



Renée D. Morse

May 2007

## ADA County Family Violence Court

### Replication Manual



## ABOUT RMQIC

The **Rocky Mountain Quality Improvement Center** (Grant # 90-CA-1699), one of six Quality Improvement Centers funded by the Children's Bureau of the US Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, addressed the significant need in this region for strengthening families at the front end of Child Protection Services (CPS) that are struggling with child maltreatment and substance abuse. Through a competitive proposal process, RMQIC chose to fund four programs, which operated during 2003 – 2005. Two Colorado programs were community based; of these one (The Recovering Together Program, Cortez, Colorado) developed an intervention based on gender-specific treatment and skill-building for women with their children, while the other (The Denver Family Resource Center) served urban American Indians. The Idaho Department of Health and Welfare (in the PreTreatment Program) served parents or caregivers who had been referred to CPS and were waiting for substance abuse treatment, and the Ada County Family Violence Court implemented a collaborative approach by the courts and CPS in Ada County, Idaho, in which families reported to a central court to receive a consistent, accurate, and coordinated court response through the Supreme Court. All four programs provided intensive case management and either provided or brokered substance abuse treatment services to their client families. This present publication forms part of an array of materials designed to disseminate findings and recommendations from each of the four programs.

## ABOUT THE AUTHOR

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Family Court Services is a division within the Fourth Judicial District Court in Idaho, which provides services and resources for parents involved in the process of establishing or modifying parenting schedules for their children and/or are involved in seeking a civil protection order. Family Court Services provides the Focus on Children class, information about mediation and monitors court-ordered mediation, coordinates supervised visitation, calculates child support for pro se litigants, provides referrals to community resources and provides Effective Co-Parenting Education.

Family Court Services also conducts court-ordered Alternative Dispute Resolution (ADR) Screenings which determine if mediation or other resolutions are appropriate and to assess if the family was eligible for the FVC Grant Project.

## DISCLAIMER

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A great deal of the information here was gathered over the three-year project and also published in two journal articles: Castleton, L., Castleton, B., Bonney, M. & Moe, A. (2005). Ada County Family Violence Court: Shaping the Means to Better the Result. *Family Law Quarterly*, 39(1), 27-52 and Bonney, M., Moe, A. & Morse, R. (2005). Ada County Family Violence Court FVC Grant Project: A New Collaboration to Better Protect Children and Families. *Protecting Children*, 20(4), 40-52.

Renée D. Morse, Program Manager, administered the Family Violence Court Grant Project, supervised the program, and wrote this manual with the assistance of Amber Moe. Renée serves as the Director of Family Court Services for both Ada County and the Fourth District Court in Idaho. Renée assisted in the program development, implementation, and evaluation, and initiated much of the project’s operation.

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I write this letter as an endorsement for both the *Replication Manual* and also the companion *Case Coordinator Handbook*, which describe the Ada County Family Violence Court and the Rocky Mountain Quality Improvement Center (RMQIC) Grant Project. Various forms of this project continue on throughout Idaho as a model for an integrated Family Violence Court.

The Ada County Family Violence Court was merely six months old and in its formative stages when we were awarded the RMQIC grant. The court positioned a single judge over families with civil and criminal domestic violence cases, as well as high conflict custody cases. This grant made our dreams come true – it was a godsend! The grant project partnered our integrated domestic violence court with the Idaho Department of Health and Welfare Children & Family Services (child protection) on companion cases involving child maltreatment and parental substance abuse. This blended a coordinated judicial remedy to domestic violence issues with a comprehensive community response. This collaboration provided assistance for the troubled families who navigate both our systems. While at times the number of complicated issues facing families was overwhelming, we were, I believe, able to stay focused on solution based approaches which served the families best over the long run. The RMQIC grant allowed us this luxury.

I want to extend my deep gratitude to everyone involved in this project. Renée Morse and Amber Moe have done amazing jobs, with both their manuals and performance throughout the project. Both made it happen for us! I also want to thank all of the Ada County Family Court Services staff, as well all the other team members described in this manual. We often had different views, but we all shared a genuine concern and interest in positive change for the families we served. If you believe blending a coordinated court with a responsive community partnership is a worthy aspiration, then you should not only read these manuals, you should also take steps to implement similar programs in your own jurisdictions. We wish you well in your endeavors. It is definitely worth it! Every minute of it!

Very truly yours,

LOWELL D. CASTLETON  
Senior Judge  
Former Presiding Judge  
Ada County Family Violence Court

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## INTRODUCTION

### Purpose and Goal of this Manual

The purpose of this manual is to describe the Ada County Family Violence Court Grant Project (hereafter referred to as the FVC Grant Project) for agencies or organizations within the Child Welfare System and the court that may be interested in replicating it. The Introduction presents an overview of the issues and contexts that led to the creation of the FVC Grant Project; subsequent sections discuss its implementation combined with practical “how-to” suggestions for those seeking to put similar programs into action.

This manual is one of three pertaining to the FVC Grant Project. The comprehensive *Evaluation Report* and *Case Coordinator Manual* are available through the American Humane Association ([www.americanhumane.org/RMQIC](http://www.americanhumane.org/RMQIC)) and the Child Welfare Information Gateway ([www.childwelfare.gov](http://www.childwelfare.gov)).

### Program Purpose and Goals

The FVC Grant Project was a three-and-a-half year research project involving an innovative collaboration between the court and the Idaho Department of Health and Welfare Children and Family Services (DHW). Project participants included adult family members who were involved in the court system because of domestic violence and who had child protection concerns *and* substance abuse issues. Families with these concerns often find themselves involved with multiple courts, systems, and agencies. The FVC Grant Project used a Multidisciplinary Team (MDT) approach to bridge the communication gap among various systems and agencies. The goal

was to strengthen participating families through intensive case management, as well as provide access to funding for evaluations and treatment for program participants.

The FVC Grant Project had four major goals:

- Keep families and children safe while providing appropriate social service referrals and community support through the judicial process.
- Establish a multi-system approach to treat families involved with the court and social service agencies, replacing a fragmented, contradictory, or redundant approach with a cohesive treatment plan that focuses on the needs of children and families.
- Monitor substance abuse treatment, domestic violence treatment, and parent education and/or counseling through active case management and coordination.
- Strengthen child safety and improve family well-being through early identification of all the issues contributing to families’ distress.

### Description of the Program

To understand the FVC Grant Project, it is important to understand the Ada County Family Violence Court (FVC) design and the necessary compromises for implementation within the court system. In July 2002, the FVC was established as a pilot project by the Idaho Supreme Court (ISC) to address the unique challenges faced by courts with cases that involve domestic violence. Because cases involving domestic violence often are heard in multiple venues, the FVC sought to organize various, related court cases under the authority of a single, specially trained



judge. Although the FVC handled all kinds of domestic violence cases, for the purposes of this manual and because the FVC Grant Project was limited to families with children, this manual focuses on challenges faced by courts when working with families with children.

Specialized domestic violence courts are a relatively recent development. While the courts have always recognized that both battery and assault are crimes, only in the last two decades has there been an increased awareness that spousal abuse poses a unique interplay of concerns. This is especially true if there are children in the home. Prior to the 1990s, domestic violence was viewed as a private affair. Due to the absence of laws against domestic violence most courts did not handle family violence cases. Court awareness and purview changed in 1994 with the passage of the federal Violence Against Women Act (VAWA), which makes it clear that domestic violence is against the law.

With the passage of this legislation, many courts were quickly overwhelmed by the volume and complicated nature of these proceedings. The complexity of domestic violence cases is intensified by the disjointed structure of court processes. Multiple statutes arose from the VAWA that often resulted in families' involvement with both civil and criminal court to address the array of issues regarding contact and safety between parents, as well as parents and their children.

One violent incident can trigger numerous court cases, which are typically heard by different judges. The following example illustrates this point. During a violent encounter, someone

calls the police. An officer arrives and suggests the victim goes to the courthouse and files for a civil protection order. The victim also decides to file for divorce. As this case moves through the court system, it could easily engage three judges, all of whom issue orders that affect custody and contact and that require different types of violence-related evaluations and, in some cases, treatment.

In this example, a judge presides over a civil domestic violence case and issues a protection order that states parties must remain 300 feet apart. The judge then orders the offender to attend 24 hours of anger management treatment and one year of AA. Additionally, the judge decides that all the offender's visitation with the child should be supervised by a protection agency, two times a week for two hours each visit. In Idaho, this civil protection order can be in effect for a year.

If the prosecuting attorney files a criminal charge, a different judge presiding over the criminal case issues a no-contact order that states there is to be no contact between parties or between the offender and the child. The order requires that the offender not come within 1,000 feet of the victim or the child. The offender is ordered to submit to a domestic violence evaluation, which recommends 52 weeks of domestic violence treatment, and a substance abuse evaluation, which recommends 26 hours of substance abuse treatment. After sentencing, a probation officer may be added to the mix and may require the offender to attend cognitive self-change classes.

Yet another judge presides over the divorce case. This third judge, unaware



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of the issues in either the domestic violence cases, orders the parents to joint mediation to resolve their divorce issues, violating both the protection order and the no-contact order. The Family Law Judge also issues an order for temporary custody that allows the parent who is the offender in the domestic violence case a visitation schedule of every other weekend and one night a week. This judge further orders the parent who is the victim to provide transportation for the visitation, again violating both restraining orders.

This example clearly illustrates that, without a specialized judicial system, court cases are usually addressed in multiple settings, causing redundant court appearances. The process can easily generate multiple and often conflicting court orders that all are legally binding. This fragmented, disjointed system is costly and confusing and makes compliance difficult, if not impossible.

Efforts to coordinate cases are made even more complicated as criminal and civil courts each have different mandates and due process obligations. A parent offender in a criminal domestic violence case may have a public defender, but the public defender cannot be involved in any of the civil cases. Thus, if parents can pay for legal representation, there is hope that an attorney can disentangle these cases. However, parents often are unable to obtain private legal counsel.

The existing judicial system struggles with the complicated nature and volume of domestic violence cases in a structure that is not designed to cohesively resolve multiple legal issues confronting a single family. The fragmented nature of the laws pertaining to the different realms

governing these cases prevents the judiciary as a whole from speaking with an unanimous voice about the function of the court in resolving social and family problems. Some judges in the system believe that the court role and mandate is, and should remain, limited to resolving legal issues and protecting the public from criminals, and not to “make parents better people.” On the other hand, many judges who work with child protection cases, drug courts, domestic violence courts, and domestic relations cases have gone to great lengths, almost in spite of their formal training as aggressive litigators, to educate themselves on the complex, interwoven dynamics of these social problems. Emerging problem-solving courts attest to many judges’ dedication to interface legal remedies with the myriad human aspects of legal problems. While these flexible, systemic responses are moving toward appropriate treatment for multifaceted problems, courts are challenged with redefining their roles while dealing with the complexity of these issues. This debate within the legal system is exacerbated by the ever-increasing volume of cases before the court and the fragmented structure within the judicial system.

For some, the reform-minded solution for the court appears to be straightforward: redesign the court for a cohesive response and organize the docket so that a specially educated and concerned judge addresses all the legal issues facing a single family. A one-family, one-judge system ensures consistency in court orders, reduces conflicting or contradictory requirements placed on a family, and is more cost-effective for both the family and the court. While many judicial districts have incorporated specialized domestic

*Due process issues and conflicting mandates underlying the basic structure of civil and criminal courts pose statutory and constitutional dilemmas.*

violence courts, few counties have designed their courts in a fashion that places a single judge to preside over both civil and criminal cases.

One reason for this is that the due process issues and conflicting mandates underlying the basic structure of civil and criminal courts pose statutory and constitutional dilemmas. Concerns about competing interests arise in criminal court, such as the civil rights of defendants and the protected status of victims that shield them from discriminatory self-disclosure. Added to these complications is the aspect of the child's best interests in civil custody cases. For example, a judge may want a substance abuse evaluation to assist in a decision in a custody case which would be inappropriate for judicial review in a pending criminal case. These competing rights and protections, combined with limited resources and time constraints, may cause courts to avoid pairing civil and criminal cases. As a result, many court systems have designed specialized domestic violence courts under the purview of either the civil or criminal court.

Most specialized domestic violence courts focus on criminal law cases. These courts usually are designed to hold offenders accountable and provide better protection for victims. They do not address concerns that arise from multiple, conflicting court orders in civil court or focus on problems faced by families. In criminal court systems, dedicated domestic violence units within law enforcement provide police officers with specialized training to work with victims of domestic violence and offenders. Streamlined prosecutorial units with victim witness protection personnel provide resources for victims.

If children are in the home when violence occurs, the criminal charge may be enhanced. However, technically, in many states, unless the incident involves physical injury to the child, the needs of the child are not the criminal court's primary focus. If a child is injured a separate child protection case likely is opened, but the criminal domestic violence case addresses only the offender and the victim.

Other domestic violence courts focus on civil cases. In these civil courts, a victim petitions the court for a civil protection or restraining order. In Idaho, a child is not a party to the action unless that child is injured in the altercation. Parenting rights and responsibilities can be addressed in these petitions, but the order is temporary, usually lasting 90 days to a year. If the petitioner has other civil actions pending before the court, such as a divorce or custody case, one judge may be assigned to hear the domestic violence case and the custody case. The benefit to having one judge overseeing both the domestic violence case and the custody case is a reduction in conflicting orders. This greater consistency also addresses the combined needs of a family, if there are children involved in the cases. In custody cases the "best interests of the child" are the deciding legal factor. A single judge who oversees both civil family violence cases and domestic relations cases has familiarity with the parenting concerns. A single judge presiding over both custody cases and the civil domestic violence cases is better equipped to craft cohesive and complimentary temporary protective orders and permanent custody schedules that meet the best interests of the child.

In July 2002, the State of Idaho launched a pilot program in Ada County to handle

domestic violence cases under the direction of Senior Judge Lowell D. Castleton. This court coordinated both civil and criminal domestic violence cases with families' related divorce or custody cases. As the single judge in a rural Idaho county, Judge Castleton had years of experience presiding simultaneously over both criminal and civil cases. He knew that one family with one judge increased consistency when there are multiple court orders, allowing the judge to apply expertise to meet the unique needs of each family. This type of coordinated court assures continued, close judicial oversight that better protects victims, holds offenders accountable, and ensures child safety. Judge Castleton believed that by applying judicial finesse and appropriate case management, the rights of victims and offenders could be protected in criminal cases, while the best interests of the child could be protected in custody cases. A blended court provides a safer environment for families at risk and a more effective interface with the judicial system for families involved in domestic violence matters.

Launching a new problem-solving court is a complex political undertaking within the court system. Judge Castleton recognized the importance of intra-system buy-in very early in the process. Before he began hearing cases, he met weekly with stakeholders within the court, including Prosecuting Attorneys, Public Defenders, Victim Witness Coordinators, other judges, FCS staff, liaisons from victim advocacy organizations (e.g., Women's and Children's Alliance [WCA]), and court clerks. Court scheduling problems and due process concerns were identified and addressed on an ongoing basis as part of the group effort. This collaboration



within the new court was critical for its success. The meetings also provided a forum to address concerns within the court once the grant was awarded.

While coordination within the court system was the first step, other substantial systemic changes were necessary to remove barriers for families with multiple issues. Substance abuse often plays a role in cases that appear in domestic violence court. Likewise, children often are involved in the violent encounters that take place in their homes, either as witnesses or as direct targets of parental violence. A number of these families were involved with both the courts and the DHW. Yet prior to the FVC Grant Project, there was little communication and no coordination between the court and the DHW on cases they had in common. While the court was becoming more specialized and attentive to the concerns families encounter within its own system, a "disconnect" remained between the court and the DHW. This lack of coordination resulted in conflicting demands on struggling families within both systems. In effect, the fragmented approach to case management between the court and the DHW mirrored the previously described scenario with disjointed courts. Families in crisis often have conflicting expectations placed on them by both institutions. This situation is exacerbated by the co-morbidity of substance abuse that most of these parents experience. Navigating these systems, while trying to remain clean and sober is difficult, particularly when coping with the stress of conflicting demands from the courts and state agencies (e.g., the DHW, probation). This tug-of-war between agencies ostensibly assigned to help families ultimately increases families' risk of failure. The conflicting systems

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render each other ineffective, and consequently may fail to protect children.

The opportunity to address these concerns was presented when the court was awarded a three-and-a-half year research grant by the US Department of Health and Human Services through the Rocky Mountain Quality Improvement Center (RMQIC). The grant provided support, evaluation, and technical assistance for innovative programs or practice methods aimed at strengthening families that struggle with child abuse or neglect, substance abuse, and domestic violence. The RMQIC sought to identify evidence-based approaches for assisting these families and to establish a networking relationship among child protection professionals and other organizations.

The grant was administered through the Family Court Services FCS office within the Ada County Court. Prior to the grant, FCS staff provided assistance to judges involved in family law and civil domestic violence cases. Once the grant was awarded, FCS was able to expand their services to include families with civil cases and families involved in criminal domestic violence situations.

### **Brief Overview of the Program Approach and Elements**

The FVC Grant Project was a research project that supported collaboration between the court, DHW, and other agencies (e.g., probation, substance abuse providers, anger management centers, domestic violence advocate groups), and provided case management as well as funding for services and treatment for families involved in their systems. Participation was limited to

families involved with the FVC that had child protection and substance abuse concerns. The FVC Grant Project utilized a strengths-based, MDT approach to case management, headed by a Case Coordinator assisting the judge who provided the coordinated judicial response.

### **Research Questions Specific to the Project**

The FVC Grant Project posed the following problem statement:

“Families that are experiencing or are at potential risk for child abuse/neglect, that struggle with substance abuse and family violence, and that may have concurrent, multiple cases within the court system lack a coherent, comprehensive, collaborative approach to service coordination.”

Three research questions were posed for this project:

- Does using a comprehensive and collaborative approach serve to strengthen these families?
- Does a thorough assessment of family functioning, which includes substance abuse, domestic violence, and child maltreatment and identifies and provides early interventions for these characteristics, strengthen families?
- Does having a trained Case Coordinator, who provides therapeutic support and facilitates a coordinated treatment plan, lead to increased access to necessary resources and improved family functioning?

## Literature Review

Research suggests that the risk of child maltreatment increases in families where domestic violence is present (Schechter & Edleson, 1994). The U.S. Department of Health and Human Services, Administration on Children, Youth and Families (USDHHS) reports “a review of relevant research suggesting that about one-third of all individuals who were maltreated will subject their children to maltreatment” (2003, p. 28). Research also indicates that children are abused in one-half of families in which the mother is a victim of domestic violence (Edleson, 1999). While it is common knowledge that children are harmed by direct abuse, researchers have recently recognized that a child who witnesses domestic violence also may be harmed by that exposure. There is consensus in the literature that children who are present or nearby during incidents of domestic violence are at increased risk of emotional or developmental problems (Edleson, 1999; National Clearinghouse on Child Abuse and Neglect Information, 2004; Schechter & Edleson, 1994). The estimated number of children who witness domestic violence may be as high as 10 million per year. This results in a large number of children who are vulnerable to the development of severe emotional problems (Edleson, 1999; Schechter & Edleson, 1994). Further, “Multiple studies have demonstrated that men who abuse their partners are far more likely than other men to abuse children,” physically, sexually, or psychologically (Bancroft, 2002, p. 245). Thus, in those families in which domestic violence has occurred, children are at greater risk, either as witnesses or as victims of violence.

During the past decade, substance abuse has become a primary reason families receive intervention from the child welfare system. Links between substance abuse and child maltreatment are documented (Azzi-Lessing & Olsen, 1996; Sun, 2000). Further, at least one-third and as high as two-thirds of cases reported to the child welfare systems involve parental substance abuse (USDHHS, 2003). Additionally, links between substance abuse and domestic violence are clearly recognized (Jacobson & Gottman, 1998; Leonard & Blane, 1992). The Arthur Liman Policy Institute (Rubenstein, 2003) confirms an estimated 11% of American children (8.3 million) live with at least one parent who abuses or is addicted to alcohol and/or drugs (USDHHS, 2003). Parental addiction is a significant factor in child abuse and neglect, with studies suggesting that 40% to 80% of families in the child welfare system are affected by it (Young, Gardner, & Dennis, 1998).” Additionally, the USDHHS (2003) recognizes the magnitude of substance abuse in families through findings that “85% of States report substance abuse as one of the two major problems in homes in which child maltreatment was an issue” (National Center on Child Abuse Prevention Research, 2001). Multiple studies over many years reinforce the commonly held understanding that alcohol use often is involved with incidents of domestic violence (Chartas & Culbreth, 2001). Alcohol and substance abuse are frequently factors in the lives of the victims as well. Consequently, women who drink excessively are at an increased risk for battering (Irons & Schneider, 1997; Miller, 1990). Conversely, women often respond to trauma by abusing substances. Domestic violence, substance

abuse, and child maltreatment are interwoven aspects of the complicated family systems in which courts and agencies may be called upon to intervene.

Coordinated, comprehensive intervention models are critical for an effective response to the widespread problems of domestic violence and substance abuse (Fazzone, Holton & Reed, 2002). While linkages among programs happen informally as staff struggle to meet the needs of individuals, Collins, Kroutil, Roland & Moore-Gurrera (1997) found that the relationship between substance abuse and domestic violence treatment programs are infrequent and weak. They observe that “Our systems of care tend to be narrowly focused on a specific problem, and the systems operate independently” (page 394). This breakdown routinely leads to a fragmented response that cannot combat systemic family issues. On the other hand, pilot programs that have sought to integrate substance abuse treatment with the child welfare system have had promising results, promoting interagency cooperation and improving the likelihood that parents needing alcohol and drug treatment would decrease their substance abuse and retain custody of their children, with reduced complaints of abuse or neglect (Rubenstein, 2003). Research further suggests that men who are court-ordered to obtain domestic violence treatment appear to have a significantly lower likelihood of re-offense if they complete three months or more of domestic violence treatment compared to men who drop out of treatment within three months of intake (Gondolf, 2000). Cellini (2002) concludes that a coordinated response based on effective practices is more effective than a single treatment program

designed to address only substance abuse or only domestic violence. A report by the National Institute of Justice (NIJ) states that monitoring and case management seems to improve the success rate (NIJ, 2003). Healey and Smith (1998) list the types of effective responses: expedite cases, use specialized prosecution and probation courts, utilize culturally specific interventions, and coordinate interventions. Gondolf’s research backs up this finding. He states that a streamlined system resulted in higher completion rates and lower re-assault rates (Gondolf, 2004). In addition, effective interventions in domestic violence courts were identified, including better information gathering, an emphasis on victim safety, enhanced accountability, and improved access to justice and judicial leadership to promote interagency collaboration (Conference of State Court Administrators, 2004).

### **Key Evaluation Findings**

Overall, it appears that families benefited significantly from this project. A more detailed analysis of these findings is provided in the evaluation section in this manual.

From a child protection perspective, Rubenstein’s assertion that an integrated approach to substance abuse treatment with the child welfare system provides promising results was reflected in the FVC Grant Project. No children who had been subjects of prior substantiated reports had a new substantiated re-report during the program or during the six-month follow-up period.

Throughout the program, parents succeeded to varying degrees in sustaining sobriety. Ninety-four percent

*No children who had been subjects of prior substantiated reports had a new substantiated re-report during the program or during the six-month follow-up period.*

of participants had periods of abstinence based on reliable collateral confirmation from the DHW, probation, substance abuse treatment providers, or biological testing. Most parents with substance abuse concerns completed treatment. Seventy-eight percent of parents who attended substance abuse treatment completed treatment.

Risk factors for domestic violence dropped significantly at exit from the program. Similarly, both self-reports by participants and criminal history checks indicated that violence between parents decreased. Almost all the families (90%) had at least one incidence of domestic violence between the parents at intake of the project. As families exited the program, it was revealed that only two of the families reported another incidence of domestic violence following project enrollment. This was backed by a criminal history check.

Significantly, parents perceived a marked reduction of overall conflict from intake to exit from the project on issues like problems with visitation, scheduling times of exchanges and communicating about the children. Likewise, strong improvements in areas pertaining to family well-being and parent safety were reported.

As mentioned, detailed evaluation and research findings are available in the *Comprehensive Evaluation Report* accessible through American Humane ([www.americanhumane.org/RMQIC](http://www.americanhumane.org/RMQIC)) and the Child Welfare Information Gateway ([www.childwelfare.gov](http://www.childwelfare.gov)).

### **Summary of Program Start-up Efforts**

This section focuses on activities to take this program from a concept to readiness

prior to serving families. A large amount of organization occurred during this phase. Administrative preparation involved equipping an office, hiring program staff, and establishing managerial and financial procedures. Over the first three months, most of the forms were developed, prior to accepting parents into the program. Family Court Services staff collaborated with the ISC and the RMQIC staff on administrative details and financial protocols.

An evaluation design was established before launching the program to determine program effectiveness. A Logic Model, measurement tools, and forms to capture data had to be developed or acquired. The FVC Grant Project worked closely with the RMQIC in the program and evaluation design.

### **Process to Finalize Program Design**

The grant was funded as a research project, so a Logic Model was developed before working with families. The Logic Model proved to be a valuable tool to guide program design. Methodology for capturing data was specified and institutionalized early in the process.

Finalizing the program design incorporated input from others within the court structure, such as prosecuting attorneys, public defenders, victims' advocates, and court clerks. The due process issues described caused many within the court system concern. Therefore, it was important to mold the program to accommodate those concerns. Details of how this was accomplished and what issues were addressed are discussed in the Building Relationships section.

*Ninety-four percent of the participants had periods of abstinence based on reliable collateral confirmation such as the DHW, probation, substance abuse treatment providers, or biological testing.*



*The FVC Grant Project offered a coordinated approach to case management for participating families through early identification of concerns and funding for evaluations and treatment.*

The program also worked closely with the DHW to fine-tune the program design prior to accepting participants. Their mandates and responsibilities also required additional accommodation, and several adjustments were made to the original design in response. (The grant application did include a letter of support from DHS; however, with changes in leadership and the normal realities of taking a concept from paper to implementation, unforeseen adjustments were needed.)

Summary and recommendations for the start-up process:

- Design Logic Model to ensure that design elements are in place and to capture data that can be tracked and measured
- Meet with others within the court system to ensure program elements have necessary support within the court system
- Work closely with collaborating partners within and outside the court system to make sure they have continued buy-in on the process and program

**Outline of Program Protocols and Internal Structure Including Administrative Structure**

The FVC Grant Project’s protocol is described throughout the manual; however, a basic program outline is provided at this point. The FVC Grant Project offered a coordinated approach to case management for participating families through early identification of concerns and funding for evaluations and treatment. Usually program staff knew through disclosure in court documents, criminal history checks, and discussions with DHW workers when potential participants met the eligibility criteria.

The Coordinator then conducted a screening assessment to confirm eligibility and determine issues to be addressed with further resources and evaluations. The Coordinator did not conduct evaluations or provide treatment. Instead, families were referred to project-approved professionals within the community who provided these services.



After all the evaluations were completed and after enrollment in the project, participants took part in a treatment planning meeting with program staff and - depending on the issues - a DHW case worker, probation worker, and victim advocate. This team assembled a treatment plan based on the recommendations in the evaluations and the Coordinator’s screening assessment. All cases were then reviewed monthly in an MDT meeting, where status reports supplied by treatment providers, drug test results, and interactions with participants and other team members were reviewed. Throughout the process, the Coordinator worked with families to

provide support, problem-solve, and provide resources.

The Honorable Judge Lowell D. Castleton presided over the Ada County Family Violence Court and provided program oversight as the Project Director of the FVC Grant Project. Participant involvement in the FVC was a requirement for enrollment in the program. Senior Judge Castleton worked closely with administrative and program staff to monitor families' progress throughout the project. Staff meetings were held with Ada County FCS, the Coordinator, the ISC, and the Senior Judge to develop policies and procedures for the project.

The ISC was the fiscal agent for the FVC Grant Project. All financial reporting to the grantor was formally conducted by staff within the ISC. The ISC also was responsible for statewide replication of best practice methods identified in the project evaluation of the Grant Program.

As part of the commitment of the grant, the FCS provided program administration and clinical supervision for the program. The FCS Administrator, serving as Program Manager, was responsible for adherence to grant requirements and acted as a liaison when political difficulties arose in the MDT meetings or with others within the court system. This Program Manager also was responsible for program evaluation activities. The FCS Clinical Supervisor worked closely with the Program Manager in developing and implementing program policies and procedures, and provided clinical project supervision. In addition, the FCS Clinical Supervisor as well as the Coordinator reviewed families' intake screening

assessments and identified issues through criminal history checks and court file research. Altogether, Ada County FCS provided a minimum 17% match and cost-sharing for the FVC Grant Project.

The Coordinator was the only staff position solely dedicated to the FVC Grant Project. This staff member was primarily responsible for supporting participants, communicating with the MDTs, and coordinating resources. The Coordinator worked closely with the Program Manager to verify that participant service expenses matched attendance reports. The Coordinator also worked directly with the FVC Clinical Supervisor to assure comprehensive participant records were maintained.

The Program Manager, Clinical Supervisor, and Coordinator collectively addressed participant issues and concerns as they arose. All three were active participants in treatment planning meetings and MDT meetings.

Summary and recommendations for protocols and internal structure:

- Define the role of the Judge in the program and;
- Define administrative and clinical roles for staff (staffing requirements are discussed in detail in this manual).

### **Program Eligibility and Service Area**

To participate in the FVC Grant Project, families were required to have current or pending involvement in the FVC, as well as parental substance abuse issues and child protection concerns. A screening assessment tool was developed and implemented to determine potential project eligibility. This assessment



identified and documented family concerns to be addressed through evaluation and treatment. Each screening involved self-disclosure through extensive questionnaires completed during intake by the Coordinator. Further information was gathered through verbal disclosure during an interview, a report from the DHW that substance abuse was an issue, and an extensive criminal history check. The screening assessment was not designed to detail specific treatment recommendations, but to highlight issues that needed to be addressed and to recommend further evaluations from approved professionals in the community. For example, the screening assessment may state, “Substance abuse appears to be an issue in this case. It is recommended that the parent obtain a substance abuse evaluation through an approved evaluator and follow any recommendations made by that evaluator.” While this method of screening may have allowed some eligible participants to elude identification, it proved to be a reliable tool to detect voluntary participants. If parents were identified as having an issue, they were referred to a mental health professional who specialized in that field for a full evaluation.

The eligibility protocol extended to all adult family members. Participants included domestic violence victims and offenders, as well as adults deemed by the DHW as protective or as posing a risk to children. Participants were not required to be direct parties to the FVC court action. Significant others with parental responsibilities who lived with the children were encouraged to participate and could receive funding for services. This element was unusual for a

court program, as the court typically does not become involved with those who are not part of the court action. Some within the court system may hesitate to involve individuals in a court project when the court lacks jurisdiction over their participation. However, it can be argued that families as a whole benefit from expanded eligibility for participation.

Adults with felony-level violence cases were excluded from the program. This decision in part was a concession to the participating Prosecuting Attorneys, who had concerns about parent victims participating in a program that recommended clinical evaluations while a criminal case was pending. They did not want information from clinical evaluations to discredit victims. Additionally, for fiscal reasons, it was believed that funding should be spent on individuals who would be most amenable to benefit from services.

When it was clinically appropriate families’ participation in the FVC Grant Project could continue throughout the program period covered by the FVC Grant Project, even when the time extended beyond official court involvement. Typically, the courts do not extend involvement with litigants beyond the time of the court case. However, families often had extensive treatment needs due to the challenges inherent in substance abuse recovery and the many other presenting issues.

Initially, to be eligible for the Grant Program, families had to have a referral from the DHW. Referrals from the DHW could result from open child protection cases (in-home or recent out-of-home with a placement goal of reunification) in which concerns about parental substance abuse were identified based on

assessment. However, since the referral numbers remained lower than hoped and there were concerns of harm to other children in the system, participation criteria were expanded so the DHW also could refer cases in which it was not actively involved but in which a safety/risk assessment determined that families would benefit. Following this expanded criterion, the eligibility requirements were again broadened to include families with the same issues (i.e., child safety and substance abuse) that could enter through an FCS screening assessment. Child Protection concerns were defined as: endangerment charge, children's presence during domestic violence, and/or past DHW referrals or involvement. Participants in the expanded comparison group may have been involved in criminal court, or – as participants in the program group – may have had domestic violence concerns that never resulted in criminal charges but were brought to light in a court assessment.

Summary and recommendations for program eligibility and service areas:

- Define eligibility criteria (if there are expectations regarding the number of families to be served, ensure that estimates are based on strong data)
- Establish protocols within the court that consider legal due process concerns, as well as project and DHW mandates
- Identify screening mechanisms
- Delimit participation timeline, and support timelines that meet participants' needs and not court involvement
- Coordinate with the DHW to develop a referral process that includes confidentiality releases that are

compliant with all state and federal regulations

### **Program Start-up Activities**

It took longer than anticipated to begin working with families as the referral process through the DHW took several months. In hindsight, this time was beneficial, as it allowed the program to establish a clear understanding of eligibility criteria, referral processes, project data tool development, and reporting structures. During this time, fine-tuning administrative policies, procedures, forms, financial spreadsheets, and other details occurred.

Technical assistance provided by the RMQIC was especially useful during this period. The RMQIC provided valuable feedback on the Logic Model that guided the evaluation focus, data collection tools, and referral options with the DHW.

### **Finalization of Program Design**

The finalized program design was a collaborative effort between the courts, the DHW, Probation, FCS, the Coordinator, and the RMQIC. The most significant change to the original Grant Proposal pertained to the control group. Family Court Services, the Coordinator, and the DHW expressed significant concerns that the preliminary design would withhold the study's proposed services from families in need. A strict control group would require that randomly assigned families would not receive case coordination and treatment services paid for through the pilot program. The RMQIC allowed the project to replace the control group with a comparison group design. The criteria for inclusion in the comparison group are detailed in the Evaluation section of the

manual. Whether in the original control group or in the revised comparison group, these individuals received all the services that were available to families before this program piloted. The only services they did not receive were those provided by the Coordinator and financial assistance for treatment services via the channels in place prior to the pilot.

During the startup, the FVC Grant Project staff established and suggested data-gathering mechanisms for evaluation with the DHW and Probation Services. Procedures involved in tracking and consolidating data on comparison group members also were discussed.

Summary and recommendations for program startup:

- Meet with key partners to establish agreed upon program elements;
- Identify and design forms (e.g., intake, consent) and screening assessment tools (e.g., pre- and post-tests);
- Compile a comprehensive intake packet to gather important information regarding court cases and parental issues, as well as provide data for evaluation purposes beyond the clinical assessment tools;
- Develop a referral form for providers that contains participants' names and approved funding amounts;
- Draft or assemble consent forms that address confidentiality limits and authorize information release to grant partners;
- Devise a screening and report format that provides information to the court about families participating in the FVC Grant Project and to share information with other partners ;

- Establish confidentiality protection protocols, if possible in conjunction with an Institutional Review Board if research is part of the design;
- Design an evaluation component with careful attention to outcomes measurement and data gathering processes; and
- Obtain agreements with partners pertaining to data collection and sharing for evaluation purposes

### **Building Relationships**

Multidisciplinary coordination between all agencies involved with the FVC Grant Project participants was a cornerstone of the FVC Grant Project. Family Court Services, the DHW, the Director of Ada County Misdemeanor Probation Services, and the Court Liaison with the WCA were key partners in the project. While treatment providers did not actively participate in the MDT meetings, their reports were submitted to the Coordinator and were reviewed by the team. Likewise, if information pertaining to participants' progress in treatment came to light at a meeting, the Coordinator forwarded the details to the treatment providers.

In Ada County, the FVC had been functionally operational for only six months prior to the FVC Grant Project. The staff had extensive experience supporting Family Law Judges in civil cases and needed to form crucial alliances to interface the program with criminal court. The FCS Director had participated in preparatory meetings that the presiding Judge held with other court representatives prior to the FVC Grant Project; however, participation in criminal cases was a new role for FCS. Thus, a different relationship within the

court needed to be established between agencies.

In the section Description of the Program, some of the potential conflicts that can occur with a combined civil and criminal domestic violence calendar were touched upon. Both prosecuting and defense attorneys had concerns about their clients participating in screening assessments, the resulting evaluations, and obtaining treatment while they were involved in a court case. Screening assessments were needed to determine eligibility and were combined with evaluations as a template for the family treatment plans. These documents included both personal disclosures and perceptions about the other parents' substance abuse, violence, and child protection concerns. The Prosecuting Attorneys and Victim Witness Coordinators did not want victims' lifestyle choices, such as drug and alcohol use, relationship problems, or poor parenting, to be considered by the court in criminal cases. They considered these issues as secondary concerns to the more serious matter before that court of physical violence. Along those lines, it is inappropriate to put information before the court that would "blame the victims" by implying that if they had not been abusing substances, they would not have been in a position to be battered. The prosecutors also were concerned they may lose victims as witnesses, or that victim parents would be discredited as witnesses if they disclosed issues related to their substance use or other behaviors. Likewise, the public defenders had reasonable Fifth Amendment concerns about defendant participation in the screening assessment and evaluations. Defense attorneys were concerned that information gathered during evaluations could be self-incriminating for

defendants if guilt had not been determined.

Prior to parents' participation in the project, meetings were held weekly and subsequently monthly, with prosecuting and defense attorneys, the Judge, FCS staff, and the Coordinator to establish protocols, policies, and procedures to address their concerns. It was agreed not to recommend screening assessments and evaluations prior to disposition in criminal cases.

Especially important was the negotiation involving timing for project participation when parents were going through the criminal court process. Initially, it was decided that parents would not participate in the project until they had a finding of fact in their criminal case. Thus, any evidentiary information would not impact guilt or innocence. However, this policy evolved as the project progressed. Eventually, many players within the court system grasped the notion that early intervention was both personally helpful to their clients and reflected favorably to the Judge. By the end of the project, many attorneys advised their clients to seek help for both substance abuse and domestic violence issues prior to the disposition of their criminal cases. Similarly, if parents were concerned that their children would be removed from their home due to DHS concerns, they often decided to participate in the program against the advice of their attorneys in the criminal case.

A meeting also was held with the Ada County Misdemeanor Probation Director to establish collaboration and monthly reporting procedures. This element of coordination went smoothly relative to other interdepartmental fracas that

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*Establishing and maintaining a shared understanding was an ongoing process between the court and the DHW.*

arose (e.g., cases in which parents had involvement with Prosecutors and/or Public Defenders).

Prior to the FVC Grant Project, virtually no relationship existed between FCS and the Idaho DHW. Initially, program staff met with the DHW Director to discuss eligibility requirements, the referral process, and services that could be provided by the FVC Grant Project and through project collaboration. Although the DHW Director had held the same position in a connected region, he was relatively new to this region and thus was unfamiliar with the FVC Grant Project. He was helpful and accommodating. He personally met with the Judge and program staff several times, made key supervisors aware of the program, and encouraged them to refer families to the project. He included project staff in staff meetings and provided the Coordinator with office space within the DHW facilities. This initial meeting allowed project staff to listen to DHW concerns and establish procedures that made the project mutually beneficial. The RMQIC provided significant assistance and helped facilitate the relationship between the DHW and FVC by promoting communication among key staff. The RMQIC also provided assistance with problem solving technical differences among the organizations.

Establishing and maintaining a shared understanding was an ongoing process between the court and the DHW. Matching the grant eligibility requirements with DHW policies that governed open cases almost put an end to the project before it began, due to the combination of requirements and policies that severely limited the number of eligible participants. The key goal of the FVC Grant Project was to identify

evidence-based approaches for families that struggled with substance abuse and had involvement with the DHW. This was accomplished through establishing and strengthening a working relationship between child protection professionals and other organizations.

While governmental interagency collaboration is desirable, initial misunderstandings about technical definitions and mandates should be anticipated. Implementation of the FVC Grant Project was initially hindered by a combination of project eligibility criteria by the RMQIC, based on the interest of those funding the project. One of the requirements of the grant was that participating families needed to have a child living in the home while the parents worked with the DHW and partner organizations on their child protective concerns. Another part of the grant criteria required that families needed to have an open child protection case with the DHW. Initially, FCS staff did not perceive this criterion as problematic. In civil domestic violence court proceedings, the judge is required to hold an emergency ex parte hearing within 48 hours to determine whether a temporary protection order should be issued to protect victims until the judge has a chance to hear evidence from both parties. As part of this court action, if there are concerns that a child has been abused or neglected, the judge will request a Child Protection Investigative Report (CPIR) from the DHW. The FVC Grant Project staff believed that when a CPIR was court-ordered and the DHW became actively involved with families, a case was considered “open” with the DHW. However, in the regulations of the State of Idaho, a case is not considered “open” with the DHW while it is in the “risk assessment or investigation” phase.

At that time, it was more likely cases were not formally open unless the child was removed from the home. This meant that as soon as families became eligible to participate in the FVC Grant Project by meeting the “open” case criterion, they immediately become ineligible because the child had been removed from the home.

To overcome this obstacle, the DHW began referring families to the project through a community referral option. This allowed CPS caseworkers to refer families that were involved with CPS due to a report of child maltreatment even if their cases were not opened due to unsubstantiated findings or non-removal of the children. Most of these cases were closed with CPS and were never involved in child protection court; however, they were referred to the program as an Alternative Track option because CPS continued to have concerns regarding the children and knew the families were at risk due to substance abuse and domestic violence. Staff from the RMQIC assisted in coordinating this option and modified the grant requirement to allow these families to participate. Many caseworkers found the referral option a wonderful resource for families that were no longer involved in CPS but needed resources and assistance. However, institutionalizing this referral option within CPS was never fully accomplished due to CPS staff turnover and the duration of the program.

Additionally, the RMQIC modified the requirement that the child must be living in the home for parents to participate in the project. Specifically, the “open case” requirement was adapted to allow for program participation if the permanency plan anticipated that the child would be returned to the home within six months.

Eventually, the project also began receiving participants in which cases were opened “informally” with the DHW. This occurred when families agreed to work with the DHW voluntarily and the child remained in the home or had been recently removed with a goal of being returned to the home.

For the FVC Grant Project, a shared understanding among all partners was a continuing progression. Structurally, the court, as part of the Judicial Branch, and the DHW, as part of the Executive Branch, are set up with specific checks and balances that limit communication. Different branches of government are compartmentalized to protect rights, even if an individual’s physical safety is at risk. Due process concerns and confidentiality issues have institutionalized miscommunication between the court and the DHW. While interagency communication can be technically difficult, a mutual understanding about mandates and procedures is important. The project addressed issues of confidentiality and due process protection from involuntary legal coercion in two ways. Participation was voluntary, so families involved in the FVC Grant Project could agree to the terms and could withdraw at any point without retribution. Participants also signed confidentiality waivers with all the appropriate partners. Both steps allowed voluntary agreement to forgo the protection of confidentiality rights to access coordinated services that would make the lives of families better in the long run.

Carving out an initial basic understanding between project staff within the court and the DHW posed some unique challenges initially. Identifying participants who were



*The court, DHW, Probation, and the WCA became the core group of the MDT.*

involved in both the court and the DHW proved to be the most difficult aspect, especially at the beginning. Prior to Grant Program implementation, FVC Grant Project staff held meetings with DHW to inform their staff about the project and services, referral process, forms, and project collaboration. These meetings continued on a regular basis throughout the program. The development of a user-friendly, short referral form to the project for DHW staff was key to supporting referrals. During the first several months of the FVC Grant Project, the local DHW office was undergoing major internal restructuring as well as experiencing a hiring freeze. The DHW was simply understaffed. Once the hiring freeze was lifted, there were many new workers to train and familiarize with all aspects of their very difficult and demanding job. This restricted staffing environment contributed to the fact that there were no DHW referrals during the first two months of family recruitment.

Importantly, FCS staff met with the Court Liaison from the local domestic violence victim advocacy organization, the WCA. Their participation was critical to assure that procedures incorporated adequate victim protection and empowerment throughout the process. Like the court, the DHW, and probation, the WCA has participation requirements that apply to victims who use their shelter. Their residents must attend counseling sessions, safety planning meetings, and AA if there are substance abuse issues. The confidentiality statement form and a treatment plan format were constructed to resolve the various management and confidentiality concerns.

These organizations, the court, the DHW, Probation Services, and the WCA became the core group of the MDT. When appropriate, other key partners involved in the cases would meet with this core group, which assembled bimonthly and staffed families' cases monthly. A "mock" MDT meeting was held during the beginning phase of the project to discuss case management format and confidentiality issues.

Summary and recommendations for partnership development:

- Meet with partners within the court system to establish protocols that consider legal due process concerns, including:
  - Prosecuting Attorneys
  - Public Defenders
  - Victim Witness Coordinators
  - Private members of the Bar
  - Clerical support
  - Probation
  - Child Protection Court judge
- Meet with other partners
  - Supervisors and staff with the DHW to discuss mandates and the referral process
  - Victim Group Court Liaisons
  - Substance abuse treatment providers
  - A "mock" MDT so that team members are prepared for the first meeting
- Develop an MDT
  - Develop forms and protocols
  - Conduct a "mock" MDT so that team members are prepared for the first meeting

This project expanded existing partnerships and created new alliances. Prior to the FVC Grant Project, FCS had a cordial, professional relationship with

community evaluators and treatment providers, mental health providers, and other community agencies involved in the court process.

Upon establishing eligibility criteria for provider participation and finalizing invoice and reporting requirements, the Clinical Supervisor and Coordinator held informational outreach meetings with community providers about program collaboration. Most service providers expressed great willingness to participate in the FVC Grant Project. The FCS staff also conducted site visits with service providers to meet staff, tour facilities, and gather additional information regarding services and program methods. These activities resulted in greater understanding, stronger communications, and strengthened relationships with community providers.

Summary and recommendations for relationships with community resources:

- Develop a program community awareness/outreach strategy
- Establish a relationship with multiple community resource organizations including:
  - Substance abuse treatment evaluators and providers
  - Domestic violence evaluators and treatment providers
  - Mental health providers
  - Parent education providers
  - Drug testing agencies
- Establish financial and reporting protocols with treatment providers
- Tour facilities
- Evaluate available services' strengths and limitations (this aids when the time comes to refer participants to service providers best equipped to meet specific needs)

## **Staffing**

The Coordinator was the only staff member whose job was entirely dedicated to the FVC Grant Project. The Coordinator designed many of the demographic data collection tools and most of the invoice and service provider reporting forms and conducted screening assessments to determine eligibility. The Coordinator oversaw data collection. In addition, the Coordinator supported families by providing resources, connecting participants with the services outlined in the treatment plan, and helping them understand and navigate the court process. This staff member also contacted or met with families as often as needed, remaining available and accessible until they exited the program. The Coordinator served as a liaison between community service providers, the judge, and the DHW. When appropriate, the Coordinator also provided Effective Co-Parenting Education for parents in the FVC Grant Project.

The Program Manager authorized and submitted the program invoices to the ISC, tracked program spending, and monitored adherence to program objectives, policies, procedures, and eligibility requirements. The Program Manager also designed the evaluation database and provided evaluation activity oversight. The Program Manager participated in MDT and Treatment Planning meetings. These meetings are detailed in the Coordinator section of the manual.

The Clinical Supervisor provided clinical oversight and participated in MDT and Treatment Planning meetings. The Clinical Supervisor also oversaw documentation methodology and

standardization for data comparison at the end of the project. The Coordinator and the FCS Clinical Supervisor worked closely with the RMQIC to identify appropriate program and research evaluation tools and methods.

There are many possible configurations to delegate individual job responsibilities for the numerous tasks detailed here. (See Appendix for the Coordinator's job description. As noted, the *Case Coordinator Handbook* is available through American Humane ([www.americanhumane.org/RMQIC](http://www.americanhumane.org/RMQIC)) and the Child Welfare Information Gateway ([www.childwelfare.gov](http://www.childwelfare.gov)).

Summary and recommendations for staffing needs and responsibilities:

#### **Administration**

- Build and maintain community involvement, awareness, and education
- Assist in developing and maintaining policies and procedures for the program
- Oversee program and reporting
- Keep financial records that track both overall program expenses and cost per participant
- Verify invoices and processing services
- Conduct participant intake and screening assessment
- Assist in developing treatment plans
- Oversee case management and case coordination
- Monitor treatment progress and completion
- Maintain direct contact with families
- Coordinate and facilitate MDT meetings

#### **Assessment, Research, and Evaluation**

- Develop data forms for evaluation and screening assessment and information sharing agreements with partners
- Perform research assistance
- Assist in research and evaluation tool development
- Administer pre- and post-tests
- Contribute to periodic reports to RMQIC or the funding agency
- Conduct follow-up work on research and evaluation activities with families

#### **Job Qualifications per Staff Position**

The FCS Clinical Supervisor had a Master's Degree in Social Work and was a Licensed Clinical Social Worker with a background in court assessments. The Coordinator was a Licensed Professional Counselor. Both professionals met the requirement of five years of clinical practice and had worked with the courts for three or more years.

Program clinical staff (i.e., Supervisor and Coordinator) must be at least Master's-level mental health care professionals with backgrounds in direct client service. Ideally, program staff should have at least five years of clinical experience. Experience working within the court environment is vital, and experience working within the DHW is highly beneficial.

Administrative staff should have experience in grant administration. The Program Manager in this FVC Grant Project had a background in program design, management, budgeting, and grant administration.

If research and program evaluation are part of implementation, a commitment to and understanding of the value of

*If research and program evaluation are part of implementation, a commitment to and understanding of the value of evaluation also is an important hiring consideration. Research and evaluation take time.*

evaluation also is an important hiring consideration. Research and evaluation take time. Some might argue that time spent in this manner "takes away" time from serving children and families. Many grantors, however, mandate evaluation and it is good practice to measure program success using quantified measures. It is important that all staff understand that having data is important for both ongoing quality improvement and demonstration of program effectiveness.

### **Hiring Process and Considerations**

Actual implementation of a program is seldom as tidy as a flow chart in a grant proposal. The start-up process may be hindered by staff turnover within the court and within key partnership agencies. Since staff turnover is fairly common in many governmental and nonprofit organizations, this potential complication should be anticipated.

The process of selecting a Coordinator can be time-consuming. The court system is a multilayered bureaucracy where staff or contract positions undergo considerable scrutiny. At this juncture, it might be debated whether the position should be a grant-dependant staff position or a straight contract position. Ada County opted for a contract position. This decision was time consuming because a contract must be written and agreed to. Most grants require that the project start-up phase occur as soon as possible. Many grants are allotted for limited blocks of time with an expected quick startup and are funded for three-year increments. In this project, after the grant was awarded January 1, 2003, approval of the job description within the contract was required from the Trial Court Administrator. After the Trial

Court Administrator accepted the job description, it needed approval from the Ada County Commissioners, who only met once a month. If the Commissioners decided that a grant-dependant staff position would be created instead of a contract, the job description also would have to clear the Human Resource (HR) Department. After HR Department made adjustments, the ISC also had to agree. Finally, time was needed for recruiting and for candidates to submit resumes. After a selected candidate accepted the position, more time had to be allowed for the new staff person to give notice to a current employer and phase out of his or her former position.

The importance of hiring the right person for the Coordinator position cannot be overstated. The Coordinator requires skills and abilities to interface with multiple system agencies and providers. The FVC was fortunate to find an individual with experience in the court, a clinical environment, and the DHW, albeit in another state. Next to the judge, the Coordinator receives and deserves the bulk of the credit for the program's success. It is important to find someone with the right personality mix, as the Coordinator works with a challenging population. The Coordinator must be able to remain nonjudgmental yet hold participants accountable. This position also must be diligent about communication with other team members.

Summary and recommendations hiring process and considerations:

- Construct a hiring strategy for the Coordinator, either a contract service provider or an employee position
- Construct a contract or work with the Trial Court Administrator, County

Commissioners, and HR to develop a job description

- Allow time for each step in the hiring process when determining timeframes

### **Staff Training**

It is unlikely that a program will find a Coordinator with specialized experience in the court process, the dynamics of domestic violence and high-conflict custody cases, DHW mandates, and substance abuse treatment. The definitions of domestic violence, as well as child abuse and neglect, can vary significantly between the court and the DHW. Staff training will vary depending on the experience of the Coordinator. Each court has a unique approach to case management and the specific cases consolidated within the specialized court. Similarly, each judge has a unique approach to case management. The Coordinator needs to become familiar with the distinct features of his or her particular court. The Coordinator should attend court hearings to become familiar with the system and established procedures. Specific training about the power and control dynamics in domestic violence cases is important. It also is imperative for the Coordinator to become familiar with different types of substance abuse issues, treatment considerations, parenting concerns, and parental risk factors.

The DHW offers free internal training that it may extend to the Coordinator. This can be helpful in creating alliances and can provide insight into the DHW culture and mandates.

Potential training can address the following areas:

- The court process
- DHW mandates and policies

- Specialized domestic violence training
- Specific issues pertaining to substance abuse
- The interaction of timelines in court procedures, child protection, and substance abuse recovery

### **Program Location and Housing**

Ideally, the position will be primarily housed within FCS with additional space at the DHW site. (More information on location and housing are presented in this manual.)

### **Creating Community Awareness and Support**

It is important to educate the community about program details at every opportunity. The FVC Grant Project staff created a brochure to explain the FVC and the FVC Grant Project to professionals. This brochure was distributed to local agencies and providers and at conferences both locally and nationally. Staff attended the Regional Substance Abuse Authority meetings within the community to inform others about the FVC Grant Project.

### **Community Education Efforts**

Project staff presented at several conferences and professional meetings to inform the public and other professionals about the FVC Grant Project. For example, FVC staff spoke at numerous local and statewide conferences, including an annual statewide domestic violence conference, “Three Days in June,” conducted by the Idaho Council on Domestic Violence and Sexual Assault in June 2003; the Fifth Annual Governor’s Roundtable for Families and Children; and the Idaho Supreme Court’s Children and Families in the Court

*It is important to educate the community about program details at every opportunity.*

Committee (CFCC) in 2005 and 2006. Additionally, staff presented at the National Conference on Child Abuse and Neglect in April 2005 in Boston, as well as the 2006 Meetings of States and Tribes sponsored by the Children's Bureau in Arlington, Virginia, in June 2006. Staff also presented with the other RMQIC sites in Denver in 2004, in Boise in 2005, and in Denver in 2006, and at the Integrating the Criminal Justice System in Domestic Violence Cases Conference in Missoula, Montana, in September 2006.

In addition to participating in professional conferences, the team took advantage of numerous publishing opportunities. Thanks to the RMQIC, several articles and ongoing information regarding the FVC Grant Project have been published in American Humane's RMQIC Quarterly newsletters.

The program's most prominent publications were published in 2005. Ada County Family Violence Court: Shaping the Means to Better the Result. *Family Law Quarterly* 39(1), Spring 2005, was written collaboratively with FVC staff (Castleton, L., Castleton, B., Bonney, M. & Moe, A.). The article was a comprehensive review of both the FVC and the FVC Grant Project, highlighting the challenges and the future goals. The Ada County Family Violence Court Grant Project: A New Collaboration to Better Protect Children and Families. *Protecting Children: A Professional Publication of American Humane* 20(4) also written by FVC staff (Bonney, M., Moe, A. & Morse, R.), described the FVC Grant Project.

Summary and recommendation for community education:

- Attend local conferences – don't be shy about getting the word out about your project as you form alliances
- Present at local and national conferences to identify what others are interested in and to build interest in the program - being regarded as a national model also can build local support
- Publish at every opportunity

## **Program Funding**

### **Administrative Activities (fiscal)**

The FVC Grant Project's accounting procedures were complicated as there were two agencies involved on behalf of the grant recipient in the approval process of the FVC Grant Project. The Idaho Supreme Court was the funding agent for the grant; however, the Program Manager also tracked charges since she was involved with the day-to-day activities and was better positioned to make sure expenses were appropriate. Although most court projects may not have two separate agencies tracking funds, a process should be developed whereby at least two staff members are responsible for aspects of financial accounting. In this project, the Coordinator and the Program Administrator each had financial responsibilities. The Idaho Supreme Court had its own financial counterbalances as well.

Prior to the FVC Grant Project's implementation phase, potential service providers were identified and invited to an open meeting to discuss invoicing and reporting procedures should they decide to serve as a resource for the FVC Grant Project. Treatment providers were asked to have FVC Grant Project participants sign a Release of Information form, enabling them to release information about treatment and attendance and

provide required status reports to the Coordinator. Status reports were matched monthly with the invoices to confirm services paid for services provided. Official documentation to the court depended on whether evaluations and treatment were court-ordered, or project-recommended. The Coordinator disseminated copies of the status reports only to appropriate MDT members. The presiding judge received status reports only if the treatment or evaluations were court-ordered, rather than project-recommended. Likewise, information was only submitted into the court file if the treatment was court-ordered. Once the Coordinator verified expenses, invoices were submitted to the Program Manager who tracked the overall expenses by category, participant, and total year-to-date expenses. After the Program Manager approved invoices, they were submitted to the Fiscal Agent for the grant, the ISC.

The Grant Manager for the ISC reviewed invoices to make sure they were appropriate. The ISC Grant Manager also tracked the expenses by approved categories, entered the amounts in a spreadsheet, and submitted the invoices to the ISC Accounting Assistant, who processed the invoices into batches for payment. The payment batches then were reviewed by the Financial Officer, who approved the checks. Once a month, the Grant Manager submitted a draw to American Humane for reimbursement of program expenses.

American Humane, the funding agent for the grant and the administrative agency for the RMQIC, released program funds once invoices were submitted. There was initial concern that service providers would not be paid in a timely fashion

because of the many administrative layers in the process. To reduce this concern, the ISC fronted the money for the grant upon completion of its financial processes so that service providers could be paid in a timely fashion.

The Program Manager prepared the quarterly and semi-annual financial reporting of funds, calculated the Ada County match, and submitted these figures to the ISC Grant Manager, who submitted the financial information to American Humane and other staff within the ISC.

Summary and recommendation for administrative activities (fiscal):

- If funding is provided to pay for services, develop financial procedures and spreadsheets in tandem with the grantor and agency requirements
- Design a financial tracking system where at least two staff members approve expenses to create appropriate checks and balances
- Design an internal accounting process – consider tracking finances in finer detail than required by the grantor if there are caps per participant, or if evaluation data are categorized by amounts spent, such as by participant or type of services
- Develop invoice forms and protocols for service providers
- Design or adopt status reports to be used by the court and other team members to assure compliance with treatment plans that are linked to providers' invoices, matching treatment attendance with service payment

*Streamlined funding is needed if organizations are to meet all the service needs for families in an efficient manner.*

### **Program Costs**

The Grant Program allotment was \$125,000 per fiscal year for three program years, with an additional \$62,500 allotted for focused six-month evaluation activities. This paid for the salary for the Coordinator, staff training, and conferences, as well as some office equipment and supplies. In addition, the grant provided funding for evaluation activities, contract services, screening assessments, treatments and substance abuse testing, and incentives for program participants during the three-year implementation.

### **Approaches to and Sources of Funding**

#### **Sources**

The project had many upfront requirements, which were provided by in-kind contributions from Ada County. The county supplied office space, furniture, and most of the office equipment. Start-up expenses would have been greater if these initial expenses had not been covered. The existing staff match provided by FCS ended up being significantly more than the planned 17% commitment.

If possible, programs like this should be institutionalized within the court. Ideally, a similar program will be housed in or supported by the local FCS, which is funded at the county and/or state level. County Commissioners should be encouraged to endorse and fund programs like this locally.

Funding a project like this can be challenging. Forging a formal relationship between the executive branch of government (DHW) and the judicial branch can be challenging due to

constitutional check and balance concerns. The way these institutions can share information is controlled by the legislative branch of government. Issues such as these may explain the difficulty locating a single funding source for projects of this nature.

It is difficult to find grant sources that are willing to fund programs for victims, offenders, and children. Typically, sources are willing to cover treatment services for victims of domestic violence but not for offenders. This results in projects having to spend additional hours seeking other sources of funding and then having to account to each of those sources how funding was spent.

Ideally, streamlined funding is needed if organizations are to meet all the service needs for families in an efficient manner. These families present with numerous issues: substance abuse, mental health, physical health, domestic violence, employment, limited income, and others. Efforts to obtain services and financial support for each of these areas is a tremendous barrier whether for agencies seeking funding, for the Case Coordinator who has to refer and support families' access for these services, and to families expected to go to each agency. The situation is exacerbated by the reality that agencies often have conflicting guidelines and expectations. Adding to the mix are parents who are trying to cope with emotional and physical issues related to recovery and potential emotional issues of having their child removed. Approaches toward streamlined funding would be a great facilitating factor.

To make this program work in Ada County would require piecing together funds from various sources. Idaho's

*If possible, programs like this should be institutionalized within the court.*

legislature designates funding for approved pilot projects operated under the Children and Families in the Courts Committee through the ISC under the FCS umbrella. These funds are administered by the ISC. The ISC is in the process of designing a mechanism to convert successful pilot projects into programs supported by this legislative fund. In the current budget year, Family Court Services applied for and received some financial support from this fund to pay for domestic violence and substance abuse evaluations. FCS also is working on the ability to provide the court with internal evaluations.

Summary and recommendation for approaches to and sources of funding:

- Apply for legislative funds
- Extend the job duties of existing court staff to provide collaborative support with the DHW
- Apply for both local and national grants
- Advocate for streamlining of funding to support the family as a unit.

## **IMPLEMENTATION**

### **A More Detailed Description of Program Elements and Services**

In the beginning of the FVC Grant Project, families believed to be eligible for the program were referred by DHW case workers. If they appeared to meet the eligibility criteria, the Coordinator conducted a FVC screening assessment to determine whether the families met the defined project goals. The screening assessment involved parents filling out a comprehensive intake packet and submitting to a one-on-one interview with the Coordinator. The assessment resulted in a written report detailing the history of the parents' relationship and

their disclosure of substance abuse, violence, mental health concerns, and other issues that may need to be addressed. The assessment also captured parents' perceptions of how their children were reacting to the conflict. The assessment was not designed to identify treatment recommendations, but to shed light on multiple issues that require specialized examination and evaluation. Based on the issues that came to light in the assessment, further evaluations were recommended and often court-ordered. Often following a screening assessment, parents underwent substance abuse and domestic violence evaluations conducted by approved, specialized professionals. The subsequent evaluations laid the groundwork for individualized treatment plans. If the assessment was court-ordered, a copy was submitted to the judge. If families were eligible to participate in the project, the Coordinator explained the program and its voluntary nature and invited adult family members to participate. If parents declined to participate, they received the types of services offered prior to the program implementation.

The Coordinator identified other key governmental agencies with which families were involved (e.g., the DHW or Probation Services), or were receiving services (e.g., a service provider). If parents did not have significant issues that involved evaluation they may have met with the Coordinator rather than the Treatment Planning team to discuss their individual plan. Otherwise, representatives from applicable agencies were invited to participate in the initial Treatment Planning Meeting and in ongoing MDT meetings. Treatment Plans were implemented as soon as possible,

following completion of all recommended evaluations. Adult family members also were considered part of the team. The project incorporated a strengths-based approach, which involved participants in the treatment planning process. The court, DHW, probation, and at times the WCA had non-negotiable requirements that family members may have had to meet, but participants usually had input on the timeline and specific treatment options.

Initially, the program was designed to include treatment providers in the MDT meetings. However, it quickly became apparent that this was an unrealistic expectation. Since multiple cases were staffed in each bi-monthly meeting, providers would be required to sit through numerous cases in which they had no involvement. Likewise, it seemed an undue compromise on families' privacy to discuss their cases in the presence of others. Treatment providers would have had to continuously leave and re-enter meetings depending on which cases were discussed at the moment. This simply was not practical. Since their input was critical, however, status reports outlining participation levels and compliance that are submitted to the court and other detailed reports were reviewed in the MDTs. Also, individual cases were staffed over the phone with the Coordinator and the treatment provider before and, when appropriate, after MDT meetings.

## **The Referral Process**

### **Eligibility Determination**

Because the FVC Grant Project was a research project, participation was voluntary. Before completing the screening assessment, families were required to sign a one-page Informed

Consent document that explained the FVC Grant Project. The Informed Consent document also detailed the screening assessment process, limits of confidentiality, eligibility requirements, evaluation process, and research, as well as coordination, comprehensive treatment plans, services, and treatments monitoring. Participants were informed about the program's voluntary nature and their right to withdraw at any time. If parents chose not to participate, there was no legal penalty. Although participation in the FVC Grant Project was voluntary, many participant assessments, evaluations, and treatment were ordered as part of the court process. Participation in the project gave families an opportunity to have these services paid for by the grant.

In collaboration with the DHW, a simple form to refer families was developed specifying the basic family eligibility information. When a DHW caseworker identified families that appeared to meet the program's eligibility criteria, he or she used the form to refer families to the project via e-mail, fax, or in person. Following a referral from the DHW, parents (or significant others who lived in the household with a parent) were recommended by the Coordinator or court-ordered to participate in the initial intake and screening assessment. Parents or significant others were not required to be married to participate. The intake process and the assessment were used to determine eligibility for acceptance to the FVC Grant Project, collect data (demographics and pre-tests), and provide recommendations to the Court pertaining to further evaluations or resources.

*Efforts to increase program referrals and build relationships between the FVC Grant Project and DHW staff were fostered by providing the Coordinator with office space at the DHW.*

Although families with a DHW referral remained the first priority, in October 2004 the FVC expanded the eligibility criteria to include referrals by FCS. A referral from a FCS screener usually followed an Alternative Dispute Resolution (ADR) assessment. The ADR assessment was the template for the FVC screening assessment. Functionally, both assessments are nearly identical. Alternate Dispute Resolutions assessments determine whether parents are appropriate or prepared to engage in mediation. Generally, ADRs are ordered by Family Law Judges when they are concerned that high-conflict dynamics within families may render them inappropriate for child custody mediation. Further, the judges provide additional recommendations to parents and the court, which may enhance the appropriateness of mediation, or provide alternatives for resolving issues, thus broadening parenting options. Significant others of parents who decided to participate also had to meet with the Coordinator and enter the project through the FVC intake and screening assessment process or the ADR assessment process. ADRs are exempt from public disclosure, so when families were referred to the FVC Grant Project as the result of an ADR screening, a judge had to authorize that a copy of the ADR assessment be provided to the FVC Coordinator. Following the ADR referral, participants met individually with the Coordinator to discuss intake and project consent.

Screening assessments and ADR assessments determined whether parents met eligibility requirements for the project. Both parents and participants were interviewed at separate times. If an assessment was project-recommended

rather than court-ordered, a copy of the assessment was not provided to the court. These screening assessments were not used to decide custody issues or parenting schedules, or to “take sides” with participants. Both reports summarized each parent’s history, issues, and concerns about the child. If this initial screening assessment indicated there were substance abuse concerns and/or domestic violence issues, further evaluations by substance abuse and/or domestic violence evaluators in the community were recommended. Assessments that were court-ordered were reviewed during a status conference with the judge in civil court, and prior to sentencing in criminal court. If families were eligible for participation in the FVC Grant Project, the Coordinator attended their next court appearance, scheduled and conducted a one-on-one interview and, if appropriate, provided evaluation resources.

Occasionally, parents who had pending criminal charges did not participate in the screening assessment process until their criminal case was resolved. These parents met with the Coordinator prior to resolution of their criminal court case for intake, but usually no report was compiled, which could have been used against them in their criminal case. Once they were able to participate, these families received the same information and followed the consent process as outlined.

### **Referral Synchronization Process**

Efforts to increase program referrals and build relationships between the Grant Program and DHW staff were fostered by providing the Coordinator with office space at DHW. At least one hour each week the Coordinator was there to

answer questions, discuss referrals, and increase project visibility - sometimes by just walking the hallways. The DHW workers also were provided project brochures, business cards, and referral forms to remind workers about the FVC Grant Project. Periodically, the Coordinator sent e-mails to remind case workers about the services and supports the project had to offer.

At the beginning of the FVC Grant Project, opportunities to assist eligible families involved with both the court and the DHW were missed because referrals from the DHW were not received until after these families concluded the court process. Again, sometimes the court process could last less than an hour. Although this resulted in comparison families for the evaluation, it would have been preferable to enroll these families in the program group. Eventually, to address this problem, staff reviewed all Civil Protection Order petitions before families' court appearances and reviewed the cases with DHW staff to determine if any upcoming court participants also had DHW involvement and might be eligible for the FVC Grant Project. This process helped decrease the number of families that "fell between the cracks" of the two systems, and resulted in more timely referrals.

## **Coordination and Collaboration of Efforts and Activities**

### **Case Coordination**

A key role of the Coordinator was to provide intensive case management and family support, which was as important as the role of the presiding judge in the lives of these families. As noted, a companion Coordinator Manual details all the important functions filled by the

Coordinator. It is essential for anyone replicating this project to refer to the Coordinator Manual.

Specifically, the Coordinator worked directly with families to provide support and facilitate access to community resources, services, and treatment as outlined in the treatment plan. The Coordinator had contact with individual participants as needed or until they were discharged from the program. Frequently, this contact involved weekly telephone coaching when participants had court appearances, or meeting with them one-on-one to provide emotional support. The Coordinator supported families through the court process and served as the families' liaison with service providers, community services, and the DHW. When appropriate, the Coordinator provided parents with Effective Co-Parenting education to help reduce parental conflict when parenting apart was necessary. This part of the program is described in the next section of the manual.

Another key role of the Coordinator was to earn the trust of staff members from other agencies involved with the family – the Coordinator's team members. In addition to following up with all DHW referrals immediately, the Coordinator gave DHW caseworkers periodic updates on referred families. Likewise, if the court discovered that families involved in FVC also had involvement with the DHW, a court staff member immediately encouraged the DHW caseworker to recommend them to the project. It is imperative to recognize that DHW caseworkers and probation officers have busy schedules and multiple duties, which need to be anticipated and respected. The Coordinator was

*After an FVC screening assessment was completed and participants signed the Informed Consent document, they completed the recommended or court-ordered evaluations.*

overwhelmingly busy at times. Even so, this position had to organize all the meeting materials before team meetings. If a DHW worker, probation officer, or the WCA representative was unable to attend meetings, the Coordinator obtained their feedback and presented for them. Following every meeting, the Coordinator provided information on each family to the involved agencies at least monthly, in writing. The importance of the Coordinator's communication skills and abilities of the Coordinator cannot be overstated. The selection of the right Coordinator - and the right judge - is the most challenging part of replicating this project.

Once families completed the FVC Grant Project, the Coordinator conducted an exit interview with participants. The exit interview was designed to identify any remaining concerns and recommendations of the Coordinator or other team members. Together the Coordinator and family members collaborated to construct a plan that addressed these concerns. Information also was collected throughout the exit process to support the FVC Grant Project's research and evaluation. As an incentive to complete the exit interview, families were offered a \$50 gift certificate.

It is recommended that a Coordinator's active caseload contain no more than 30 families or 60 participants, as each parent has his or her own treatment plan and assessment and each requires separate, individual contact with the Coordinator. The nature of domestic violence cases enhances this necessity. More than 60% of the Coordinator's time was spent working one-on-one with participants. Throughout the three-year project, the

Coordinator had more than 2,786 participant contacts, with breakdown as follows: 415 face to face and 2,371 by phone, letter, or e-mail. The average family had 53 contacts throughout the project.

Other Coordinator duties included paperwork (15%); court involvement/support (15%); billing/invoicing (5%); and consulting, networking, and clinical supervision (5%); See the Case Coordinator Handbook for details.

Summary and recommendations for Coordinator activities:

- Support families by providing resources and facilitating services outlined in the treatment plan
- Contact or meet with each family or participant as often as needed until families exit the program- be available and accessible
- Serve as families' primary contact person to help guide them through the court process
- Serve as families' liaison between providers, community services, and the DHW
- Provide Effective Co-Parenting Education when appropriate

### **Treatment Plans**

After an FVC screening assessment was completed and participants signed the Informed Consent document, they completed the recommended or court-ordered evaluations. The evaluations were conducted by specialists in the substance abuse and domestic violence arenas to identify and make specific treatment recommendations for substance abuse, domestic violence,

mental health, and other issues. Equipped with the information and recommendations gained in intake, screening assessment, and evaluations, the Coordinator with the Treatment Planning Team developed families' comprehensive treatment plans. The Treatment Planning Team comprised the Coordinator, FCS staff, DHW staff, Ada County Probation, and any advocates (e.g., court advocates, psychosocial rehabilitation workers, mental health counselors) involved in the families' cases. Treatment providers participated through remarks on status reports and conversations with the Coordinator before meetings. Depending on safety concerns or the condition and terms of court orders, participants and other parents or significant others also were included as part of the Treatment Planning Team. Also incorporated in the treatment plans were recommendations from the Child Protective Investigation Report or DHW case plan, the FVC Screening Assessment, the Treatment Planning Team, and participating family members. Plans always identified individual family strengths, needs, challenges, and barriers to implementation. The most basic treatment plans, especially in cases where parents were not the party of concern regarding substance abuse, child protection issues, or domestic violence, might have involved a meeting between the individual parents and the Coordinator only. If both parents had concerns that needed to be addressed through the court or the DHW, both parents usually had separate treatment plans. Treatment plans were reviewed and adjusted as needed.

Treatment may have been project-recommended or court-ordered.

Participants may have been recommended or ordered to complete domestic violence and/or substance abuse treatment, as well as other community services (e.g., parent education programs). Participants were recommended or ordered to follow treatment guidelines established by their specific treatment providers, and submitted to random drug testing as requested by the DHW, Coordinator, treatment provider, probation, or court. Treatment providers documented their services to the court in status reports. Participants were welcome to choose their own evaluators and treatment providers. In some cases, however, services of specific providers could not be funded through the grant because a billing procedure could not be established or the quality of the service did not meet approved standards.

A treatment plan usually provided a priority order and timeline for the tasks so that parents were not overwhelmed by project requirements. Providing and monitoring adherence to this timeline was the responsibility of the Coordinator. If needed, the first step was to construct a safety plan for domestic violence victims. In most cases, the next step was to begin substance abuse treatment. Depending on the severity of the problem, the Treatment Planning Team determined when parents should engage in subsequent treatment activities. The Team emphasized that parents needed a clear mind, not clouded by substance abuse, to gain benefit from other treatments. If appropriate, after a period of sobriety, parents might proceed to domestic violence treatment. If parenting classes and Effective Co-parenting were ordered or recommended, they usually occurred toward the end of the treatment cycle.

*Sixty-seven percent of participants who were referred or court-ordered to substance abuse treatment attended their recommended treatment. Of those who attended treatment 78% completed treatment and 22% completed a portion of their treatment. This percentage of participants completing treatment is very promising.*

Part of the treatment plan may include a suggestion that victims or protective parents attend a Family Safety Planning Meeting within the first month following intake. This service was provided free by the WCA to address concerns involving domestic violence and child safety, and to develop an Individualized Family Safety Plan. After completion of the Family Safety Planning Meeting a copy of the Safety Plan and documented attendance was submitted to the Coordinator. If participants could not attend the WCA meeting, or if the Coordinator determined families needed additional support and information, families might attend an individual session for safety planning with the Coordinator.

If contact between parents was appropriate (i.e., there were no longer safety concerns due to domestic violence), parents might be project-recommended or court-ordered to participate in Effective Co-Parenting Education. This usually occurred at the end of treatment plans after domestic violence and substance abuse issues had been addressed. Effective Co-Parenting is a psycho-social education program tailored to address the unique struggles of each family when parents are living in separate households. The program provides parents with skills in avoiding conflict and addresses age-appropriate parenting issues. Effective Co-Parenting Program was provided by the Coordinator or FCS staff. The FVC Grant Project's Effective Co-Parenting Education included pre- and post-tests. Each parent attended at least one session separately with the Coordinator. Parents then attended at least one session with the other parent if determined

appropriate by the Coordinator, depending on safety concerns and conditions and terms of court orders.

### **Substance Abuse and Domestic Violence Evaluation Process**

As a result of recommendations from a screening or ADR assessment, the judge may have ordered evaluations (e.g., substance abuse, domestic violence, mental health, child at risk), or the Coordinator may have recommended evaluations without a court order. Funding was available to participants for these evaluations, with or without a court order. This was critical since evaluations were the tools that guided the treatment plan.

### **Evaluation Incentives**

Providing participants who had negative drug test results with movie tickets as incentives for family treatment participation began in December 2004. The incentives encouraged parents to stay clean and gave families an opportunity to enjoy time with each other. Treatment plans often were ambitious undertakings. Parents often worked during the day and participated in treatment during the evenings. This schedule took time away from positive parenting opportunities and from rebuilding relationships with their children. Families provided positive feedback for the opportunity to relax and enjoy each other's company as a reward for their hard work.

Most families needed at least six months of services and support to successfully complete treatment. Sixty-seven percent of participants who were referred or court ordered to substance abuse treatment attended their recommended

treatment. Of those who attended substance abuse treatment 78% completed treatment and 22% completed a portion of their treatment.

This percentage of participants attending and completing substance abuse treatment is very promising. In an Illinois Title IV-E Demonstration Waiver project, in which “recovery coaches” delivered intensive services, 59% of individuals in the demonstration group were engaged in or had completed treatment; in Delaware’s Demonstration project, in which substance abuse counselors were co-located within CPS, 24% of individuals were engaged in or had completed treatment.

Summary and recommendations for coordination and collaboration of efforts and activities:

- Host individual interviews with both parents to obtain information related to families and identify concerns
- Provide families with intake packet, informed consent, and other project forms
- Conduct pre-tests - self-report and observation
- Write reports that summarize each parent’s history and concerns, identify concerns about the children in the family, and offer recommendations for the court regarding evaluation
- With a Treatment Planning Team and parents, develop a comprehensive treatment plan that:
  - Identifies participants’ strengths, needs, challenges, and barriers
  - Is based on completed evaluations, including substance abuse, domestic violence, other appropriate evaluations, and recommendations

- May include substance abuse treatment, domestic violence treatment or counseling, parent education, Safety Planning Meeting, Effective Co-Parenting, and other community services
- Identifies participants’ strengths, needs, challenges, and barriers
- Begin recommended treatment
- Provide incentives (e.g., movie tickets) to encourage treatment participation and positive family activities

## **Ongoing Communication and Information Sharing**

### **Multidisciplinary Team Meetings**

In addition to agency representatives meeting to develop the treatment plan, all FVC Grant Project families were staffed with MDTs whose members reviewed each family’s case at least once a month, meeting for 90 minutes to two hours. The purpose of the MDT meetings was to track parents’ treatment progress, address the complex issues identified, and problem-solve concerns and barriers to treatment.

The MDTs included the Coordinator who facilitated the meeting, FCS staff, probation, and representatives from local victim advocacy agencies. Other participants may have included parents, family members, a representatives from the DHW, juvenile probation officers, community service providers, and any active agency representative identified as a resource for families. Before each MDT meeting, the Coordinator provided the team with a list of families’ cases that were scheduled for review. This enabled team members to prepare for the meetings. Probation staff generally brought parents’ files to the meeting. If team members needed to miss a meeting, they updated the Coordinator about the

family's progress. The Coordinator then would present the information to the rest of the team. The Coordinator updated the absent members after the meeting via e-mail or telephone.

All members of the MDT signed a confidentiality statement prior to each meeting. If families or participants were present during case review, they only attended the portion of the meeting pertaining to their case review.

The Coordinator documented all contacts pertaining to each case (e.g., person-to-person conversations, phone conversations, meetings, letters). Likewise, MDT meetings and information regarding progress and completion of treatment and services were thoroughly documented in case files maintained by the Coordinator.

Treatment and other services received by participants were documented monthly through case status reports from providers to the Coordinator. If treatment was court-ordered, prior to participants' monthly MDT meetings, status reports pertaining to treatment and other court-ordered services were submitted to the Judge. This information also was provided to the MDT.

Summary and recommendations for MDTs:

- Develop and hold Treatment Planning Meetings for families - involve family members and ensure their safety
- Utilize families' strengths and support systems in the treatment plan
- Problem-solve challenges and barriers regarding families' functioning and their ability to follow the treatment plan

- Develop and hold monthly MDT meetings to review families' cases – MDT meetings may include the family, and all members of the MDT sign a confidentiality statement before each meeting
- Seek input from MDT members who are not able to attend and provide them with follow-up information
- Send written progress notes to key agency staff monthly (e.g., the DHW, probation, the court)

Other systems within the court had concerns pertaining to project involvement when there was a pending criminal case. As the project progressed and trust and understanding of the Grant Project developed, parents involved in criminal court chose to voluntarily participate, prior to resolution of their criminal case. This was especially true if the DHW also was involved in their case and removal of their children from the home was a pressing concern or a likely outcome. Usually, in such cases everyone involved in the case, from the parents' attorneys, to prosecutors, to the judge, acknowledged there were problems that needed to be addressed, regardless of the potential impact to the criminal cases. If parents understood the legal complications and expressed interest in the program, they had the right to elect voluntary program participation.

As the project evolved, early program involvement became more common. As the players within the court system became more familiar with the FVC Grant Project and its benefit to participants, they began to work directly with the Coordinator to manage concerns as they arose. Generally, when this happened, parents met with the Coordinator and began the treatment

*As the project evolved, early program involvement became more common. As the players within the court system became more familiar with the FVC Grant Project and its benefit to participants, they began to work directly with the Coordinator to manage concerns as they arose.*

process before completing an initial screening assessment, treatment plan, or evaluations. Once the criminal case was resolved and prior to sentencing, parents and other eligible adults who wanted to participate began the assessment, evaluation, and treatment planning process. By the end of the three-year FVC Grant Project, several parents' attorneys had recommended that their clients participate in the FVC Grant Project prior to the resolution of their criminal case. The attorneys recognized that the judge would look favorably on parents who were proactive and addressed their problems.

The FCS Director now attends a court roundtable with the DHW and others within the court system to extend collaborative efforts and increase interdepartmental understanding. Additionally, FCS now provides special assistance to parents with referrals from the DHW in navigating the court system. The court system also began some case coordination with CPS court cases and custody cases within the court system.

### **Use of Evaluation**

Program evaluators conducted Administrative Surveys and a Service Provider Survey with project partners to assess whether the goals outlined in the Logic Model pertaining to implementation, objectives, and intervention domains were met. Core service partners were asked to complete a survey based on data collected from different constituencies. See Appendix for the sources of information and the processes used to gather information.

In addition to the exit survey, project evaluators conducted in-depth interviews with parents; researchers hired by the

FVC Grant Project contacted each respondent in person, by telephone, or by mail. Once parents were scheduled for an interview by the locally hired evaluation team, FVC project staff mailed confirmation letters. Parents received a \$30 gift certificate to a local grocery store upon completion of the interview. A *Comprehensive Evaluation Report* is available through American Humane and the Child Welfare Information Gateway.

### **Evaluation Overview**

The FVC Grant Project included an ongoing, extensive evaluation component. Throughout the project, qualitative and quantitative data were collected through assessments, pre- and post-tests, input from providers and referral sources, and exit interviews. Data were entered into a database designed specifically for the evaluation of the FVC Grant Project. The research examined outcomes for each family, measuring child safety, permanency, family well-being, parent safety, the use of substances, and the impact of the program on the court. System change was analyzed to identify best-practice methods and issues. The evaluation examined the overall impact of the FVC Grant Project on participants and systems.

The project utilized a comparison group for the purpose of the evaluation. Data for the comparison group were collected from the DHW, FCS, and Ada County Misdemeanor Probation for evaluation purposes only.

Comparison families were designated during the project for evaluation purposes. These parents did not participate in the screening assessment, intake, or FVC Grant Project. They were

not provided any services through the grant. The court, DHW, and probation kept data on these families to compare with the program group. They were required to meet the same criteria involving child protection concerns, current substance abuse issues, and a court case involving domestic violence, all co-occurring within a 30-day period. Usually, the families in this group were not participants due to systemic timing issues. For example, families may not have received a referral from the DHW until after their court activity had reached completion.

In October 2004, both the participant group and the comparison group were expanded to include families that - although might not have a current referral from the DHW - still had significant risk factors that indicated probable child protective concerns. Child Protection concerns were defined as: endangerment charge, children's presence during domestic violence, and/or past DHW referrals or involvement. To be included in the program or comparison group families were required to have substance abuse issues combined with domestic violence. Participants in the expanded comparison group may have been involved in criminal court, or - as participants in the program group - may have had domestic violence concerns that never resulted in criminal charges but were brought to light in a court assessment. These cases were tracked in the same manner as the previous groups. Both the original program and comparison groups were stratified in the database so that if the revised groups had different outcomes from the original groups they could be evaluated separately.

### **Development of the Evaluation Design**

Prior to participant involvement in the project, materials, previous projects, and Internet sources were reviewed to analyze and identify reliable tools to measure goals and outcomes. Eligibility screening tools and methods for identifying and tracking data on the comparison group also were devised prior to program startup. The RMQIC staff provided suggestions, feedback, and approval regarding tools. Other sites funded by the same grant collaborated to identify measurement tools and evaluation procedures.

In late 2003 FCS hired two professors from Boise State University, Dr. Kenneth Coll and Dr. Roger Stewart, to evaluate the project. Dr. Coll is the Chairman of the Counseling Education Department, and Dr. Stewart is a professor with the Literacy and Research Department. Both professors had a background in evaluation and research and reviewed and approved all the tools, the logic model, and the program database design. The evaluators collaborated with program staff throughout the project.

### **Logic Model Development and Use**

The Logic Model was developed through a participatory process between FCS staff, the RMQIC, and the Coordinator. Following is an outline of the program interventions using this Logic Model as a guiding framework.

### **Data Gathering Process**

Data were gathered throughout the project to assist in providing comprehensive treatment plans for families and to assemble information for evaluation purposes. Parents and

caregivers were asked to complete pre- and post-tests, provide routine information about themselves and their families, and sign releases of information for community providers and agencies. This information was entered into the database.

The intake and screening assessment process gathered data pertaining to criminal history, children's involvement in the juvenile system, divorce, and custody issues. Other data included a self-disclosed basic demographic outline, complete history of substance abuse, type of child maltreatment concerns, prior reports of maltreatment, domestic violence history, and prior reports.

Children's special needs and mental health concerns that might create barriers to effective treatment were recorded.

Participants completed a self-report pre- and post-test measuring family functioning (ICPS-Family Functioning Scale). The Coordinator also completed three pre- and post-tests evaluating participants including:

- Family functioning and child well-being scale (NCFAS)
- Spousal Assault Risk Assessment (SARA)
- Garrity and Baris parental conflict scale

A detailed description of the pre- and post-tests are in the Program Measures section of this manual.

Throughout the project, the Coordinator gathered and recorded information pertaining to substance abuse testing and treatment, domestic violence counseling or treatment, and parent education progress and completion. The Coordinator also recorded participants' probation and DHW compliance,

criminal involvement, and other court involvement.

After families completed, withdrew, or dropped out of the FVC Grant Project, the Coordinator conducted post-tests and exit interviews with participants to assist in their exit plan and for use in the evaluation. The evaluation process and procedures were reiterated to participants. There were several reasons some participants did not complete the exit phase of the program. Sometimes participants could not be contacted. Others refused or were incarcerated. Two participants died during the project due to recurring, previous medical issues.

The following information was collected during the program and follow-up period - up to 12 months after program completion - on both participating and comparison families and captured in the database:

- DHW referrals and reports
- Criminal, domestic violence, and/or other court appearances and involvement
- Substance abuse treatment, domestic violence treatment and counseling, and parent education completion and compliance reported by the DHW and probation
- Other file review documentation and court involvement

### **Program Measures**

Participants completed a self-report pre- and post-test measuring family functioning (ICPS-Family Functioning Scale). In addition, the Coordinator also completed three pre- and post-tests on participating families that included a family functioning and child well-being scale (NCFAS), the Spousal Assault Risk

*Throughout the project, the Coordinator gathered and recorded information pertaining to substance abuse testing and treatment, domestic violence counseling or treatment, and parent education progress and completion.*

Assessment (SARA), the Garrity and Baris parental conflict scale, and the FVC Grant Project Satisfaction Survey .

ICPS-Family Functioning Scale (adapted by P. Noller) is a self-report tool that scores participants on a six-point scale in three sub-scales measuring intimacy, conflict, and parenting styles. This test was given to participants during the intake process and again at the exit interview.

The NCFAS<sup>1</sup> is a practice-based family functioning and child well-being measurement designed to examine family functioning (Kirk Ashcraft 1998). The instrument focuses on five assessment “domains” or factors: environment, social support, family/caregiver characteristics, family interactions, and child well-being. Each of the five domains and associated sub-scales utilizes a six-point rating scale, ranging from -3 (serious problem) to +2 (clear strength), through a 0 point labeled Baseline/Adequate. During the FVC Grant Project there were two opportunities to rate each sub-scale and each domain; once at intake (labeled I on the form), and once at closure (labeled C on the form). This format provided an immediate visual picture of any changes that occurred during the project between intake and exit.

The Spousal Assault Risk Assessment (SARA) is a clinical checklist of risk factors for spousal assault. Its purpose is

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<sup>1</sup> Kirk, R., & Reed-Ashcraft, K. (1998). NCFAS: North Carolina Family Assessment Scale, Version 2.0; User’s guide retrieved from [http://ssw.unc.edu/jif/reports/Guide\\_20.pdf#search=%22Kirk%2C%20R.%2C%20%26%20Reed-Ashcraft%2C%20K.%20\(1998\).%20NCFAS%3A%20North%20Carolina%20Family%20Assessment%20Scale%20Version%202.0.%22](http://ssw.unc.edu/jif/reports/Guide_20.pdf#search=%22Kirk%2C%20R.%2C%20%26%20Reed-Ashcraft%2C%20K.%20(1998).%20NCFAS%3A%20North%20Carolina%20Family%20Assessment%20Scale%20Version%202.0.%22)

to determine the risk for future violence (Kropp, Hart, Webster & Eaves, 1995). Participants are rated on a three-point scale regarding criminal history, psychological adjustment, spousal assault history, alleged (current) offenses, and other considerations. The summary rates imminent risk of violence toward partners and toward others, ranging from low, low to moderate, moderate, moderate to high, and high. For the FVC Grant Project this assessment was completed after the intake process and again during the exit interview.

The parental conflict scale and assessment is from *Caught in the Middle: Protecting the Children of High-Conflict Divorce*, by Garrity, C. and Baris, M. (1994). The scale focuses on parental conflict ranging from minimal, mild, moderate, moderately severe, to severe conflict. The parental conflict scale currently is used in FCS ADR screenings that are court-ordered in high-conflict divorce or custody cases. For the FVC Grant Project this scale was applied to families after the completion of the FVC Screening Assessment or intake and again after the exit interview.

The FVC Grant Project Satisfaction Survey, an anonymous survey, was given to participants at the exit interview. This was a 12-question qualitative survey about the satisfaction of the project and services, rated on a scale of Strongly Agree, Agree, Disagree, Strongly Disagree, and Don’t Know. Participants were instructed to send completed surveys directly to the evaluators of the FVC Grant Project. Project staff did not see the completed surveys.

Program evaluators developed administrative and service provider

surveys to assess the extent to which program process outcomes were achieved. Boise State University's Institutional Review Board approved all surveys and interview protocols in February 2005. These surveys and interviews began in April 2005 and continued throughout the project and evaluation phases.

### **Data Track and Database**

An extensive database was designed by the Program Manager, the Clinical Supervisor, and the Coordinator. Initially, a professional database programmer was hired to design a Microsoft Access-based database. The database experienced severe issues, so the Program Manager utilized in-house expertise to develop the database program. Data were not entered into the database during the project due to this delay. All the data were subsequently entered into the Access database and were available for evaluation by the evaluation team in a format compatible with statistical analysis programs.

### **Summary of Key Findings**

Program effectiveness was measured by reviewing data collected by the court, child welfare, and probation. Data were collected throughout the project through pre- and post-tests, with additional verification from criminal history checks and departmental records that were consolidated and cross-referenced. These data are the property of the court, and may be used at a later date for further longitudinal analysis of the program's long-term outcomes. The data were made available to American Humane for their cross-site analysis. Additionally, evaluators conducted interviews with participants and project team members to

gather both qualitative and quantitative data regarding the program. An evaluation report on the research design, instruments, and conclusions regarding findings was prepared by the evaluators and will be made available. The following summary presents the significant findings gathered from all these sources.

### *Demographics, Group Composition & General Outcome Statistics*

Fifty-eight families were deemed eligible to participate in the program, of which 53 families actually participated in the program, with a total of 135 children. Program participants included 48 fathers and 44 mothers, and one step-mother (a total of 93 adults). Most families involved in the project needed at least six months of services and support coordinated by the project to successfully complete treatment. The average length of program involvement by the primary participants was one year. The project design incorporates both Gondolf's (2004) and Cellini's (2002) recommendations detailing how domestic violence treatment should be provided. Specific recommendations included the use of outcome measures, reasonable time period in treatment (i.e., at least six months), accentuation of single source case coordination, emphasis on inter-agency cooperation, and multi-model treatment provision (e.g., parent education, substance abuse treatment, domestic violence treatment). These design factors provided a structure that positively positioned the project to have efficacy in the lives of participants.

Of the 93 participants, 90.3% were Caucasian and 7.5% Hispanic. The remaining 2% were of other ethnicities. This racial and ethnic make-up parallels

*According to site data, almost all the children (96%) were in home at time of intake and of those children none were removed from home during the project.*

Ada County's demographics. The 2005 Idaho Vital Statistics reports the Ada County population by race and ethnicity as follows: 96% Caucasian, 1% Black, 1% Native American, and 2% Asian/Pacific Islander. Approximately 6% of the county is Hispanic (Idaho Department of Health and Welfare, 2007).

At intake 62% of participants were employed. Participants reported their annual household income. Most family members served through the project were not living together, and therefore reported their incomes separately. Of all participants (not just those employed), 41.9% reported having an annual income of less than \$10,060; 23.7% reported an annual income of \$10,061 to \$20,560; and 12.9% reported an annual income of \$20,561 to \$24,060. The remaining 21.5% of participants had annual incomes above \$24,060. The research suggests the possibility that owning a home or having a job may be an even more effective inoculation to a reaction to stress and consequent violence than domestic violence treatment for male batterers (NIJ, 2003). The converse of that statement also could be true; people who have more assets might be less likely to require assistance in the domestic violence arena. At intake, 62% of project participants were employed. At exit this number increased to 77%. Based on the literature, it may be inferred that this increase in employed participants may accompany an increased success in abstinence from battering behaviors. While homeownership was not tracked for participants, homelessness and at-risk for homelessness data were tracked from project entry to exit. Participants became more self-reliant in their living arrangement as they progressed through

the program. Thirty-two participants reported living independently at intake. The number increased to 41 at exit. This change is statistically significant. The increase in self-reliant living arrangements came primarily as a result of fewer people living with families and friends.

#### *Permanency/Child Safety*

At intake, approximately 63% of the participating families had a history that included involvement with CPS (not including the qualifying referral). Thirteen families (25%) were referred to the program due to a current substantiated report of child maltreatment. The remaining 40 families were referred to the program due to concerns that children were at-risk of child maltreatment either because children witnessed domestic violence, parental substance abuse, or other issues, which independently or collectively did not meet the statutory threshold to substantiate charges of child maltreatment.

Permanency was indicated if children remained in the home or were returned to the home after removal by CPS. According to site data, almost all the children (96%) were in the home at time of intake. Of those children, none were removed from home during the project. Additionally, at intake, four families had children placed in out-of-home care, which affected a total of six children. Of these families, three families (with four children) were involved in "formal" foster care with children placed in a foster care setting. One family had children placed in "informal" foster care with relatives while the parents focused on recovery and completion of their treatment plan. One family voluntarily

placed their child in relative foster care during the FVC Grant Project due to the death of the mother and ongoing criminal issues with the father. Children from three of these four families were reunited by program completion.

Child safety was measured for all children and compared between families through the number of substantiated referrals or substantiated re-referrals to the DHW, and in terms of self-reported continuing conflict between parents.

- No children served by the program were involved in a substantiated re-report during the program or six months after program completion.
- Five children (all of whom were in a single family) had an initial substantiated report of maltreatment during the program.
- Three families (5.6% of the total families) had an initial substantiated report or a substantiated re-report of maltreatment during the time they were actively involved in the project (an initial substantiated report for one family and a substantiated re-report for two families).
- For the two families with substantiated re-reports, one of the incidents occurred more than six months after the first report, and the other re-reported incident occurred less than six months after the initial report.
- Of the 13 other families that had one or more substantiated reports prior to program enrollment, none had a new substantiated re-report of maltreatment of children during the program intervention or at the six-month follow-up.

#### *Substance Abuse Demographics & Treatment characteristics*

Reduction in parental substance abuse was a key goal of this project. Considering its attenuating effect for child maltreatment, the extent of the decrease in substance abuse was of special interest. Substance abuse also has a significant enabling effect for domestic violence. While research does not indicate that abusing substances causes domestic violence, it certainly can add fuel to the flame. One would hope to see declines in domestic violence with decreases in substance abuse.

For a family to be eligible for enrollment in the program, at least one adult family member was identified with a substance abuse issue. Thus, not all adults involved in the program presented with substance abuse as an issue. Seventy-three of the 93 participants were identified as having a current substance abuse concern. Substance abuse treatment was not appropriate for all participants with substance abuse issues. In some cases, the participant already may have undergone treatment or indicated a period of sobriety. In those cases, relapse prevention may have been recommended by the substance abuse evaluator instead of initial treatment modalities. Of the participants, 11 of 73 individuals either did not complete a substance abuse assessment or were not found to need treatment by a substance abuse evaluator, and therefore were not referred to further substance abuse treatment. Those not referred to substance abuse treatment may have been referred to other types of treatment and counseling as alternatives; thus they are not considered in the following analysis. It is necessary to note that 74% of the referrals were court-ordered, while 62% were project referred and not court-ordered. When there was

not a court order, the referral was recommended and outlined in the participant's treatment plan, which was extensively discussed with the participant.

*Of 32 participants who attended substance abuse treatment: 25 (78%) completed the total treatment program; 7 (22%) completed a portion of their treatment.*

- Seventy-three individuals were identified as presenting with substance abuse issues, and 62 participants were referred to some type of substance abuse recovery program
  - 48 (65%) individuals were referred to substance abuse treatment
  - 28 (38%) were referred to relapse prevention
  - 21 (29%) were referred to both treatment and relapse prevention
- Of the 48 participants referred to substance abuse treatment
  - 32 (67%) attended
  - 25 (52%) completed the treatment
  - 7 (15%) completed a portion
  - 16 (33%) did not attend
- Of the 32 participants who attended substance abuse treatment.
  - 25 (78%) completed the total treatment program
  - 7 (22%) completed a portion of their treatment.
- Of the 28 who were referred to a relapse prevention program
  - 17 (61%) attended
    - 13 (47%) completed the program
    - 4 (14%) were still in the program

when the project ended

- 11 (39%) did not attend
- Of the 17 who attended a relapse prevention program,
  - 13 (76%) completed treatment
  - 4 (24%) were in process at project exit
- Of the 21 participants who were referred to both substance abuse treatment and relapse prevention,
  - 18 (86%) attended treatment. Of those who attended treatment
  - 9 (50%) completed both types of treatment
  - 3 (16%) completed substance abuse treatment and were still involved in relapse prevention at the end of the project
  - 3 (16%) completed substance abuse treatment and a portion of their relapse prevention program
  - 3 (16%) only completed a portion of their substance abuse treatment and did not begin relapse prevention
- Of all the participants referred to Alcoholics Anonymous or Narcotics Anonymous (approximately 25% of participants with substance abuse issues). Approximately 70% attended meetings.

Participants who were court-ordered to substance abuse treatment were

*From the point of program enrollment to program exit, only two families reported an additional instance of domestic violence.*

more likely to attend treatment than those participants who were project recommended to attend treatment. Seventy-four percent of court-ordered participants engaged in treatment versus project recommended treatment candidates who had a 62% participation rate.

Length of successful abstinence varied. Among the 49 participants with substance abuse issues for whom the length of abstinence duration was available, 86% had periods of abstinence lasting 60 days or longer based on collateral confirmation.

None of the 20 participants without substance abuse issues at intake developed substance abuse problems during the project.

A criminal history check substantiated a dramatic drop in recidivism for program participants. Following is an excerpt from the evaluation that compares criminal charges levied prior to participation, during the project, and post-exit treatment. Caution must be exercised in reviewing these figures, as they can be misleading. The intake section covers a period of time that spans a number of years. The “during” section contains records resulting from events that may have occurred prior to, or immediately after, entry in the project. Reductions in charges reflected in the table as occurring during the project should not be interpreted solely as influenced by the project. Likewise, the “after” section could contain events that occurred up to two years post-exit. With these caveats in mind, the reduction in criminal activity appears substantial.

**TABLE 1**  
SUBSTANCE ABUSE RELATED CRIMINAL CHARGES FILED WITH THE COURT

	Participant Group (N=93) Number and Per Individual Rate		
	Intake	During	After
Alcohol Related Charges	88 (.95)	11 (12%)	2 (2%)
Drug Related Charges	52 (.56)	4 (04%)	1 (01%)

*Domestic Violence*

At intake, approximately 67% of the participants had a criminal record that included a violence-related charge, and 90% reported domestic violence in their past. Thirty-five percent of participants reported mental health problems, and 33% reported a history of childhood abuse.

Forty-eight families (90%) had at least one instance of domestic violence (between parents) at intake of the project. The other five families did not report domestic violence between parents; however, they were involved in the FVC due to allegations of child abuse. From the point of program enrollment to program exit, only two families reported an additional instance of domestic violence.

Fifty-three percent of participants (perpetrator of domestic violence) who were referred to a state-approved domestic violence treatment program attended treatment. Of that group, 53% who attended treatment completed treatment, 18% were still in treatment when the project ended, and 29% completed some portion of their recommended treatment.

Some participants were referred to other types of treatment to address anger and relationship issues (e.g., anger

management) and 71% of participants referred to other types of treatment completed their treatment.

Eighty-three percent of project participants who were victims of domestic violence were referred to, and participated in, victims' domestic violence counseling.

Ninety-three percent of families who were referred to counseling services for their children enrolled their children in individual counseling.

The comparison of standardized scores on pre- and post-assessment indicated that risk factors for spousal abuse dropped **significantly** among participating families at program exit.

The following table needs to be regarded with the same caveats cited in the previous section. Nonetheless, the trends reflected are promising.

TABLE 2  
INVOLVEMENT WITH THE COURT

	Participating Group (N=93) Number and Per Individual Rate		
	Intake	During	After
Violent Misdemeanors	138 (1.48)	15 (.16)	--
No Contact Orders	75 (.81)	4 (.04)	--
Protection Orders Filed for	67 (.72)	9 (.10)	--
Pending Crimes	65 (.70)	44 (.47)	20 (.22)
Protection Orders Filed Against	64 (.69)	4 (.04)	--
No Contact Order Violated	17 (.18)	5 (.05)	--
Protection Order Violations Against	15 (.16)	5 (.05)	--
Family Violence Felonies	2 (.02)	10 (.11)	1 (.01)

It appears that court-ordered treatment assures a significantly greater compliance rate. It also appears that once enrolled, participants are more likely to complete treatment. Thus both arguments favor court-ordered treatment as preferential to project, recommended

treatment referrals. Table 3 illustrates this point.

TABLE 3  
COMPARISON OF COURT ORDERED VS. PROJECT RECOMMENDED

Type of Service	Court Ordered Attended	Project Recommended Attended
Substance Abuse Treatment	74%	62%
Relapse Prevention (substance)	100%	58%
Domestic Violence Treatment	65%	22%
Anger Management	75%	33%
Effective Co-Parenting	73%	13%
Parenting Education	63%	59%

### *Improved Family Functioning*

Measurable improvements in family well-being outcomes were realized in the areas of parental functioning: fewer misunderstandings, more flexibility between parents, improved child well-being (e.g., school performance, cooperation), and increased family conflict resolution (between parents). Standardized assessments administered at intake and exit from the program measured these family function variables. Highlights in the measured outcomes include: approximately 71% of participating parents reported a reduction in conflict related to at least one of the five areas below. Additionally, 58% of participants completed some type of parent education program during the FVC Grant Project as one of the recommended interventions from the MDT.

TABLE 4  
REPORTED CONFLICT BETWEEN PARENTS

Issue	Percentage of parents who reported a decrease or increase
Problems with visitation	48% decrease
Fighting during exchanges	25% decrease
Difficulties communicating	50% decrease
Trust the other parent	25% decrease
Can reason with the other parent	25% decrease

Project participants had fewer civil court cases re-open and fewer number of court appearances than the comparison group. Nineteen percent (19%) of the comparison group had new or reopened civil cases after the program period, whereas four percent of the participant group had a new or reopened civil case after the program interventions. This shows potential project impact on cost savings for the court.

TABLE 5  
CONTINUED INVOLVEMENT IN CUSTODY OR CHILD SUPPORT CASES

	Participant Group (N=93)			Comparison (N=53)		
	Intake	During	After	Intake	During	After
Have a new/reopened Civil Case	88%	39%	4%	91%	26%	19%
Number of Appearances in Civil Court	320	268	13	188	78	24

In-depth interviews with social service administrators, frontline social service providers, and parent participants revealed that the project consistently was rated as exceptional for both service coordination and agency collaboration. The Coordinator was given particular praise for effectively helping parents overcome challenges and change destructive attitudes and behavior.

This project supported current literature that suggests that a comprehensive, multidisciplinary team approach that deals holistically with familial issues has a significant likelihood of success, even for families with various complicated, serious issues. System linkage and interaction among the court, DHW, and probation provide families with a clear, concise treatment plan. This model program replaces the labyrinth of cross departmental expectations and conflicting demands on participants in the current system, providing a clear path to success. In the exit interviews, the Coordinator was repeatedly cited as

providing non-judgmental, supportive problem solving techniques for individuals, keeping the focus on their strong points. This strengths-based approach empowered participants in their sobriety and parenting abilities. Participation in the project was voluntary, yet most participants continued with the program for more than a year. It was encouraging to learn the positive feedback from parents at the end of the project. Not everyone's experience with the court, the DHW and probation results in ringing endorsements and praise. The positive encouragement provided by the Judge; the supportive, problem-solving modeling and guidance exhibited by the Coordinator; the encouragement from other team players; and the program design that included payment for needed treatments all contributed to the program's success. In addition to providing families with support, this coordinated approach held families accountable and responsible to their treatment plans, while providing flexibility when needed and appropriate. This oversight and support greatly assisted team members who were responsible for the well-being and best interest of children. Important elements include weekly monitoring, length of program, and appropriate coordinated treatments (Healey & Smith, 1998). Comprehensive case management, coordinate assistance, combined with necessary funding for adjunct treatment services mandated by close judicial oversight - could provide an effective multimodal strategy to help families recover from domestic violence, substance abuse, addressed child maltreatment issues, and helped families regain their independence from system resources.

## **SUSTAINABILITY**

### **Description of Sustainability Activities**

The FVC, as a pilot project, is in the process of assessing issues of sustainability. Judge Castleton has resigned as the presiding judge to pursue consultation opportunities with the Idaho Supreme Court. At this time, Ada County has shifted judicial resources to accommodate a slightly different specialized domestic violence court model. The most recent ideation includes two judges hearing primarily criminal domestic violence cases and child protection cases. Additionally, they hear civil custody, divorce, and domestic violence cases if families already are involved in criminal court. This court model fast-tracks criminal cases, so many due process and victim protection issues are avoided as a result of the swift sentencing processes employed by this court. Another feature of this modified court design is that it employs a model for continued case monitoring, potentially throughout the probation period. The same probation officer who was involved with the FVC Grant Project works closely with the judges to ensure compliance. Likewise, FCS staff, on a limited basis, meets to discuss child protection cases with the judges and the DHW. This shift continues to use the alliances formed during the FVC Grant Project.

Another significant feature of this new court is that the three judges who hear child protection cases also are presiding over the domestic relations divorce and custody cases when families are involved in both courts. This assures that permanent custody orders incorporate safeguards for children. Two of the judges in this new model also preside

over the previously described domestic violence court. In many ways, this new model continues and expands on the enhanced judicial response to families at risk.

There are efforts on the part of many, especially the court, to sustain a mental health care professional who will coordinate cases for this court and serve as an encouraging support for families. All the other elements for enhancing the FVC Grant Project are in place. The case coordination between the partners in the FVC Grant Project and the court has resulted in an enriched perspective on assisting families. Similarly, FCS continues to coordinate cases and resource referral in both civil and criminal court.

Near the end of the FVC Grant Project, the Clinical Supervisor left FCS for another position. The FVC Grant Project Coordinator was hired for this clinical position within FCS. Project staff met with the DHW Supervisor and devised a mechanism whereby FCS staff can help DHW clients file court paperwork for custody and navigate the court system.

The FCS Director now attends a court roundtable with the DHW and others within the court system to extend collaborative efforts and increase interdepartmental understanding. Additionally, FCS still assists judges with case coordination to place CPS court cases, custody cases, and domestic violence cases under the umbrella of one judge within the court system.

### **Challenges**

Ada County and the ISC are submitting a grant to allow for a Case Coordinator for the Domestic Violence Court. Ada

County currently lacks funds to continue supporting families in need of financial assistance for treatment options to improve their lives. When stressed and financially burdened families can obtain needed financial assistance for assessments and treatment their chance for recovery greatly improves. Locating and obtaining grants to cover treatment for parents who struggle with both substance abuse and domestic violence can be difficult. Many grants that fund substance abuse treatment discourage or prohibit working with families if there has been domestic violence. Whether families should stay together if domestic violence has been an issue is controversial within the domestic violence awareness community. Notably, there are grants available from the Office on Violence Against Women that fund assistance for victims of domestic violence, but will not fund treatment for offenders.

### **DISSEMINATION**

As noted, this manual will be made available electronically by the RMQIC. The ISC also will circulate these materials within the state of Idaho. Family Violence Court staff members continue to present both locally and nationally on the project.

### **CONCLUSIONS AND RECOMMENDATIONS**

- Collaborative involvement of and communication with agencies, departments, and organizations is critical.
- More than one Coordinator should be provided to serve a large number of families.
- Careful selection of a Coordinator is imperative.

- It is important to have a judge whose vision and commitment is directed toward helping individuals and families arrive at a positive resolution while taking into account all due process issues associated with the court.
- Court case coordination should be streamlined.
- Funding for an array of treatment and community services that match participants' needs must be accessible and available.
- Evaluations and treatment should be court-ordered as much as possible to ensure higher completion rates.

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## **APPENDIX**

### **Documents developed and used during for the Family Violence Court Grant Project**

## BROCHURE

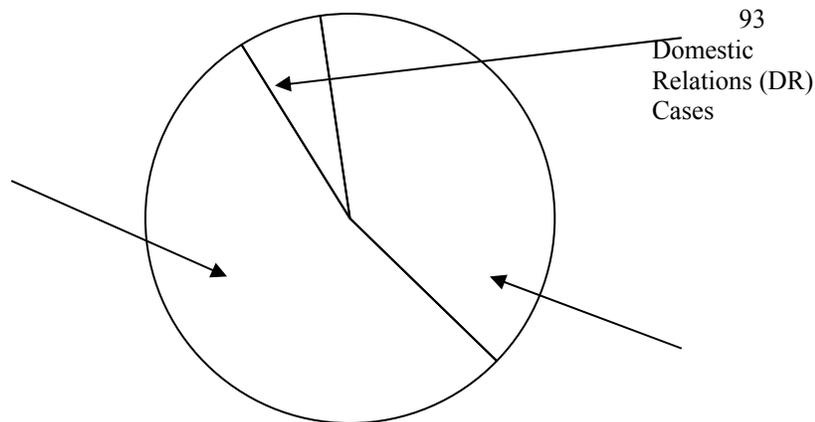
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### **ADA COUNTY FAMILY VIOLENCE COURT:**

In Ada County, a Family Violence Court has been implemented under the direction of Senior Judge Lowell Castleton. The Family Violence Court is devoted to strengthening families who struggle with multiple issues through early intervention strategies and a single judge for case processing and case coordination. This new practice decreases the risk of inaccurate information sharing, increases consistency and compatibility of court orders, and allows the judge to apply his expertise to meet the unique needs of each family, while assuring continued, close judicial oversight to safeguard the safety and well-being of children. Domestic violence cases involving children are coordinated with the family's related divorce, custody and child support cases, as well as any related misdemeanor assault and battery cases in an effort to protect children and other victims from violence. In 2003, the Family Violence Court heard 1,025 cases with a substantial number of these cases requiring coordination of domestic relations, domestic violence and criminal no contact orders.

**July 2002 to December 2003**



Last year, the Family Violence Court was awarded a three-year grant to further enhance the response of the judicial system to families in crisis. Through this grant, the Family Violence Court is promoting a systems change that will improve how the court responds to complex cases involving child maltreatment, domestic violence and family substance abuse. The grant allows the court to provide expanded case management services and treatment to all family members. The court will utilize a multi-disciplinary team approach in managing these complex cases and engage health and welfare, local victim advocacy service agencies, treatment providers, probation officers, mental health providers and other community agencies in the process.

*I would like to provide you with an update on probationers assigned from Family Violence Court. I am very pleased with the program and the increased compliance and cooperation with probationers on this program. To date we have 111 cases and only 10 cases are in non-compliant status.*

*There are many significant factors I believe contribute to the success of this program. The most important factor is hearing these cases in a timely manner and sentencing a defendant soon after the crime has been committed. Immediate intervention and program enrollment accelerate the process of rehabilitation. It is much more effective to address a dysfunctional situation as soon as possible. Waiting many months or even up to a year for judgment can delay and many times aggravate a dysfunctional family.*

*The ability for one judge to hear all matters, civil and criminal, is very effective. This judge is familiar with the family dynamics and can rule accordingly. Different cases assigned to different judges can deter a judge's ability to see the whole picture.*

*Many victims in a domestic violence situation remain with the perpetrator. Therefore, children remain in the household also. The sooner we can address the violence, substance abuse, and mental issues of the defendant, the safer a family can be. Any assistance to the victim is also very helpful. I am elated with the progress and results of this program and hope Ada County can continue to offer a Family Violence Court. Nancy Cladis, Director, Ada County Probation Services*



*I finished the custody and visitation, child support, etc., issues today on a very complex case -- all the real "family" issues, and ruled -- so the kids wouldn't have to wait.*

*I then addressed both parents -- who have been before me now for over a year, with DV, criminal, and now the divorce. The father (a computer programmer) spent 10 days in jail. But he's a good man, and everyone admits that even though he is (was) controlling, he's a great father and decent person. The mother's a good mother and school teacher. They just never had a good marriage. They have a daughter 12 and a son 5.*

*I addressed the parents after ruling on all custody and other related issues. I told them I thought they were both trying hard to do what was right for their children. I hoped that having the same judge had helped, and not created a sense of bias towards one or the other.*

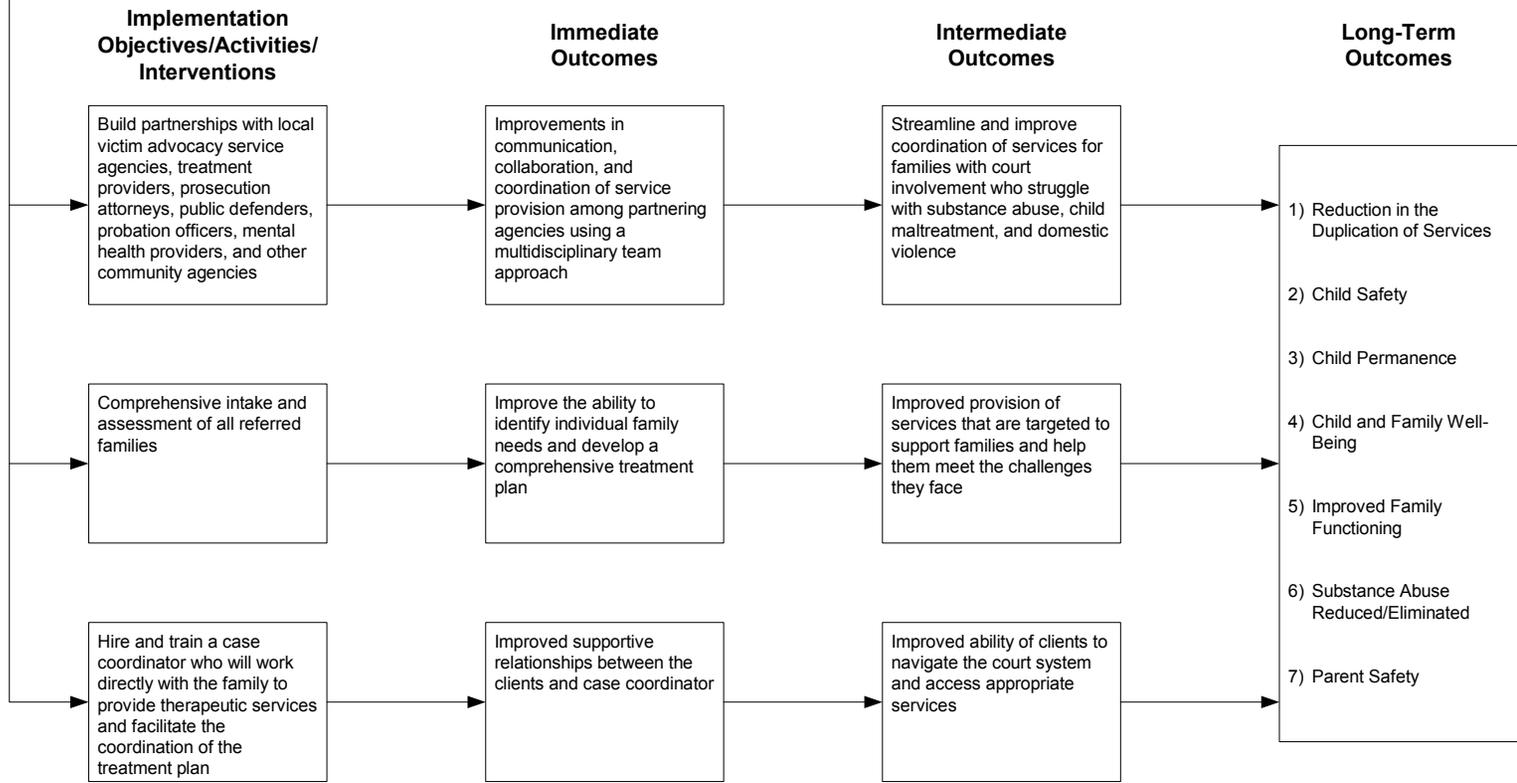
*The father shocked me by saying that while he is appealing his criminal conviction (he just thinks the jury was wrong), that he doesn't regret for a moment the whole experience because of all he has and is learning. He said that supervised probation was educational for him (of course, he's a model probationer, too), and that the Pathways DV course he's taking has been a great experience for him, and that he feels he will be a better father and co-parent as a result. His wife (soon to be ex) concurred that it had all worked so much better that she had ever expected, and her husband was a good father, although they could no longer remain married. And she would work with him amicably because she no longer had any reason not to. Again, another affirmation that something's going right here.*

*Senior Judge Lowell Castleton, Ada County Domestic Violence Court*

# Ada County Family Violence Court Project Logic Model

**Problem Statement:** Families who are currently experiencing or at potential risk for child abuse/neglect and who struggle with substance abuse, and family violence and may have concurrent, multiple cases within the court system, lack a coherent, comprehensive, collaborative approach to service coordination.

**Underlying Assumption:** Assessment, comprehensive services and a streamlined delivery process will assist to strengthen and support families who have issues with substance abuse and are at potential risk or are experiencing child maltreatment when they enter the judicial system as a result of family violence.

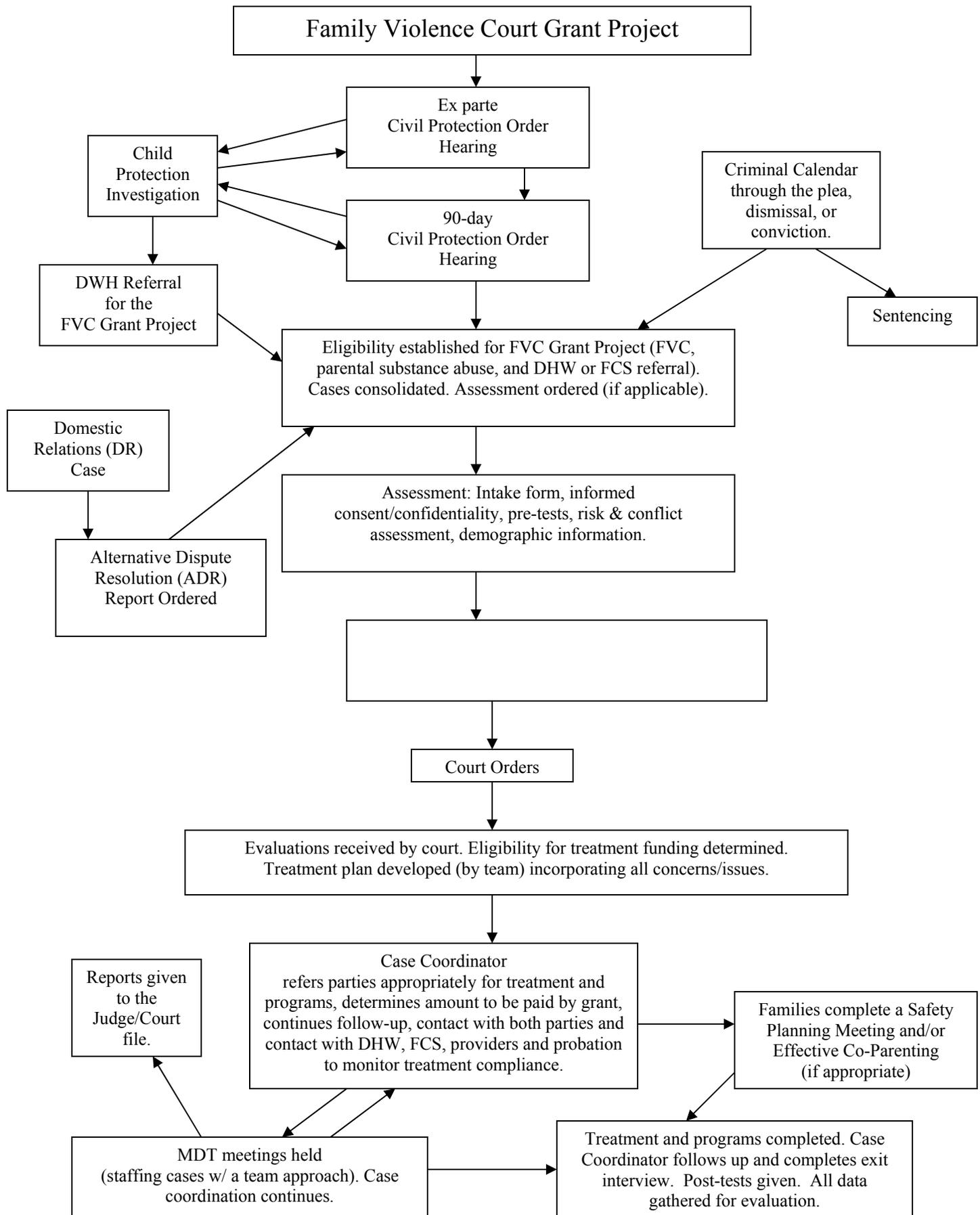


## Family Violence Court Grant Project Evaluation Methods

<b>Implementation Activity #1:</b> Build partnerships with local victim advocacy service agencies, treatment providers, prosecution attorneys, public defenders, probation officers, mental health providers, and other community agencies.		
<b>Outcomes:</b>	<b>Indicators</b>	<b>Methods</b>
<b>Immediate:</b> Improvements in communication and collaboration among partnering agencies using a multidisciplinary team approach	<ol style="list-style-type: none"> <li>1. Program referrals from DHW</li> <li>2. Understanding of and commitment to project goals and methods from all project partners (court, DHW, substance abuse provider)</li> <li>3. Improved formal and informal communications, interagency agreements, meetings, etc.</li> </ol>	<ol style="list-style-type: none"> <li>1. Track the number of referrals from DHW</li> <li>2. Document efforts and materials to educate and communicate with DHW, substance abuse provider agencies, &amp; other partners</li> <li>3. Interview with project partners (court, DHW, and substance abuse providers)</li> <li>4. Review of documents</li> </ol>
<b>Intermediate:</b> Improve coordination of services for families using a multidisciplinary team approach	<ol style="list-style-type: none"> <li>1. MDT's held twice monthly, reviewing each family once monthly. MDT's staffed by all key providers and comprehensive treatment plans are developed</li> <li>2. All identified participant needs were addressed</li> <li>3. Reduction in duplication of services</li> </ol>	<ol style="list-style-type: none"> <li>1. Observation of MDT</li> <li>2. Interviews with MDT staff</li> <li>3. MDT documentation (attendance, minutes)</li> <li>4. Participant self-report (exit surveys &amp; interviews)</li> <li>5. Compare treatment plans between program and comparison group families</li> </ol>

<b>Implementation Activity #2:</b> Comprehensive intake and assessment of all referred families.		
<b>Outcomes:</b>	<b>Indicators</b>	<b>Methods</b>
<b>Immediate:</b> Improve the ability to identify individual family needs and develop a comprehensive treatment plan	<ol style="list-style-type: none"> <li>1. Treatment plans developed by the family and the MDT will be individualized and targeted to meet the needs of the family</li> <li>2. Participants needs were identified</li> </ol>	<ol style="list-style-type: none"> <li>1. Review of selected treatment plans</li> <li>2. Participant self reports through exit interviews and selected interviews</li> <li>3. Interviews with MDT staff</li> </ol>
<b>Intermediate:</b> Targeted service delivery to support families and help them meet the identified challenges	<ol style="list-style-type: none"> <li>1. Participants will be more likely to access and complete services (increased compliance)</li> <li>2. Participants will feel that services are helping them to achieve their treatment goals (increased satisfaction)</li> </ol>	<ol style="list-style-type: none"> <li>1. Analysis of correlation between FVC assessment, evaluations and treatment plans</li> <li>2. Comparison of treatment plans and entry and exit dates of referred treatment programs</li> <li>3. Participant self reports through exit interviews and selected interviews</li> </ol>

<b>Implementation Activity #3:</b>		
Hire and train a case coordinator who will work directly with the family to provide assessment, therapeutic services, and facilitate the coordination of the service plan.		
<b>Outcomes:</b>	<b>Indicators</b>	<b>Methods</b>
<b>Immediate:</b> Provide participants with a case-coordinator who is available and accessible	Case coordinator will have frequent contact with family to provide resources, support, and facilitate service delivery	1. Case coordinator notes and contact sheets 2. Participant self-report through exit surveys and selected interviews
<b>Intermediate:</b> Improved ability of participants to navigate the court system and access appropriate referred and/or court ordered services	1. Participants will be more likely to access and complete services (increased compliance) 2. Participants will understand court processes & attend all court hearings	1. Comparison of treatment plans and entry and exit dates of referred treatment programs 2. Participant self reports through exit interviews and selected interviews 3. Review/compare court appearances between program & comparison families
<b>Long Term Goals</b>		
<b>Outcomes:</b>	<b>Indicators</b>	<b>Methods</b>
Child Safety	No substantiated re-reports of child maltreatment from program entry to exit with a six and twelve month follow-up	1. Review/compare DHW reports for program & comparison families at point-in-time intervals 2. Review/compare DHW safety & risk assessment ratings for program & comparison families
Permanency	1. Children remain in the home to exit with a six and twelve month follow-up 2. Children in out-of-home placement are returned in a timelier manner.	1. Review/compare DHW reports re: living status within families & between group comparisons 2. Review/compare DHW reports for reunification between program & comparison families re: length of time in out-of-home placement
Family well-being	1. Increased parenting knowledge and skills regarding the impact of conflict and family violence on children 2. Decreased parental conflict	1. Self-report pre and post-test regarding co-parenting 2. Effective Co-Parenting Program completion 3. Parent education provider reports of progress and completion 3. Self-report pre and post test regarding family functioning (ICPS-FFS) 4. Pre and post-test regarding family functioning and child well-being (NCFAS) 5. Pre and Post test regarding parental conflict (Garrity and Baris Parental Conflict Scale)
Parent safety	Decrease in the frequency and level of risk of domestic violence (dv) from program entry to exit to six and twelve month follow-up	1. Review/compare DHW reports 2. Review/compare court & criminal records 3. Participant self reports through exit interviews and selected interviews 4. Pre and post test regarding dv (SARA) 5. DV provider reports of progress and completion
Parent substance abuse reduced or eliminated	Decrease in parents' substance abuse during and after program exit to six and twelve month follow-up	1. Comparison of random biological screening measures at program entry, exit and follow-up 2. Substance abuse provider reports of progress and completion 3. Self-reports of usage from program entry, exit, and six and twelve month follow-up



# **FAMILY VIOLENCE COURT CASE COORDINATOR**

## Principal Duties:

- Complete intake, screening and assessment of parents involved in family violence, child maltreatment and substance abuse to determine eligibility for Family Violence Court (FVC) grant project
- Complete risk assessment to determine risk to children and other family members
- Explain services and participation in FVC project
- Facilitate and coordinate interdisciplinary team
- Coordinate development of treatment plans, referrals and case management plans utilizing services responsive to the unique needs of each case
- Supervision and monitoring of family for compliance with treatment programs and other resource referrals
- Monitor effectiveness of treatment plan and make recommendations to the multi-disciplinary team and FVC for modifications if needed
- Assist in the development of FVC grant project objectives, policies and procedures
- Assist in the development of data and evaluation forms for program
- Monitor and evaluate program effectiveness
- Assist in developing policies and procedures for the program operation
- Explore outcome differences between the FVC grant project participants and comparison group members
- Collect data and administer pre and post tests
- Interpret and apply laws, rules and policies and ensure compliance with professional and ethical standards
- Promote public understanding and acceptance of the FVC grant project

**List of Evaluation Instruments and Protocols for Use  
Family Violence Court**

<b>Instrument</b>	<b>Purpose (Evaluation, Assessment)</b>	<b>Who administers instrument</b>	<b>Protocol for administering instrument</b>	<b>How is the information used (evaluation only, assessment, etc.)</b>
DHW Reports	Evaluation and Assessment	DHW	DHW contacts Case Coordinator regarding referral and family updates	Determining eligibility, assessment, on-going progress, treatment plan, referrals, exit and evaluation
Participant Self-Reports	Evaluation and Assessment	Assessor and/or Case Coordinator	During Assessment information is gathered as well as on-going	Assessment, on-going progress, treatment plan, referrals, exit and evaluation
Other Parent Self-Reports	Evaluation and Assessment	Assessor and/or Case Coordinator	During Assessment information is gathered as well as on-going	Assessment, on-going progress, treatment plan, referrals, exit and evaluation
Court Records (Civil and Criminal)	Evaluation and Assessment	Family Court Services	Reviews court records and provides Local background criminal checks	Determining eligibility, assessment, on-going progress, treatment plan, referrals, exit and evaluation
Random Biological Screening	Evaluation and Assessment	Provider	Provider faxes test results to Case Coordinator within 24 hours	Assessment, on-going progress, treatment plan, referrals, exit and evaluation
Substance Abuse Provider Reports	Evaluation	Provider	Provider submits monthly progress reports to Case Coordinator and may contact sooner if problems arise	on-going progress, treatment plan, referrals, exit and evaluation
Domestic Violence Provider Reports	Evaluation	Provider	Provider submits monthly progress reports to Case Coordinator and may contact sooner if problems arise	on-going progress, treatment plan, referrals, exit and evaluation
Parenting Education Provider Reports	Evaluation	Provider	Provider submits information regarding completion of program	on-going progress, treatment plan, referrals, exit and evaluation

Effective Co-Parenting	Evaluation	Case Coordinator	Provider submits information regarding completion of program	Evaluation Only
ICPS – Family Functioning Scale	Evaluation and Assessment	Case Coordinator has participant complete	Project participant completes during Intake and Exit Pre/post	Evaluation Only
North Carolina Family Assessment Scale (NCFAS)	Evaluation and Assessment	Case Coordinator	Tool completed after Assessment/Intake and Exit Pre/post	Evaluation Only
Spousal Assault Risk Assessment (SARA)	Evaluation and Assessment	Case Coordinator	Tool completed after Assessment/Intake and Exit Pre/post	Assessment, Referral and Evaluation
Garrity and Baris Parental Conflict Scale	Evaluation and Assessment	Case Coordinator	Determined after Assessment/Intake and Exit Pre/post	Assessment and Evaluation
Administrator Surveys	Evaluation	Evaluators	Mailed to identified administrators of provider agencies and DHW that have been involved in program Completed and returned to evaluators anonymously	Evaluation Only
Service Providers/Front line Surveys	Evaluation	Evaluators	Mailed to identified front line staff of provider agencies and DHW that have been involved in program Completed and returned to evaluators anonymously	Evaluation Only
Parents (participant) Interview/Survey	Evaluation	Evaluators confidential interviews with participants	Evaluators contacted participants invite them to an interview (provide incentive) and ask pre-determined list of questions	Evaluation Only
Satisfaction Survey	Evaluation	Case Coordinator had participant complete	Parent completes survey at exit interview and placed in sealed envelop mailed directly to evaluators	Evaluation Only

# Ada County Family Violence Court Grant Project

## Description of Services Survey

The Ada County Family Violence Court Project (FVCGP) is conducting an evaluation of their program (to coordinate services for domestic violence and substance abuse issues). The following survey is designed to help us gather information about the services provided to families handled by your agency and the FVCGP. This information will be used to identify current strengths and weaknesses of the project. As a **service provider administrator** (e.g., Program Director, CEO) who interfaces with FVCGP **your** viewpoint is particularly important to us. **WE WANT YOUR OPINION.** Please take a moment to answer the questions below.

---

Your Agency/Program: \_\_\_\_\_

Your position/Title: \_\_\_\_\_ Years of experience \_\_\_\_\_

Today's Date: \_\_\_\_\_

How would you rate your **Knowledge of the FVCGP?**

High Knowledge    Some    Neutral    Little    No Knowledge

### **Relationship with Ada County Family Violence Court Project (FVCGP)**

1. How would you rate the following items?

Relationship with Project: Very positive    Positive    Neutral    Negative    Very negative

Satisfaction with Project: Very positive    Positive    Neutral    Negative    Very negative

Importance of Project: Very positive    Positive    Neutral    Negative    Very negative

2. What suggestions do you have to improve the FVCGP?

3. What is the single most important function the FVCGP does to serve your agency?

4. What are the top 3 positive things about FVCGP?

5. What are 3 areas that need immediate attention in the FVCGP?

6. Using the following scale, please rate the statements

- 1        I believe FVCGP makes significant contributions to achieving this outcome
- 2        I believe FVCGP contributes to achieving this outcome
- 3        I am not sure of FVCGP's contribution to achieving this outcome
- 4        I believe FVCGP does not contribute to achieving this outcome

5 I believe FVCGP detracts from achieving this outcome

- a. \_\_\_ Improved child safety and well-being
- b. \_\_\_ Improved family functioning
- c. \_\_\_ Parental substance abuse reduced/eliminated
- d. \_\_\_ Improved parent safety
- e. \_\_\_ Reduced future court involvement
- f. \_\_\_ Compliance with treatment plan and utilization of services
- g. \_\_\_ Improved court system navigation
- h. \_\_\_ Improved access to appropriate services
- i. \_\_\_ Improved case coordination of appropriate services

## Services Provided

Please describe the type of services your organization provides to families referred by the project: (check all that apply)

- \_\_\_ individual counseling
- \_\_\_ self help/support groups
- \_\_\_ group counseling/therapy
- types of groups/topics offered (e.g. anger management, support, etc.)  
\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_ family counseling
- \_\_\_ couples/marriage counseling
- \_\_\_ parent education
- list topics: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_ community or consumer education
- list topics: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_ individual living skills
- \_\_\_ provide education materials (books, tapes, etc)
- \_\_\_ domestic violence counseling and treatment
- \_\_\_ case management
- \_\_\_ traditional healing services (purification ceremony, healing ceremonies)
- \_\_\_ spiritual assistance
- \_\_\_ evaluation and assessment
- \_\_\_ inpatient/residential services
- \_\_\_ prescription drugs
- \_\_\_ crisis response
- \_\_\_ paraprofessional support (volunteer helpers)
- \_\_\_ alcohol/drug treatment      \_\_\_ inpatient      \_\_\_ outpatient
- \_\_\_ other services offered: \_\_\_\_\_

When your agency has contact with the families of the parents you serve, what are the three most common reasons for the contact? Please mark the top three with 1 being the most common reason, 2 being the second most common reason, etc.

- \_\_\_ to inform the family of problems that have arisen
- \_\_\_ to inform the family of termination of services
- \_\_\_ to ask the family for specific information about family circumstances
- \_\_\_ to review progress
- \_\_\_ to solicit the cooperation of the family

- to consult with the family about the direction or goals of the services provided
- to obtain permission or consent
- to integrate family into services
- other family outreach, explain: \_\_\_\_\_
- NOT APPLICABLE

How often does your agency provide the following services to families?

- no routine services with families
- services for families at the time the parent begins working with our agency
- services with families at the beginning and end of providing services to the parent
- each time we see the parent, the family receives a follow-up call or personal services
- services with families when they contact us with questions or problems
- other: \_\_\_\_\_
- NOT APPLICABLE

**Referrals Out- DEPARTMENT OF HEALTH AND WELFARE ONLY**

Please rank the top three agencies to which you refer clients with 1 being the agency to which you refer the most people.

(check all that apply).

Ada County Family Violence Court Project

Schools - Which school(s) did you receive the most referrals from?

Please list:

Intensive Residential Treatment programs

School sponsored peer helper programs

Substance Abuse Treatment programs

Mental Health

Health Services

Juvenile Detention

Child Protection Services

Other, Specify \_\_\_\_\_

If Ada County was not in your top three, please briefly explain why.

Please briefly describe your methods (policies) for referring out/in to Ada County Family Violence Court Grant Project

Do you have a waiting list?  Yes  No

If yes, how many people are currently waiting to be served?

#males  #female

If yes, could some of these clients be served by the Ada County Family Violence Court Project? Why or why not?

**Relationships Between Service Providers**

We are interested in learning more about your agencies' relationships with other groups. Please tell us about the relationship between the group you represent and other groups by placing a 1, 2, 3, or 4 in each of the blanks below.

- 1 = we have a very strong, cooperative relationship with this agency/group
- 2 = we have somewhat of a relationship with this group, but not very strong
- 3 = we have a poor relationship with this group, due to past history/other issues
- 4 = we are basically unaware of the services provided by this group/agency

\_\_\_ Schools; Which school(s) did you most often refer to, or contact, about helping support a child: \_\_\_\_\_

\_\_\_ Ada County Family Violence Court Project;

Specify \_\_\_\_\_

\_\_\_ Health Services;

Specify \_\_\_\_\_

\_\_\_ Mental Health (Human Services);

Specify \_\_\_\_\_

\_\_\_ Community Health Representative programs;

Specify \_\_\_\_\_

\_\_\_ Juvenile Detention

\_\_\_ Child Protection Services

\_\_\_ Women and Children's Shelters

\_\_\_ Families

\_\_\_ Domestic violence providers

Specify \_\_\_\_\_

\_\_\_ Families

\_\_\_ Influential persons in the community

\_\_\_ Substance Abuse Providers/Centers;

Specify \_\_\_\_\_

\_\_\_ Juvenile Court

\_\_\_ Criminal Justice System

\_\_\_ Law enforcement/police officers

\_\_\_ Other, specify \_\_\_\_\_

What type of information do you, or your agency, typically share with Ada County Family Violence Court Grant Project regarding client services: (please check all that apply)

\_\_\_ client demographic

\_\_\_ diagnosis

\_\_\_ reason for referral

\_\_\_ test profiles

\_\_\_ psychological evaluations

\_\_\_ information about the client's family

\_\_\_ progress report

\_\_\_ incidence reports from other agencies/schools

\_\_\_ case notes

\_\_\_ suggestions about the future direction of treatment

\_\_\_ Other: \_\_\_\_\_

What case coordination (or other) services do you believe are needed from Ada County Family Violence Court Grant Project that are not currently or readily available?

Email return address: [kcoll@boisestate.edu](mailto:kcoll@boisestate.edu)

Fax return phone number: 208-426-2046

Return Mailing address:

Dr. K. Coll

Counselor Education (E 612)

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1910 University Dr.

Boise, Id 83725

**THANK YOU FOR YOUR COOPERATION**

**Ada County Family Violence Court Grant Project  
Front-line Service Provider Survey  
(Counselors, Social Workers, Mental Health Technicians, and Other Helpers)**

The Ada County Family Violence Court Project (FVCGP) is conducting an evaluation of their program. The following survey is designed to help us gather information about the services provided to clients handled by your agency and the FVCGP. This information will be used to identify current strengths and weaknesses of the project. As a direct service provider who personally interfaces with FVCGP, your viewpoint is particularly important to us. Please take a moment to answer the questions below.

---

Type of Agency/Program: \_\_\_\_\_

Job Title \_\_\_\_\_ Gender: \_\_\_\_\_ Years of Experience \_\_\_\_\_

Number of Clients served per week \_\_\_\_\_ Number of clients on your caseload \_\_\_\_\_

As a direct service provider interacting with FVCGP, your viewpoint about the strengths and challenges of the services provided by the project is very important to us.

How would you rate your knowledge of the FVCGP? High medium low

1. In thinking about the strengths of the services provided, in what areas would you say services are excellent? (Examples- case coordination, resource referral, initial assessment, direct contact with clients, etc.)

2. Why do you think the services listed above are excellent?

a. What services could be improved?

3. What is your average percent of time spent in FVCGP related work? \_\_\_\_%

4. How much time do you spend with each client per visit related to the project (on average)? \_\_\_\_\_ Is this time adequate?

5. What services do you believe are needed that are not currently or readily available from the project?

6. Please indicate below two or three areas that are challenges in serving clients through the project.

1.

2.

3.

7. What is needed to overcome these challenges and be better able to provide high quality services? (Please list at least two ways.)

1.

2.

8. Using the following scale, please rate the statements below:

- 1 I believe FVCGP makes significant contributions to achieving this outcome
- 2 I believe FVCGP contributes to achieving this outcome
- 3 I am not sure of FVCGP's contribution to achieving this outcome
- 4 I believe FVCGP does not contribute to achieving this outcome
- 5 I believe FVCGP detracts from achieving this outcome

- a. \_\_\_ Improved child safety and well-being
- b. \_\_\_ Improved family functioning
- c. \_\_\_ Parental substance abuse reduced/eliminated
- d. \_\_\_ Improved parent safety
- e. \_\_\_ Reduced future court involvement
- f. \_\_\_ Compliance with treatment plan and utilization of services
- g. \_\_\_ Improved court system navigation and access to appropriate services

9. In what areas (if any) would you like more information and/or training from FVCGP to be able to work better with the project (check all that apply)?

- \_\_\_ How referral work
  - \_\_\_ How the court system works
  - \_\_\_ How divorce cases work
-

\_\_\_ How domestic violence court cases work  
\_\_\_ other, specify \_\_\_\_\_

10. When you interact with project personnel, who do you talk to?

---

11. How helpful are they?

Very helpful    Helpful    Not sure    Unhelpful    Very unhelpful

12. How timely is coordination with the project?

Very timely    Timely    Not sure    Untimely    Very untimely

13. How efficient is coordination with the project?

Very efficient    Efficient    Not sure    Inefficient    Very inefficient

14 . When you work with a parent involved in the project, how well are they served?

Very well served    Well served    Not sure    Poorly served    Very poorly served

15. Have you ever attended a V=FVCGP MDT meeting? \_\_\_yes \_\_\_no

If yes, How often have you attended? \_\_\_\_ (Estimated number of times)

How satisfied are you with project facilitation of MDT teams?

Very satisfied    Satisfied    Not sure    Unsatisfied    Very unsatisfied

a. Do you believe the MDT meetings are an efficient use of your time?

\_\_\_yes \_\_\_no

b. Suggestions for improving MDT meetings?

16. How satisfied are you with case coordination done by the project?

Very satisfied    Satisfied    Not sure    Unsatisfied    Very unsatisfied

17. How satisfied are you with how the project works with families?

Very satisfied      Satisfied      Not sure      Unsatisfied      Very unsatisfied

18. How would you rate the following items?

a. relationship with FVCGP

Very positive    Positive    Neutral    Negative    Very negative

b. satisfaction with FVCGP

Very satisfied    Satisfied    Neutral    Unsatisfied    Very unsatisfied

c. importance of FVCGP

Very important    Important    Neutral    Unimportant    Very unimportant

We are very interested in learning from you about any ideas you might have for "quick and easy" changes that could improve project services. We are particularly interested in ideas that do not require major policy changes or additional funding. Please use the back of this page to share any ideas about improvements, which would be fairly easy to implement.

**Thank you for your cooperation!**

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**Interview Protocol for Participants  
Ada County Family Violence Court Grant Project (FVCGP)**

THIS INTERVIEW INFORMATION IS CONFIDENTIAL. IT WILL NOT BE USED IN COURT FILES OR BY FVCGP. NO ONE OTHER THAN THE INTERVIEWERS WILL HAVE ACCESS TO THIS INTERVIEW INFORMATION.

Hello...we are conducting interviews to develop an accurate picture of your perceptions of the FVCGP. **PLEASE TELL US THE STORY OF YOUR involvement with the project.**

In relation to the child, are you	About how old are you?
a... _____	_____ 15 – 25
_____ Mother	_____ 26 - 35
_____ Father	_____ 36 - 45
_____ Grandmother	_____ 46 - 55
_____ Grandfather	_____ 56 – 65
_____ Guardian	_____ 66 – 75
_____ Foster Mother	_____ 75+
_____ Foster Father	
_____ Aunt	
_____ Uncle	
_____ Other _____	

1. What happened that made you think you and the child/youth needed some extra help? (Check all that apply)

- Substance abuse
- Parenting ability
- Family Functioning
- Safety Concerns
- Co-Parenting Concerns
- Other, Specify: \_\_\_\_\_

2. Who did you FIRST turn to for help?

3. How/Why did you choose that person?

4. How did you come to be involved with FVCGP?

5. Please tell me about all the services you [and your child(ren)] accessed through FVCGP, and your opinions of the services. Feel free to name an agency more than once if it was accessed more than one time or for multiple reasons.

NAME OF ALL SERVICES OR AGENCIES USED	HOW HELPFUL WAS THIS SERVICE Rate on a 1 to 5 scale with 1 being not at all helpful to 5 being very helpful (please circle one for each category – A. helpful to current family B. helpful to	WHY WAS THE SERVICE HELPFUL OR NOT HELPFUL?

	relationship with co-custody parent – if applicable).					
	(not helpful)		(helpful)			
Paid by FVCGP__	A. 1	2	3	4	5	
	B. 1	2	3	4	5	
Paid by FVCGP__	A. 1	2	3	4	5	
	B. 1	2	3	4	5	
Paid by FVCGP__	A. 1	2	3	4	5	
	B. 1	2	3	4	5	
Paid by FVCGP__	A. 1	2	3	4	5	
	B. 1	2	3	4	5	
Paid by FVCGP__	A. 1	2	3	4	5	
	B. 1	2	3	4	5	

5A. What services did you access that were not coordinated through the FVCGP?

6. Overall, my satisfaction with the mental health related services coordinated and/or referred through FVCGP is:

- \_\_\_ High (very satisfied)
- \_\_\_ Pretty Good (satisfied)
- \_\_\_ Okay (somewhat satisfied)
- \_\_\_ Not good (somewhat dissatisfied)
- \_\_\_ Not at all (very dissatisfied)

7. Overall, my satisfaction with the substance abuse related services coordinated and/or referred through FVCGP is:

- High (very satisfied)
- Pretty Good (satisfied)
- Okay (somewhat satisfied)
- Not good (somewhat dissatisfied)
- Not at all (very dissatisfied)

8. Overall, my satisfaction with the domestic violence services coordinated and/or referred through FVCGP is:

- High (very satisfied)
- Pretty Good (satisfied)
- Okay (somewhat satisfied)
- Not good (somewhat dissatisfied)
- Not at all (very dissatisfied)

9. Overall, my satisfaction with the parent education services coordinated and/or referred through FVCGP is:

- High (very satisfied)
- Pretty Good (satisfied)
- Okay (somewhat satisfied)
- Not good (somewhat dissatisfied)
- Not at all (very dissatisfied)

10. Please tell me about the services coordinated through FVCGP or activities that helped you and your family the most. (check all those that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> family counseling                         | <input type="checkbox"/> shelter services                                     |
| <input type="checkbox"/> group counseling                          | <input type="checkbox"/> support groups                                       |
| <input type="checkbox"/> individual counseling                     | <input type="checkbox"/> tutoring   |
| <input type="checkbox"/> case coordination                         | <input type="checkbox"/> recreational activities (such as playing basketball) |
| <input type="checkbox"/> substance abuse treatment                 | <input type="checkbox"/> educational support/tutoring                         |
| <input type="checkbox"/> drug testing                              | <input type="checkbox"/> crisis response                                      |
| <input type="checkbox"/> domestic violence counseling or treatment | <input type="checkbox"/> prescription drugs                                   |
| <input type="checkbox"/> counseling for young children             | <input type="checkbox"/> school education about gangs, drugs, etc.            |
| <input type="checkbox"/> parent education                          | <input type="checkbox"/> mentorship from extended family                      |
| <input type="checkbox"/> probation services                        |   |
| <input type="checkbox"/> Other: _____                              |   |

11. What services would you like that is not (or were not) available?

12. In your opinion, what are the best things the current family does that help functioning now? (for example, family gatherings, good communication)  
In your opinion, what are the best things you and your co-parent do that help family functioning now? (for example, family gatherings, good communication)

13. What are the biggest challenges or concerns you face as a family today- how is that different than 6 months ago?

a. What are the biggest challenges or concerns you face as co-parent today- how is that different than 6 months ago?

14. In your experience, which statement BEST describes the relationship between your current **family** and FVCGP: (check the one that best describes your opinion)

- Parents/guardians are not included or not treated with respect.
- Parents/guardians are somewhat included and are treated with respect.
- Parents/guardians are included and FVCGP treat parents with respect.

A. Your **co-parenting** relationship and FVCGP: (check the one that best describes your opinion)

- Parents/guardians are not included or not treated with respect.
- Parents/guardians are somewhat included and are treated with respect.
- Parents/guardians are included and FVCGP treat parents with respect.

The following questions ask about services generally available in this community.

15. Do you think developing role models is important in this community?

yes  no  
Ideas about how to do it? \_\_\_\_\_

16. Do you think there is a stigma to receiving Mental Health services in this community?  yes  no

17. Have you previously utilized Mental Health services in this community?

yes  no  
If yes, have the services been useful?  yes  no  
Did you terminate services because you were not happy with them?  
 yes  no

18. Was there adequate teaming w/ Mental Health services, did your family have a voice?  yes  no

19. Are you confident in you ability to access mental health services, overall?

yes  no

20. Do the mental health services in this community seem adequate?

yes  no

21. Do you think there is a stigma to receiving Substance Abuse services in this community ?  yes

no

21. Have you previously utilized Substance Abuse services in this community?

\_\_\_ yes \_\_\_ no

If yes, have the services been useful? \_\_\_ yes \_\_\_ no

Did you terminate services because you were not happy with them?

\_\_\_ yes \_\_\_ no

22. Was there adequate teaming with Substance Abuse services, did your family have a voice? \_\_\_ yes

\_\_\_ no

23. Are you involved in community activities? \_\_\_ yes \_\_\_ no

If yes, please name a few \_\_\_\_\_

What barriers exist for you not being more involved? \_\_\_\_\_

Other comments about working with FVCGP that you'd like to share?

Please rate the design of this interview protocol:

\_\_\_ excellent

\_\_\_ very good

\_\_\_ acceptable

\_\_\_ somewhat poor

\_\_\_ very poor

-----  
If you would like to be contacted in the future to participate in or receive information related to this project please provide the information below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Family Violence Court (FVC) Grant Project Satisfaction Survey

**Instructions:** Please answer by circling one response for each statement. This is an anonymous survey that you will **send directly to the evaluators** of the Family Violence Court (FVC) Grant Project (see address below). FVC Grant Project staff will not see your evaluation.

1. Family Violence Court (FVC) Grant Project staff were knowledgeable.

Strongly Agree      Agree      Disagree      Strongly Disagree      Don't Know

2. Family Violence Court (FVC) Grant Project staff were able to answer my questions.

Strongly Agree      Agree      Disagree      Strongly Disagree      Don't Know

3. Family Violence Court (FVC) Grant Project staff were able to refer me to valuable resources.

Strongly Agree      Agree      Disagree      Strongly Disagree      Don't Know

4. The FVC Grant Project staff were respectful.

Strongly Agree      Agree      Disagree      Strongly Disagree      Don't Know

5. The FVC Grant Project staff were supportive.

Strongly Agree      Agree      Disagree      Strongly Disagree      Don't Know

6. The FVC Grant Project staff were understanding.

Strongly Agree      Agree      Disagree      Strongly Disagree      Don't Know

7. The coordination of services I received through the FVC Grant Project helped my family.

Strongly Agree      Agree      Disagree      Strongly Disagree      Don't Know

8. Treatment planning meetings were productive and therefore benefited my family.

Strongly Agree      Agree      Disagree      Strongly Disagree      Don't Know

9. During treatment planning meetings, FVC Grant Project staff respected my voice.

Strongly Agree      Agree      Disagree      Strongly Disagree      Don't Know

10. My family benefited from the FVC project providing funds for the services we received.

Strongly Agree      Agree      Disagree      Strongly Disagree      Don't Know

11. The amount of contact I had with FVC Project staff was:

Too much              Just right              Too little

12. The comprehensive treatment plan that I received through the FVC project helped my family follow through with treatment and court ordered services.

Strongly Agree      Agree      Disagree      Strongly Disagree      Don't Know

13. On the back of this form, please include comments that will help us serve you or others better in the future.

If you would like to be contacted for further discussion regarding your experience with the Family Violence Court Grant Project, please list your contact information:

---

Reminder: Evaluation staff may contact regarding your participation in the grant project over the next year:

## **Family Violence Court Assessment Intake Form**

Full Legal Name: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 City & Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: \_\_\_\_\_  
 Where were you born: \_\_\_\_\_ Number of brothers and/or sisters: \_\_\_\_\_  
 Highest grade you completed in school: \_\_\_\_\_ GED HS Diploma Trade School Some College  
 BS Degree Graduate Degree Current Occupation: \_\_\_\_\_  
 How would you describe your upbringing? \_\_\_\_\_  
 \_\_\_\_\_  
 Would you say any abuse occurred in your upbringing? If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 Current living situation: \_\_\_\_\_  
 Other Parent's Name: \_\_\_\_\_ Your Attorney's Name: \_\_\_\_\_  
 New Divorce ( ) Modification Action ( ) Domestic Violence Proceeding ( ) Paternity Case ( ) Criminal Case ( )

Names of children of this action reside	Birth dates & ages	Where children reside

Who filed the current court action? Mother Father

In your own words, please describe what events made it necessary to bring this action to court?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you want to see happen from this court action?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you think the other parent wants to see happen from the court action?

\_\_\_\_\_

\_\_\_\_\_

Is there a stepparent/significant other in either household? No Yes Which home: Mother Father  
 Are there other child/ren in either household? No Yes Which home: Mother Father  
 If yes, please list the child/ren's names and ages: \_\_\_\_\_

---

Do you have a criminal history record?	YES	NO
Has anyone ever filed for, or had guardianship of your children?	YES	NO
Has your child/ren ever been physically or sexually abused or neglected?	YES	NO
If yes, please describe:		
_____		
Have you received counseling or mental health therapy?	YES	NO
If yes, what were/are the mental health concerns or diagnosis?	_____	
_____		
Has the other parent received counseling or mental health therapy?	YES	NO
Have your child/ren received counseling or mental health therapy?	YES	NO
If yes, what were/are the mental health concerns or diagnosis?	_____	
_____		
Has your child/ren been involved in Juvenile Court?	YES	NO
If yes, what were/are the concerns or charges?	_____	
_____		
Does your child/ren have special needs?	YES	NO
If yes, please describe:		
_____		
Do you have any health problems?	YES	NO
If yes, please describe:		
_____		
Does your child/ren have any health problems?	YES	NO
If yes, please describe:		
_____		

**QUESTIONS CONCERNING THE USE OF ALCOHOL AND DRUGS**

Presently, how much does the **other parent** drink alcohol? Never \_\_\_ # per week \_\_\_\_\_ # per month \_\_\_\_\_

How much did the **other parent** drink alcohol in the past? Never \_\_\_ # per week \_\_\_\_\_ # per month \_\_\_\_\_

Does the **other parent** use drugs? Yes No How often? \_\_\_\_\_ Drugs used: \_\_\_\_\_

Does the **other parent** have a history of drug use? Yes No If yes, specify \_\_\_\_\_  
Drugs used: \_\_\_\_\_  
Age when first began drug involvement? \_\_\_\_\_

Has the **other parent** ever received alcohol or drug evaluation and/or treatment? Yes No

Please explain when and where and the outcome of the treatment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any familial substance abuse in the **other parent's** family, specify who: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any family substance abuse in **your** family, specify who: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Presently, how much do **you** drink alcoholic beverages? Never \_\_\_ # per week \_\_\_\_\_ # per month \_\_\_\_\_

How much did **you** drink alcoholic beverages in the past? Never \_\_\_ # per week \_\_\_\_\_ # per month \_\_\_\_\_

Do **you** use drugs? Yes No How often? \_\_\_\_\_ Drugs used: \_\_\_\_\_

Do **you** have a history of drug use? Yes No If yes, specify \_\_\_\_\_  
Drugs used: \_\_\_\_\_  
Age when first began drug involvement? \_\_\_\_\_

Have **you** ever received alcohol or drug evaluation and/or treatment? Yes No

Please explain when and where and the outcome of the treatment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INFORMATION ABOUT YOUR RELATIONSHIP  
WITH THE OTHER PARENT**

When and how did you and the other parent first meet? \_\_\_\_\_

How old were you and the other parent when you first met? \_\_\_\_\_

How was your relationship with the other party at the beginning of the relationship? \_\_\_\_\_

How long was your relationship with the other parent before the child was born? \_\_\_\_\_

Which category best describes your **current** relationship with the other parent? **(circle one)**

- |   |  |
|---|--|
| 1 - Never married, never lived together   | 2 - Never married, used to live together |
| 3 - Divorcing, but living with each other | 4 - Divorcing, living apart              |
| 5 - Already divorced                      | 6 - Still living together                |
| 7 - Temporarily not living together       | 8 - Separated, plan to reunite           |
| 9 - Separated, plan to divorce            | 10 - Other (specify): _____              |

If you and the other parent were never married or living together, how long did your relationship last? \_\_\_\_\_

If you and the other parent were married, what is the date you were married? \_\_\_\_\_

If you and the other parent were married or living together, what is the date you were separated? \_\_\_\_\_

If you and the other parent are divorced, what date was the divorce final? \_\_\_\_\_

Who decided to end the relationship? **(circle one)**

- |                     |               |                              |                             |
|---------------------|---------------|------------------------------|-----------------------------|
| 1 - Mutual decision | 2 - I decided | 3 - The other parent decided | 4 - Not ending relationship |
|---------------------|---------------|------------------------------|-----------------------------|

What was the relationship like during the last year you and the other party were together? \_\_\_\_\_

How did the relationship end (if it did end)? \_\_\_\_\_

How have you dealt with the separation/divorce? \_\_\_\_\_

Do you and the other parent live in the same state? \_\_\_no, \_\_\_yes. If no, which State: \_\_\_\_\_

Has there been a recent change in the post divorce/separation relationship? If so, please describe the reason for the change: \_\_\_\_\_

How would you describe your **current relationship** with the other parent? **(circle one)**

- |                             |                                     |
|-----------------------------|-------------------------------------|
| 1- No contact               | 2- Cooperation is almost impossible |
| 3- We do not cooperate well | 4- We cooperate well                |

**QUESTIONS CONCERNING DOMESTIC VIOLENCE TOWARDS YOU BY YOUR PARTNER**

Is there a history of domestic violence between you and the other party? Yes No  
 Do you or the other party have a current or past Protection Order? Yes No

No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, or just have spats or fights because they are in a bad mood, under stress, or tired for some reason. They also use many different ways of trying to settle their differences. Below is a list of things people do at times like this.

For each item, please answer about how many times the other parent or party has used this approach with you in the past year **or the last year of the relationship**.

	0. Never	1. Once	2. Twice	3. 3 to 5Times	4. 6 to 10 times		
-How often did you discuss an issue calmly?	1	2	3	4	5	6	0
-How often did the other party bring in someone to help settle things?	1	2	3	4	5	6	0
-How often did the other party insult or swear at you?	1	2	3	4	5	6	0
-What was said? _____							
-How often did the other party stomp out of the room, house or yard?	1	2	3	4	5	6	0
-How often did the other party do or say something spiteful to you?	1	2	3	4	5	6	0
-How often did the other party threaten to hit or throw something at you?	1	2	3	4	5	6	0
-How often did the other party throw, smash, hit, or kick something?	1	2	3	4	5	6	0
-How often did the other party throw something at you?	1	2	3	4	5	6	0
-How often did the other party push, grab, or shove you?	1	2	3	4	5	6	0
-Were you ever hit by the other party? Yes No How often?	1	2	3	4	5	6	0
Did the other party use an open hand or a closed fist (Please circle)?							
-How often did the other party beat you up? Were you injured? Yes No Describe the injuries. _____	1	2	3	4	5	6	0
-How often did the other party choke, strangle or smother you?	1	2	3	4	5	6	0
Did you lose consciousness? Yes No							
-How often did the other party threaten you with a weapon or automobile?	1	2	3	4	5	6	0
-How often did the other party use a knife or fire a gun to gain control of you?	1	2	3	4	5	6	0
-How often did the other party threaten your life? Describe the manner in which you were threatened. _____	1	2	3	4	5	6	0
-How often did the other party force you to do a sexual act that you did not want to do, or engage in forced sex?	1	2	3	4	5	6	0
- Do you have a family pet? Yes No							
- Did the other party ever hurt the pet? Yes No							
- How often did the other party hurt the family pet?	1	2	3	4	5	6	0

**In the past year, have any of the following happened? If so, how often?**

Did you ever have injuries that showed, like  
bruises or scrapes from something your  
partner did to you?

1      2      3      4      5      6      0

What were the injuries? \_\_\_\_\_  
\_\_\_\_\_

Did you ever have other injuries, like broken  
bones or permanent injuries from something  
your partner did to you?

1      2      3      4      5      6      0

Describe: \_\_\_\_\_  
\_\_\_\_\_

Were the police called?      \_\_\_ YES      \_\_\_ NO

Is there a police report?      \_\_\_ YES      \_\_\_ NO

Was there an arrest?      \_\_\_ YES      \_\_\_ NO

If yes, who was arrested? \_\_\_\_\_

Is there a No-Contact Order?      \_\_\_ YES      \_\_\_ NO

Is there a Protection Order?      \_\_\_ YES      \_\_\_ NO

If yes, restraining whom? \_\_\_\_\_

Who issued (courts, police): \_\_\_\_\_

File date and expiration date: -

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**QUESTIONS CONCERNING DOMESTIC VIOLENCE YOU COMMITTED TOWARDS YOUR PARTNER**

No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, or just have spats or fights because they are in a bad mood, under stress, or tired for some reason. They also use many different ways of trying to settle their differences. Below is a list of things people do at times like this.

For each item, please answer about how many times the other parent or party has used this approach with you in the past year **or the last year of the relationship**.

	0. Never	1. Once	2. Twice	3. 3 to 5Times	4. 6 to 10 times	5. 11 to 20 times	6. More than 20 times	
-How often did you discuss an issue calmly?	1	2	3	4	5	6	0	
-How often did YOU bring in someone to help settle things?	1	2	3	4	5	6	0	
-How often did YOU insult or swear at the other partner?	1	2	3	4	5	6	0	
-What was said? _____								
-How often did YOU stomp out of the room, house or yard?	1	2	3	4	5	6	0	
-How often did YOU do or say something spiteful to the other partner?	1	2	3	4	5	6	0	
-How often did YOU threaten to hit or throw something at the other partner?								
	1	2	3	4	5	6	0	
-How often did YOU throw, smash, hit, or kick something?	1	2	3	4	5	6	0	
-How often YOU throw something at the other partner?	1	2	3	4	5	6	0	
-How often did YOU push, grab, or shove the other partner?	1	2	3	4	5	6	0	
-Did YOU ever hit the other party? Yes No How often?	1	2	3	4	5	6	0	
Did YOU use an open hand or a closed fist (Please circle) ?								
-How often did YOU beat your partner up? Were they injured? Yes No Describe the injuries. _____	1	2	3	4	5	6	0	
-How often did YOU choke, strangle or smother the other partner? Did they loose consciousness? Yes No	1	2	3	4	5	6	0	
-How often did YOU threaten the other partner with a weapon or automobile?	1	2	3	4	5	6	0	
-How often did YOU use a knife or fire a gun to gain control the other partner?	1	2	3	4	5	6	0	
-How often did YOU threaten the other partner's life? Describe the manner in which they were threatened. _____	1	2	3	4	5	6	0	
-How often did YOU force the other partner to do a sexual act that they did not want to do, or engage in forced sex?	1	2	3	4	5	6	0	
-Do you have a family pet? Yes No								
- Did YOU ever hurt the pet? Yes No								
- How often did YOU hurt the family pet?	1	2	3	4	5	6	0	

## PERCEPTION OF OTHER PARENT

In your opinion, how true are the following statements? (**circle one number for each statement**)

	<u>False</u>	<u>Somewhat False</u>	<u>No Strong Feelings</u>	<u>Somewhat True</u>	<u>True</u>
I trust the other parent	1	2	3	4	5
The other parent is angry with me	1	2	3	4	5
It is important that our children are able to see each of us frequently	1	2	3	4	5
I feel I can reason with the other parent	1	2	3	4	5
I feel angry with the other parent	1	2	3	4	5

	<u>False</u>	<u>Somewhat False</u>	<u>Neutral</u>	<u>Somewhat True</u>	<u>True</u>
I do not approve of the other parent's lifestyle <u>Describe</u> the reasons:	1	2	3	4	5
The other parent and I agree about the custody arrangement or child support for the child(ren).	1	2	3	4	5
I have concerns about the other party's parenting abilities <u>Describe</u> the reasons:	1	2	3	4	5
There are problems with the visitation schedule and/or Transitions or exchange times. <u>Describe</u> the reasons:	1	2	3	4	5

When the children are with the other parent, how often are you worried about someone in that household doing the following:

	Never	Rarely	Sometimes	Always
Drinking excessively	1	2	3	4
Using drugs	1	2	3	4
Potentially physically abusing the child(ren)	1	2	3	4
Failing to feed/clothe/protect the child(ren)	1	2	3	4
Ignoring the child	1	2	3	4
Not driving safely with the child(ren) in the car	1	2	3	4

If there was any violence during the relationship, how do you feel about dealing with the other parent **today**?

1 - No violence, not afraid    2 - I am somewhat afraid of the other parent    3 - I am very afraid of the other parent

How do you discipline your child(ren)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you believe the other parent disciplines your child(ren)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you ever feel undermined by the other parent, while attempting to discipline your children? Please describe: \_\_\_\_\_  
\_\_\_\_\_

Have the children ever received marks as result of discipline?                      Yes    No  
If yes, please describe: \_\_\_\_\_

Has the other parent ever threatened harm in any way to the children?  
\_\_\_\_\_

Have the children been witness to any violence in the home (current or past)?  
\_\_\_\_\_

Would you say the other party is involved in the children's lives?  
\_\_\_\_\_

Has Children Protection Services (CPS) ever been involved with your family? If yes, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your concerns about the other parent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the other party threatened to deny you access to your children? \_\_\_\_\_  
\_\_\_\_\_

What are you doing to encourage a relationship with both parents with the child/ren? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you feel the other parent is saying negative things about you to the child/children?	Yes	No
Are you saying negative things about the other parent to the child/children?	Yes	No

## VISITATION QUESTIONNAIRE

Which of the following difficulties have you had with visitation? (circle all that apply)

- Visitation hasn't started yet.
- No problems or difficulties with visitation.
- Supervised visitation has been ordered.
- The visitation schedule is unclear.
- The other parent lives too far away.
- Fighting between us during pick-up and drop off of the child(ren).
- One or more children do not want to be with the other parent.
- One or more children do not want to be with you for visitation.
- The other parent is always changing visitation times.
- Not getting enough time with the child(ren).
- Other parent is not cooperative/flexible with visitation schedules.
- Other parent is not supportive of my relationship with the child(ren).
- Other parent and I have different parenting styles.
- Having child(ren) ready on time for visits.
- High cost of transporting / paying for the transportation of child(ren) for visitation
- Getting the children back on time from visits.
- Concerned about the safety of the child(ren) when they are with the other parent (describe below).
- Concerned about the supervision of the child(ren) when they are with the other parent.
- It is hard to find mutually acceptable times for visitation.
- Concerned the other parent is saying negative things about me to the child(ren).
- Current visitation order does not work for me.
- Child(ren) do not get along with someone at the other house, (stepparent, step-sibling, etc.).
- One or more of the child(ren) are upset before going to the other parent's house.
- One or more of the child(ren) are upset after returning to me from the other parent's house.
- One or more of the child(ren) take several hours to settle down after leaving the other parent's house.
- Problems with visitation because of problems with child support.
- I do not like the children spending time with the other parent's new partner.
- The other parent doesn't spend enough time with the child.

Comments: \_\_\_\_\_

How long have you had visitation problems? \_\_\_\_\_ months OR \_\_\_\_\_ years

## INFORMATION ABOUT YOUR CHILD

(One per child)

Child's Name: \_\_\_\_\_ Gender: \_\_\_M\_\_\_F Age & Birth date: \_\_\_\_\_

Below are some behavior problems many children have. Please mark how often each statement has been true for this child in the past three months. **(circle one number for each statement)**

	Never/Rarely	Sometimes	Often
Has sudden changes in mood or feelings	1	2	3
Feels/complains that no one loves him or her	1	2	3
Is rather high strung, tense, or nervous	1	2	3
Cheats or tells lies	1	2	3
Is too fearful	1	2	3
Argues too much	1	2	3
Has difficulty concentrating	1	2	3
Is easily confused, is in a fog	1	2	3
Bullies, or is cruel or mean to others	1	2	3
Is disobedient at home	1	2	3
Is disobedient at school	1	2	3
Does not seem to feel sorry after misbehaving	1	2	3
Has trouble getting along with other children	1	2	3
Has trouble getting along with teachers	1	2	3
Is impulsive, acts without thinking	1	2	3
Feels worthless or inferior	1	2	3
Is not liked by other children	1	2	3
Is restless or overly active, cannot sit still	1	2	3
Has a lot of difficulty getting mind off certain thoughts	1	2	3
Is stubborn, sullen or irritable	1	2	3
Has a strong temper, loses it easily	1	2	3
Is unhappy, sad or depressed	1	2	3
Is withdrawn, does not get involved with others	1	2	3
Is often sick	1	2	3
Has lots of accidents	1	2	3
Does poorly in school	1	2	3
Wets or soils the bed	1	2	3
Is too shy	1	2	3
Has problems sleeping	1	2	3
<b>IF YOUR CHILD IS UNDER 12 YEARS OLD, PLEASE ANSWER THE FOLLOWING:</b>			
Breaks things, deliberately destroys own or others' things	1	2	3
Clings to adults	1	2	3
Cries too much	1	2	3
Demands a lot of attention	1	2	3
Is too dependent on others	1	2	3
<b>IF YOUR CHILD IS 12 YEARS OR OLDER, PLEASE ANSWER THE FOLLOWING:</b>			
Feels others are out to get him/her	1	2	3
Hangs around with kids who get in trouble	1	2	3
Is secretive, keeps things to him/herself	1	2	3
Worries too much	1	2	3
Problems with the law	1	2	3
Problems with drugs or alcohol	1	2	3
Sexually active	1	2	3



**FAMILY COURT SERVICES'  
FAMILY VIOLENCE COURT (FVC)  
ASSESSMENT AND REPORT**

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**Referring Judge:**  
**Case No:**

**Date of Report:**  
**Next Court Date:**

**Mother:**

**Father:**

---

***Purpose of the FAMILY VIOLENCE COURT ASSESSMENT Report:***

The primary purpose of the FVC Assessment is to provide additional recommendations to the Court which, if ordered, may enhance family functioning and provide alternatives to resolving issues and broaden parenting options.

Based on the information provided a report is written for the Court that includes the issues and concerns of each parent, the needs and risks of the child/children, substance abuse issues, domestic violence issues, and parenting concerns and issues. The assessment is based on reports by both parties, self-report tests, other supporting documents and reports, and the observations of the assessor.

The recommendations provided by the assessor in the report are designed to protect the child/children from the potentially negative impact of parental substance abuse, family domestic violence, and parental conflict.

***STATEMENT OF NONCONFIDENTIALITY:***

Prior to the initiation of the interview both parents were informed that the information obtained in the process was not confidential in the usual sense, but would be read by both parents, both attorneys, and by the Court. Both parents indicated their understanding of this abridgement of their confidentiality, and both indicated their willingness to participate within that context. Both parents appeared to be competent to provide the informed consent decision being requested of them by this assessor.

RECOMMENDATIONS INCLUDE BUT ARE NOT LIMITED TO CONSIDERATION OF THE FOLLOWING:

Children	Date of Birth	Primary Residence

## MOTHER'S INTERVIEW

### ***BACKGROUND ON MOTHER***

Criminal History:

Substance Use/Abuse:

Mental Health/Counseling:

### ***MOTHER'S PERSPECTIVE ON THE RELATIONSHIP***

### ***MOTHER'S VIEW ABOUT THE CHILD/REN***

### ***MOTHER'S RESPONSE TO RESOLUTION***

**FATHER'S INTERVIEW**

***BACKGROUND ON FATHER***

**Criminal History:**

**Substance Use/Abuse:**

**Mental Health/Counseling:**

***FATHER'S PERSPECTIVE ON THE RELATIONSHIP***

***FATHER'S VIEW ABOUT THE CHILD/REN***

***FATHER'S RESPONSE TO RESOLUTION***

***BASIS FOR RECOMMENDATIONS***

***CONCERNS***

***CONCERNS REGARDING THE RESOLUTION OF THIS CASE***

**RECOMMENDATIONS**

# **Informed Consent to Participate in the Family Violence Court (FVC) Grant Project**

## **Purpose of the FVC Grant Project:**

You are being invited to participate in a research study called The Family Violence Court (FVC) Grant Project funded by a Federal grant from the Children's Bureau and administered by the Rocky Mountain Quality Improvement Center (RMQIC). The purpose of this study is to strengthen and support families who have child protection concerns, domestic violence, and substance abuse issues, through a streamlined response of the judicial system to families and a highly collaborative service design that involves comprehensive case management and funding for services and treatment.

## **Involvement and Participation:**

Eligibility to participate in this project will be determined by a Family Violence Court Assessment or Supplemental Assessment. If you are eligible and agree to participate in this study, you will be required to participate in all aspects of the grant project.

## **Grant Participation:**

Families will be assigned a case coordinator and a treatment planning team who will develop a comprehensive treatment plan with the family. Families may be required by a court order to complete domestic violence and/or substance abuse evaluations, participate in recommended domestic violence and/or substance abuse treatment, and other community services (i.e. parenting programs). Families will be required to follow treatment guidelines with the treatment provider and submit to random drug screens requested by the treatment provider or the Courts. Parties will be required to have frequent contact (at least weekly) with the Family Violence Court (FVC) Case Coordinator and attend all scheduled meetings and court hearings involving the family.

All families may be required to attend a Family Safety Planning Meeting within the first month of entering the project. The victim of domestic violence is the only family member who attends this meeting. FVC Case Coordinator may waive this requirement if families do not have spousal domestic violence issues. The purpose of this meeting is to address safety concerns regarding domestic violence and child safety and develop an Individualized Family Safety Plan. After completion of the Safety Planning Meeting documentation must be given to the FVC Case Coordinator (copy of the safety plan and a participation sheet). There will be no fee for the Safety Planning Meeting.

Parents who are divorced or separated and who participate in the FVC Grant Project are required to participate in the Effective Co-Parenting Education program within three months of entering the project. Each parent will attend at least one session separately with the FVC Case Coordinator and may attend at least one session together with the FVC Case Coordinator if determined appropriate (depending on safety concerns, current Protection Orders/No Contact Orders). The primary purpose of this education is to offer information about ways to minimize the potential negative impacts of separation, domestic violence, divorce, and conflict on child(ren). The information offered is not legal advice, but rather psychosocial education based on current research in the areas of child development, children of divorce, and the impact of conflict on children.

The FVC Case Coordinator will work directly with families to provide resources and support, monitor treatment and completion, and facilitate services outlined in the treatment plan. The FVC Case Coordinator will meet as often as needed with the family until they have been discharged from the program. As part of the project, a multi-disciplinary team (MDT) will hold meetings to discuss cases, treatment, and necessary follow-up in the Court process. The information discussed in these meetings will be kept confidential in the sense that it would not be shared with persons outside the multi-disciplinary team or the Court.

**Funding Available for Families Participating in the Project:**

A sliding fee schedule will be applied to all families eligible for the FVC Grant Project. Families will be required to provide the FVC Case Coordinator with financial information to determine eligibility. The project will provide financial assistance under the grant project based on a sliding scale for parties to complete evaluations, treatment, and/or parenting programs. Funding will be paid directly to the service provider the family is receiving services through.

**Evaluation, Data Collection, and Research:**

As a part of your participation in this project you will be required to complete pre and post tests and asked to provide information regarding you and your family. This information will be entered into a database for evaluation of the FVC Grant Project and only reported under an identification number, rather than your name, to ensure confidentiality. Information reported to the Idaho Supreme Court and the funders of the grant project, RMQIC, will not have any identifying information that links results to specific individuals or families.

**Follow-up Procedures:**

We will be following up with families after completion of the grant project and services in order to determine how effectively the FVC Grant Project is able to support families and provide access to needed services. After completion of the FVC Grant Project, evaluation staff will contact you monthly for the first three months, then six months following completion of project, and then twelve months after completion to gather information related to the evaluation process. All information will be confidential and will not be used against you in future criminal proceedings.

We will also ask you for the names, addresses, and phone numbers of two people we can contact if we are unable to locate you for the follow-up assessment. No information about your family will be disclosed to the provided contacts.

**Two people for us to contact to help locate you:**

Name	Address	Phone Number
_____		

**Your Participation in the FVC Grant Project is Voluntary:**

Your participation in this project, research, and evaluation is voluntary and you may withdraw from the project at any time for any reason, with no penalty.

**Consent to Participate in the FVC Grant Project:**

The information about this project and my participation has been explained to me and any questions I have about the project and my participation have been answered to my satisfaction. By signing this consent form, I agree to participate in this project and to be contacted after completion of the project for follow-up evaluation. I understand the requirements of the project and my participation. I understand that after the completion of this project I will be contacted for up to two years and allow the evaluation staff to contact the persons named on this form to locate me. I understand that I can withdraw from this project at any time and that I do not have to be involved in the research or evaluation of this project. Unless I withdraw from this project, this consent will remain in effect for three years from the date I signed this form for follow-up evaluation purposes. I have been given a copy of this informed consent statement.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Use Only

FVC Grant Project Case # \_\_\_\_\_

Parties Name \_\_\_\_\_

Case # \_\_\_\_\_

# Family Violence Court Grant Project

## Comprehensive Treatment Plan (SAMPLE)

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Treatment Planning Date: July 6, 2004      Participant's Name: **Father**  
Treatment Planning Team Members Present: Case Coordinator; Clinical Supervisor; Family Court Services Director; and Misdemeanor Probation Officer

---

**Strengths:** Father stated that he has a good relationship with his extended family. He shared that he is staying out of situations that are unhealthy for him in his sobriety. He stated he loves his job and his time with his kids. The team indicated that Father is following through with his treatment and are encouraged by his sobriety.

**Resources/Supports:** Father shared that his family and treatment has been a support.

**Identified Issues/Concerns:** Father indicated that alcohol has been a problem in the past for him, but now things are going well. He shared that the No Contact Order between him and his ex-wife is complicated and he wants to have it lifted. Father stated he does not like probation and being involved in the court system.

---

**Identified Barriers/Challenges:** The team believes Father is focused on his contact with his ex-wife when he should be focused on his recovery and his children. Father is concerned about his visitation rights and the fear of losing more contact with his children.

---

**Needed Resources:** Father believes the financial support of the grant is helpful. He discussed attending AA and NA support groups for additional support.

---

### Court-Ordered Services:

- Domestic Violence treatment- 6 months
- Substance Abuse treatment- 6 months
- Parenting class
- Effective Co-Parenting Education

### Completed:

- Substance Abuse Evaluation
- Domestic Violence and Child Risk Assessment
- Random drug testing

### Recommendations from Evaluations:

- Substance Abuse treatment-one year intensive outpatient, including relapse prevention at court approved facility
- Domestic Violence treatment- 12 month batterer treatment program with state approved provider
- Parenting class addressing effects of domestic violence on children
- Supervised probation

### Other Recommendation:

- Effective Co-Parenting Education
  - Continued drug testing
- 

**Goal/Outcome:** Participate in Substance Abuse Treatment to prevent relapse.

Treatment/Services Needed to meet Goal: Participate in drug and alcohol treatment.  
Participate in random drug testing requested by probation, substance abuse provider or Coordinator. Currently assigned to Color Code system.

Treatment Provider: Local substance abuse provider  
Drug Testing Lab color is **teal**.

Timeline/Dates: Begin classes this week

Next Step: Continue substance abuse treatment on Monday evenings. Participate in random drug testing by calling testing lab daily and submitting to drug testing at least twice a week. Contact Coordinator regarding any treatment schedule changes or attendance information. Coordinator will contact providers frequently regarding attendance, progress, and drug testing results.

---

**Goal/Outcome:** Participate in court ordered Domestic Violence treatment to reduce risk of re-offending and to build/enhance life skills and problem solving.

Treatment/Services Needed to meet Goal: Complete DV treatment program through an approved provider.

Treatment Provider: Local approved provider

Timeline/Dates: to be determined by team and Father

Next Step: Contact provider and setup intake appointment when team determines it is appropriate. Involvement in substance abuse treatment needed for two months before beginning DV treatment. Contact Coordinator with provider information once registered for class. Coordinator will contact provider in regards to funding.

---

**Goal/Outcome:** Attend parenting class to increase awareness and understanding of child development and effects of domestic violence and substance abuse on children.

Treatment/Services Needed to meet Goal: Complete a parenting class recommended by Coordinator.

Treatment Provider: to be determined

Timeline/Dates: to be determined by team

Next Step: Contact provider and setup intake appointment when team determines it is appropriate. Involvement in substance abuse treatment needed before beginning parenting education. Contact Coordinator with provider information once registered for class. Coordinator will contact provider in regards to funding.

---

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**Goal/Outcome:** Participate in Effective Co-Parenting Education to build a stronger, effective co-parenting relationship between Father and his ex-wife.

Treatment/Services Needed to meet Goal: Effective Co-parenting Education Program

Treatment Provider: FVC Case Coordinator

Timeline/Dates: Set up 1<sup>st</sup> appointment with Case Coordinator after completion of substance abuse treatment.

Next Step: Set-up appointment with FVC Case Coordinator (each separate sessions and then together).

---

**Goal/Outcome:** To provide support and resources to assist in building strong, healthy family relationships and compliance with probation and the Court (custody order).

Treatment/Services Needed to meet Goal: Have contact with FVC Case Coordinator frequently regarding progress & support.

Have monthly contact with probation and follow all probation requirements and supervision agreement.

Timeline/Dates: Frequently and/or required contact

Next Step: Continue all contacts with FVC Case Coordinator and probation contact and supervision.

## MONTHLY TREATMENT PROGRESS

CLIENT NAME: \_\_\_\_\_ MONTH: \_\_\_\_\_

DATE BEGAN TREATMENT: \_\_\_\_\_ DATE ENDED TREATMENT: \_\_\_\_\_

TREATMENT PROVIDER: \_\_\_\_\_

TYPE OF TREATMENT: \_\_\_\_\_

### Check all that apply:

#### Hours

Hours Required: \_\_\_\_\_

Hours Completed: \_\_\_\_\_

Group  Individual

Completed Intake Assessment

#### Attendance

Attended \_\_\_\_\_ treatment sessions/groups.

Was late for \_\_\_\_\_ treatment sessions/groups.

Had \_\_\_\_\_ excused absences.

Had \_\_\_\_\_ no shows.

### Progress or Completion

---

- Client on track with treatment plan.
- Client unwilling or unable to participate in treatment plan.
- Client has completed treatment plan.
- Client was not appropriate for treatment at this time.

**Client was terminated from treatment.**

**Reason:**

⋮

### Evaluation

0-Unknown 1-Almost Never 2-Seldom 3-Half the time 4-Usually 5-Almost Always

\_\_\_\_ Takes responsibility for own behavior rather than denying, minimizing, or blaming.

\_\_\_\_ Participates constructively in counseling and treatment plan.

\_\_\_\_ Appears motivated to improve self.

\_\_\_\_ Understands the concepts discussed in counseling/treatment.

\_\_\_\_ Appears to use appropriate skills and techniques in outside life.

### Comments/Recommendations

REPORTED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

April 3, 2003

Dear Evaluator or Treatment Provider;

Ada County Family Violence Court was awarded a “Rocky Mountain Quality Improvement Center” grant to provide enhanced funding for the new court. The grant project focuses on a collaborative approach by the courts and by child protective services to support families with problems of child abuse and substance abuse. The resulting goals of the project are to maintain and strengthen family safety through early identification of all issues the family is experiencing; improve services by providing an appropriate, comprehensive, and collaborative assessment and treatment plan; and monitor family functioning, child safety, and treatment compliance through active case management.

The Family Violence Court Project (FVCP) is inviting domestic violence and substance abuse evaluators and treatment providers, as well as other professionals to a meeting to discuss the grant project and your involvement. Many families who participate in the project will complete domestic violence and substance abuse evaluations, as well as treatment and parenting programs. Through this grant, FVCP will provide funding for case management, which includes a comprehensive treatment plan, treatment monitoring, resources and support. Grant funding, on a sliding scale fee for families, will pay for evaluations, treatment, and services for participants. Therefore, FVCP would like to enter a vendor contract with evaluators and providers in the community to provide these services to FVCP participants.

If you are interested in receiving more information regarding this grant project and would like to become involved as a provider, please attend our **Brown Bag Lunch meeting on April 18, 2003 at 12:00 to 1:00 p.m. at the Ada County Courthouse Family Court Services 4<sup>th</sup> Floor.** Please bring with you information regarding your services (brochures, flyers, etc.), including fees, a sample of your agency’s documentation for reporting treatment/services progress or completion to the court, and a letter addressed to the court stating your interest in being involved in the project and the services you provide. If you are unable to attend, but are interested in the project, please call me directly at (208) 287-7607 or email [amoe@adaweb.net](mailto:amoe@adaweb.net).

Sincerely,

Amber Moe, L.P.C.  
Family Violence Court  
Case Coordinator

# Family Violence Court (FVC) Grant Project Provider Requirements

## *Services*

The Family Violence Court Grant Project may provide funding to participants (families) for the following services: domestic violence and substance abuse evaluations; domestic violence and substance abuse treatment and counseling; and parenting education. Services are expected to be high quality focusing on self-change and addressing substance abuse, domestic violence, and/or parenting concerns to increase family functioning.

## *Billing Procedures*

The provider will be compensated for providing services to individuals participating in the FVC Grant Project (referrals must come directly from the FVC Case Coordinator). Payments will be distributed on a monthly basis upon presentation of a signed invoice (see sample) setting forth the service provided and the clients upon which the services were performed. This invoice must be submitted monthly by the end of the month directly to the FVC Case Coordinator. Invoices will be processed by the 5<sup>th</sup> of the next month and payment will be sent by the 15<sup>th</sup> of the next month. Monthly payments to the provider shall be paid through grant funding from the Idaho Supreme Court, and will not exceed the funding caps listed below.

## *Funding*

The FVC Grant Project is a grant funded project with limiting funds for participants. Funding is provided for services on a sliding scale schedule for the participant. The participants will be responsible for a portion of the services provided, usually a co-pay for sessions. The FVC Grant Project will send the provider a Notice of Referral letter verifying the sliding scale schedule the participants is qualified for and the funding amounts the grant can provide. It is the responsibility of the provider to collect the remaining costs or co-pay from the participant. If services cost more than the funding cap, participants will be responsible to pay the provider directly for the remaining cost. Usually evaluations and intake appointment are funded 100% by the grant.

## *Reporting*

Written evaluations are to be submitted directly to the Case Coordinator within two weeks of the order. Evaluations shall include at least a one-on-one interview with the client. Treatment and/or counseling progress shall be reported monthly to the FVC Case Coordinator before the participants monthly staffing meeting called the Multi-Disciplinary Team (MDT), providers will be notified of this monthly date. Documentation that the provider is currently using for progress and/or completion reporting (i.e. for probation) may be acceptable if approved by the FVC Case Coordinator. Parenting education providers shall report to the FVC Case Coordinator attendance and participation in the parenting program. All FVC Grant participants will be required to sign a release of information consent form with all providers allowing each provider to release these required reporting documents and billing information. Providers should be asking clients to sign these consent forms during initial meeting.

# INVOICE

(SAMPLE)

**Your Name or Business Name (must be same as W-9 and whichever the Payee is)**  
**Your Address – street, city, state & Zip**  
**Your Telephone Number**

**Your Social Security Number or Federal I.D. Number**

---

Bill to:

Family Court Services  
ATTN: Amber Moe  
200 W. Front Street, Ste. 4128  
Boise, ID 83702

Invoice Number: \_\_\_\_\_

Date of Invoice: \_\_\_\_\_

Client: \_\_\_\_\_

Date	Service Description	Fee	Total
			TOTAL DUE

\_\_\_\_\_  
**Your signature or approved business employee signature**

\_\_\_\_\_  
Date

For Office Use Only: ##%\$%\$  
Expenses for Family Violence Court Project Grant

## **Families considered for eligibility for the Ada County Family Violence Court Grant Project:**

- Have current/pending involvement in Family Violence Court, through:
  - Domestic Violence (Civil Protection Order, No Contact Order), and
  - Domestic Relations (Divorce [Default if parent(s) contact], Filiations), and/or
  - Criminal Misdemeanor proceedings (current charges or probation), **and**
- Have parental substance abuse issues.

### **First Priority**

---

- Have a **referral** from the Department of Health and Welfare for the grant project.

#### **Referrals from The DHW can be:**

- Open child protection cases [in-home or recent out-of-home (with a placement goal of reunification)] that need services for parental substance abuse and child protection issues.
- Department of Health and Welfare may also refer cases not open for CPS services but which they feel based on a safety/risk assessment would benefit from an alternative track response for community services.

### **Second Priority**

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- Have a active or pending court case in Ada County or in FVC within the last six months, parental substance abuse issues, and child protection concerns.

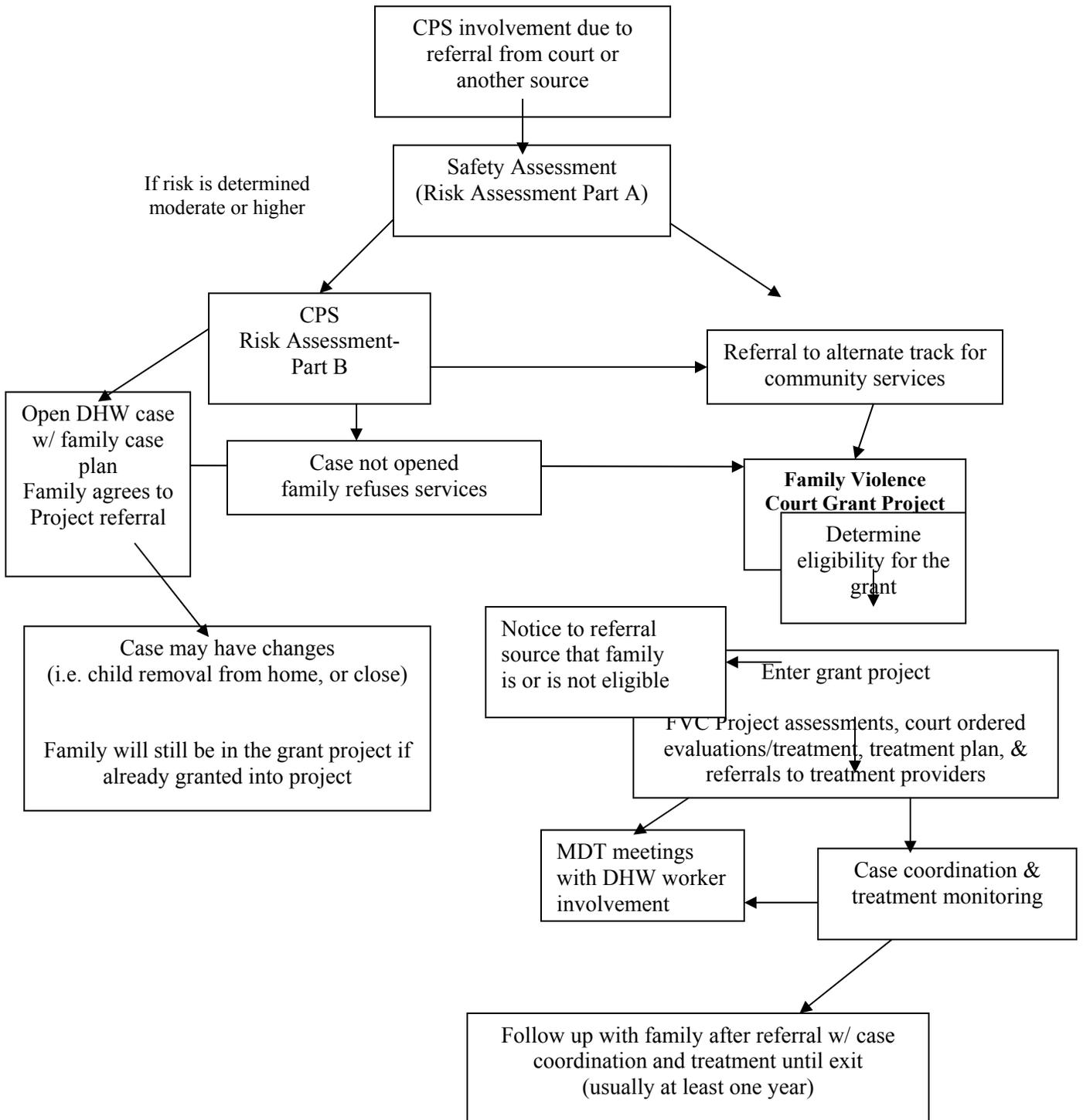
#### **Child Protection Concerns defined as:**

- Criminal Injury to Child /Child Endangerment charge, child/ren presence during domestic violence, and/or past DHW referrals/involvement.

If a parent is currently in custody at the time of the referral or eligibility then the family will be considered to be on-hold until the parent is released from jail. If services cannot begin by June 2005, then the family will not be eligible for the grant project.

If a family has a divorce/custody case, families will be ordered to an ADR Screening to determine if mediation or other resolutions are appropriate and to assess if the family is eligible for the grant project. If the family is referred to the grant project by the ADR Screener then a copy of the ADR will be provided to the FVC Case Coordinator, per Judge's approval. The Case Coordinator will be present at the family's next status conference to setup a 1:1 interview regarding the grant project and coordinate services.

### DHW Referral Process



**Referral Form**  
**Family Violence Court Grant Project**

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Phone # \_\_\_\_\_

Children's Name	Age	Lives With
-----------------	-----	------------


Family Violence Court (Judge Castleton) Involvement or Pending: **(at least one)**

- |   |  |
|---|--|
| <input type="checkbox"/> Domestic Violence/Civil Protection Order | <input type="checkbox"/> Criminal Case/No Contact Order        |
| <input type="checkbox"/> Divorce or Custody Case                  | <input type="checkbox"/> Child Protection Investigative Report |

Concerns (allegations and/or suspicion):

- |  |   |
|--|---|
| <input type="checkbox"/> Child Protection Issues | <input type="checkbox"/> Alcohol and/or Drugs |
|--|---|

Comments: \_\_\_\_\_

\_\_\_\_\_

**Referred By:**

Agency: \_\_\_\_\_ Representative: \_\_\_\_\_

Contact phone #: \_\_\_\_\_ fax # \_\_\_\_\_

Email: \_\_\_\_\_

Please feel free to contact Amber Moe @ 287-7607 with any questions!

The Court will respond and provide follow-up to all referrals received for the grant project and notify you of the family's acceptance or denial into the grant project and progress.

**Please return to:**

Amber Moe, Family Violence Court Case Coordinator Email: [amoe@adaweb.net](mailto:amoe@adaweb.net)  
200 W Front Street, Ste. 4128 Boise, Idaho 83702 Phone: (208) 287-7607 Fax: (208) 287-7609

Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

## ADA COUNTY FAMILY VIOLENCE COURT

### Grant Project

You have been referred by Judge Lowell D. Castleton, Senior Judge to the Family Violence Court grant project. You may be determined to be eligible to receive **comprehensive case management** and **funding** for services and treatment to assist in substance abuse, domestic violence and parenting issues. The Family Violence Court (FVC) Grant Project is funded by a Federal grant from the Children’s Bureau and administered by the Rocky Mountain Quality Improvement Center (RMQIC). The project will provide financial assistance under the grant project for parents to complete evaluations, treatment, and/or parenting programs. Funding will be paid directly to the service provider the family is receiving services through.

Eligibility to participate in this project will be determined by the Family Violence Court Case Coordinator after a one-on-one appointment. If you are eligible and agree to participate in this study, you will be required to participate in all aspects of the grant project. Your participation in this project, research, and evaluation is voluntary and you may withdraw from the project at any time for any reason, with no penalty.

Please contact the Case Coordinator, **Amber Moe**, to set up an Intake and Screening appointment or if you have any questions at **(208) 287-7607**.

---

Judge Lowell D. Castleton, Senior Judge  
Family Violence Court