for two years secured and distributed information to middle and high school youth on inhalant abuse and effects.
- Organized Douglas Link- Multi-agency staffing committee
- Organized Substance Abuse Treatment Committee- to develop criteria for assessments, treatment levels, providers and resource list
- Volunteered for school field trips and grade mother activities
- Volunteered for team mom for children's sports teams
- Volunteered to teach 3-5 year old at Wednesday night church programs
- Volunteered to serve, clean up and take up money on Wednesday night church

**Family Drug Court Services Coordinator** (to be named):

Under supervision of the Douglas County Juvenile Programs Administration Director, directs the assessment and classification process for referred drug court participants (clients) by performing a variety of case management services such as referrals to assessment and treatment, contacting treatment providers and arranging appointments, consultation and training, resource development and administrative duties for the drug court, team leader of regular staffings, scheduling of review hearings, and other administrative duties including data collection.

**Job Responsibilities & Performance Standards:**

1. Conducts interviews with clients and significant others to identify client's substance abuse problems, mental status, educational level and other relevant issues, determine an appropriate treatment provider based on level of need, which will provide treatment according to the American Society of Addiction Medicine (ASAM) levels of care.
2. Maintains professional relations with and provides assistance to human services agencies, support groups, and drug court team member agencies. Locate providers in the client's community who provide services for client needs. Develop and broker a working relationship with the providers to help ensure appropriate referrals are made and that services are being provided. Serves as liaison and consumer advocate to local human services agencies and community resource support groups as required.
3. Facilitates and ensures communication, linkage and continuity of care between clients and counselors/case managers, and other organizational components, community resources and service providers.
4. Serve as Drug Court Coordinator, carrying out administrative duties to prepare cases for staffing and status hearings, and oversee data collection for the drug court. Ensures communication between team members regarding each participant's case.

**Minimum Qualifications:**

A Bachelor or Master Degree in a related field.

At least one year of experience in working with persons addicted to drugs in a criminal justice

system setting; including working with women.

and

One year of experience and demonstrate a proficiency in assessments and evaluations of persons with substance abuse and/or mental health issues;

The years of experience may be concurrent.

Preferred qualifications: Knowledge of special needs of addicted women, including issues of domestic violence and sexual abuse.

Licensure by the State of Georgia Composite Board as a Clinical Social Worker (LCSW), Marriage and Family Therapist (LMFT), or Professional Counselor (LPC)

and

One year of experience in working with persons addicted to drugs in a criminal justice system setting; including working with women.

and

One year of experience and demonstrate a proficiency in assessments and evaluations of persons addicted to drugs;

The years of experience may be concurrent.

Preferred qualifications: Knowledge of special needs of addicted women, including issues of domestic violence and sexual abuse.

**[Please note: additional program staff resumes are provided in Attachment 3 and with LOS 6]**

**Children's Voice: CASA, Inc.**

8700 Hospital Drive • 3rd Floor

Douglasville, GA 30134

Phone: (770) 577-7228 • (770) 920-7503 • Fax (770) 920-7549

E-mail: casa@co.douglas.ga.us

February 14, 2007

U.S. Department of Justice  
Office of Justice Programs  
Office of Juvenile Justice and Delinquency Prevention

**Re: CFDA No. 16.585 - Douglas County Family Zero-to-Three Treatment Court  
("Family Drug Court")**

**To Whom It May Concern:**

This agency bears witness on a daily basis to the devastation that drug abuse bestows upon our local families and young children in particular. In collaboration with several agencies and community organizations, this court proposes a project to serve the smallest victims of the drug abuse epidemic through its family drug court model. Family Drug Court will target families in Douglas County affected by drug abuse. Specifically, it will address those families who have come to the attention of the Douglas County Department of Family and Children Services because of parental abuse or neglect. Children with a drug-using parent will be targeted as a means of improving permanency planning, reducing the number of children who must be removed from their homes and speeding reunification for children who must be temporarily removed.

Judge Peggy Walker will establish a special "Zero-to-Three" calendar to target families in Douglas County with children ages birth up to four. Research has shown that these early years are critical to a child's brain development and interventions must take place to prevent permanent damage. This effort is in tandem with the Georgia Alliance for Drug Endangered Children at the Administrative Office of the Courts, which is funded by CSAP through the Georgia Department of Human Resources.

Recent research shows that increased face time with the judge in court models is very effective for problem-solving. Douglas County Family Drug Court will implement comprehensive wraparound services to the participant families. This drug court model includes intensive judicial supervision.

Children's Voice: CASA, Inc. is a non-profit organization comprised of CASA volunteers that advocate on behalf of neglected and abused children in juvenile court proceedings. Court Appointed Special Advocates act as an independent group that serve as the voice of the child in juvenile court proceedings and make recommendations to the court regarding each child's best interest. CASA's most important role is to help each child find a permanent home as quickly as possible. Our CASA program served 112 children with 44 volunteers in 2006. In

most instances, substance abuse played a part in the deprivation. In our children 0-3 nearly 100% of all cases involved substance abuse by the mother.

On behalf of Children's Voice: CASA, Inc. and the families in our care, we thank you for considering this important request, and we are available to assist in any way we can to make this program successful in achieving its goals. Please contact me if I can offer any additional information.

Sincerely yours,



Dawn West  
Executive Director  
Children's Voice: CASA, Inc.

**Dawn West**  
**296 Ridge Brooke Drive**  
**Douglasville, GA 30134**  
**(678) 391-0348 (H)**  
**(678) 656-6283 (C)**  
**dewtek@aol.com**

## **PROFESSIONAL SUMMARY**

Candidate is a strong self-starter with broad experience in administrative, sales, operations, customer service and project coordination.

## **QUALIFICATIONS**

- Non-profit manager, working with non-profit organization in child advocacy. Includes recruiting and retaining volunteers, grant writing, fundraising, report writing, understanding legal proceedings and community relations.
- Experienced recruiting for information technology and pharmaceutical professionals.
- Strong sales and marketing orientation. Increased monthly revenue from \$14,000 to \$95,000 over a three month period.
- Nine years of experience as a hiring manager, involving recruitment, screening, interviewing, hiring, and supervision of professional and technical staff.
- Strong interpersonal skills with excellent customer service orientation.

## **WORK HISTORY**

**Executive Director, Children's Voice: CASA, Inc., Douglasville, GA – October 2006 - present**

**Volunteer Coordinator, Children's Voice: CASA, Inc., Douglasville, GA – September 2005 - present**

**Volunteer Supervisor/Case Manager, Tallapoosa CASA, Dallas, GA – February 2005-September 2005**

Manage day to day operations of a non-profit organization, ensuring grant compliance, financial security of the program, personnel management, and strategic planning for future growth. Manage volunteer Court Appointed Special Advocates (CASAs). Includes assigning cases, writing orders, overseeing court reports, attending all juvenile court proceedings, tracking grant related data, meeting crucial deadlines, interfacing with community agencies, recruiting and training volunteers, daily administrative duties and working with limited resources.

**Recruitment Services Manager, Martha Murchison Associates, Atlanta, GA**

Contract position recruiting and managing a team of 7+ remote employees to phone screen candidates, check references, and conduct search research projects for a large biopharm company located in the San Francisco Bay area.

09/03-07/04

**Technical Recruiter - Spencer Reed Group, Overland Park, KS**

Recruit technical professionals for both infrastructure and applications positions. Responsible for permanent candidate searches, candidate qualification and culture screening, and negotiating wage and benefit packages. Responsible for daily interactions with clients in the absence of account manager.

11/00-10/02

**Technical Recruiter - InTeCon, Inc., Overland Park, KS**

Recruit technical professionals for both infrastructure and applications positions. Responsible for contract employment searches, permanent candidate searches, candidate qualifications, culture screening, and negotiating wage and benefit packages.

7/99-8/00

**Technical Recruiter - Information Technology Partners, Inc., Foster City, CA**

Recruit technical professionals for both infrastructure and applications positions. Responsible for permanent candidate searches, candidate qualification and culture screening, and negotiating wage and benefit packages. Responsible for daily interactions with clients in the absence of account manager. Generated revenue of \$420,600 in twelve months.

11/97-6/99

**Center Director - Lanop Novell & Microsoft Training Center, Burlingame, CA**

Manage day-to-day operations of a local area network training center. Responsible for hiring, training and managing permanent staff; identifying and securing qualified instructors on a contract basis, generating revenue through the recruitment of new students, negotiating fees and payment plans for students, planning and scheduling classes, resolving student issues, identifying and recruiting work-study candidates and negotiating terms and conditions of work-study contracts. Increased monthly revenue from \$14,000 to \$95,000 in three months.

10/96-11/97

**Project Coordinator - Rosendin Electric, Inc., San Jose, CA**

Supported division Vice President and division project managers. Generated correspondence, proposed change orders, submittals, and proposals. Tracked proposed change orders, submittals, requests for information and correspondence. Responsible for time and material billing. Coordinated job start-up and post-job details. Scheduled support staff to complete various clerical tasks in a timely manner.

10/94-04/96

**Executive Assistant - Tru Art Color Graphics, Iowa City, IA**

Generated a large volume of paper flow for designers. Input, printed, tracked and expedited quotations. Coordinated details for commercial printing orders; prepared orders for shipping; oversaw billing deadlines. Entered database orders; maintained customer lists. Functioned as a customer liaison.

03/93-01/94

**Project Coordinator/Customer Liaison - Sweetheart Cup Company, Springfield, MO**

Coordinated telephone orders and handled correspondence and client follow-up. Supervised production schedule and ensured quality control and delivery. Scheduled project deadlines and process times. Production representative supervising business and corporate accounts. Collaborated with sales, production and financial departments. Managed record systems and utilized a variety of computer data programs. Oversaw inventory control and updated records on database system. Wrote project reports and processed production paperwork.

01/89-07/92

**Area Manager - Military Communications Center, Fort Harrison, IN**

Managed day-to-day operations for multiple sites on one Army base. Responsibilities included recruiting, hiring and training of new staff; troubleshooting equipment; front line customer service. Acted as customer liaison with Army Air Force Exchange Services. Was winner of Army Air Force Exchange Services National Sales Award, a first for an Exchange contractor. Facilitated growth in revenue from \$4,000/month to \$45,000/month in less than ninety days.

10/84-01/89

**DOUGLAS COUNTY BOARD OF COMMISSIONERS**

8700 Hospital Drive • Douglasville, GA 30134 • Telephone (770) 920-7121 • Fax (770) 920-7555  
JUVENILE PROGRAMS ADMINISTRATION DEPARTMENT

JENNY McDADE  
Department Director

February 14, 2007

U.S. Department of Justice  
Office of Justice Programs  
Office of Juvenile Justice and Delinquency Prevention

**Re: CFDA No. 16.585 - Douglas County Family Zero-to-Three Treatment Court  
("Family Drug Court")**

To Whom It May Concern:

My Department is involved on a daily basis with substance abuse that affects parents and children. We provide services to both parents in deprivation proceedings, as well as youth through delinquent and unruly proceedings. We also provide a program to intervene in truancy issues with younger children, which are often the result of substance abusing parents. The Juvenile Programs Administration Department provides services and administrative support to the Douglas County Juvenile Court. We have agreed to be involved in this project.

In collaboration with several agencies and community organizations, our court proposes to develop a project to serve the target population of children from 0-3 years old, of parents that have substance abuse issues that create abuse/neglect issues for these children. This project will follow a family drug court model.

Specifically, it will address those families who have come to the attention of the Douglas County Department of Family and Children Services because of parental abuse or neglect. Children with a drug-using parent will be targeted for intensive case management, as a means of improving permanency planning, and reducing the amount of time they are removed from their homes. Case Management will involve appropriate assessments, evaluations, medical care for the child, stable placement, stable providers, education and skill building for the parents, treatment referrals, team monitoring, and frequent court oversight.

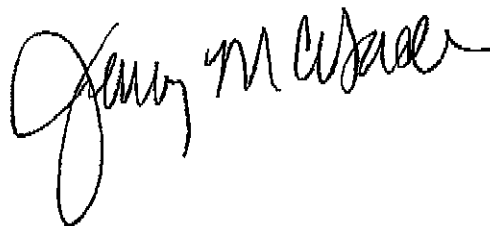
Judge Peggy Walker will establish a special "Zero-to-Three" calendar to target families in Douglas County with children ages birth up to four. Research has shown that these early years are critical to a child's brain development and interventions must take place to prevent permanent damage. This effort is in tandem with the Georgia Alliance for Drug Endangered Children at the Administrative Office of the Courts, which is funded by CSAP through the Georgia Department of Human Resources.



I am the Director of Juvenile Programs Administration Department and I have been involved with the Juvenile Court system in many capacities since 1988. My Department provides administrative services and programs to the Douglas County Juvenile Court, and to families that are involved in Juvenile court. I will be involved in the development of the processes for this program; the supervisor of staff hired, and will provide administrative oversight of the grant in consultation with Judge Walker, if the grant is awarded. I will be involved in the development and management of the budget. I will be involved in creating the team and attending the team meetings.

On behalf of The Juvenile Programs Administration Department, please consider our request for this important project. The success of these children during this period of life increases the probability that they will not become involved in substance abuse, delinquent/unruly behavior, or school dropouts. Please contact me at 770-920-7121 if I can offer any additional information.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Jerry M. Casper". The signature is written in dark ink and is positioned below the "Sincerely yours," text.



Address **331 N Marietta Pky NE**  
**Marietta, GA 30060**

**Notes** The primary treatment site is Mothers Making A Change. It is on a main commercial street. The small streets off N Marietta Pky are older middle class residential neighborhoods of an Atlanta suburb, Marietta, GA.



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**OJJDP FY 2007 Family Drug Courts Solicitation  
CFDA 16.585**

**Judicial Council of Georgia,  
Administrative Office of the Courts  
*Douglas County Family Zero-to-Three Treatment Court***

February 12, 2007

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**Attachment 5  
Program Staff Roles and Responsibilities**

**Douglas County Family Drug Court Team**

<b>Staff</b>	<b>Roles and Responsibilities</b>	<b>Level of Effort</b>
Judge Peggy Walker	Supervise and reinforce treatment by reviewing reports from treatment and service providers, discussing progress and treatment obstacles. The judge will utilize immediate sanctions and incentives to encourage compliance. The judge will establish a rehabilitative relationship with the offender through intensive interaction during court appearances. The court will strive to keep participants in drug court while imposing swift, consistent, and behavior-specific sanctions for relapse, missed meetings or court hearings, and other rules violations. The court also will actively direct administration of the program by chairing staffings.	25%
Juvenile Court Administrator – Jenny McDade	Assist in administration of court processes, locating resources, management of grant funds, management of court generated funds. The office provides guardian <i>ad litem</i> services to children, comprehensive substance abuse screening and assessment of all court involved youth. Provide general administrative assistance to Judge Walker	25%
Drug Court Services Coordinator	Development and coordination of wrap-around services; liaison with collaborative partners; assessment, diagnosis and ASAM referral	100%
DFCS Representative	Each child protective services social worker will respond to valid reports of substance	50%

	<p>exposed infants by investigating the report and completing a Family Assessment. The investigation/Family Assessment will be completed within 45-60 days of the report. The DFCS worker will complete the substance exposed infant screening form, will establish a safety and family services plan with the family, and will conduct an initial risk assessment to determine the child and family's immediate needs. If, after investigation, the DFCS worker believes that abuse or neglect has occurred, the worker will file a petition with the court alleging abuse or neglect of the child. If the DFCS worker believes that the child is in imminent danger of harm, the DFCS worker will also file a request for removal of the child. If the DFCS worker believes the family is appropriate for Family Drug Court, information will be provided to family about the program, and the DFCS worker will alert the DFCS Special Assistant Attorney General of his/her belief of the possibility of Family Drug Court for this family. The DFCS worker will continue to work with the family.</p>	
DFCS Special Assistant Attorney General	Brings civil case against parent on behalf on DFCS. Integrate the referral process of the program into the abuse and neglect and foster care court procedures to support entry of participants into the program and lend support to Court in an effort to comply and cooperate with the direction of the program to the extent law and policy allows.	20%
Parent Attorney	The parent attorney or public defender will represent the best interests if the parent in the case. The parent will be enrolled in the program via the parent attorney, who will also serve to make sure the parent understands all requisite paperwork and waivers and understands their rights and responsibilities in the program.	20%
Court Appointed Special Advocate (CASA)	The CASA volunteer will serve as a member of the treatment team for the Family Drug Treatment Court and will attend all meetings	20%

	<p>as well as court hearings pertaining to this initiative. CASA volunteers will receive special training to assist the program and will attend the treatment team meetings and hearings as they pertain to their particular cases.</p> <p>CASA volunteers will be required to see the children involved on the same schedule as the court hearings are scheduled. Additionally, the CASA will be responsible for maintaining contact with the other professionals involved in their case.</p>	
Child Attorney/ <i>Guardian Ad Litem</i> (GAL)	Judge Walker appoints a GAL for each child to represent the child's best interest and participate in staffing as a member of the Family Drug Court Team	20%
Treatment Provider: Cobb-Douglas Community Services Board, Mothers Making a Change	Conduct all bio-psychosocial assessments for those referred to the program. Provide intensive substance abuse case management services to each participant, which will include gender appropriate outpatient services, including the coordination of transportation and child minding. Provide psychoeducational/support services for each participant, including the following: parenting, life skills, anger management, motivational enhancement therapy. Coordinate the delivery of residential, intensive outpatient and outpatient substance abuse treatment according to individualized treatment plans for pregnant women, women with dependent children and men at varying lengths of stay. Provide expert advice to the Team on substance abuse issues and on issues related to compliance with the Health Insurance Portability and Accountability Act (HIPAA) and 42CFR, Part II.	25%
Evaluators: Beth Locker	Data collection, analysis and reporting; fidelity monitoring	20%
AOC Grant Administrator: Jane Martin	Grants administration, project oversight, fiscal accountability	5%

**OJJDP FY 2007 Family Drug Courts Solicitation  
CFDA 16.585**

**Judicial Council of Georgia,  
Administrative Office of the Courts  
Douglas County Family Zero-to-Three Treatment Court**

February 12, 2007

**Attachment 6**

**Douglas County Substance Abuse and Child Protection Data**

2<sup>nd</sup> column is Douglas County rate – 3<sup>rd</sup> column is ranking in GA out of 159 counties with 1 being the lowest (least at risk for conglomerate indicators), and 159 highest (most at risk for conglomerate indicators)

<b>Alcohol and Drug Abuse Indicators</b>			
Adult Arrest Rate for Liquor Law Violations	15.11	141	<b>Definition:</b> Number of arrests for narcotic violations (possession, sale, use, growing, and manufacturing), per 1,000 adults ages 18 or older. <b>Data Years:</b> 2000-2005
Adult Arrest Rate for DUI	7.88		<b>Definition:</b> Number of arrests for driving under the influence, per 1,000 adults ages 18 or older. <b>Data Years:</b> 2001-2005
Alcohol-Related Death Rate	1.82	86	Number of alcohol-related deaths, as defined by ICD codes, per 100,000
Adult Drug-Related Death Rate	1.01		Number of drug related deaths as, defined by ICD codes, per 100,000 persons 2000-2004
Alcohol-Related Hospital Discharge Rate	86.32	118	Unduplicated number of hospital discharges, as defined by ICD codes, involving diagnoses related alcohol abuse, per 100,000 persons 2000-2004
Drug-Related Hospital Discharge Rate	130.8		Unduplicated number of hospital discharges, as defined by ICD codes involving diagnoses related to drug abuse, per 100,000 persons 2000-2004

Source: **Governor's Cooperative Agreement State Incentive Planning and Development Grant: Social Indicator Study to Assess Substance Use Prevention Needs at the State and County Levels in Georgia** (March 2006)

### Douglas County Trend Data

Source: *Georgia Kids County*. Accessed 7 February, 2006.

<http://www.gaafcp.org/kidscount/kidscountfm.html>

Top number is Douglas County/Bottom number is State of Georgia

	2000	2001	2002	2003	2004
<b>Stable Self-Sufficient Families</b>					
Substantiated incidents of child abuse and/or neglect (numbers)	530 34,080	483 39,493	658 44,932	667 48,599	1,032 53,918
Substantiated incidents of child abuse and/or neglect (rate per 1,000)	20.8 15.7	18.3 17.7	24.2 19.8	23.7 21.2	35.1 23.1
Substantiated incidents of child neglect (numbers)	314 23,704	339 28,211	414 32,385	527 39,538	842 43,888
Substantiated incidents of child neglect (rate per 1,000)	12.3 10.9	12.8 12.7	15.2 14.3	18.7 17.2	28.7 18.8
Children living with single mother (percent)	16.5% 21.2%				
<b>Children Ready to Start School</b>					
Babies born to mothers with less than 12 years of education (numbers)	242 30,305	246 32,087	279 32,027	274 31,925	317 33,044
Babies born to mothers with less than 12 years of education (percent)	17.3% 22.9%	16.5% 24.0%	19.2% 24.0%	17.9% 23.5%	18.8% 23.8%
<b>Healthy Children</b>					
Infant Mortality (numbers)	4 1,125	14 1,141	8 1,188	13 1,153	16 1,179
Infant Mortality (rate per 1,000)	LNE 8.5	9.4 8.5	5.5 8.9	8.5 8.5	9.5 8.5
<b>Strong Communities</b>					
Children living in poverty (numbers)	2,600 365,406	3,355 407,590	3,733 407,585	4,429 444,368	- -
Children living in poverty (percent)	10.4% 17.1%	12.5% 18.3%	13.3% 17.8%	15.1% 19.1%	- -

**Adoption and Foster Care Analysis and Reporting System (AFCARS)**  
 US Dept of Health and Human Services, Administration for Children and Families

Douglas County AFCARS Children Removed from 10/1/2004 to 9/30/2005		
	Infant	1-3
N	24	14
Percent Of Total	15%	8.9%
RR Neglect	63%	57%
Placement Type:		
Foster Non-Relative	71%	79%
Foster Relative	21%	21%
Two Or Fewer Placements	83%	93%
Median Length Of Stay	3.4	1.3
Plan Goal:		
Reunification	92%	93%
Permanency:		
Reunification	17%	29%

**Douglas County 2005 DFCS data**

1534 referrals- substantiated 442 cases  
 423 neglect, 37 physical, 10 sexual, 8 emotional, 1 other

12% of the children were in care less than a year  
 22% were in care at least a year  
 10% were in care up to 3 years  
 5% were in care for 4 years  
 10% were in care more than 4 years  
 78 children were in care in Douglas County under age 3

Totally in care- 115 African American, 227 Caucasian, 1 Native American, 25 multi,  
 and 23 Hispanic, 187 male, 189 female



**OJJDP FY 2007 Family Drug Courts Solicitation  
CFDA 16.585**

**Judicial Council of Georgia,  
Administrative Office of the Courts  
*Douglas County Family Zero-to-Three Treatment Court***

February 12, 2007

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**Attachment 7**

**Mothers Making A Change – Program Services Information**

Mothers Making a Change (MMAC) is a public program serving mothers with a substance abuse problem in Cobb and Douglas counties in Georgia. MMAC is a comprehensive substance abuse program in Cobb and Douglas counties that includes community outreach, early intervention, family preservation and support services, comprehensive outpatient treatment services, and residential services for women with substance abuse problems. The goal of the program is to provide comprehensive treatment for pregnant and postpartum substance abusing or chemically dependent women with young children, with a main focus to promote a drug-free environment and family stability. Services include residential substance abuse treatment, day treatment services for substance abuse, outpatient treatment, outreach services, and early intervention services.

Within the context of the Cobb and Douglas County child welfare service systems, Georgia Division of Family and Children Services (DFCS), MMAC is a program that provides comprehensive substance abuse services to women in the community. The MMAC program is operated under the Cobb Douglas County Community Service Board, a public agency established by law which is a contractor of the Georgia State Department of Human Resources, that primarily provides mental health, substance abuse, and developmental disabilities services in the community (i.e., adolescent counseling, family preventive services, men's substance abuse

treatment). The Community Service Board is considered part of the state's mental health system and not within the Child Protective Services organizational arm of DHR.

MMAC was established in the early 1990s in response to an increase in the number of women delivering crack cocaine-addicted infants. There was a scarcity of substance abuse services in the area for women; in particular, there were limited services for women abusing substances and few places to house women with high-risk problems. The area lacked residential programs for substance abuse services, especially programs willing to take the risk of serving a pregnant woman and provide the additional maternal health services needed. At about the same time, there was a highly publicized court case in Cobb County involving the prosecution of a woman who delivered a cocaine-positive baby. The woman, in her defense, claimed there were no substance abuse treatment services for her and other women who were pregnant and had a drug addiction. As a result, Cobb County set up a Task Force, under the auspices of the Department of Public Health (DPH), to study the problem. The Task Force discovered that the DPH, DFCS, and CPS were serving the same families and addressing the same substance abuse problems. Focus groups were set up in the county to address the problems of women with substance abuse problems. It was determined that the county's "traditional" model used by child welfare and public health services to serve substance abusers was ineffective in addressing women's substance abuse problems, particularly for those women who were pregnant. In the end, it was decided that DPH and DFCS would collaborate to form services to address women's substance abuse in the county. In the summer of 1992, the idea for women's services was developed. By November 1992, the specific needs of both Cobb and Douglas counties were identified and MMAC was established.

Services were initiated in January 1993, and the program has evolved through a number of changes. Services originally included substance abuse services, counseling, and assessment. The focus was to deliver healthy babies to women at risk of substance abuse by providing street outreach and substance abuse treatment targeted to pregnant women and mothers who were at risk. The program worked closely with the Cobb DFCS Parent Education and Training program (PET), assisting the program with substance-abusing women having high dropout rates and incidents of child abuse and neglect. MMAC worked closely with PET and came onsite to provide substance abuse services for PET consumers. MMAC, co-located with DFCS PET program, also provided parent training and educational services to county clients.

In 1994, MMAC began focusing more attention and efforts on CPS cases. The program expanded services and began providing day treatment services to CPS clients. Women and their children received 6 hours of service per day including treatment for substance abuse, domestic abuse, women's issues, low self-esteem, anger management, rape issues, parenting, education, and child support. The program encountered confounding issues along the way, and changes in the program developed based on those issues. For example, when MMAC administrators realized that almost three-quarters of the women they served were homeless, and client homelessness was a major problem interfering with reunification, the program developed a residential component to the program so women and their children could live together while the mother received substance abuse treatment.

Today, MMAC is a comprehensive program that includes community outreach, early intervention, family preservation and support services, comprehensive outpatient treatment services, and residential services for women with substance abuse problems in Cobb and Douglas counties. The goal of the program has expanded from its inception in 1994 and includes

providing comprehensive treatment for pregnant and postpartum substance abusing or chemically dependent women with young children, with a main focus to promote a drug-free environment and family stability.

MMAC's services are based on a non-threatening treatment model that is family centered, community based, and encompasses a holistic approach to treatment. MMAC recognizes that substance abuse is one of multiple family problems and addresses the addiction, as well as the education, health access, housing, and employment needs in a holistic fashion. Moreover, the program recognizes that to keep a parent and child together requires resolving the problems of the parent. Therefore, services are mother and family focused rather than child focused.

In addition to providing direct services to women, MMAC provides extended services to other public agencies and the courts. The program provides liaison services to DFCS including drug assessments, toxicology screening, panel review hearings, case reviews, as well as case plan consultation and recommendations on CPS cases. In addition, MMAC provides similar services to TANF offices. MMAC staff also provide liaison services to the Juvenile Court by appearing at hearings and making recommendations regarding child placement and service interventions and participates in staffings for high-risk clients at the county hospital. Evident from their many links to social service agencies and the juvenile courts, MMAC staff are perceived as experts among their peer agencies and have an excellent working relationship within the social agency and court communities.

Communication and collaboration between MMAC and DFCS staff run smoothly. This is supported by having a MMAC staff member stationed at the Cobb County DFCS division office for consultation and liaison services and a CPS staff member stationed at MMAC to work collaboratively on cases. Likewise, judges seem to have a good working relationship with

MMAC and reported using the program frequently because they believe it works. In fact, despite our best efforts to find any antagonistic feelings in peer agencies and the community, we failed to find anyone less than impressed by MMAC staff and services.

### **Target Population, Eligibility and the Referral Process**

The MMAC target population for services is low-income, substance-abusing, pregnant or postpartum women with young children, who are residents of Cobb or Douglas counties. The population primarily consists of low-income, single females, with a long history of substance abuse. Women served are generally in their early 20s. The ethnic makeup of clients varies but seems to be about 50 percent Caucasian and 50 percent ethnic minority. The majority of children served by the program are under the age of 5. The director of women's services for the program commented on some recent changes in population characteristics. She reported serving a population of adult women who are much younger than in past years and also reported serving a higher percentage of Hispanics currently than in the past.

MMAC referral criteria include the following: any woman who is pregnant or within 12 months postpartum and has young children if she meets the following criteria: 1) self- reports of any drug or alcohol use, 2) positive toxicological screening of the mother, or 3) positive toxicological screening of the infant shortly after birth. Most clients must be TANF eligible if not already on TANF (due to funding requirements - see the funding section for details) and also must have and maintain rights to their children or be eligible to petition for rights to their children, even if they do not currently have custody. MMAC will work with women going through the TPR process with one child, as long as the mother still has rights to a second child. At the time of referral, all clients must sign a release statement and consent form for services. If

women referred do not meet these criteria, they are referred to basic outpatient services provided by the county.

MMAC averages about 70-80 clients per month, including an average of 6 pregnant clients. Referrals primarily come from CPS, which on average refers approximately 50-60 clients per month, or 75 percent of monthly referrals, for screening assessments and treatment. Referrals can also come from hospitals, the courts, the criminal justice system, and other social service agencies such as DPH. Referrals can be voluntary or mandatory, and there is some preference for mandatory cases because this gives MMAC a little more leverage with the client. Currently, cases are 50 percent reunification clients and 50 percent family preservation clients. Most of the other cases referred from DFCS come from the TANF employment program.

Most cases from CPS are from investigations (intake), but cases may also come from ongoing and foster care cases. For a CPS referral, a DFCS caseworker reviews the intake or ongoing case with his /her supervisor and upon determination that MMAC would be appropriate for the client, the worker faxes a referral to MMAC for consideration. The MMAC director of women's services reports that the referral process with CPS is relatively simple. Prior to a decision to refer, DFCS can also call and request a client screening. With an MMAC administrator on site at DFCS, client screenings or drug testing can be done on the day a client is in the office during investigation. This way, clients do not have a chance to hide their problems prior to testing. MMAC then provides a recommendation to DFCS on placement and treatment based on the mother's level of commitment to change.

The juvenile court refers cases to MMAC by a court-order for MMAC reunification services. However, despite a court order recommending services (especially residential placement), MMAC might decide after assessment that the client is not appropriate and

recommend an alternate treatment plan. This decision is based on client assessment, need, risk of the family, and when the client does not feel she can abide by the structure of the residential facility. Referrals from criminal justice generally come from the parole office staff. If a female parolee has a severe problem with relapse or parole violation related to substance abuse, the parole chief will refer to MMAC. This is done at an administrative parole hearing and will include a directive remanding the parolee to MMAC or jail if she does not comply.

Criminal justice also occasionally uses MMAC as part of a parole plan for inmates planning to leave the correction system who are at high risk and have no home. The parole office chief in Douglas County appreciates MMAC for its therapeutic approach in cases. Clients can also be returned to jail or enrolled in a program run by parole, but the Chief felt that the corrections staff tended to be too authoritative and not as therapeutic in its services. Referrals from other sources are few and can generally be made informally.

With all the multiple roles of MMAC staff (as placement/treatment consultant, drug screeners, liaisons, etc.) and their work with many agencies, staff members often become aware of probable clients prior to any referral for services, and in some cases they actually participate in the pre-referral screening process. The result is a uniquely collaborative and less formal referral process between MMAC and other public agencies.

## **Staffing and Services**

MMAC employs approximately 19 full- and part-time staff in both the Cobb County and Douglas facilities. MMAC staff interviewed seemed well educated with a considerable number of years of experience in their areas of work, although some had worked with MMAC for less than a year. Staff working in the residential facilities and the program nurse are available 7 days per week, 24 hours per day if needed. Overall, staff seem very motivated, and dedicated to the

success of clients. In addition to program staff, mothers who have completed the program come back and volunteer their time to assist with current clients. These women baby-sit children and attend sessions for clients and discuss their addiction and treatment.

Upon referral, MMAC's goal is to get women into the program for service within 12 to 24 hours. Once the client arrives, staff begins a lengthy orientation and comprehensive assessment performed by the program coordinator and other program staff. This assessment, done for every client, can take up to 2 hours and involves an evaluation that includes a complete physical and medical, psychosocial and substance abuse assessment using the Addiction Severity Index (female ASI) of psychosocial status. Nearly 100 percent of the women entering the program meet the American Society of Addiction Medicine patient placement criteria for treatment of substance abuse disorders. After the assessment process, a decision is made to determine the appropriate level of services needed -- either residential, day treatment, or outpatient services. The assessment team considers the level of treatment based on whether the client is an intensive addict who needs to work toward recognition of her problem and getting clean of drugs (recommended for residential treatment with no passes), a serious drug user who recognizes the problem and wants to cooperate with treatment (recommended for residential treatment with fewer restrictions), or an occasional drug user (generally recommended for the day treatment program). The assessment should be complete, and a meeting involving the client and family (if possible) takes place after 48 hours from the time of intake to the program. In the family meeting, the program coordinator, client, and family members discuss the client's placement in the program.

In addition to the general assessment, the coordinator of nursing services also provides a comprehensive health assessment and examination to all clients including a TB skin test,



urinalysis for drug screening, and, with the client's consent, tests for syphilis, HIV, a Pap smear, and mammogram (these services are optional). Pregnant mothers are assessed for pre-natal care. If the drug screening is positive, and they determine that the client needs to be treated for detoxification, this takes priority over all other needs, especially if the woman is pregnant. The top priority at the program is that women deliver healthy and drug-free babies in order to deter CPS placement of the child once he or she is born. If detoxification is required, they quickly refer the client to the Detoxification Crisis Stabilization Center, where doctors, nurses, and psychiatrists provide 24-hour-a-day, 7-day-per-week services and support. Further referrals for neurologists or internists can be made if the client has special health problems such as seizures, depression, or diabetes. The nurse told us she places major emphasis on providing medical services that expedite reunification of families. She contributes to the assessment team that makes recommendations to DFCS and the court on the extent of recovery and health compliance of a client and whether reunification is possible.

Children entering the program with their parent also receive a health assessment to determine the status of immunizations and any special health needs. If any child lacks immunizations, he or she is referred to receive them. A client's child who is not residing in the program may be referred for health services to MMAC's Child and Adolescent Program. It is often the case that while the child may have health coverage, the mother may not due to unemployment, homelessness, or drug addiction. Therefore, MMAC assists the client in completing a form to qualify for Medicaid or other health coverage at the indigent clinic.

The nurse also is responsible for coordinating transportation services for clients to ensure that medical appointments are kept and visits the residential facilities at least once a week. She makes daily sick calls as needed Monday through Friday and is on call 24 hours a day, 7 days a

week for emergencies. The nurse is also careful to note any medical needs in the discharge plans for a client.

Treatment and case plans are written by a multidisciplinary team based on their assessments of the client. The team includes the case manager, the client, the site supervisor, nurse, and other interested agencies. A client is informed about the shortened timetables under ASFA and that if she does not recover within that timeline, parental rights might be terminated. Concurrent planning is determined by DFCS, so it is possible that the foster care worker has a concurrent plan for the family. However, concurrent planning is not done at MMAC. While case management for the family remains with DFCS, DFCS often uses the MMAC case plan to assist in writing its plan due to the richness of information provided by MMAC. MMAC staff work closely with DFCS workers to create reasonable and realistic case planning for a family, although there may be differences of opinion on these points. If there are major differences between established DFCS and MMAC plans, MMAC and DFCS staff meet to discuss and resolve differences to establish realistic and attainable goals for a client. Case updates by MMAC to DFCS are done at the time of regularly scheduled case reviews. Otherwise, communication is open, and DFCS and MMAC staff may discuss a case at any time, on a case-by-case basis.

MMAC provides a variety of services through outpatient treatment, residential treatment, day treatment, health care services, and child care. The most common presenting problems of clients entering the MMAC are substance abuse, homelessness, lack of resources, and limited family support. The most commonly provided services are substance abuse treatment and housing. Since MMAC is considered a mental health program, it falls under the authority of a state HMO-type entity that dictates the length of time and type of treatment for state mental health and substance abuse patients. Although there was no indication by the director of women's

services that this authority caused problems in serving clients, she did say that the state is in the process of changing the women's treatment program authorization protocol for substance abuse services, to give more flexibility for treatment in the MMAC program. Services are generally specified for a minimum of 6 months, and most clients receive services for 12-15 months, although the program may serve a client for up to 2 years. MMAC believes that women who are able to stay longer in the program have more success in substance abuse treatment, which results in successful reunifications. High-risk families are served through a Family Preservation/Support Grant under the Adoption and Safe Families Act.

### **Residential Substance Abuse Treatment**

The hallmark of the MMAC program is its residential substance abuse treatment services. The program runs two facilities, one each in Cobb and Douglas counties. The location in Douglas County is a seven-unit, gated apartment complex that was purchased through grant monies. The Cobb County facility consists of apartments rented by the program within an existing complex. Staff at both complexes are located on site 24 hour per day, 7 days per week to intervene, monitor, refer, and handle emergencies. There is also a doctor on call after hours for any mental health or substance abuse crises after hours. Each program has a nurse assigned who is also available 24 hours, 7 days per week. The residential program can house a maximum of 35 families, depending on the number of children in each family. The Cobb County program is more intensive in nature, and most services are on site. Stays in this location are from 6 to 12 months. After a successful stay in the Cobb County location, clients may be transferred to the Douglas facility, where their stay can be longer if the family is homeless. Clients at the Douglas facility stay an average of 9 months but can stay up to 2 years. The Douglas County program sends clients to the day program for services.

The residential program is coordinated to provide services in three phases. The first phase (90 days of services at the Cobb County facility), known as the Ready to Work Program, focuses on overcoming the client's severe addiction. This first phase of intensive services to conquer addiction involves counselors being straight with clients about the realities of addiction and providing "tough love" guidance through spirituality and a 12 step drug recovery program. The first 60 days deal primarily with the client's denial behavior and teaching skills to enhance the development of recovery tools.

The second phase of the residential program lasts 4 to 6 months and involves substance abuse treatment, relapse prevention, self development, and skills building. This phase also focuses on family reunification. Services provided are primarily targeted toward enhancing life skills and include an array of substance abuse counseling, anger management, child development, parental skills, nutrition, and education, all provided at the Cobb County MMAC offices for outpatient services. Transportation for services, appointments for doctors and nurses, probation appointments, and court hearings are provided, and a random urine drug screening is conducted to ensure the client remains drug-free throughout treatment. Mothers receive information on the effects of substance abuse on babies. They view videos about babies born to drug-addicted mothers and learn about the different behavior these children may exhibit, such as withdrawal and passiveness. This information also illustrates to the mothers that many of the babies are able to outgrow their addiction and become healthy children, despite the fact that some may suffer lifetime emotional or neurological disorders. During this phase of treatment, the clients also take part in a family setting with other mothers and their children that provides a sense of belonging and support and prepares mothers to reunify with their children. Community activities include arts and crafts, field trips, monthly potluck meals, and "I Can" award

celebrations to acknowledge client progress. Clients are also required to prepare personal journals and asked to complete at least three pages per week in the journal. Assistance and tutoring are available for those who need help reading or writing.

As stated earlier, the primary goal of the second phase is to reunify clients with their children and establish skills to preserve the family. Most women in the program are reunified with their children during this phase. MMAC then takes the responsibility of child care and transporting the child to school and health appointments. It is important to point out that once a child is reunified in the residential program with his/her parent, the parent acquires *physical custody* of the child, with the state maintaining *legal custody* of the child. The uniqueness in MMAC is that the parent and child are reunified while the mother is in residential treatment. For women not reunified, children are permitted to visit on weekends and overnight. MMAC understands how stressful visitation and the process of reunification can be on a mother. The program facilitates a total of 12-17 visitations per month for all clients and their children. Visitation is conducted as a gradual process and usually begins in hourly sessions, then overnight visits, 2-day visits, and so on. For women with multiple children, MMAC increases the number of children per visitation gradually as well. Clients also may be eligible for passes during the second phase of the program and are able to leave the facility for shopping or visits with relatives but must report back to their residence by a designated time.

Educational services are provided through MMAC's Education Program, run by one full-time staffer. The curriculum is designed as a self-help program, tailored for the individual to progress at her own pace. This program is detailed later under Day Treatment Services.

The third and final phase of the residential program consists of 6 months of after care that focus on support to avoid or minimize substance abuse relapses and finding employment for the

client. The after-care phase involves very close monitoring of the parent's interaction with her children by MMAC's case manager and continued drug screenings, family enhancing, and educational and job activities. Transportation is provided for court or probation appointments, health care, employment training, and to work.

### **Day Treatment Services**

The non-residential, day treatment program provides a variety of services to women and their families from 9 a.m. to 2 p.m., including substance abuse treatment, meals, transportation, case management, day care, parenting classes, health care and mental health services, substance abuse relapse prevention, education and GED courses, and employment services. Services are provided at the Cobb County offices. Individualized services can include therapy (individual and group); support groups; stress management; budgeting; team management; family education groups; exercise, self-esteem, anger, and domestic violence services; health education; nutrition; personal hygiene; and HIV education.

Educational services are provided on a 4-day class schedule. Monday and Wednesday are devoted to educational enrichment; Tuesday and Thursday focus on activities necessary to complete the GED; Friday is devoted to light educational games and fun learning activities. Clients' assignments are graded and homework assignments are given in GED-level coursework. The program is entitled "Reach and Teach" and is broken down into two separate components. The Reach component serves between 8 and 12 clients at one time, per group, and focuses on motivation, self-esteem and maintaining attention span. Incentives are provided to motivate students and self-esteem is cultivated by having students tutor their peers. Attention span activities include required-reading articles posted on a community bulletin board and reading articles from newspapers. Clients are also trained to use computers for word-processing and

Internet access including how to use search engines. Students also volunteer for various activities.

The Teach component of the program has three tracks: 1) GED preparation, 2) Enrichment, and 3) Advanced. The GED preparation track includes instruction in language, math, spelling, algebra, and computer skills. Students practice on old GED tests and preparatory tests. Homework is assigned. To date, 99 percent of clients in this track have achieved their GEDs. The Enrichment track is for those clients who already have a high school diploma and want to learn additional skills or enhance existing skills. They receive instruction in reading, English, math, typing and word processing, as well as Internet skills. Assignments are graded. The Advanced track is for the few clients who have some college education or a college degree. The program utilizes students as peer tutors and provides instruction on topics of personal interest. One recent student learned to design a web page and received an award for her work. As part of the educational program, students also perform community services at senior center facilities, children's hospitals, or homeless shelters. It is interesting to note that around 30 former clients at MMAC facilities are currently employed with MMAC training and assistance, or with the County Community Service Board.

In addition to coursework, students are actively involved in planning "We Can" events to honor and celebrate their accomplishments. They plan celebrations such as luncheons and award ceremonies. Each has a theme. At the award ceremonies, students are recognized for various achievements, and a "Student of the Quarter" is chosen. The women find these activities exciting and look forward to the opportunity to have parents, children, and relatives attend. At the celebration events, themes dealing with cultural diversity are the focus, and activities have

included a fashion show where clients wear apparel from different countries to a food court where clients make dishes from various parts of the world and explain the culture and food.

The educational program also sponsors general enrichment activities for clients during the week and weekends. Clients are encouraged to interact with their children at the onsite child care, attend substance abuse recovery meetings, and go to the library or purchase a book.

### **Outpatient Services**

Outpatient services provide treatment for clients who meet the diagnostic criteria for substance-related disorder as defined by the DSM-IV. MMAC has two levels of outpatient services -- Level I, which includes assessment and individual, group, and family support services for less than 6 hours weekly, and Level II, which is more intensive and provides the same services for 9 or more hours per week. The length of services is based on individual needs, the client's treatment plan, and needed support. Services include individual therapy, group therapy, psychiatric assessment, medication monitoring, family therapy/support, nursing assessment, and family education/support. These services are geared toward women with children in foster care placement or at risk of TPR because they are most likely to enter the residential treatment program.

### **Outreach Services**

MMAC also provides outreach services in the community. Outreach is an extension of MMAC services to the community. In recognition that many cultural groups, communities, and specialized populations will not readily seek a treatment facility, MMAC has staff who have established themselves in the community. Services are provided to pregnant women or women with young children, women with numerous hospital admissions, and women in shelters and other community agencies. MMAC hopes to accomplish education in the community, to



encourage all cultural groups to enter services, and reduce and minimize barriers to treatment for groups and communities. This service is provided on a continuous basis 7 days a week and when there is a crisis that requires assistance.

Also a part of outreach services is providing substance abuse education to the community when requested. This may include speakers and participation in local health fairs to promote and increase awareness of substance abuse and related issues. Additionally, MMAC staff collaborate with community agencies to help enhance and coordinate the quality of care provided to the community.

### **Early Intervention Services**

MMAC began providing early intervention services in June 2000. These services are provided to women at risk of developing substance related problems and are designed to explore and address risk factors that appear to be related to substance abuse and teach the client how to recognize harmful consequences of inappropriate substance use. The program is psycho-educational based and consists of components on the medical aspects of addiction, the dynamics of addiction, cross addiction, and coping skills. Services are prepaid at a cost of \$125, which includes the group meetings and urine drug screenings. Appropriate clients include those referred to MMAC for assessment where the extent of abuse or addiction is unknown, those with a suspected history of substance use but in denial of active substance use, and cases in which assessment staff are unable to aptly diagnose under the DSM-IV guidelines.

### **Other Services**

Health services are an important part of the comprehensive services provided by MMAC, with help and coordination from the DPH. Health services include basic health screening, family planning services, an early intervention program for infants in a high-risk population for

developmental delay, a WIC program that provides food and nutritional counseling, and prenatal and postnatal care.

Child care services are also provided to clients and their families on site while the client attends treatment services. The availability of child care on site reduces a major barrier to treatment and reunification and provides a supervised site for the mother to develop and enhance her parenting skills.

Additional services that MMAC generally provides to clients include family education, community education and prevention services, and Beginning Alcohol and Addiction Basic Education Studies (BABES) for children of dysfunctional and substance-abusing families.

### **Relationship with Juvenile Court**

The court takes a very active role in determining the length and scope of services a MMAC client will receive. In addition, it can also order certain conditions of treatment, such as leaving a residential facility for visits or walks. MMAC may appear in court but always on behalf of the parent. MMAC ensures that appropriate releases are signed that meet federal confidentiality law requirements.

Judges from both the Douglas and Cobb counties Juvenile Courts had great praise for MMAC staff and services. One judge reported that the MMAC program works because it is comprehensive. It addresses substance abuse problems, job readiness skills, GED, employability, parenting skills, and housing needs. It allows mothers to live where they are not dependent on someone who has the ability and probability of using and abusing the children. The judge uses the MMAC program frequently and felt that MMAC had a much higher success rate than other drug treatment programs, because other programs are not adequate to handle this population,

specifically lacking services for women and their families. MMAC fills the important gaps for treatment, especially transportation, which is important in a rural county.

### **Funding of Services**

Funding for MMAC services comes from two main sources -- state Grant in Aid Block Grant monies (30%) and TANF funds (70%). The grant, managed by the state office, includes Safe and Stable Families monies used to fund reunification in the state. The TANF definition was recently broadened to "needy families," and clients must be receiving one DFCS service. Cases are 50 percent reunification clients and 50 percent family preservation clients. According to the director of women's services 49 of 90 (54%) DFCS referrals each month are CPS cases. Most of the other cases referred from DFCS come from the TANF employment program.

In addition to block grant and TANF funding, MMAC has received federal and state family preservation and support monies for about 4 years, and the program also received a minimum \$75,000 state grant for family preservation services. These funds are utilized for housing, case management, or 6-month follow-up services for DFCS families and support dollars for other non-DFCS families served. It receives limited money from Medicaid reimbursement and about 5 percent from client fees.

### **Conclusions**

A great deal stands out about the MMAC program and the services it offers. First, the fact that MMAC is part of the mental health system and not the CPS system (although they are both under the auspices of the DHR) seems to be an important factor, giving a sense of autonomy within the arena of child welfare and which also provides MMAC with access to resources not typically CPS. The result is a major benefit to clients who have the advantage of a service provider that can draw from a wealth of resources from mental health and child welfare. MMAC

also benefits from being under the administration of DHR, which provides MMAC an advantage in its collaboration with other DHR branches like TANF and CPS. This seems to make communication, planning, and cooperation in setting service priorities much easier for MMAC staff.

MMAC also seems unique in the thoroughness of the design and development of its programs. The history of the program (i.e., the task force and focus groups utilized) demonstrates that a great deal of thought and planning went into the development and planning of the program. Moreover, each program component has a clear and defined population and goals, and the services strongly emphasize every detail of the client's needs. Perhaps, since MMAC is a substance abuse program coming from a medical/psychological perspective, the program takes a methodical and detailed approach to development and planning of services. Of course, this type of planning, development, and service cannot take place without strong leadership, and the current director of women's services seems to be responsible for the leadership that defines MMAC. She was hired at the beginning of program development, has developed a great deal of the criteria for the program herself, and has since been at the forefront of program implementation. Credit must also be given to DHR and other decision makers at the public agency level who were a part of the planning and development of this program.

MMAC attracted our attention due to the mother and family focus of the program, distinct from the trend toward child-focused and child-protection focused reunification services. MMAC recognizes that keeping a parent and child together requires resolving the problems of the parent. As a mental health program, MMAC sees the family issue from a "parent mental health problem" approach, rather than a "child protection" approach. Therefore, the goal is to solve the parental problem to preserve the family, not simply to protect the child from the parent.

The intensive and comprehensive nature of services provided by MMAC also is unique. The blending of substance abuse services that address addiction and social services that address the social and economic needs of clients makes well-rounded treatment for mothers and their children. MMAC staff spend a great deal of time providing intensive, hands-on attention and services to clients, particularly those in the residential treatment program. Moreover, MMAC perceives a parent's substance abuse problem as one of multiple family problems and takes the time to address each problem individually and completely. The holistic approach to services makes the services offered quite unique. Every facet of the client's needs seems to have been carefully thought out and met through services. Services are carefully structured to resolve not only addiction but build self-esteem, establish community and support, build parenting skills and restructure the child/parent relationship. It is evident that the staff of the program are dedicated and committed to delivering both complete mental health services and social services, supporting clients in their goals, and believe very strongly in family reunification. In the words of one client,

"I had the tools [to complete drug treatment] but I didn't know what to do with them. All they told me was to go to meetings and read your books, but nobody told me what to do if I ran into old friends or what to do for stress management. MMAC did all this and much more, every single day."

Finally, MMAC appears to have a unique relationship with the courts and peer agencies it works with. Our discussions with DFCS, criminal justice, and court personnel clearly showed that MMAC administrators and staff have established themselves as experts in the field of substance abuse treatment and are valued resources on the issue within the child welfare and judicial community. The liaison relationships and communication routines MMAC staff have

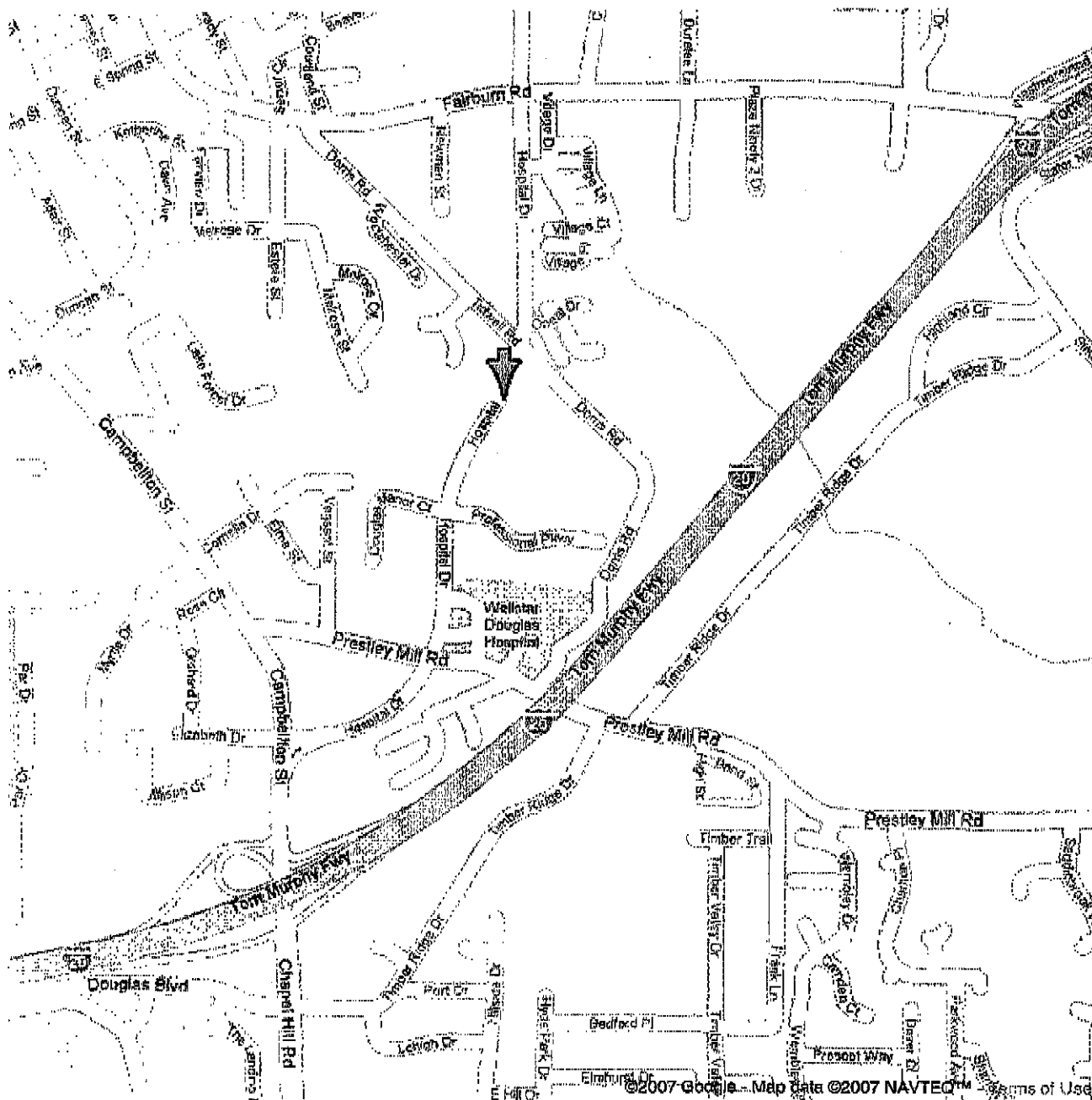
established with these agencies have been an enormous benefit to the courts and agencies, to the community as a whole, and to the success of MMAC programs and services.

**Source:** *Assessing the Context of Permanency and Reunification in the Foster Care System*, Chapter 3: Appendix D, U.S. Department of Health and Human Services, Secretary for Planning and Evaluation, December, 2001



Address **8700 Hospital Dr**  
**Douglasville, GA 30134**

**Notes** The primary service site is Douglas County Courthouse. It is located in a commercial business area. The surrounding streets include a hospital with medical buildings, government agencies, office buildings and retail stores.



**OJJDP FY 2007 Family Drug Courts Solicitation  
CFDA 16.585**

**Judicial Council of Georgia,  
Administrative Office of the Courts  
*Douglas County Family Zero-to-Three Treatment Court***

February 12, 2007

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**Attachment 9  
Methodology for Collection, Storage and Maintenance of ZTT Data**

For measurement of the impact of this program, we are teaming with the Georgia Supreme Court Committee on Justice for Children's Measures for Courts project ([www.GAJusticeforChildren.org](http://www.GAJusticeforChildren.org)) and the national Fostering Court Improvement (FCI) Project ([www.fosteringcourtimprovement.org](http://www.fosteringcourtimprovement.org)). These organizations use AFCARS (Adoption and Foster Care Analysis and Reporting System) data housed and maintained by the Child and Family Services Agency of each state. AFCARS is a system that gathers case level information submitted by every state, the District of Columbia and Puerto Rico every six months on all children in foster care for whom public child welfare agencies have responsibility for their placement, care or supervision. AFCARS also includes information on children who are adopted under the auspices of public child welfare agencies. This data is encrypted, so that individual child cases can not be discerned, and submitted to the federal government. As currently reported to the federal government, there is no ability to view cases over their course of stay in the system; each submission is separate and shows data for a six month snapshot. The crux of FCI's work is the ability to take the data submitted to the federal government by child welfare agencies, link together the submissions so that outcomes can be looked at over time, and present the data in a manner that is accessible to both court and child welfare personnel.



For the purposes of this grant, the staff of FCI has determined they will be able to extract a subset of the data being the children involved in the 0 to 3 family treatment court. Once the data for this project has been separated out, we will be able to compare it to the overall county data, as well as to data in other counties to see if children involved in the 0 to 3 court experience different outcomes, including but not limited to: speedier times to reunification; fewer placement moves; quicker times to adoption or other permanency options and fewer reentries into foster care.

Because we are using AFCARS data which is already collected by the child welfare agency under federal mandate, a minimum of time and resources will be spent on this portion of our project, and yet we will have access to valuable outcome measures. In order to extract the relevant subset of data, it will be the responsibility of the participating court to submit to the Committee on Justice for Children, basic information (child's gender, d.o.b. and approximate removal date) for every child involved with the pilot court. An update of the data will be required every six months.

To see an example of the data currently available through this process for the entire Douglas County child welfare system, please go to <http://www.fosteringcourtimprovement.org/ga/County/Douglas/>.

This approach has been selected because this data is already available, it is easy to implement, is it inexpensive, collaborative and the only basis for national comparisons.

**OJJDP FY 2007 Family Drug Courts Solicitation  
CFDA 16.585**

**Judicial Council of Georgia,  
Administrative Office of the Courts  
*Douglas County Family Zero-to-Three Treatment Court***

February 12, 2007

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**Attachment 10**

**Parenting Education Component - Nurturing Parenting Programs**

The foundation of the Nurturing Parenting Programs is that parenting is learned. The programs are based on the following six assumptions:

**The family is a system.** Involvement of all family members is essential to change the system. Parents and children in the Programs participate together in group or home-based interventions.

**Empathy is the single most desirable quality in nurturing parenting.** Empathy is the ability to be aware of the needs of others and to value those needs. When empathy is high among family members, abuse is low. The two are essentially incompatible. The Programs seek to develop empathy in all family members.

**Parenting exists on a continuum.** To some degree, all families experience healthy and unhealthy interactions. Building positive, healthy interactions between family members is an important key to reducing family violence.

**Learning is both cognitive and affective.** To be effective, education or intervention must engage the learner on both the cognitive (knowledge) level and the affective (feeling) level.

**Children who feel good about themselves are more likely to become nurturing parents.** Children who feel good about themselves are more capable of being nurturing sons and daughters and of becoming nurturing parents than children with low self-worth. A major goal of the Programs is to help both parents and children increase their self-esteem and develop positive self-concepts.

**No one truly prefers abusive interactions.** Given a choice, all families would rather engage in happy, healthy interactions than abusive, problematic ones such as belittling, hitting, and shaming.

The **Nurturing Parenting Programs** are recognized by CSAP Center for Substance Abuse; OJJDP, Office of Juvenile Justice and Delinquency Prevention; and SAMHSA Substance Abuse and Mental Health Services Administration.



Cobb County Community Services Board  
Douglas County Community Services Board

**Tod Citron, Executive Director**

Administration Building  
3830 South Cobb Drive, Suite 300  
Smyrna, GA 30080  
Phone: 770-429-5000 Fax: 770-438-5136  
www.cobbcbsb.com

February 8, 2007

U.S. Department of Justice  
Office of Justice Programs  
Office of Juvenile Justice and Delinquency Prevention

**Re: CFDA No. 16.585 - Douglas County Family Zero-to-Three Treatment Court ("Family Drug Court")**

To Whom It May Concern:

This agency bears witness on a daily basis to the devastation that drug abuse bestows upon our local families and young children, in particular. In collaboration with several agencies and community organizations, the Douglas County juvenile court proposes a project to serve the smallest victims of the drug abuse epidemic through its family drug court model. Family Drug Court will target families in Douglas County affected by drug abuse. Specifically, it will address those families who have come to the attention of the Douglas County Department of Family and Children Services because of parental abuse or neglect. Children with a drug-using parent will be targeted as a means of improving permanency planning, reducing the number of children who must be removed from their homes and speeding reunification for children who must be temporarily removed.

Judge Peggy Walker will establish a special "Zero-to-Three" calendar to target families in Douglas County with children ages birth up to four. Research has shown that these early years are critical to a child's brain development and interventions must take place to prevent permanent damage. This effort is in tandem with the Georgia Alliance for Drug Endangered Children at the Administrative Office of the Courts, which is funded by CSAP through the Georgia Department of Human Resources.

Recent research shows that increased face time with the judge in a court model is very effective for problem-solving. Douglas County Family Drug Court will implement comprehensive wraparound services to the participant families. This drug court model includes intensive judicial supervision.

The Douglas County Community Services Board is a public provider of behavioral healthcare services, and we witness firsthand the scourge of drug addiction on the family unit, and the devastating impact on young children. We provide addiction treatment services in Douglas County. The CSB utilizes professional staffers to provide addiction assessment, psychiatric consultation and treatment, outpatient counseling and group therapy, intensive level services including evening group based treatments and residential supports. We are pleased to be a potential collaborative partner on this innovative grant program. A family drug court is an effective means to help combat the impact of addiction on the local community.

On behalf of the Douglas County Community Services Board and the families in our care, we thank you for considering this important request. Please contact me if I can offer any additional information.

Sincerely yours,

Tod Citron  
Executive Director



## SUPREME COURT OF GEORGIA

STATE JUDICIAL BUILDING  
ATLANTA, GEORGIA 30334

LEAH WARD SEARS  
CHIEF JUSTICE

(404) 656-3474

February 14, 2007

U.S. Department of Justice  
Office of Justice Programs  
Office of Juvenile Justice and Delinquency Prevention

Re: **CFDA No. 16.585 - Douglas County Family Zero-to-Three Treatment Court**  
**("Family Drug Court")**

To Whom It May Concern:

Like many other parts of the country, Georgia is experiencing a rapid increase in the prevalence and severity of drug use in general and methamphetamine use in particular. This is accompanied by subsequent problems of child neglect abuse.

Georgia courts bears witness on a daily basis to the devastation that drug abuse bestows upon our local families and young children in particular. In collaboration with Judge Peggy Walker, Juvenile Court of Douglas County, several agencies and community organizations, we propose a project to serve the smallest victims of the drug abuse epidemic by implementing a family drug court, which includes intensive judicial supervision. Since 2004, Judge Walker has seen an alarming rise in the number of methamphetamine related child deprivation cases with meth representing about 90 percent of her drug related causes. Family drug court will target families in Douglas County who have come to the attention of the Department of Family and Children Services because of parental abuse or neglect. Children with a drug-using parent will be targeted as a means of improving permanency planning, reducing the number of children who must be removed from their homes and speeding reunification for children who must be temporarily removed.

Judge Walker will establishment a special "Zero-to-Three" calendar to target families with at least one child ages birth up to four. Research has shown that these early years are critical to a child's brain development and interventions must take place to prevent permanent damage. The family drug court will be supported by the Supreme Court Committee on Justice for Children and the Georgia Alliance for Drug Endangered Children at the Administrative Office of the Courts.

On behalf of the Supreme Court of Georgia we thank you for considering this important request. Please contact me if I can offer any additional information.

Sincerely,

Chief Justice Leah Ward Sears

*Andrea R. Moldovan*  
Attorney at Law

P.O. Box 1703  
Douglasville, Georgia 30133

(770) 949-1381  
Fax: (770) 949-5107

February 5, 2007

U.S. Department of Justice  
Office of Justice Programs  
Office of Juvenile Justice and Delinquency Prevention

**Re: CFDA No. 16.585 - Douglas County Family Zero-to-Three Treatment Court ("Family Drug Court")**

To Whom It May Concern:

Please be advised that as the Special Assistant Attorney General for Douglas County Department of Family and Children Services on almost a daily basis, I witness the result of drug abuse upon our local families, and young children, in particular. In collaboration with several agencies and community organizations, this court proposes a project to serve the smallest victims of the drug abuse epidemic through its family drug court model. The Family Drug Court will target families in Douglas County affected by drug abuse and, specifically, those involved with the Douglas County Department of Family and Children Services because of parental abuse or neglect which is the direct result of substance abuse issues. The idea is for young children with a drug-using parent to be targeted so that the issues can be addressed early and the effects not as devastating for the families either by reducing the number of children who must be removed from their homes and speeding reunification for children who must be temporarily removed, and if rehabilitation is not possible, finding them an alternative permanent home while they are very young. The end result will be a means of improving permanency planning.

Judge Peggy Walker will establish a special "Zero-to-Three" calendar to target families in Douglas County with children ages birth up to four. Research has shown that these early years are critical to a child's brain development and interventions must take place to prevent permanent damage. This effort is in tandem with the Georgia Alliance for Drug Endangered Children at the Administrative Office of the Courts, which is funded by CSAP through the Georgia Department of Human Resources.

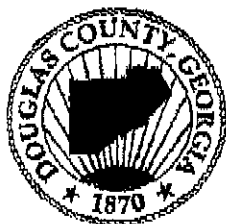
It has been my experience that families are more successful if they are required to appear before the Court to report their progress than is an order is entered and it expires two years later with little intervention by the Court. My understanding is that this drug court model includes intensive judicial supervision. Further, my understanding is that the Court will implement comprehensive wrap around services to the participant families, which again, will assist these families without necessarily removing the children from the home.

On behalf of Douglas County Department of Family and Children Services and the families in the agency's care, thank you for considering this important request. Please contact me if I can offer any additional information.

Sincerely yours,

*Andrea R. Moldovan*

Andrea R. Moldovan  
Special Assistant Attorney General



## DOUGLAS COUNTY JUVENILE COURT

8700 Hospital Drive • Douglasville, GA 30134 • Telephone (770) 920-7245 • Fax (770) 920-7380

PEGGY H. WALKER  
*Judge*DONNA WENTZ  
*Clerk*MICHELLE G. HARRISON  
*Associate Judge*

February 14, 2007

U.S. Department of Justice  
Office of Justice Programs  
Office of Juvenile Justice and Delinquency Prevention

**Re: CFDA No. 16.585 - Douglas County Family Zero-to-Three Treatment Court ("Family Drug Court")**

To Whom It May Concern:

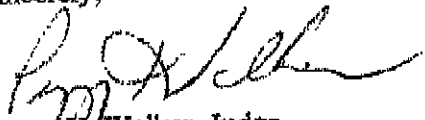
I have recently completed a fellowship with Zero to Three. During that fellowship I worked very closely with Judge Doug Johnson, who conducts a family drug court in Omaha, Nebraska. With the information I have learned from my fellowship, from my work with drug endangered children and from my contacts with Judge Johnson and the National Council, I believe that the family drug court is uniquely situated to serve our youngest, most vulnerable children who are the victims of drug abuse. These children have the highest risk of removal. They stay in care for the longest period of time. They have the highest death rates. They also face removal at a later time when parents relapse. This court will target drug-using parents to prevent further drug use by the parents and to improve the outcomes for children. The research clearly shows that problem solving courts work. Face to face contact and intensive case management makes a difference. A family drug court offers comprehensive wrap around services to provide on-going support and prevent relapse. This model will include intensive judicial supervision. There will be a specialized Zero to Three calendar to target families where there is substance abuse and children under the age of three who have been at risk or suffered from abuse and neglect as a result of drug related behaviors. The family drug court will afford an opportunity for a drug free environment for young children during their formative years. We know that the years zero to three lay the foundation for future relationships, for learning and for the development of good mental health. Through substance abuse treatment, coping skills and parenting education, we can achieve a better future for drug endangered children.

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My role as the Juvenile Court Judge is to convene the stakeholders, to specify the cases that meet the criteria, to pull the teams together and to conduct frequent reviews to assure that the parents are continuing in their substance abuse treatment, that they remain free of any substance abuse and that the needs of the children are being met throughout the course of the case. This investment of time and effort will pay off with healthy children.

Thank you for consideration of this important request to establish the Douglas County Family Drug Court. Please contact me should you need any further information.

Sincerely,



Peggy H. Walker, Judge



B. J. Walker, Commissioner

Department of Human Resources • Division of Family and Children Services • Mary Dean Harvey, Division Director  
Douglas County Department of Family and Children Services • Cathy Ratti, Director •  
8473 Duralee Lane, Suite 100 Douglasville, Georgia 30134 • Phone: (770) 489-3000 • Fax: (770) 489-3035

February 9, 2007

U.S. Department of Justice  
Office of Justice Programs  
Office of Juvenile Justice and Delinquency Prevention

Re: CFDA No. 16.585 – Douglas County Family Zero-to-Three Treatment Court  
("Family Drug Court")

To Whom It May Concern:

This agency bears witness on a daily basis to the devastation that drug abuse bestows upon our local families and young children in particular. In collaboration with several agencies and community organizations, this court proposes a project to serve the smallest victims of the drug abuse epidemic through its family drug court model. Family Drug Court will target families in Douglas County affected by drug abuse. Specifically, it will address those families who have come to the attention of the Douglas County Department of Family and Children Services because of parental abuse or neglect. Children with a drug-using parent will be targeted as a means of improving permanency planning, reducing the number of children who must be removed from their homes and speeding reunification for children who must be temporarily removed.

Judge Peggy Walker will establish a special "Zero-to-Three" calendar to target families in Douglas County with children ages birth up to four. Research has shown that these early years are critical to a child's brain development and interventions must take place to prevent permanent damage. This effort is in tandem with the Georgia Alliance for Drug Endangered Children at the Administrative Office of the Courts, which is funded by CSAP through the Georgia Department of Human Resources.

Recent research shows that increased face time with the judge in court models is very effective for problem-solving. Douglas County Family Drug Court will implement comprehensive wraparound services to the participant families. This drug court model includes intensive judicial supervision.

Douglas County Department of Family and Children Services will be a willing partner with this program and is willing to provide case managers to be a part of the team and will be willing to meet and develop the process and a Memorandum of Understanding.

On behalf of Douglas County Department of Family and Children Services and the families in our care, we thank you for considering this important request. Please contact me if I can offer any additional information.

Sincerely,

  
Cathy Ratti  
Interim Director

CR/dg



**JUVENILE PUBLIC DEFENDERS OFFICE****P.O. BOX 448****DOUGLASVILLE, GEORGIA 30134****770-489-7272 FAX 770-942-7552**

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February 14, 2007

U.S. Department of Justice  
Office of Justice Programs  
Office of Juvenile Justice and Delinquency Prevention

RE: **CFDA No. 16.585 – Douglas County Family Zero-to-Three Treatment Court  
(Family Drug Court)**

To Whom It May Concern:

As the attorneys for the Juvenile Public Defender's office, we collectively have thirty-three years of experience representing parents and children in deprivation actions. The primary issue in the vast majority of our cases involves substance abuse. We see on a daily basis the affect of substance abuse on both young parents and their children. Many of our clients are young mothers who were exposed to substance abuse as children, never learned parenting skills, and are in crisis before the existing programs can be put in place. As a result, very young children are removed from the home for extended periods during a crucial time in their lives.

We understand the purpose of the grant is to provide a Family Drug Court to serve parents in deprivation cases where substance abuse is an issue. Based on our understanding of this program, it would be designed to specifically address issues involving our youngest victims. Such a program that could be geared specifically towards prompt guidance to the appropriate treatment facility; which could be the difference between the parents getting help or giving up. Oftentimes young parents are overwhelmed with the responsibilities of supporting themselves, their children; and simply lack the coping skills necessary to deal with the stress of parenthood. As a result, they turn to drugs or alcohol as a means of escape from the day to day stress. It is important that they realize that drugs are not the only alternatives to their situations. We must provide them with solutions as opposed to more problems. After the initial removal of the child, the road to rehabilitation must be as short as possible otherwise, in these situations, parents simply give up hope and continue spiraling downward in their involvement in heavier drugs to escape the reality of their current circumstance. Having a child removed from their custody can be the last straw. We need to shorten the time between removal of the child and providing the appropriate resources. Otherwise, their situation seems hopeless and they are helpless to do anything about it. This issue should be given priority and immediate attention. The cycle of substance abuse can be stopped. However, immediate access to resources is imperative to the success of the parent and

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ultimately to the lives of their children. Regardless of what they have been exposed to, these children always dream of going home. Shorter times between removal and reunification can be achieved if there are resources immediately available to the parents. We are optimistic that the support of this program will benefit parents, their children, and ultimately the community as a whole.

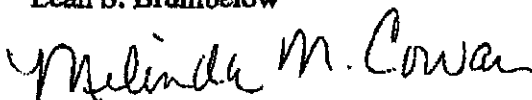
We look forward to participating in the Family Drug Court and being part of its success.

Sincerely,

JUVENILE PUBLIC DEFENDER'S OFFICE



Leah S. Brumbelow



Melinda M. Cowan

FROM : Law Office

FAX NO. : 7709427552

Feb. 09 2007 02:27PM P3

**LEAH S. BRUMBELOW****RESUME**

I graduated from West Georgia College in 1971 with an undergraduate degree in Psychology and Sociology. For a brief period I worked for the Department of Family and Childrens Services and later as the Social Technician at the Carroll County Retardation and Training Center. After attending one year of graduate studies at Georgia State University, in the area of Criminal Justice, I attended John Marshall Law School. While studying for the Bar Exam I worked for a year for the Department of Juvenile Justice in Coweta County. Since 1984 I have been actively involved with the Juvenile Court in Douglas County representing both parents and children as well as serving as Guardian Ad Litem. Ms. Cowan and I are now the Juvenile Public Defenders for Douglas County.

FROM : Law Office

FAX NO. : 7709427552

Feb. 09 2007 02:27PM P4

**MELINDA M. COWAN****RESUME**

I graduated from the University of Georgia in 1992, with a Bachelors Degree majoring in Political Science. Thereafter I was in management at Atlantic Southeast Airlines from 1992 until 1995. In 1995 I began working at the law firm of Robertson and Walker in Marietta, Georgia. I worked full time and attended law school from 1995 until 1998. I graduated from John Marshall Law School CUM LAUDE in 1999. I completed externships with Judge Peggy Walker in the Juvenile Court of Douglas County. Since 1999 I have been in private practice with my primary focus on family and juvenile law. I focus my continuing legal education on issues as they relate to children and families. From 2000 to 2002 I participated in the Mentor-Mentee Pilot Project sponsored by the State Bar of Georgia. After completion I have assisted with new programs sponsored by the State Bar as it relates to new attorneys transitioning into the practice of law.

interventions are aimed primarily at substance abusing parents who have children ages zero to three.

**Nature and Scope of the Problem:** Caretaker substance abuse is a major factor in child abuse and neglect. Each year in the United States, nearly one million cases of child abuse and neglect are filed and substantiated and the number of children in out-of-home placement doubling in the last twenty years (HHS Administration on Children, Youth and Families, 2006). In eighty percent of child abuse and neglect cases, parental substance abuse is a precipitating factor (Child Welfare League, 2001). Parental inability to maintain a drug-free lifestyle can delay reunification with his or her children and potentially lead to termination of parental rights. Children of substance-abusing parents face additional challenges such as inadequate housing, health care and education. The family drug court model addresses these issues more effectively than a traditional family court system by facilitating communication and cooperation between the court, child protection caseworkers and drug treatment services to improve outcomes for families. Georgia currently has five family drug courts and five more in the planning stages.

**Substance Abuse Patterns:** In Douglas County methamphetamine has emerged as the primary drug of choice. Most of the methamphetamine available in Georgia is produced by Mexican criminal groups in high volume laboratories in Mexico, California, and southwestern states. Methamphetamine also is produced in Georgia by local independent Caucasian producers in clandestine meth labs. Douglas County is located on Interstate 20 along the “West to East Meth Highway” from Mexico and the western United States. According to the DEA Atlanta Division methamphetamine in Georgia sold for \$80 to \$100 per gram in 2002 compared to \$300 per gram in 2000. Methamphetamine production poses serious safety concerns in Georgia. The production process involves the use of volatile chemicals and creates toxic and hazardous waste

that endangers children in homes where methamphetamine is produced. In June 2001 a 15-month-old northwest Georgia child died from severe burns caused by a methamphetamine laboratory explosion. The explosion occurred four months earlier at a laboratory operated by the child's parents in their home (USDOJ National Drug Intelligence Center *Georgia Drug Threat Assessment* April 2003).

It has been estimated that one in 40 people in Georgia are active methamphetamine ("meth") users. In north Georgia it is estimated 10 percent of the population use this illicit substance. Statewide, the number of Georgians being admitted to hospitals or enrolling in community treatment programs for meth increased 50 % between 2003 and 2004 according to the state's Office of Addictive Diseases. Statewide, public treatment admissions for meth abuse are rising faster than those for any other drug. Meth users increased from 3.1 % of treatment admissions to public hospitals and public treatment centers in Georgia in 2002 to 8.5 % in 2004, according to a recent Atlanta report presented to the Community Epidemiology Work Group of the National Institute on Drug Abuse. According to the same report, the number of meth labs in Georgia raided by police jumped from 29 to 439 from 1999 to 2003.

The number of meth cases more than doubled in Georgia from 1997 to 2001 and tripled by 2003 (Georgia Council on Substance Abuse, *Seeking Solutions*, 2004). In 1997, 451 amphetamine (including meth) addicts entered treatment in Georgia, and by 2003 that number had swelled to 2,793; a more than a five-fold increase in six years (SAMHSA TEDS, 2004).

Georgia's law enforcement and judicial systems are mobilizing to address the meth problem as a result of state recognition by the governor of Georgia and other policymakers of this public health and safety concern. Governor Sonny Perdue has held two Methamphetamine Summits in 2004 and 2005, and Governor Perdue and U.S. Attorney General Alberto Gonzalez

held a Meth Town Hall Meeting in north Georgia on March 20, 2006. As a result, the Georgia House of Representatives has established a Methamphetamine Study Committee to examine seizure data and a Methamphetamine Task Force to make recommendations based on this data. With the lead taken by Douglas County Juvenile Court Judge Peggy Walker, working with the National Alliance for Drug Endangered Children, the Georgia Alliance for Drug Endangered Children ("GADEC") was formed. Key partners in the establishment of GADEC are the Georgia Bureau of Investigation, the Georgia Department of Human Resources, the Office of the Child Advocate, the Administrative Office of the Courts of Georgia, the Criminal Justice Coordinating Council, the Drug Enforcement Agency, and the Carl Vinson Institute of Government at the University of Georgia. According to the Georgia 2000 Statewide Bryne Strategy, an area of "greatest need" in the criminal justice and crime prevention field is that of meth use and trafficking in the state. According to the Douglas County Methamphetamine Task Force, about 80 percent of all county-wide crime is drug related, and of these drug crimes about 85 percent are meth related.

Over the years, trends in Douglas County have continued to worsen regarding child welfare. Substance abuse, primarily meth abuse, is largely responsible for these trends. Areas of concern include *stable self-sufficient families, children ready to start school, and healthy children* (Kids County indicators, of the Annie E. Casey Foundation). Alcohol and drug abuse and child protection data for Douglas County is provided at **Attachment 6**.

**Target Population:** Douglas County is located in northwestern Georgia and has an approximate population of 111,525 residents. A suburb located less than 15 miles west of downtown Atlanta, Douglas County is the western gateway to the metropolitan area. Douglas County was a traditional rural county which has grown into a suburb of Atlanta over the last

twenty years as Atlanta has experienced a significant population expansion. Traditionally Douglas County is part of a Caucasian Appalachian Mountain culture where the manufacture and sale of illegal substances is more accepted; in many cases, as a family tradition. Beginning with backwoods whiskey stills during Prohibition in the 1920s to marijuana growing in the 1970s, the current drug of choice in Appalachian Georgia is meth and the meth labs necessary to create it. The largest age group in the Douglas County population is 35 to 44 year olds (8.4%) and the population is predominantly Caucasian (76.2%) followed by African American (19.5%). Households comprised of families with children constitute a significant portion of the Douglas County population at 41.5 percent. Family Drug Court will serve an estimated 15-20 families each year.

**Child Protection Data:** In Douglas County Juvenile Court, 85-90% of all child endangerment cases are drug related, and of this amount 90% are meth related. In Georgia, approximately 3,500 children aged zero to three years of age enter foster care per year. Newborns are 3.6 times more likely than older children to be removed from their homes due to neglect or abuse. Data for Douglas County indicates low rates for reunification of foster children with their natural parents following out-of-home placement (see **Attachment 6**).

### **Impact/Outcomes and Evaluation**

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Family Drug Court goals will produce meaningful and relevant results for substance abusing parents in the court system and their children. Family Drug Court interventions will lead to short and long-term outcomes within the project period and long-term outcomes outside the grant period. Family Drug Court will improve parent-child outcomes by increasing permanency and reunification, decreasing out-of-home placements and decreasing child welfare recidivism.



Family Drug Court will utilize the established Georgia Supreme Court Committee on Justice for Children Measures for Courts Evaluative System. The Measures for Courts project seeks to establish outcome measures for deprived children within the system. For child deprivation cases, state and federal law establishes three goals for children; that they shall: 1) be safe, 2) have permanency and 3) have their well-being needs met. The overall goal of this project is to establish a special ZTT calendar in conjunction with the standard family drug court for nonviolent substance abusing parents involved in the child protection system. In the first program year, Family Drug Court will contract with a qualified evaluator to research and determine appropriate benchmarks for assessing programmatic success. For more detailed information, please refer to the Timeline/Task Plan provided as **Attachment 1**.

**Goals:**

**Goal 1: Improved Caregiver Outcomes:** By providing addiction treatment and wraparound services, Family Drug Court will improve caregiver outcomes by helping parents to maintain sobriety, decrease family stress, improve parent-child interactions and decrease child abuse and neglect.

**Objectives:** Sobriety is maintained  
Maltreatment does not occur (Proportion of children reported maltreated)  
Maltreatment does not recur (Proportion of children re-reported within 3, 6, and 12 months; Proportion re-entering foster care)

**Goal 2: Improved Child Outcomes:** By providing addiction treatment, parenting skills training, and ancillary services for primary caregivers, Family Drug Court will improve child health outcomes by promoting child safety. Family Drug Court will also improve the content and delivery of supportive services for mental and physical child development.

**Objectives:** Children are healthy (Proportion with physical health needs met;  
Proportion with mental health needs met)

Children are educated (Proportion performing at age-appropriate grade level)

**Goal 3: Decreased Involvement in the Child Welfare System:** By providing addiction treatment, parenting skills training and ancillary services for primary caregivers, Family Drug Court will strive to reduce out-of-home placements and reunite children with their parents after out-of-home placements and promote safe, healthy home environments with functional caregivers for all children in the system. Through Family Drug Court a more timely determination can be made if reunification is not in the best interest of the child, leading to more timely permanency.

**Objectives:** Children remain in their homes (Proportion removed from their home)  
Bonded attachments are maintained (Proportion of siblings placed together; Frequency of visitation with kin; Proportion in a stable placement)  
Permanency is timely (Proportion reunified with family within 12 months)

**Performance Measures:**

The Family Drug Court will collect all data and comply with all GPRA reporting requirements for the project defined performance measures. The Family Drug Court will also collect all data and report to the Georgia Supreme Court Committee on Justice for Children Court Measures Outcome System.

Project evaluation will follow guidelines established by the Family Drug Court Planning Initiative (SAMHSA CSAT Family Drug Treatment Court Evaluation, 2003). This evaluation model prioritizes expected effects to determine which programmatic aspects have the strongest impact on participants and resource allocation. Evaluation data will consider records from the Court Measures Project Information Systems, Douglas County AFCARS data, court records, CPS records and participant treatment records.

Ongoing program assessment for improvement will include input from program participants both formally and informally, including weekly questioning by the lead counselors regarding program satisfaction. At their staffing meetings, the Family Drug Court Team will review periodic evaluation reports; input from members of the project staff and project participants; and verbal progress reports provided by the project director. Specifically, the Family Drug Court program in Douglas County will measure:

1. Percentage of eligible individuals participating in program.
2. Percentage of participants successfully graduating from program.
3. Percentage increase in the graduation rate of program participants (participants who have completed all treatment).
4. Percentage of program participants arrested for drug-related offenses, compared to total number of program participants.
5. Percentage of program participants arrested for technical or non-drug related offenses, compared to total number of program participants.
6. Percentage of participants who reenter the child protection system (CPS) while participating in the program.
7. Percentage of participants who have a new substantiated child protection case while participating in the program.

### **Family Drug Court/Program Design and Implementation**

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The Family Drug Court program design differs from adult criminal or juvenile delinquency drug courts in that it will apply the family drug court model to cases in the child welfare system involving allegations of abuse or neglect. The family drug court model draws on the best practices from the drug court model and dependency court practices to effectively manage cases within the federal Adoption and Safe Families Act (“ASFA”) mandate. Douglas County Family Drug Court will emphasize the best interests of children by providing addiction treatment and wraparound services to parents. Without such services, parents are more likely to lose custody of their children. Research shows that parents participating in family drug treatment courts are more likely than parents in traditional child welfare cases to be reunified with their children, and are more likely to enter and complete treatment (Northwest Professional

Consortium, 2005). For more specific information regarding program design and delivery, please refer to the timeline/task plan included at **Attachment 1**.

### **1. Collaborative Planning.**

The AOC will ensure collaboration and communication among all project stakeholders and partners. The Family Drug Court collaborators are outlined below:

**Douglas County Juvenile Court:** Judge Walker has had on-going dialog with members of the target population in Juvenile Court and DFCS for the past several years. Peggy Walker has served as full time Judge of the Juvenile Court of Douglas County since 1998. She is Harris Mid Career ZTT Fellow and serves as Georgia liaison to the National Alliance for Drug Endangered Children. A long-time Douglas County resident, Judge Walker is the former president of the Georgia Council of Juvenile Court Justices and is a national educator in the ZTT methodology. In 2006 she testified before Congress regarding the issues of child drug endangerment. Judge Walker has built and maintained excellent working relationships with all team member agencies to be involved in this program.

**AOC:** The AOC is working with Carolyn Hardin (Director, National Drug Court Institute, "NDCI"), Meghan Wheeler and Carson Fox (Project Directors for Family Drug Court, NDCI) to bring Family Drug Court Planning Initiative training for family drug court teams to Georgia in the summer of 2007. The Douglas County Team will attend that training. The Judicial Council Standing Committee on Drug Courts consists of Drug Court Judges from Felony Adult Drug Court, Juvenile Drug Court, Family Dependency Treatment Court and DUI Courts, as well as advisory members including District Court Administrators, and stakeholders in the Drug Court process such as drug court coordinators, prosecutors, public defenders, treatment providers, and probation and law enforcement officers. As a court-appointed committee, the

Drug Court Committee works to set practices and standards for all of Georgia's Drug Courts. The Committee has adopted the national 10 Key Components as the standards for Georgia Drug Courts. The Committee and the Georgia Drug Court Coordinators Association is staffed by the Governmental Affairs Division of the AOC. AOC staff provides technical assistance, training, legislative education and advocacy, public awareness, meeting and conference planning, a website and a listserv related to all drug court activities. In 2006 the AOC facilitated strategic planning for the future of Georgia Drug Courts.

**GADEC:** The GADEC exists to prevent abuse to children caused by the manufacture, distribution, sale and use of drugs, and rescue, defend, shelter, and support children who suffer physical and psychological harm caused by meth and other drugs. GADEC is housed at AOC under the leadership of Judge Peggy Walker and Ms. DeAlvah Simms, Georgia Child Advocate, co-chairs. Through the formation of the GADEC, numerous agencies and organizations have joined the key partners to help determine its purpose and guide its actions. Douglas, Paulding, and Clayton County Juvenile Court judges, local law enforcement agencies, local drug endangered children's alliances, the Department of Juvenile Justice, the Department of Education, the Association County Commissioners of Georgia, the Georgia Council on Substance Abuse, the United States Attorneys in Georgia, and many others have all pledged their support and have staff participating in GADEC quarterly alliance and workgroup meetings.

**J4C:** The Georgia Court Improvement Project, now known as the Supreme Court Committee on Justice for Children ("J4C"), was created by the Supreme Court of Georgia in 1995 to evaluate and improve the process of civil child abuse and neglect cases as they move through Georgia's superior and juvenile courts. J4C is housed at the AOC. The first assessment of Georgia's child deprivation court system was completed in 1996. The subsequent years have

been devoted to on-going assessment and implementation of recommended improvements. J4C is federally funded through the U.S. Dept. of Health and Human Services.

## **2. Target Population, Screening, and Eligibility.**

**Target Population:** In Douglas County, substance abusing mothers or primary caregivers of infants and young children will be screened for the project as they come to the juvenile court. The target population will be mothers or the primary caregiver of a child ages 0-3 for whom there is a substance abuse allegation. The drugs of choice are alcohol and methamphetamine. The family will not be eligible if: a) there is an allegation of sexual abuse, b) there is severe physical abuse or domestic violence, or c) there is a criminal history of violence, and d) the mother/primary caregiver has a mental illness or developmental disability so severe that they cannot engage in treatment or in Family Drug Court. Parents with co-occurring disorders who can participate in services will not be excluded.

**Eligibility Requirements:** Family Drug Court participants will be recruited and enter the program through the child protective services system. Program eligibility requirements are as follows:

- Participant is aged 18 or older.
- Participant is a legal resident of Douglas County.
- Participant has a diagnosable substance abuse addiction (includes alcoholism).
- Participant admits to having an addiction or abuse problem.
- Participant is nonviolent, without current violent charges or previous convictions for violent offenses.
- Participant has a child deprivation case brought by DFCS to juvenile court.
- Participant voluntarily agrees to participate in the program.
- Participant has at least one child ages zero to three years of age, including pregnant mothers.

This program will accept adult participants of any ethnicity, gender (i.e. fathers) and age who are eligible under the eligibility requirements.

**Screening Information:** New cases will enter Family Drug Court through a DFCS referral. Allegations of drug or alcohol abuse will require a DFCS administered drug screen. Positive screen results will lead to an assessment for Family Drug Court eligibility. The parent then will provide a personal history and confidentiality waivers and will then be referred for clinical assessment. If the parent is not substance abuse impacted or is otherwise clinically disqualified, they will remain on the regular DFCS track. Otherwise, if the parent is interested in the Family Drug Court program, their case will be introduced at Family Drug Court Team Meetings and reviewed for suitability. If the Team agrees, the parent will be enrolled into the program that same day and begin all program work immediately following a comprehensive orientation session with the Family Drug Court Services Coordinator.

The average lengths of time for standard court processes within this program are as follows:

- Substantiation of the case by child welfare: 1-5 days
- Filing of a dependency petition: 1-3 days
- Client's first appearance in Family Drug Court: 1-3 days
- Enrollment in treatment: 10 days

**Targeted Capacity:** Targeted capacity for the Family Drug Court program will be 15-20 families yearly. Targeted capacity was determined by reviewing DFCS and court data on number of cases that would meet eligibility requirements, by caseload standards for court and treatment staff, and budget considerations about how many families could be realistically served with the intensive level of services required by the Family Drug Court and ZTT models.

### **3. Clinical Assessment and Service Delivery.**

**Clinical Assessment Process and Criteria:** Program participants will receive a preliminary assessment and a mental health screening coordinated by the Drug Court Services Coordinator after determination of eligibility for Family Drug Court. The assessor will use the

Addiction Severity Index, Alcohol Dependence Scale, Brief Symptom Inventory, Beck Depression Inventory II, Parenting Stress Index, and a number of instruments to assess parenting skills and needs. The Services Coordinator will determine a DSM-IV diagnosis and determine appropriate treatment referral based on American Society of Addiction Medicine ("ASAM") criteria. Thus each program participant will receive a complete psychosocial assessment. When the participant is referred to a treatment provider, that treatment provider will conduct a bio-psychosocial evaluation and develop the individualized treatment plan (please refer to **Attachment 7**).

**a. Services for Parents:** In the Douglas County Juvenile Court, Judge Walker will use a special ZTT calendar to monitor families. This is modeled closely on the successful Miami Safe Start and the ZTT Court Teams for Change models. The ZTT model is a partnership between the national ZTT child development movement and the National Council of Juvenile and Family Court Judges. These court teams, led by a judge and a child development/infant mental health expert, facilitate change in systems and services to support child well being and advocate for improved services and funding for this population. A primary feature of the special calendar is accelerated access to services. Normally, when a child endangerment case is brought to the juvenile court by DFCS, it may take six months or longer for parents and children to receive care services necessary for rehabilitation and, in some cases, reunification. Family Drug Court in Douglas County, via the ZTT Calendar, will accelerate access to such services and facilitate an improvement in access and delivery of services for family well being.

**Screening and Intake:** DFCS will agree to bring cases to Judge Walker's attention if families with a child three years old or younger are at risk for removal. At this time, families will



be screened to determine if they meet the eligibility criteria for target families described in the Eligibility Requirements.

**Assessment:** If eligible and they consent, parents will undergo a substance abuse assessment to determine need for substance abuse treatment. Judge Walker and the Team Members will also review the family and child assessments completed as part of the DFCS investigation. Caregivers and the child will then be referred for needed services and assigned a next court appearance.

**Monitoring:** Initially, caregivers will attend court every two weeks for the first 60 days of the project, then once a month for the remaining time in the project. Staffing will be held every two weeks so parents can be required to attend every two weeks depending on progress. At these hearings, compliance with treatment will be examined as well as progress. The need for sanctions to address noncompliance and relapse will be evaluated on a case by case basis.

The Douglas County Juvenile Court will contract for a qualified provider to work with parents and children together so parents learn appropriate parenting/child interaction via the ZTT model through 17 weekly videotaped coaching sessions. The parenting education component will be derived from the Nurturing Parenting Programs (for details, please see **Attachment 10**).

**b. Services for Children:** The Carnegie Foundation (1994) elucidated five key neuroscience findings to establish the basis for ZTT: the brain's development between the prenatal period and the first year of life was more extensive than previously thought; brain development is more susceptible to early environmental influences than previously thought; early environmental influences on the brain are long-lasting; and early environmental influences affect the way that the brain is "hard-wired." Support for these concepts was seen at the White

House Conference on Early Development and Learning (April 1997) and the policy initiatives that followed: including the extension of health care to five million uninsured children; the expansion of the Early Head Start program, which targeted children ages zero to three and pregnant women; and the distribution of "Ready, Set, Read" early childhood development activity kits to programs throughout the country. By improving parents' ability to become substance-free and by behavioral modeling of appropriate and nurturing interactions, the opportunity for these strong parent child interactions will be impacted this program. Family Drug Court will ensure that:

- Maltreated children ages 0-3 receive: early intervention screening and assessment; health assessments and treatment to meet their medical needs; and mental health assessments and treatment services. Each child will have a medical home (a pediatrician or primary care physician) where all medical records are maintained.
- Children 0-3 in foster care receive developmentally appropriate visitation practices.

**c. Services for Families:** The Services Coordinator will work with the Cobb-Douglas County Community Services Board ("CSB"). CSB is a public agency created by state law to provide mental health, developmental disability, and substance abuse services and is a CARF accredited facility. The service areas are Cobb, Douglas, and Cherokee Counties, Georgia. The agency provides support to over 14,000 people annually. CSB includes a program for women/children, *Mothers Making a Change (MMAC)*, intensive outpatient and residential components. Individuals needing more intensive services will be referred to MMAC. For detailed information regarding MMAC services, please refer to **Attachment 7**. For fathers accepted into the program, appropriate services for men are available from CSB.

The Services Coordinator will be responsible for arranging for these services, identify gaps in services and identify the community resources to fill those gaps. Family Drug Court will also work with faith and community-based organizations, specifically the Celebrating Recovery

Program of the Baptist Churches, Reformers Unanimous, Teen Challenge of Douglas County, and the Presbyterian Church Year of the Child project to provide services to children in foster care such as supervised visitation centers. The Services Coordinator and lead counselor will assess risk factors and predictors of success/failure in treatment and will make enrollment recommendations to the drug court team.

**d. Case Management:** Through the Services Coordinator Family Drug Court participant will be assigned to a lead counselor at their treatment provider who will serve as the lead counselor. The initial assessment will be used by the lead counselor and treatment provider to assist in the development of the treatment plan and to match treatment needs with services. The lead counselor will work with the participant to develop an Individual Recovery and Achievement Plan (“IRAP”) that requires participants to set goals for recovery. Completing the IRAP will be a comprehensive process that identifies all the participant’s needs and assets and assists the participant in setting personal goals that focus on broader aspects of life than just recovery. Where the participant has needs, the lead counselor will make referrals as appropriate and check for follow-through. Referrals may be made for such things as employment services, dental care, mental health assessment, housing, child care, etc. The IRAP process will, whenever possible, include key family members in the development of the plan, so that in some instances a family plan will also be developed. These plans will guide the lead counselor and treatment provider in their work with the participant and the participant’s family success will therefore be measured by the achievement of specific, unique goals set forth by each participant and their family. The IRAP will be formally revisited and revised monthly.

Each participant will have a DFCS caseworker who also serves as a case manager – therefore the participant is case managed by the team of the Drug Court Services Coordinator,

the lead counselor for treatment and the DFCS caseworker. This team meets for staffing before each court status hearing and more often as needed.

The lead counselor will work with participants to engage families in family therapy to address underlying causes for the participant's substance abuse, and to break patterns of family dysfunction. Family Drug Court will emphasize service delivery to the entire family. The Family Drug Court team consists of the following individuals; please refer to the specific letters of support from each individual for more detailed information regarding their roles and level of commitment (**Attachment 3** and **LOS 1-6** attachments). Resumes and job descriptions for the program staff and evaluators are provided as **Attachment 2**. Detailed descriptions of the Family Drug Court Team roles and responsibilities are included as **Attachment 5**.

- Judge Peggy Walker
- County DFCS Director
- DFCS Special Assistant Attorney General
- Treatment Provider
- Parent Attorneys (public defender or private attorney)
- CASA Child representative
- Guardians *ad litem*
- Evaluator: Elizabeth Locker, Director for Court Measures Project, CJC

#### **4. Design and Length of Program.**

**Family Drug Court Structure:** The Family Drug Court will take a minimum of 18 months with 4 phases as listed below. The frequency of family counseling, which is provided throughout all phases, will be determined by individual family needs and dynamics. Brief individual counseling is provided as needed throughout all phases.

- Phase I: 8 weeks, minimum of three drug tests per week, appear before the judge every two weeks, three two-hour group counseling sessions per week, minimum of two AA/NA type meetings per week, must have a minimum of one month of clean drug screens to move to Phase II.

- Phase II: 28 weeks, minimum of two drug tests per week, appear before the judge monthly, two two-hour group counseling sessions per week, minimum of two AA/NA type meetings per week and have a sponsor, must be working on GED if applicable, must be employed full-time, and must have no positive drug screens for a minimum of three months to move to Phase III.
- Phase III: 12 weeks, minimum of one drug test per week, appear before the judge monthly, one two-hour group counseling sessions per week, minimum of three AA/NA type meetings per week, 40 hours of community service, must have a minimum of four months without a positive drug screen, and must have positive peer recommendations to move to Phase IV.
- Phase IV: this is the aftercare phase, six months, monthly drug screens, one two-hour group counseling session per week, attend drug court once monthly, must attend a minimum of three AA/NA type meetings per week. Must help with orientation of new drug court participants, have a minimum of five months without a positive drug test, and must have approval from peers and staff to move into Continuing Care. Clients must write a letter to the judge outlining their accomplishments during the drug court program and goals they have set for the future, and they must have a minimum of 6 months without a positive drug test to graduate from the drug court.
- Continuing Care (after graduation) is 26 weeks as the participant continues to be monitored by the lead counselor and treatment provider. Participants meet for a two-hour counseling session every other week, are tested for drugs at least once a month, attend drug court once a month, and attend a minimum of three 12-step type meetings per week.

**ASFA Compliance:** The Family Drug Court will operate within ASFA and State of Georgia guidelines. The AOC staff of the J4C assists Georgia Juvenile Courts in ASFA compliance issues. Laws regarding the court processing of child abuse and neglect, foster care, and termination of parental rights cases were designed to expedite permanency for children who come before courts as the subjects of child dependency cases. ASFA mandates the timeline for court actions in child maltreatment cases. Georgia's laws with regard to the processing of child abuse and neglect cases clearly delineate time frames by which crucial events and hearings must occur within juvenile courts so that children are safe, families receive services necessary to foster reunification, and departments of social services move forward with permanent goals for children in their care. The exercise of reasonable efforts to reunite families is required early in the case so that a child will have the best chance to reunite with his/her family or, when that is not possible, be placed in another permanent home.

#### **5. Judicial Supervision.**

**Criteria:** Family Drug Court judicial monitoring will follow National Family Drug Court guidelines. The presiding judge will actively supervise and reinforce treatment by reviewing reports from treatment and service providers, discussing progress and treatment obstacles. The judge will utilize immediate sanctions and incentives to encourage compliance. The judge will establish a rehabilitative relationship with the offender through intensive interaction during court appearances. The court will strive to keep participants in drug court while imposing swift, consistent, and behavior-specific sanctions for relapse, missed meetings or court hearings, and other rules violations. The court also will actively direct administration of the program by chairing staffing meetings. Whether the judges are monitoring caregivers as intended will be evaluated using court records including files and databases. The data will be examined to see

whether judges: (1) adhere to the monitoring schedule for each caregiver, (2) read the provider notes, (3) track compliance of caregivers and children, (4) track the timeliness of parent and child assessments and services receipt, (5) whether the child has an identified medical home, (6) whether the judges implement concurrent planning for reunification and adoption/guardianship, (7) whether the judges adjudicate cases within 60 days of removal, and (8) whether the judges were successful in ensuring developmentally appropriate visitation in foster care. The role and responsibility of the Family Drug Court judges are further outlined below:

- The Judge will require the primary caregiver to participate in an evidence-based caregiver education intervention
- When indicated, the Judge will require that the primary caregiver receives assessment and services for: substance abuse, mental health and developmental disabilities; and will ensure rapid access to these services
- When indicated, the Judge require that maltreated children ages 0-3 receive: early intervention screening and assessment; health assessments and treatment to met their medical needs; mental health assessments and treatment services; and will ensure rapid access to these services
- The Judge will require maltreated children ages 0-3 have a medical home
- The Judge will implement concurrent planning for reunification and other permanent placement.
- The Judge will adjudicate cases within 60 days of removal.

**Family Drug Court Team Coordination:** For specific information regarding individual team members and their roles and level of commitment, please refer to the letters of commitment provided as **Attachment 3** and **LOS 1-6** attachments. The Family Drug Court Team will meet before scheduled status hearings to review and discuss the progress of clients. The Team will heighten the judicial oversight of children and families served by the program via pre-court meetings, where case progress will be reviewed and team members have the opportunity to make recommendations or modifications to treatment and case plans, as well as sanctions or incentives. The Team will commit to the following governing principles in implementing the Family Drug Court via a Memorandum of Understanding to be developed:

- To provide consistent leadership in the development of agency policies, procedures, and practices designed to facilitate interagency cooperation and collaboration in providing services and benefits to clients in the Family Drug Court.
- To support the development of specific local mechanisms for interagency cooperation and collaboration in providing services to Family Drug Court clients.
- To provide staff training programs, on an interagency basis when possible, (1) the various federal and state confidentiality requirements that must be met in identifying and meeting the needs of clients, (2) the purpose and intent of the Family Drug Court and the responsibilities of the agency to provide support, and (3) the impact of substance abuse on family reunification.
- To strive for continual improvement in developing and maintaining collaborative relationships among the participating agencies, with the overall goal of facilitating clients' access to services within the Family Drug Court.

## 6. Drug Testing.

**Frequency and Type of Drug Testing:** Participants will be required to submit to random drug testing throughout participation in the program. All drug tests will be conducted under the direct observation and supervision of counselors and staff to guard against tampering and adulteration. (See above under *Design and Length of Program* for frequency of testing.) The following drugs will be tested for because these are what the participants most frequently use: methamphetamine, cocaine, marijuana, opiates, and alcohol.

The Judicial Council Standing Committee on Drug Courts is entering into a Statewide Contract for the Dade Behring **Syva EMIT® Gold Standard Test**. Over 96% of the Substance Abuse Mental Health Services Administration (SAMSHA) certified laboratories in the United States use EMIT® reagents for drugs of abuse screening. The Center for Disease Control (CDC) recognizes Syva EMIT® for highest accuracy and precision it defines as credible and reliable. EMIT® II immunoassays are the most widely used and most thoroughly scientifically-documented screening tests for drugs of abuse. No other drugs of abuse screening tests have a longer or more reliable record. EMIT® tests have been upheld in numerous court decisions and



are the only drug screen ever to be recognized at the highest level of the American Judicial System, the United States Supreme Court.

***Syva Adulteration Testing:*** From the inception of drugs of abuse screening, drug users have attempted to devise means to defeat the drug tests. These include attempts to disguise their drug use or introduce something into their urine that will interfere with the drug test. Adulteration methods fall into two categories: in vivo and in-vitro. Dade Behring has a full menu of validity tests available for both in vivo and in-vitro.

### ***WinTOX Data Management System***

WinTox is a Laboratory Information System designed specifically for the toxicology laboratory with client demographics and reports uniquely tailored for the drug of abuse market. WinTOX features rapid order entry, easy approval of results, and streamlined reporting. WinTOX features a comprehensive report library. Random Drug Screening (RDS) is a module designed to automatically generate the complex random drug testing schedules for donors or groups of donors and send the order directly to WinTOX.

Breathalyzer and EtG testing will be used in further monitor alcohol use. NDCI recommendations regarding the use of EtG testing in drug courts will be followed.

Other parties, such as family members, may be ordered to submit to drug screens under a protective order if they are going to have contact with a child. This is standard practice in deprivation cases. These other parties may be made a party to a case and drug testing ordered under that case.

## **7. Incentives and Sanctions.**

The Family Drug Court Team will make recommendations to the judge for incentives for exceptional progress as well as sanctions for program violations. Incentives include

encouragement and praise from the judge and drug team, recreational and sporting event passes/discounts where parents can take their children, such as amusement parks, movies, baseball games and family restaurants, phase advancement ahead of schedule, decreasing fee schedule, certificates of achievement, pizza parties, achievement coins, applause in drug court, fewer drug screens, and acknowledgement cards. Sanctions will be increased based on the participant's history of behavior, gravity and frequency of the violation, and the participant's demonstrated truthfulness and accountability for behavior. The more serious the offense, the more serious the sanction that will be imposed upon the participant. Sanctions are distinguished from readjustment of the treatment plan as a response to relapse. Sanctions include jail time, community service, essays, detention in court, increased drug testing, increased court appearances, retention in current phase of treatment or return to previous phase of treatment, termination from program, additional AA/NA meetings, additional curfew, and in-house detention. In the case of major violations, such as failure to complete treatment, the participant will be dropped from the program and processed according to normal child deprivation procedures. Participants will graduate upon successful completion of all phases of the program, demonstrating that they have broken the addiction cycle, found and maintained employment, demonstrate good parenting skills and become active, productive members of the community.

Examples of target behaviors eligible for sanctions include positive drug screens, missed or invalid drug screens, missed parenting classes, missed child visitation, missing work, failing to actively seek a job, bad attitude, lying, missing a court date (or tardiness), and missed treatment appointments failure to follow through on treatment plan. The court recognizes the importance of regular visitation for these families, as such denial of child visitation will not be used as a sanction. Examples of target behaviors eligible for incentives include carpooling other

participants to work or treatment, obtaining and keeping a job, helping another participant in some positive way (e.g., to find a job), and remaining clean and sober over time. All sanctions will be applied for short-term behaviors since it is important to respond immediately. Most incentives will be applied for long-term behaviors so the participant's effort is not short-lived. Family Drug Court will use the Sanctions Table to guide application of graduated sanctions. The Sanctions Table is based on the National Drug Court Initiative guidelines and research into the practices of other successful drug courts. The longest possible response time between infractions and sanctions would be two weeks and the response time between accomplishments and rewards is usually six weeks minimum. Participants will be terminated from the program for consistent failure to adhere to the treatment plan or for committing a heinous act, such as selling drugs to other participants.

#### **8. Management Information System and Evaluation.**

**Methodology for Collection, Storage and Maintenance of Data:** For measurement of the impact of this program, we are teaming with the Georgia Supreme Court Committee on Justice for Children's Measures for Courts project and the national Fostering Court Improvement (FCI) Project. These organizations use AFCARS (Adoption and Foster Care Analysis and Reporting System) data housed and maintained by the Child and Family Services Agency of each state. AFCARS is a system that gathers case level information submitted by every state, the District of Columbia and Puerto Rico every six months on all children in foster care for whom public child welfare agencies have responsibility for their placement, care or supervision. AFCARS also includes information on children who are adopted under the auspices of public child welfare agencies. For specific information regarding the ZTT evaluative methodology, please refer to **Attachment 9**.

**Data Sharing:** The AOC will oversee the reporting of GPRA data. Interview data and data abstraction from case files, court records or other existing sources will also be conducted by trained staff.

**Confidentiality Requirements:** The participating agencies will take individual and collective responsibility for appropriately securing, retaining, and sharing client information entrusted to the agencies. When authorizing the release of confidential information, the decision of how widely the information shall be shared resides solely with the clients. It is critical that all agencies respect and protect clients' interests to maintain their trust. However efforts to safeguard information should not unnecessarily restrict clients' access to services when state and federal laws and regulations allow for appropriate release and exchange of information. Acquiring and releasing client information for the purpose of accessing and providing specific services and benefits may be facilitated through the use of specially designed tools. The sharing of information is strictly on a "need to know" basis. The "*Authorization for Release of Protected Health Information*" form has been developed for the sole purpose of promoting collaborative efforts to meet clients' needs. The form, which meets all federal and state guidelines that govern the release of confidential information, will facilitate the collaboration of the participating agencies. Sample confidentiality and consent forms are included as **Attachment 4**.

**Data Elements for Process Evaluation:** Family Drug Court, under the direction of Beth Locker (J4C), will develop a Request for Proposal for a qualified evaluator in Program Year three to analyze the data and write the evaluation report. Process evaluation will be conducted following the guidelines set forth by the National Drug Court Institute (Drug Court Research: Monograph Series) as outlined below:

1. *Program Goals* – The extent to which programs are meeting their stated goals. Evaluation will refer to meeting these goals more successfully or, alternatively, changing the goals to be more practical or relevant.

2. *Target Population* – Concisely identify the population served and determine the extent to which the intended group is reached. Evaluation will examine drug court client intake in terms of its stated goals (court goals as well as legislative, if applicable), resource limitations, and the universe of those who could be eligible for the program.

3. *Substance Abuse Treatment* – The one aspect of drug courts that separates them from nearly all other justice system interventions is substance abuse treatment. To address this issue, baseline measures of addiction will be taken, treatment plans compared with the actual implementation by the court. The appropriateness of specific treatment modalities for particular clients will also be assessed. All instruments will contain measures of prevalence and incidence of drug use, addiction severity, and drugs of choice. Baseline data will be compared to one or more reassessments of clients' addiction severity, both during and at the conclusion of the program.

4. *Court Processes* – All the activities of the drug court program should be documented. Evaluation will examine graduation, phase advancement, sanctions and incentives, supervision, and the various ramifications of drug testing, as well as the relationship between client need and services rendered.

5. *Units of Service* – Each service will be documented in a manner that helps the program consider its benefits. A solid process evaluation will report if clients are gaining from particular programs or interventions. A unit of service is a simple way of measuring and documenting all of the services provided by drug court programs. Included in this documentation should be medical

and psychological services, job training and placement services, educational services, and any other service to which the client was linked by program staff.

6. *Team Member Cooperation* – Drug courts are collaborative efforts. Their success or failure is dependent upon the constant “give and take” that replaces the traditional adversarial system. Qualitative organizational research will be conducted to determine how well the drug court team functions as a unit.

7. *Community Support* – Community support is vital to program success. Some team members are selected by the voting community, while the court often uses local businesses for token incentives. There clearly is value to program management exploring—negative or positive—the reactions to the drug court in the community it serves, as the court may eventually need local funding and support to survive.

**Reporting and Timeline:** Quarterly reports for the three years funding will provide descriptive statistics regarding the project’s outcomes. The evaluation will be driven by the stated project goals and identified performance measures. Process evaluation methods will gauge the effectiveness of the implementation and will support efforts at program improvement. At their monthly meetings, the Project Advisory Committee will review periodic evaluation reports; input from members of the drug court team, program staff, and program participants; and verbal progress reports provided by the project director. This monitoring process will ensure that the targeted capacity of the program is reached.

### **Capabilities/Competencies**

The program models, ZTT and Family Drug Treatment Court, were developed in these counties because of the self-identified needs of the target population. A central feature of the program design is the inclusion of ongoing input from participants about the effectiveness of the

program. Family Drug Court by design is flexible and constantly changing based on participant needs. The process allows participants to revisit their goals and their expectations for the program on a constant basis. Lead counselors will review the project goals and assessments with participants frequently and makes updates based on changing needs and aspirations in the participant's life. Recognizing that recovery is a process, Family Drug Court has built-in adaptability. Additionally, the judge will ask the participants in drug/family court needs assessment questions every week. Members of the target population (participants and their families) will have more formal input into the evaluation of the project through the use of surveys to be developed by the evaluator.

Douglas County Court has spent years working with the target population in the project area and thus is very familiar with the culture and the psychology of residents, including residents who are substance abusers. Because substance abuse, and meth use in particular, is on the rise in these semi-rural, Caucasian, poor populations, AOC believes that the proposed project can make a valuable contribution to research on a national level with regard to application of known treatment models to this cultural venue.

### **Sustainability Plan**

The AOC will assist Family Drug Court to ensure heavy involvement in the project by all community stakeholders, including local and state government agencies as well as community based organizations and faith-based organizations. The Family Drug Court Advisory Council will be and will include membership by participants and participant family members, county sheriffs, county commissions (government), community members, treatment providers, probation, the courts, media, the business community, attorneys and more. Stakeholders who sit on the council will become involved from the beginning so they are motivated to find ways to

maintain and continue the project. A fundraising subcommittee of the council will be formed. The Family Drug Court will consider creating a 501(c)(3) non-profit organization for fundraising as other Georgia Drug Courts have successfully done. Through the grant period the court will continuously educate and inform the Board of Commissioners regarding the effectiveness of the program and the cost benefit to Douglas County. The court will then be well-positioned to petition the Board of Commissioners for county Drug Abuse Treatment and Education Funds, which are generated by add-on fees to fines for drug convictions. These funds are a primary source of Georgia drug courts sustainability funding. These funds are mandated by State law and must be maintained by the county in a separate account to be used for drug abuse treatment and education for Douglas County residents. Georgia's Drug Court Statute allows drug courts to receive financial donations which must be maintained in a separate account. The project already has full support at the state level.

The lead applicant for this proposal, AOC, was created to provide services to the courts statewide. The AOC has a grants section that retains one full-time staff person (the program development coordinator) to work with local communities to develop sustainability for projects exactly like the proposed Family Drug Court. The AOC is also responsible for legislative initiatives pertaining to the Georgia Courts and in FY06 and FY07 the Judicial Council of Georgia received an appropriation from the legislature for the express purpose of sustaining the drug courts of Georgia. This appropriation is now part of the continuation budget. The Judicial Council Drug Court Committee voted on May 12, 2006 to request an increase in the funding in the FY08 budget. The legislature is now in session and this funding request is receiving wide bipartisan support. In her Jan. 2006 state of the judiciary address, Supreme Court Chief Justice Leah Ward Sears emphasized the efficacy of drug courts and the importance of



expanding drug courts to improve Georgia's families, urging the state legislature to provide the funding to sustain Georgia's courts. Priority funding is given to the continuation of Juvenile Court projects since these participants have fewer resources to pay for services and the lives of children are impacted so greatly. The drug court committee has also authorized funding for the AOC to conduct a statewide public awareness campaign for drug courts, which will be done in coordination with GADEC's public awareness and education. AOC has every confidence that Family Drug Court is a sustainable endeavor that can secure ongoing funding.

The Douglas County Courthouse is available for the majority of project facility needs. Treatment sessions will be provided at MMAC and other Cobb Douglas CSB sites. Life skills classes and parenting classes may also be offered at churches and community organizations. Case files will be maintained at the courthouse in the office of the Drug Court Services Coordinator in secure, locked file cabinets. Treatment files are maintained by the treatment provider in compliance with all state and federal confidentiality regulations, which is required by state licensing requirement and accreditation standards.

Family Drug Court providers will have computers they can use for project activities. Computers and office equipment necessary for overall program operations will be provided by Douglas County at the Courthouse Internet access is available at the Courthouse. Douglas County will supply phones and basic supplies to the program (e.g., office supplies, computer supplies, janitorial supplies). Any project activities will take place at ADA compliant facilities and in a central location for easy access by the target population.

The Georgia State Annual Drug Court Conference features a specific workshop regarding sustainability planning. The 2007 conference will feature Carolyn Hardin presenting this workshop which the family Drug Court Team Members will attend.

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CFDA 16.585**

**Judicial Council of Georgia,  
Administrative Office of the Courts  
*Douglas County Family Zero-to-Three Treatment Court***

February 12, 2007

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**Budget**

**Year One Budget**

<b>Grant Funded</b>	<b>In-Kind Match</b>	
Salary	37,162.00	Judge- 12884.00
Fica	2,843.00	Admin- 9900.00
Health	7,170.00	GAL- 10,662.00
WC	1,078.00	Judge Sec-1780.00
	Total- 48,253.00	Total- 35,336.00
Equipment		
Computer	2,018.00	
HP Printer	345.00	
Supplies		Office Supplies
Ink Cartridges for printer 3@101.00	303.00	400.00
Copy Paper @ 27.00 per case	54.00	1000.00
Drug Screening kits @ 8.25 each	3445.00	4455.00
Travel		
In State travel	2,670.00	97.00
Training		
National Drug court Conference- 3 persons	5868.00	3912.00
National Conference- 0-3 training- 5persons	7185.00	
State Conference- registration fee 5 @ 250.00	1250.00	
Building Allowance Usage, county support personnel		4565.00

Evaluation	5,000.00	
Office rent Month		4800.00
Treatment /Assessment Services	43,284.00	
Parenting Education: Nurturing Parenting materials	25,500.00	
Indirect cost rate (10% personnel)	4,825.00	
<b>TOTAL</b>	<b>150,000.00</b>	<b>50,000.00</b>

## Year Two Budget

Grant Funded	In-Kind Match	
Salary	37,162.00	Judge- 12884.00
Fica	2,843.00	Admin- 9900.00
Health	7,170.00	GAL- 10,662.00
WC	1,078.00	Judge Sec-1780.00
	Total- 48,253.00	Total- 35,336.00
Supplies		Office Supplies
Ink Cartridges for printer 3@101.00	303.00	400.00
Copy Paper @ 27.00 per case	54.00	1000.00
Drug Screening kits @ 8.25 each	3445.00	4455.00
Travel		
In State travel	2,670.00	97.00
Training		
National Drug court Conference- 3 persons	5868.00	3912.00
State Conference- registration fee 5 @ 250.00	1250.00	
Building Allowance Usage, county support personnel		4565.00
Evaluation	30,000.00	
Data analysis and reporting	9,548.00	
Office rent Month		4800.00
Treatment /Assessment Services	15,284.00	
Parenting Education: Nurturing Parenting materials	25,500.00	
Indirect cost rate (10% personnel)	4,825.00	
<b>TOTAL</b>	<b>150,000.00</b>	<b>50,000 .00</b>

### Year Three Budget

Grant Funded	In-Kind Match	
Salary	37,162.00	Judge- 12884.00
Fica	2,843.00	Admin- 9900.00
Health	7,170.00	GAL- 10,662.00
WC	1,078.00	Judge Sec-1780.00
	Total- 48,253.00	Total- 35,336.00
Supplies		Office Supplies
Ink Cartridges for printer 3@101.00	303.00	400.00
Copy Paper @ 27.00 per case	54.00	1000.00
Drug Screening kits @ 8.25 each	3445.00	4455.00
Travel		
In State travel	2670.00	97.00
Training		
National Drug court Conference- 3 persons	5868.00	3912.00
State Conference- registration fee 5 @ 250.00	1250.00	
Building Allowance Usage, county support personnel		4565.00
Evaluation	30,000.00	
Data Analysis and Reporting	12,548.00	
Office rent Month		4800.00
Treatment /Assessment Services	15,284.00	
Parenting Education: Nurturing Parenting materials	25,500.00	
Indirect cost rate (10% personnel)	4,825.00	
<b>TOTAL</b>	<b>150,000.00</b>	<b>50,000.00</b>

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**Budget Narrative**

The costs outlined for Family Drug Court are reasonable in terms of the projected outcomes and the potential for sustained system change and improvement, as well as its county-wide pilot reach. Careful planning will result in choosing the most dedicated and qualified stakeholders and contractors to participate in the project, and AOC and the juvenile courts have supported the costs through in-kind services wherever possible. The primary cost for the project is the investment in project staff, which is critical to creating a system change. Travel expenses for the planning year reflect both the required trainings as well as travel to the state and national conferences for Drug Court Professionals. This expense is vital to learning from others and ensuring that the project benefits from the successes and failures of this methodology, and therefore maximizes the federal dollars requested for the total project.

Family Drug Court, under the direction of Beth Locker (J4C), will develop a Request for Proposal for a qualified evaluator in Program Years 1 and 2 to analyze the data and write the evaluation report. The evaluator will be selected in Year 1 and be consulted to ensure the program is properly implemented.

Training costs reflect the best financial structure that will provide quality development content. Cross training across all agencies will provide consistent service and will more likely result in positive outcomes. The cost of training has been minimized by using court facility

training rooms at no cost to the project; the only cost for training will be for direct contracted services and minimal supplies.

### **Salary**

This line item contains the salary cost of a drug court coordinator including benefits using standard AOC rates.

Drug Court Services Coordinator/Case Manager: One will be hired to work directly with the judge in the Douglas County judicial circuit to develop the network infrastructure, identify gaps in service, facilitate services, investigate and solve service issues and provide direct support to the judge as needed. The services coordinator will be a professional with an interest in or experience in child welfare. The services coordinator will be hired within the first 90 days of the project award and will be housed at the juvenile court. This individual will work full-time (40 hours per week) with all of their time dedicated to the Project.

The **match** line item contains salary in-kind match of 35,226.00

Judge- 20 hours a month @53.64 per hour for total- 12,884.00

Admin-24 hours a month @ 34.37 per hour for total- 9,900.00

GAL-12 hours a month @ 18.51 per hour for total- 10,662.00

Judge Sec-8 hours a month @ 18.54 per hour for total 1780.00

### **Equipment**

This funding will be used to purchase a laptop, wireless computer, and printer necessary for the new drug court services coordinator to be hired. The equipment is integral to the services coordinator's position and successfully implementing this program. Computer equipment costs for the services coordinator are requested on the first project year only.

Laptop- 2018.00

Printer- 345.00

### **Supplies**

Supplies are requested in each year of the project in order to properly and sufficiently outfit the new services coordinator with office supplies and materials relevant to fulfilling the duties of these positions. This funding will be used to purchase ink cartridges for the printer, 3 a year @ 101.00 each- 303.00

2 cases of copy paper @ 27.00 each- 54.00

Drug screening kits @ 8.25 each- 3455.00

Educational materials on parenting/nurturing/child development- 1000.00

(These will be ordered from Family Development Resources, Inc.)

**Match** funding will provide office supplies in the amount of 400.00 ( pens, pencils, paper, file folders, stapler, hole puncher, postage, fax machine usage, etc)

**Travel**

This is funding for in-state travel for the drug court coordinator, 6000 miles a year @ .445- 2670.00

**Match** funding will be provided for travel for the GAL at 200 miles @ .485- 97.00

**Training**

Attendance at the National Drug Conference for three persons

Airfare for 3 persons @ 500.00- 1500.00

Daily per diem for 3 @ 64.00 for 4 days-768.00

Lodging for 3 @ 150.00 per day-1350.00

Registration fee for 3 persons @ 750.00

State Drug Conference registration fees for 5 @ 250.00-1250.00

Attendance at Training on Zero to Three- Orlando, Florida for 5 persons

Airfare for 5 @ 300.00- 1500.00

Daily per diem for 5 @ 64.00 per day- 960.00

Lodging for 5 at 150.00 per day for 3 nights- 2250.00

Registration for @ 495.00 for 5 persons-2475.00

**Match** funding will be provided for attendance at National Conference for 2 persons

(This will allow 5 team members to attend training specific to their roles)

Airfare for 2 @ 500.00- 1000.00

Daily per diem 2 @ 64.00 per day for 4 days- 512

Lodging for 2 @ 150.00 for 3 days- 900.00

Registration fee @ 750.00- 1500.00

**Building Allowance usage and county support personnel cost**

**Match** funding will be- \$4565.00 for support services provided by the following county departments

Personnel Dept

Payroll Dept

Finance Dept

Information Systems Dept

Courtroom space

Sheriff's Dept for Baliff's for courtroom

Clerk for courtroom, calendaring, distribution of calendar

Cleaning crew

Sheriff's Dept for Security

Office space, furniture, utilities, phone, internet access, long distance- 400.00 a month @ 12 mth/yr.- 4800.00

**Treatment Services**



Funding will be used to purchase assessments/treatment if the client has no other source of insurance/medicaid

Assessments- 30 @ 100.00 for a total of 3000.00

Transportation to court ordered treatment- 2000.00

Parenting Assessment- AAPI-2 Kit, pre and post-test- 2 @ 150.00- 300.00

(These will be ordered from Family Development Resources, Inc.)

Treatment- 43,309.00

Outpatient Treatment

Intensive Treatment

Residential Treatment

An integral part of treatment services includes parenting education, to be provided to parents via the Nurturing Parenting Programs. Family Drug Court will contract with a Nurturing Parenting Programs provider to implement this training. Program partner GADEC will provide training. Funding for staff training for the Nurturing Parenting Programs will come from GADEC CSAP funds and federal funds available from the Committee on Justice for Children (federal HHS grant funds).

255 sessions/year @\$100 per session = \$25,500 per year

#### **Indirect Costs**

AOC will negotiate and establish an indirect cost rate within 90 days of award issuance. For budget purposes, 10% of personnel services has been used for an indirect rate.

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**Attachment 1**

**Program Timeline/Task Plan  
Program Start Date: October 1, 2007**

<b>Goals</b>	<b>Objectives</b>	<b>Activities</b>	<b>Responsible Party</b>	<b>Completion Date</b>
<b>1. Improved caregiver outcomes:</b> Children will live safely with nurturing, drug-free parents.	-Sobriety is maintained	-Announce services coordinator position, interview and hire staff, set up office	-Judge, Family Drug Court Team	-Year 1, Quarter 1
	-Decreased family stress	-Set up database, set up data collection and data base validity procedures, train staff, enter baseline data	-Evaluators	-Year 1, Quarter 1
	-Improved parent-child interactions	-Parent/primary caregiver: completes substance abuse assessment & treatment; complies with mental health assessment & treatment; & complies with assessment & services for developmental disabilities as ordered	-Services Coordinator, Treatment Team, Judge, Family Drug Court Team	-Ongoing
	-Decreased self-reported child abuse & neglect	-Parent/primary caregiver will demonstrate improved knowledge & skills in safety, health & parenting interactions	-Services Coordinator, Treatment Team, Judge, Family Drug Court Team	-Ongoing
		-Develop and finalize sustainability		

		plan -Collect evaluation data -Analyze data and prepare final evaluation report	-Evaluators	-Year 1, Quarter 4; Year 3, Quarter 3 -Years 2 and 3, all quarters; Year 3, Quarter 4
<b>2. Improved child outcomes:</b> Children will be healthy and receive needed medical, mental health and age appropriate developmental services.	-Improved child mental Health -Decreased emergency room visits for unintentional injuries -Improved child physical health -Child reaches developmental targets for his/her age	-Primary caregiver to participate in an evidence-based caregiver education intervention (i.e. ZTT) -Maltreated children ages 0-3 receive: early intervention screening & assessment; health assessments & treatment to meet their medical needs; & mental health assessments & treatment services. -Children 0-3 in foster care receive developmentally appropriate visitation practices - A medical home (primary care physician) is established for each child	-Services Coordinator, Treatment Team, Judge, Family Drug Court Team	-Year 1, Quarter 1 and ongoing
<b>3. Decreased involvement in the Child Welfare System</b>	-Decreased CPS reports of substantiated abuse & neglect -Decreased placements (< or = 2) while in foster care -Decreased time to reunification or other permanent placement	-Monitor child's receipt of: early intervention screening & assessment; health assessments & treatment to meet their medical needs; mental health assessments & treatment services -Adjudication of cases within 60 days of removal -Concurrent planning for reunification & other permanent placement	-Services Coordinator, Treatment Team, Judge, Family Drug Court Team	-Year 1, Quarters 1-4 and ongoing

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**Attachment 2**

**Program Staff Resumes and Job Descriptions**

Honorable Peggy Walker, Douglas County Juvenile Court

Judge Walker grew up in metro Atlanta and resides in suburban community on the west side of Atlanta. She began her career as a high school teacher. After seven years of teaching high school and gifted elementary aged children, she enrolled and graduated from George State University's College of Law. She worked as a law clerk, an attorney, a part time judge and then as a full time judge. Judge Walker's areas of expertise include mental health, resilience in children and drug endangered children. She will implement the ZTT calendar at Douglas County Juvenile Court.

Beth Locker, Evaluator

Ms. Locker is the Measures for Courts Project Director with the Supreme Court of Georgia Committee on Justice for Children (J4C). The J4C is Georgia's federal grant funded Court Improvement Project designed to enhance the administration of justice in child abuse and neglect proceedings.

Before coming to J4C, Ms. Locker worked as the Post-Graduate Fellow in Law at the Barton Child Law & Policy Clinic at Emory University School of Law. There she participated in the policy work of the Clinic, including co-authoring an article on a child's right to legal representation in GA and served as a guest lecturer in the class "Child Advocacy: The Law, the Policy and the Players." Ms. Locker is a 2003 law school graduate with a history of child advocacy. Prior to law school she taught both elementary and middle school. During law school she was awarded a Bergstrom Fellowship in child advocacy and she worked for child welfare law clinics at both the University of Michigan Law School and the University of Cape Town School of Law. Through her work with these legal clinics Ms. Locker has provided both policy advocacy and direct service representation.

Ms. Locker received her A.B. from Dartmouth College with a major in psychology and minor in education. She received her J.D. from the University of Michigan School of Law. She is a member of the Bar in both Michigan and Georgia.

Jane Martin, Project Administrator

Jane Martin joined the AOC in October, 2002. She received a B. S. in Business Administration from Auburn University and an M.B.A. in Management from Georgia State University. Ms. Martin joined the AOC after a 22 year career with the Department of Human Resources, Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD).

She was Director of Evaluation for MHDDAD, responsible for two major statewide performance measurement and evaluation systems for mental health, developmental disability and addictive diseases services. Ms. Martin served as MHDDAD's criminal justice liaison for substance abuse issues with Georgia's criminal justice agencies and courts. Her experience includes:

- developing outcome studies and managing outside evaluators,
- identifying performance measures and benchmarks,
- overseeing three successful multi-year outcome studies,
- developing, implementing and directing Georgia's DUI Risk Reduction and Multiple Offender Programs,
- grant writing,
- implementing best practice programs,
- implementing drug courts, including Adult Felony, DUI, Family and Juvenile
- quality improvement,
- training,
- data collection and information management,
- extensive grant and project management,
- Chair, Substance Abuse Treatment Committee, Governor Miller's Statewide DUI Task Force – 1992-1995
- Chair, Treatment Committee, Mission New Hope, Fulton County Drug Court Implementation Task Force – 1994-1996
- Member, Georgia Supreme Court Committee on Substance Abuse and the Courts – 1995-2001
- Georgia Representative – Southern Region Mental Health Statistics Users Group 2000-2002
- Executive Steering Committee – Georgia Alliance for Drug Endangered Children 2005-present
- Member – Georgia Court of Appeals Centennial Committee – 2005-present
- Senior Staff – Judicial Council Standing Committee on Drug Courts 2004 - present
- Senior Staff – Judicial Council Cross-Jurisdictional Issues Committee 2005 – present

Jenny McDade – Douglas County Juvenile Court Administrator

Associate of Arts Degree

Bachelor of Social Work Degree

University of Georgia - graduated 1980 Magna Cum Laude

Jenny is currently the Director of Juvenile Programs Administration Department for the Douglas County Board of Commissioners. She has served in this capacity for since 1988. This department assist in administration of court processes, locating resources, management of grant funds, management of court generated funds and restitution, and developing programs that aid in the rehabilitation of youth who are involved with the Court system for delinquent and unruly offenses. The office provides guardian *ad litem* services to children whose families are involved in Court, a comprehensive substance abuse screening and assessment of all court involved youth

and provides intensive supervision of youth identified as having a substance abuse problems with added intensive case management services. The office provides case management services, and in-home therapy services for families in crisis. This program is grant funded. The office currently has an intern program. We also currently have two intake case managers, who focus on an intake process that will allow for complaints on children to be directed through the court process based on needs and the type of charges, with an emphasis on court diversion. We have 9 employees.

Prior to this position, Jenny worked with the Department of Juvenile Justice- 6 years, and the Department of Family and Children Services for 4 years. She has 23 years experience working with troubled youth and their families, in Douglas County.

Jenny has been very active in the establishment of **Douglas CORE** (A Community Organizing Resources for Excellence). This is a community collaborative, still in developing stages that is supported by Family Connection dollars, and many other community agencies and organizations. Core's vision is to develop a formal partnership organized to enhance a caring, responsible, safe, and healthy community in which individuals and families can reach their full potential to be educated, productive and self-sufficient. Core helped in receiving over \$800,000.00 in grant funding in 1999-2000 to various agencies or departments that provide services to children and youth. Jenny is currently the Chairman of the CORE Board.

Jenny has served on numerous Boards over the last 25 years: the United Way Advisory Board - 10 years, the Drug Free School Advisory Board- 7 years , Battered Women's Advisory Council, Prevention Alliance, Truancy Task Force Panel, Child Fatality Review Committee, Match Committee, (formerly known as Trouble Children's Committee) , Crossroads Advisory Committee, Communities in School steering committee, Douglas County shelter advisory committee, founded Children's Voice- the local CASA program, and assisted in founding the Douglas County Children and Youth Coalition, and our current community collaborative, Douglas CORE.

Jenny is currently on the United Way Board, Investment Committee for United Way, Chairman of Douglas CORE, Finance Committee for CORE, Drug Free Advisory Committee, and Department of Juvenile Justice Detention Alternatives Committee, and local Match committee.

#### Prior Community Accomplishments:

- Prevention Alliance- poster contest to elementary, middle and high school age children. The winner's drawings were made into a calendar that promoted a drug free lifestyle.
- Developed the "Watchful Eyes" teen community support driving program of which one piece was the development of traffic packets to give to families whose child was charged with a traffic offense that contains multiple of pieces of information.
- Organized and volunteered at the "Ghost OUT", a program held in all three high schools to promote drug and alcohol free behavior prior to prom nights.
- Wrote grant to fund a parent support group (PEEP) for parents who have children that become involved in the Court System. This program has been in existence for 7 years, and is currently meeting.