



COMMISSIONERS COURT COMMUNICATION

AGENDA DATE : April 23, 2012

CONSENT OR REGULAR: Consent

CONTRACT REFERENCE NO
(IF APPLICABLE): _____

SUBJECT:

65th Family District Court grant application

BACKGROUND/DISCUSSION OF TOPIC: To include statutory requirement, operational impact, or performance goal.

The 65th Family Drug Court program provides participants judicial oversight and intensive services overseeing their substance abuse treatment for the successful reunification of families.

FISCAL IMPACT:

The 65th Family Drug Court is seeking \$549,127.00 federal funding with a \$183,042.00 in-kind match from staff salaries.

PRIOR COMMISSIONERS COURT ACTION (IF ANY):

N/A

RECOMMENDATION:

Approve and authorize County Judge to sign grant application.

COUNTY ATTORNEY APPROVAL

The attached document has been given legal review by the El Paso County Attorney's Office on behalf of the County of El Paso, its officers, and employees. Said legal review should not be relied upon by any person or entity other than the County of El Paso, its officers, and employees.

COUNTY ATTORNEY:

LEGAL REVIEW:

LEGAL REVIEW NOTES (If Applicable):

DATE:

SUBMITTED BY:

Program Narrative

Abstract

The 65th Judicial District Court is seeking Category 2 funding to enhance operation of its Family Drug Courts which are divided into two programs: the Intervention and Preservation Drug Courts. Both programs are designed to assist substance abusing parents who have a confirmed child abuse and/or neglect case. The enhancement plan will incorporate six months of community based substance abuse treatment and frequent drug testing with lab verification, Strengthening Families Program (SFP), and Combined Parent-Child Cognitive Behavioral Therapy (CPS-CBT) both evidence based programs. In addition, the court would like to develop an aftercare component to assist successful graduates with long term sobriety. The Drug Courts integrate treatment with coordinated case management, judicial oversight and prompt placement into services. Program personnel monitor the progress of the participants through weekly or monthly progress reports, daily telephonic contact, and weekly contact with their Texas Department of Family and Protective Services (TDFPS) case worker. Data is collected in a coordinated effort, which supports the court's operations and is entered into the county's database system and excel spreadsheets. The program enhancements will assist with the ultimate goal of family reunification. Each component will provide tools and support for a long lasting life of sobriety.

Statement of the Problem

The El Paso 65th District Family Drug Court is the only court and program in the jurisdiction that provides collaborative and coordinated case management and treatment services to parents who have had their children removed (Intervention Court) or those at risk of having their children removed (Preservation Court) through the civil court process due to open cases of child abuse and/or neglect. The number of child abuse and neglect cases involving substance abuse has grown in recent years, placing pressure on the courts. In fiscal year 2009 the department received 35.7% drug related cases compared to 36.0% in fiscal year 2010. The families in these cases have multiple problems and require immediate and efficient interventions. The Family Drug Court must be ready to address the increase in numbers along with the growth in population with the military soldiers and their families that will be assigned to Fort Bliss.

Unfortunately, cuts in community programs have affected this population with a deficiency of funding for substance abuse treatment and parenting skills classes. It is essential to strengthen the existing program to assist participants with the best services possible and prevent children from reentering and aging out of the child welfare system.

The Intervention Court was originally implemented in 1999 to assist parents who had lost legal custody of their children due to their substance abuse problems. This drug court was federally funded for approximately 6 years until December 2005. The program has been sustained at the local level through its strong collaborative relationships with its partners. However, due to budget reductions and hiring freeze within the last couple of years, the services have been scaled back thus affecting the programs outcomes due to limitations in drug testing and service provisions to the participants and their children. The Preservation Drug Court was developed to assist parents who are at risk of losing legal custody of their children. This drug court was

funded by SAMHSA for 3 years with one additional no cost extension year which ended in September 2009. Due to the unforeseen financial situation that the County and collaborating state and local agencies find themselves in at this juncture, sustaining this program has become a challenge and its future is questionable. Initially, this court-centered program funded five full-time positions to include: a Drug Court Coordinator, Case Manager (Licensed Chemical Dependency Counselor), Resource Coordinator, Administrative Assistant, and an Evaluator. With the absence of three vital staff members the Drug Court is unable to provide “in house” substance abuse screening, assessments and treatment, program evaluations, and there is less time for one on one contact with participants. In addition, the Drug Court is unable to dedicate time toward researching community resources for auxiliary services and support. The community overall has scarce substance abuse treatment resources and the public is confronted with the problem of long waiting list to access services. The average waiting list is approximately two months long. Currently the County of El Paso and through a small grant from the State, the program has been sustained at a modified level and are funding only two employees who manage the daily operations of both the Intervention and Preservation Drug Court Programs. This funding has also assisted with drug testing screening cups, Moral Reconation Therapy Workbooks, Strengthening Families Program (at a modified level), and Monthly Bus Passes. Unfortunately funding for laboratory confirmation services for urine specimens is not available and poses a challenge when the participant tests positive and denies use. Another challenge has been testing for alcohol. Participants have been known to substitute their drug of choice for a legal more assessable drug (alcohol) which is difficult to monitor for without providing a breathalyzer immediately after consumption. Unfortunately neither of the programs has a line item to support substance abuse treatment costs, drug testing laboratory

costs, and out of state travel and training funding all of which are integral to the success of this important court centered, community based program. In addition clerical support is extremely important to assist the two program staff in the daily program operations to include ongoing communication with stakeholders and the critical elements of data collection and entry for all ongoing evaluation efforts.

Historically programs address the drug abuser and not the entire family. The children involved in the Drug Court have experienced separation from their parent, anger, frustrations, and unidentified feelings toward their parents. The Strengthening Families Program (SFP) (evidence-based program) and the Combined Parent-Child Cognitive Behavioral Therapy (CPC-CBT) will assist them through the process and provide skills needed for the reunification process. Studies indicate that families who participated in a SFP reported improvements in overt aggression, covert aggression, concentration problems, criminal behavior, social skills, alcohol and drug use, and depression. Children involved in the CPC-CBT program had a lower adjusted mean score for total Post Traumatic Stress Disorder (PTSD) symptoms relative to those in comparison groups.

The Aftercare component is an important part of the entire program to provide the needed support for a life long struggle of recovery. This component will include a “Field Compliance Officer” for home visits and additional monitoring of sobriety. As you will note from this proposal and the budget enclosed, the requests support these critical areas for the two essential programs working with individuals in the dependency court system of El Paso County, Texas.

Goals and Objectives

Goal One: Provide six months of substance abuse treatment (one individual session and two hours of group per week), and administer frequent drug testing to include screening,

breathalyzer, and laboratory tests according to progress and Phase Level. The intensive drug testing will monitor a participant's progress in treatment and determine the imposition of incentives or sanctions

Objectives: 1. Contracted services for prompt placement is essential for the success in the program. 2. Administer frequent and random drug tests to participants to include tests administered within their home by field compliance officer on weekends and/or evenings, depending on phase level. Phase I, four times a month, Phase II, three times a month, Phase III, two times a month, Aftercare, at least one time a month along with home visits. 3. Obtain test results immediately and send participant to lab when necessary. 4. Teach participants accountability and responsibility for choices and actions through immediate incentives and sanctions.

Goal Two: Provide Strengthening Families Program and/or Combined Parent-Child Cognitive Behavioral Therapy to each participant and their children. The two programs are evidence based and will assist with the parent child relationship. The above mentioned programs will be incorporated into the Drug Court Program Design. The modality will include 14 to 20 sessions of science-based parenting skills, children's life skills, and family life skills training program specifically designed for high-risk families. The curriculum will guide the participant with skills building strategies to reduce children's internalized symptoms and behavioral problems. This component will address the reunification of the families.

Objectives: 1. Provide Families services by a trained facilitator. These services will focus on the overall parent/child relationship to include effective communication and strengthening of parental bonds. 2. Include an activity component to teach participants how to spend drug free

quality time with their children. Research demonstrates positive results in reducing substance abuse and delinquency risk factor by improving family relationships

Goal Three: Provide an Aftercare Component to promote and assist participant with a stable re-entry into the community by maintaining a drug free life style.

Objectives: 1. Each participant will obtain an AA or NA sponsor and/or attend recovery support groups once per week at a minimum (proof of attendance required). In addition will participate in TDFPS Parent Collaboration Group (PCG) and mentor other Drug Court Participants. 2. Review relapse recovery plan in court and with case manager on a monthly basis. 3. Participate in at least one recovery activity with children and report experience to Judge and Drug Court Team on a monthly basis. 4. Participant will develop an individual work-plan to include employment and/or educational goals. 5. Participant will attend court once a month for three months, and provide drug tests upon request.

Performance Measures

The objective of funding for our jurisdiction is to enhance the drug court programs for parents with substance abuse problems and in the child protective services system. Our court recognizes the importance of data collection and reporting, for that reason the program would benefit from a clerical staff to assist with the input of information to the system that has been developed for the drug court program. The courts currently utilize a case management database created by the County's Information Technology Department and excel spreadsheets for this function of the program operation. The database can be modified to assure that all variables required by the funder are captured and reported on as required. The program coordinator and case manager are responsible for gathering and entering all data variables into the database on a regular basis. Data is extracted and analyzed by program staff to monitor the program's effectiveness and targets on

a regular basis. The court is a past recipient of federal funding for both drug court programs and has the capability to gather, analyze, and report all data elements as required by the funder and is familiar with GPRA reporting requirements. Below are figures from the Intervention Drug Court and Preservation Drug Court:

Intervention Drug Court Program Numbers		
	Oct-Sept 2010	Oct-Sept 2011
Referrals per month range from	5	5
Total Number of Participants served	22	15
Number of new intakes	16	8
Carry-over	6	7
Total Number of Graduates	2	5
Unsuccessful discharges for the year	11	4
Number of children affected for the year	65	39
Number of children in foster care for the year	65	26
School/Work	7	6
Received diploma/certification	3	1

Preservation Drug Court Numbers		
	Oct-Sept 2010	Oct-Sept 2011
Referrals per month range from	5	8
Total Number of Participants for the year	47	59
Number of new intakes	14	47
Carry-over	33	12
Total Number of Graduates	22	9
Unsuccessful discharges for the year	19	18
Number of children affected for the year	115	116
School/Work	20	37
Received diploma/certification	7	4

The enhancements requested will address the entire program structure. Studies indicate that a delay in accessing treatment is one of the major causes of program dropout, and is a particular

problem among offender programs. Persons screened as eligible for drug court should be immediately placed in treatment to prevent ongoing substance abuse and recidivism. **Objectives:** 1. Contracted services for prompt placement is essential for the success in the program. 2. Administer frequent and random drug tests to participants to include tests administered within their home by field compliance officer on weekends and/or evenings, depending on phase level. Phase I, four times a month, Phase II, three times a month, Phase III, two times a month, Aftercare, at least one time a month along with home visits. 3. Obtain test results immediately and send participant to lab when necessary. 4. Teach participants accountability and responsibility for choices and actions through immediate incentives and sanctions.

The ultimate goal of the Family Drug Court is to protect children and to reunite families for this reason a component to include the children is extremely important. **Objectives:** 1. Provide Families services by a trained facilitator. These services will focus on the overall parent/child relationship to include effective communication and strengthening of parental bonds. 2. Include an activity component to teach participants how to spend drug free quality time with their children. Research demonstrates positive results in reducing substance abuse and delinquency risk factor by improving family relationships

Traditionally programs develop strong models however forget that the most difficult time for recovery is when all services are completed and the contact with the team ends.

Objectives: 1. Each participant will obtain an AA or NA sponsor and/or attend recovery support groups once per week at a minimum (proof of attendance required). In addition will participate in TDFPS Parent Collaboration Group (PCG) and mentor other Drug Court Participants. 2. Review relapse recovery plan in court and with case manager on a monthly basis. 3. Participate

in at least one recovery activity with children and report experience to Judge and Drug Court Team on a monthly basis. 4. Participant will develop an individual work-plan to include employment and/or educational goals. 5. Participant will attend court once a month for three months, and provide drug tests upon request.

Project/Program Design and Implementation

The program mission statement is “The El Paso Family Drug Court works to provide parents the tools for a sober life and ability to accept the role of a parent”. This is addressed through comprehensive substance abuse screening, substance abuse treatment, case management services, family strengthening programs, Moral Reconation Therapy, and aftercare component to include family activities. The program is divided into 3 phases which are approximately 3 months long (depending on the progress) and a 3 month aftercare phase for a total of 12 months.

Goals for Phase I	Phase I Expectations	Phase I Requirements for Advancement
Phase Specific Service Plan	Review and comply with TDFPS service plan and Drug Court recommendations	Follow Team recommendations
Placement in appropriate treatment modality	Attend screening and assessment	Follow recommendations
Detoxification and abstinence	Random drug testing (four times a month)	2 consecutive months clean drug tests
MRT Group	Attend and participate	Complete steps 1-5
Consistent attendance and participation in all services	Attend and engage in treatment/services	Progress toward treatment plan goals
Attend Court on a regular basis	No absences	Attend all court hearings
Provide negative drug screens	Progress toward sobriety	2 consecutive months clean drug test

Acquisition of resources (healthcare, employment, housing, etc)	Follow through with referrals	Provide proof
Visitation with children (when applicable)	Visit with children as scheduled	Attend all scheduled visits

Goals for Phase II	Expectations for Phase II	Requirements for Advancement from Phase II
Phase Specific Service Plan	Review and comply with TDFPS service plan and Drug Court recommendations	Follow Team recommendations
Attend treatment services	Attend and complete services	Progress toward treatment goals
MRT Group	Attend and participate	Complete steps 6-10
Continued abstinence	Random drug testing (3 times a month)	3 consecutive months clean drug test and no sanctions
Relapse recovery plan	Discuss relapse prevention plan during court	Develop relapse prevention plan
Strengthening Families Program/Combined Parent-Child Cognitive Behavioral Therapy	Attend and Comply with all recommendations	Progress toward treatment plan goals and reunification
Improve interaction with children During visits (if applicable)	Visit with children and use new parent strategies	Attend all scheduled visits and report progress to drug court team
Participation and progress towards obtaining housing, employment and governmental assistance	Work toward service plan goals	Progress toward goals for stability in all areas
Participate in all therapy sessions (family and individual)	Attend all scheduled sessions	Follow recommendations
Regular Drug Court appearances	Attend all scheduled court hearings	No absences

Goals for the Phase III	Expectations for Phase III	Requirements for Completion of Phase III
Phase Specific Service Plan	Review and comply with TDFPS service plan and Drug Court recommendations	Follow Team recommendations

Internalization of relapse prevention plan	Present relapse prevention plan in court	Continue to revise as needed
Stable living and financial arrangements	Work toward service plan goals and follow up with all appointments	Progress toward goals for stability in all areas
Begin reintegration into family and community	Comply with TDFPS and Drug Court recommendations	Housing and employment in place
Preparation, in all areas, for reunification and continued drug-alcohol free living and proper parenting	Service plan goals to be completed	Progress and completion of goals
Continued abstinence	Random drug testing (1 time a month)	4 consecutive months clean drug test and no sanctions
Mandatory attendance and participation in all treatment activities including Strengthening Families Program and/or Combined Parent-Child Cognitive Behavioral Therapy	Cooperate and follow all recommendations	Follow all Treatment and Team recommendation
MRT Group	Attend and participate	Complete steps 11-16
Regular Drug Court appearances	No absences	Attend all scheduled hearings
Prepare aftercare plan	Develop aftercare plan	Submit aftercare plan
Start to develop life story	Prepare life story to be presented on graduation day	Complete life story

Graduation requirements	Requirements for Aftercare	Requirements for successful completion of entire program	Unsuccessful Termination from program
9 Months Minimum Program Participation	Monthly court appearances	Completion of all program requirements	Non compliance with drug court
4 Months Consecutive Clean Drug Tests	Work toward goals on Aftercare Plan	Complete each phase successfully	Non compliance with treatment

4 Months No Sanctions	Obtain a sponsor	Complete aftercare program	Non compliance with TDFPS
Completion Of Treatment Program as recommended by Drug Court and TDFPS	Introduce sponsor to Judge and team	Completion of all TDFPS requirements	No effort or willingness to change
Successful Completion Of parent/children programs	Attend recovery support group and/or 12 step meetings	Remain drug free	N/A
Completion Of services recommended by the drug court team	Participate in recovery activities with children (present to Judge on experience)	N/A	N/A
Read life story and Relapse Prevention Plan	Obtain employment and/or educational program	N/A	N/A
TDFPS Case ready for closure	Remain drug free	N/A	N/A

Achievements and Accomplishments: If participant does well in treatment and are in compliance with the mandates set by Drug Court, the participant can receive not only positive reinforcement, but also other rewards. A reward is an acknowledgement by Drug Court that the participant has reached a treatment milestone or accomplished a specific achievement. Rewards can be something like an applause in the Courtroom or as rewarding as special outings with your children, gift cards, certificates, sobriety tokens. Rewards are given to acknowledge achievements and progress in some tangible way. Receiving rewards can build self-esteem and help the participant set the stage for continued progress. Also, all rewards are subject to the rules of the treatment program in which they are enrolled. Other incentives used in the program are

family related to include tickets to the zoo, movies, Peter Piper Pizza, sports events, and local amusement park.

Infractions & Sanctions: Just as it is important to recognize progress, it is also important to respond quickly to problems or shortfalls that may occur in treatment participation and engagement. By imposing “graduated sanctions” on participant if they do not comply with treatment, the Drug Court hopes to help them learn that there will be swift consequences for their actions. The objectives, however, are not only to remind them that they need to comply fully but help them stay engaged in treatment and encourage them to continue working through the recovery process. An infraction is a negative behavior or action that is contrary to the treatment process. Some infractions are positive drug tests, missed appointments or rule breaking at treatment program. Some of the sanctions used by the program are 90 days/90 meetings through AA/NA, report to drug court daily, increase of urinalysis, community service, observe termination hearing, observe adoption hearing, and reports to mention a few options.

The relationship the Family Drug Courts has established is important to the overall function of the program. The Drug Court staff works very closely with the TDFPS along with the El Paso County Attorney to follow the guidelines mandated by the Adoption and Safety Families Act of 1997 (ASFA). The Drug Court Team is assigned a representative from the County Attorney’s Office to assure that the best interest of the child is the first priority. The agencies associated with the program have signed a memorandum of understanding to illustrate the support they provide to the court on a daily basis. The timelines for the TDFPS are always considered prior to referral and while making recommendations for the participant. The team is aware of the restrictions and the realistic time frames for the duration of the case.

The participant works very hard through various complex issues, for that reason it is extremely important to acknowledge the accomplishments and to support them through this very difficult time in their life. The incentives and sanctions are a very big part of the program and the participants learn and look forward to what would seem small to us, but huge in their eyes. The recognition from the Judge among other small tokens has been very effective in the success of the participant. It is important for the participant to have a full understanding of the program expectations to include the incentives (certificates, sobriety tokens, presenting first in court, decreased number of court appearances, gift cards, praise, etc.) and sanctions (written assignments, attend termination hearing, view video presented by children in foster home and their experiences, jail time, etc.). The team continues to meet and brainstorm for new and innovative ideas for incentives and sanctions.

The target population is families within the community of El Paso, Texas, that have an open case of confirmed child abuse or neglect, have substance abuse or dependency problems, and are at risk of losing legal custody of their children or are in the process of attempting to regain the custody of their children from the TDFPS. The Family Drug Court receives referrals for eligible participants from TDFPS at which time the court coordinates services to address the substance abuse/dependency issues, parenting, and other family related issues. The participant is required to observe two Drug Court Sessions prior to enrollment and then scheduled for an intake appointment. The participant signs a contract and is subsequently placed in services within a week of enrollment. Each participant is scheduled for a substance abuse screening and assessment appointment. They are sent to the OSAR office for a screening and assessment that is completed by Licensed Chemical Dependency Counselors (funded through the Texas Department of State Health Services). The process is as follows: the Clinical Management for

Behavioral Health Services (CMBHS) assessment is used for the participants. This assessment encompasses the following basic areas: General section-brief evaluation on what type of treatment/care the participant prefers or thinks they need; Medical section; Children's medical needs; Employment/Education section; Substance abuse section; Legal section; Family section; Psychiatric section; Diagnostic section; and Clinical section-clinical observations. The recommendations section for treatment is based on information provided by client and sometimes modifiers and collateral information which can be used in conjunction with criteria. The participant is then given a list of providers to choose from and the treatment begins. A treatment plan is then developed by the provider to include Drug Court as a goal. The Drug Court treatment plan is incorporated into the TDFPS service plan and completion of the program becomes a condition in the overall reunification plan and/or successful closure of their case. If a participant does not follow through with the program the team will review all efforts and decide if there is any other alternative before discharge from program is recommended.

The structure and operations of the Drug Court is as follows: the 65th District Court is under the direction of District Judge Yahara Lisa Gutierrez who functions as the substitute judge for the Intervention Drug Court. District Judge Linda Chew presides over the Intervention Drug Court. The court is scheduled on a weekly basis with a staffing held prior to each court. The Case Manager collects information from all agencies related to the participant and develops one progress report to provide to the Judge. The Drug Court Coordinator supervises all administrative issues and all programming efforts. The Drug Court Coordinator will step in when the Case Manager is not available and vice versa. The structure of the Preservation Drug Court is the same however the court is under the direction of Associate Judge Oscar Gabaldon. The court is scheduled twice a month with staffing held prior to each court. The Drug Court

Coordinator and Case Manager provide trainings to the service providers on a continual basis to keep them informed of the structure and goals of the program and any programmatic changes that may occur. The collaboration of team members and stakeholders is essential to the program's operation and shared goal of protecting children and the reunification of families. The Drug Court Program is currently working with the TDFPS, County Attorney's Office and the following community agencies: Court Appointed Special Advocates (CASA), Center Against Family Violence (CAFV), Aliviane Inc. (Substance Abuse Treatment Provider), Casa Vida de Salud (Recovery Services), Outreach, Screening, Assessment and Referral (OSAR), Pinnacle Social Services (counseling services), Mental Health Mental Retardation (MHMR), and Transitional Living Center (TLC). Each agency represented has an employee assigned to our court for the purpose of staffing and discussing progress of each participant and providing recommendations. They are also a part of the Drug Court Advisory Committee. The Drug Court Coordinator schedules regular Advisory Committee Meetings, yearly retreats, and regular trainings to keep the team updated on drug trends and new information to better address the issues of participants. At this time the drug of choice patterns of our participants is as follows: cocaine/crack, marijuana, and then alcohol.

Another important part of the program is for the team to continue to share data on a continual basis; therefore sharing agreements with treatment providers, TDFPS, court, and others, is in the best interest of the participant. Confidentiality guidelines will be followed by each agency working with the drug court program. Each representative will be required to sign a confidentiality form that states the following: program's policy, confidentiality guidelines, and a confidentiality statement. This form will be provided during initial training. Waiver forms will continuously be distributed to new providers and agencies personnel. These forms will be filed

and stored for confirmation. Data sharing will begin once the participant has been referred by TDFPS into the program: agencies will need to provide information to drug court staff and treatment plans. Drug court staff will review the case before admission to assure the referral is appropriate. During enrollment the participant will be provided with an agreement waiver form stating he/she is allowing any physician, hospital, police department, school, institution having medical records or other confidential information to be disclosed to the 65th Family Drug Court. Prior to each court an email is sent out to all providers, case workers, and agencies requesting progress reports for each participant. Any other additional information will be requested either in person, phone or via-email, depending on the type of request. The treatment plan is developed by treatment provider and Service Plan developed by TDFPS. The drug court staff will gather information from both plans to develop the Drug Court goals. The information is reviewed and discussed prior to each court which allows the team and Judges to make accurate decisions for incentives or sanctions.

The Drug Court Coordinator and Case Manager collect data to support the court's operations. There will be two methods used to collect data: the county's household data system and excel spreadsheet. Data collection is based on participant's personal information, to include children, legal, treatment, programmatic data such as beginning and closure dates, re-offense data (criminal and child protection offenses), services offered and received by each participant, employment/education data and progress regarding their case will be stored into the household system. Word excel will be used to track incentives, call logs, drug testing, scheduling for drug court hearings, and provider, legal, and agency contact information. The program will collect and determine the number of families served, percentage of families served by an evidence-based program, average length of program stay, percentage of participants who successfully complete

the program, percentage of participants who reoffend through drug offenses, percentage of participants who reoffend through child protective offenses and number of system-level initiatives implemented through the use of the available case management system in existence. The Family Drug Courts would like to enhance and strengthen the following areas of the program which includes the programs ability to drug test frequently with laboratory availability, a field compliance officer to provide home visits and drug testing, six months of substance abuse treatment (individual, group sessions), provide family strengthening services by trained facilitators in evidence-based programs, and the design and implementation of an aftercare component. Currently the TDFPS funds one hair follicle per participant toward the end of the case due to the limited funding. The limitation in the program's ability to monitor substance abuse to include the use of alcohol is hindering the programs ability to effectively hold participants accountable. This area of the program's design is in need of enhancement through laboratory testing and availability of drug testing within the community. As mentioned above, the program is unable to monitor closely for alcohol which is one of the most commonly used substances in our community.

The Drug Court staff monitors abstinence and Drug Court program compliance. The participant is required to call in on a daily basis prior to 2:00 p.m. to check in as well as receive notification of random urinalysis. Phase I, four times a month, Phase II three times a month, Phase III, two times a month, and during the Aftercare Phase, one time a month. When the participant is asked to provide a urinalysis they will report to the court house and Drug Court Program Coordinator, Case Manager or court bailiff will conduct the test. In addition, TDFPS will provide a hair follicle for participants in the Intervention Program prior to returning their children. Drug testing

coupled with court appearances encourage compliance with treatment protocols, and DPFS mandates that may be ordered as specific terms of their case.

Historically treatment services have focused solely on the parent whom allegations of abuse and neglect have been filed upon. The children will return to the home upon the parent's successful completion of the program; however it is important to offer the entire family therapeutic services that focus on rebuilding the overall relationships. The skills should include effective communication and strengthening of parental bonds. The children will be involved in family strengthening groups and/or Combined Parent-Child Cognitive Behavioral Therapy. The program consists of 14 to 20 sessions, two hours a week. In addition, while children are attending Drug Court programs referrals will be provided to auxiliary services as needed by observation or request. Finally, the programs ability to monitor participants and families after their cases are closed out with the program has been limited. By designing and implementing an aftercare component that will allow for continued drug screening, and the monitoring of the utilization of the natural supports is going to be essential for the long term success of the participants. This component will ideally reduce the frequency of any alleged abuse and neglect allegation after case closure by the courts and the TDFPS. The implementation goals of the family drug courts are to provide participants with the necessary parenting skills and treatment for their substance abuse/dependency issues to address the following; specifically the Intervention Drug Court program will focus on the reunification of the children with their parent, while the Preservation Drug Court's focus is to allow children to remain safely in their parents care and to help decrease the number of children placed in foster care. The purpose of this grant request is to enhance our existing programs resulting in improved long term outcomes.

Capabilities/Competencies

As mentioned previously the 65th Family Drug Court has been in existence since 1999 and functioned under federal funding. The structure and operations of the Drug Court demonstrates the experience and collaboration that is essential for a successful program. The design of the program is as follows: the Intervention Drug Court is under the direction of District Judge Yahara Lisa Gutierrez while District Judge Linda Chew presides over the court. In the absence of one judge the other will step in and address the participants. The court is scheduled on a weekly basis with a staffing held prior to the court. The Case Manager collects weekly progress reports and develops a comprehensive report for the Judges. The progress report includes information from treatment, TDFPS, attorney, MHMR services, and any other significant information. The Drug Court Coordinator and Case Manager meet with the Judges on a regular basis to discuss any issues that arise. The structure of the Preservation Drug Court is the same however the court is under the direction of Associate Judge Oscar Gabaldon (Judge of the Children's Court). The court is scheduled twice a month with staffing held prior to the court. Judge Gabaldon also provides trainings, and presentations throughout the year on the Family Drug Courts. Trainings and updates are conducted throughout the year for the team to include the attorneys that represent the parents and children. A yearly retreat is also scheduled for team building. In addition the Family Drug Court coordinates joint training with the Juvenile Drug Court to include MRT refresher trainings provided quarterly, trauma training, drug trends, and other related topics.

The Case Manager provides the participant with various services to include assistance with locating housing, treatment appointments, transportation, educational/vocational referrals, or any other services requested. The Case Manager has daily telephonic contact with the participants to address random drug tests and any crisis situation. Data entry is also performed by Case

Manager. The Drug Court Coordinator supervises all administrative issues and all programming efforts. In addition the coordinator writes and manages program grants. The two members of the Drug Court staff are interchangeable and will take on each other's responsibilities as needed. Providers will be required to submit a Referral for Proposal (RFP) for any services that will be contracted through the County of El Paso. These contracts will be monitored by the County Auditor's Office as well as by the Drug Court Coordinator.

The service providers used are funded by community based programs include Tigua Women and Children's Recovery Center (residential), Inner Resources Recovery Center for Men (residential) Inner Resources Recovery Clinic (outpatient) , Program Abandoned Infant Assistance Family Outpatient Program (outpatient for women), CASA Vida (recovery services), OSAR screening and assessments and contracted services with Pinnacle Social Services LLC. All agencies have been a part of this community and understand the culture and population in El Paso County.

Collaborative Planning

El Paso Family Drug Court's mission is indeed a joint task to provide parents the tools for a sober life and ability to accept the role of a parent to keep children safe. The Drug Court Advisory Committee consists of the following persons: District Judge Yahara Lisa Gutierrez presides over the 65th District Court and is the backup judge for Intervention Drug Court.

District Judge Linda Chew presides over the Intervention Drug Court. Associate Judge Oscar G. Gabaldon, Jr. presides over the Preservation Drug Court. Marilyn K. Mungerson County Attorney represents the county, TDFPS, and brings legal knowledge of the cases to the table for the Intervention Drug Court. Marguerite Rivera Houze of OSAR Region 10 represents the participants screening and assessment process. Eunice Buendia-Rivas, Myrna Calzada, Priscilla Thornton, Norma Roberts all represent TDFPS (Conservatorship) the Supervisor and

Caseworkers assigned to Intervention Drug Court. They bring information on the children and advise the team of participant progress. TDFPS (Family Based Safely Services) various caseworkers whose clients are enrolled in the drug court Preservation Drug Court, represent the participant and advise the team of progress. Ricarda Estrada liaison from Aliviane Inc. assists with treatment issues and recommendations for residential placement and outpatient placement services. Tom Stanton private attorney/ad-litem represents the participants and or the child and brings a legal perspective. Jackie Heins CASA representative advocates for the children's rights and brings in detailed information on the status of the children. Soila Hernandez representative from the Center Against Family Violence brings progress on participants attending services through their agency. Celene Martinez BS, LCDC I counselor from Family Outpatient Services represents and advocates for the participants enrolled in their program. Maria Jessie Korte, representative from Pinnacle Services reports on Strengthening Families Program and provides clinical expert perspective. Belinda Acuna Drug Court Case Manager has one-on-one contact with the participants on a daily basis through telephone check-in and deals with all case management duties. The Case manager also enrolls all participants, facilitates MRT Group, develops progress reports for the Judges, and conducts urinalysis and breathalyzers. Ruth Ann Fierro Drug Model Court Coordinator works in conjunction with case manager and oversees the grants and overall functions of the drug court.

The primary responsibility of the team is to get all the facts, and discuss each participant with the children's best interest in mind. Since the team meets on a regular basis and written documentation is required prior to each court hearing the communication is at a constant.

Sustainability Plan: The program has been in existence since 1999. Although funding has been difficult within the past couple of years the court has maintained operation at a modified level

with the financial assistance of the County of El Paso, TDFPS , and in-kind services from the community stakeholders, and local agencies. The program has continued to function for approximately 13 years with a tremendous amount of community support. Specifically the community continues to include the Drug Court in recovery fairs, presentations, school exhibits, and refer to the program as essential part of the 65th District Court and TDFPS. The program will continue to develop as opportunities arise and will continue to educate the public and market the positive outcomes of families to acquire support and maintain the intensity and enhanced level. The drug court has become a program that TDFPS accesses on a regular basis and has supported financially within its own budget. To date TDFPS supports this program by providing the funding for hair follicles and caseworkers to work collaboratively with the courts and other services as needed by the participant. At this time, the 65th District Family Drug Courts are operating with a Criminal Justice Division Grant which has improved the overall programming (drug testing, family services, bus pass). The County of El Paso is funding salaries for the Case Manager and Drug Court Coordinator positions, along with office space and equipment. The Family Drug Court is also utilizing the Abandoned Infant Assistance-Family Outpatient Program through Aliviane Inc. This program provides six months of outpatient treatment to mothers with infants through five years of age with substance abuse problems. The program continues to use OSAR for screening and assessments. The Center Against Family Violence along with faith based programming provides participants with various services to include recovery and auxiliary services. The Journey in the Tribe of Judah has adopted our program and provides Christmas functions to the participants and their children. Casa Vida invites the participants to all recovery activities where they participate in family based functions. In addition the Family Drug Courts Advisory team offers extra incentives through donations and

special events to provide opportunities for families to experience positive drug free fun. The court will continue to collaborate with other Drug Courts to identify additional funding sources. The University of El Paso at Texas has also provided training on grant writing and other fund seeking sources. Recently the Family Drug Court has collaborated with Border Children's Mental Health Collaboration and will be provided with a satellite office in their new assessment building located in the central area of town. This will allow us to meet with participants in a non-court environment and transportation more accessible. Attached to this application you will find MOU's to illustrate the support the Family Drug Court has developed over the years. As a result of a long standing collaborative an effort that began 13 years ago, the partnering agencies have continued to offer services to the program participants within the scope of their limited budgets. The Family Drug Courts plan is to continue meeting with our county leaders, state agencies, and community based entities to further develop funding strategies to support the enhancement of the program as proposed in this application beyond the funding period.

**65th District Family Drug Court
Budget Detail Worksheet**

PERSONNEL						
Position/Name	Base Salary Per Year		% of Time on Project		Years	Federal
Office Specialist (new hire)	\$17,001.00	x	100.00%	x	3	\$51,004
Assistant Field Case Manager (new hire)	\$23,144.00	x	100.00%	x	3	\$69,432.00
Totals						\$120,436.00

Employees

Assistant Field Case Manager: The Assistant Field Case Manager assists Drug Court staff to ensure that participants are abiding by the conditions set forth in the Drug Court Program Design. Works in the community, conducts home visits, collects urine samples in the community, breathalyzer, and assists with entire drug court program. Responsibilities include; home visits conducted during evening hours, holidays, and weekends, attend weekly mandatory meetings and will provide an updated spreadsheet of case load and documentation weekly. The Assistant Field Case Manager will perform other duties as assigned.

Office Specialist: The Office Specialist will perform complex clerical duties in support of the Drug Courts. Work involves data entry (to maintain statistics for the grant), minutes of the drug court staffing, assist Drug Court Coordinator with management of grant, assist Case Manger with daily telephonic contact with the participants, and assists with locating community resources for participants.

IN-KIND	Base Salary Per Year	<input type="checkbox"/>	% of Time		Years	Amount
Personnel						
Drug Court Coordinator - Ruth Ann Fierro	\$ 23584.00	x	50.00%	x	3	\$ 70,751.00
Senior Admin. Asst. - Belinda Acuna	\$ 39590.00	x	100.00%	x	3	\$ 118,770.00
IN-KIND Totals						\$ 189,521.00

FRINGE BENEFITS	Cost/Year		FTEs or Other Factor		Months	Federal
FICA	7.65%	x	\$3071.00	x	36	\$ 9,214.00
Texas Unemployment Compensation	0.38%	x	\$104.00	x	36	\$ 314.00
Retirement	13.01%	x	\$5,870.00	x	36	\$ 17,611.00
W/Comp	0.47%	x	\$356.00	x	36	\$ 756.00
TOTAL						\$ 27,895.00

All fringe benefits are based on the County of El Paso's costs for taxes, insurance, unemployment, etc. as required by law and/or by agency policy. In all fringe benefit categories, individuals whose salaries are partially funded from other sources have only the applicable percentage of their fringes charged to this program.

TRAVEL	Attendees		Cost per unit		Cost per trip	Number of trips	Total
Mandatory Travel/Trainings for 5 Attendees							
Hotel: \$250 x 3 Nights x 5 Attendees x 4 trips	5	x	\$ 250.00		\$ 3,750.00	4	\$ 15,000.00

Airfare for 5 Attendees x 4 trips x 3 yrs	5	x	\$ 1150.00		\$ 5,750.00	4	\$ 23,000.00
Per Diem: 4 Days x 5 Attendees x 4 trips x 3 years	5	x	\$ 144.00		\$ 720.00	4	\$ 2,880.00
Registration for 5 Attendees x 4 trips x 3yrs	5	x	\$ 700.00		\$ 3,500.00	4	\$ 14,000.00
Parking for 5 Attendees x 4 trips x 3yrs	5	x	\$ 50.00		\$ 500.00	4	\$ 1,000.00
Shuttle/Taxi to Training	5	x	\$ 60.00		\$ 300.00	4	\$ 1,200.00
TOTAL					\$ 14,520.00		\$ 57,080.00

Describe the training and number of individuals attending. The Drug Court Team attending mandatory training sessions will include; Judge, Drug Court Coordinator, Case Manager, TDFPS, and Treatment Provider. Trainings are provided throughout the year for education and updated information. Five people to attend at least four Drug Court-sponsored training events. For purposes of budgeting, applicants should plan on these events occurring in Washington, DC. In view of the fact that El Paso is far from the mentioned destination the estimate will include a period of 3 nights to arrive on time. The mandatory trainings will enhance the knowledge of the Drug Court Team, provide required updates, and allow for professional growth. All information will then be presented to the team members that were not able to attend.

EQUIPMENT	Cost		Units		Federal
LCD Projector	\$ 785.00	x	1	=	\$ 785.00
TV/DVD	\$ 750.00	x	1	=	\$ 750.00
Laptop Computer	\$ 1,500.00	x	1	=	\$ 1,500.00
TOTAL					\$ 3035.00

Describe the equipment being requested and the purpose for purchase. The Drug Courts provide trainings, presentations to participants, community agencies, and stakeholders on the program overview and informational trainings. An LCD projector and laptop computer will assist with power point presentations that are conducted throughout the Drug Court process. This will allow the

program to provide a more visual explanation of the program and/or training materials for a better understanding of the concepts. The television and DVD player will be used to provide training materials, sanctions for the participants (viewing of videos) and assist with facilitating groups.

SUPPLIES	Monthly Cost	<input type="checkbox"/>	Months		Federal
Supplies	\$ 100.00	x	36	=	\$ 3,600.00
Urine Analysis Testing Cups	\$ 100.00	x	36	=	\$ 3,600.00
TOTAL					\$ 7,200.00

Describe the supplies that will be purchased and details on the use of UA cups and cost. The Drug Court is presently working with a small grant that funds the testing cups for drug tests; however, we are limited to drug tests and with no lab verification or hair follicles available for participants who challenge their results which becomes a huge gap in the monitoring process. We will test the participants on a weekly basis during Phase I, three times a month during Phase II, two times a month during Phase III, and monthly during the aftercare component. Upon relapse the participant will be monitored more closely. The tests are for 50 participants per year. They will be conducted in the home, at the court house, and/or at a residential facility. The supplies requested will include gloves for administration of drug tests, computer paper, ink, client folders, etc.

Operating Expenses	Monthly Cost	<input type="checkbox"/>	Months		Federal
Mileage (home visits and community meetings) 400 miles x .40 per month	\$ 160.00	x	36	=	\$5,760.00
GED Tests (Battery of 5 tests) \$90 each x 1 per month	\$ 90.00	x	36	=	\$3,240.00
TOTAL					\$ 9,000.00

Mileage: Mileage will be requested for Assistant Field Case Manager at .40 per mile for 200 miles a month. The Assistant Field Case Manager will conduct home visits, and monitor the participant within the community. The Drug Court Case Manager and Drug Court

Coordinator attend treatment team meetings, community presentations, emergency meetings, and advocate within the community for the participant. Mileage for Case Manager and Drug Court Coordinator will be at .40 per mile for 100 miles a month each.

GED: The Drug Court Program encourages the participant to obtain their General Education Development (GED) Certificate however one of the challenges for the participant has been payment for the test. The test consists of five sub tests. To be eligible to take the GED Tests to earn a Texas Certificate of High School Equivalency you must be an adult Texas resident, age 18 and over. The cost is \$90.00 Per Battery of tests x 1 participant a month = \$90.00 per month.

CONTRACTUAL	Per Year	<input type="checkbox"/>	# of Families		Year	Federal
Strengthening Families Program (\$4000 per family x 10 per year = \$120,000)	\$ 40,000.00		30	x	3	\$120,000.00
Combined Parent-Child Cognitive Behavioral Therapy (\$3000 per family x 7 per year = \$63,000)	\$ 21,000.00		21		3	\$63,000.00
Substance Abuse Treatment (\$3000 per person x 15 per year = \$135,000).	\$ 45,000.00		45		3	135,000.00
Urine Analysis- Lab Testing/Hair follicle (5 UA's per month x \$20 = \$100.00)	\$ 1,200.00				3	3,600.00
1 Hair follicle (one per month x \$80 = \$960)	\$ 960.00				3	2,880.00
TOTAL						\$ 324,480.00

Strengthening Families-Describe Program: The Program is an evidence-based program for parents and children of ages three to eighteen in high risk families. The program consists of parenting skills, children's life skills, and family skills training courses taught together in 14 sessions within a three hour timeframe to include a meal that provides informal family practice time and group leader coaching (30 families x 14 wks x \$4000.00 per family).

Combined Parent-Child Cognitive Behavioral Therapy (CPC-CBT): Empowering Families Who Are at Risk for Physical Abuse is a structured treatment program for children ages 3-17. The target population includes families in which child physical abuse by parents has been substantiated, families that have had multiple referrals to a child protection services agency, and parents who have reported significant stress and fear that they may lose control and hurt their child. The program aims to reduce children's posttraumatic stress disorder symptoms, other internalizing symptoms, and behavior problems while improving parenting skills and parent-child relationships and reducing the use of corporal punishment by parents. The modality consists of 16 to 20 sessions of CPC-CBT components with a section for the joint parent-child segments as treatment progresses. (21 families x 20 wks x \$3000 per family)

Substance Abuse Treatment is the foundation of drug courts and with reduction of treatment dollars the wait list is up to two months. This time frame is critical for the participant's recovery and TDFPS case timelines. The treatment will include one hour of individual treatment per week, and two hours of group sessions per week for six months with a licensed chemical dependency counselor. MRT group will be included (6 months x 45 participants x \$3000 per person).

Urine Analysis -Lab Testing: (Describe Program) The Drug Court Program will enhance the area of drug testing by conducting testing within the community; however, there will be participants that question the results therefore, we would like the opportunity to send specific participants to the lab depending on the situation and substance. In addition hair follicle will assist with monitoring use within a three month period. (UA for 5 participants per month x \$20= \$100 per month, Hair follicle for 1 participant per month x \$80 = \$80 per month).

All the above services will be officially announced and a request for RFP will be required.

In Kind match

The Drug Court Coordinator is responsible for the administrative issues, MRT groups, administration of drug testing, and supervisory work in coordinating the activities of the Drug Court. Coordinator attends all staffing and court hearings and is responsible for providing training, grant writing, and monitoring of programs.

The Case Manager is responsible for progress reports given to the Judges prior to court, scheduling of drug tests, administration of drug tests, scheduling services, MRT Groups, intake new participants, and daily telephonic contact with participants. In addition, case manager is responsible for all data entry.