Rocky Mountain Quality Improvement Center

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Supporting Innovative Child Protective Services

ADA County Family Violence Court

Case Coordinator Handbook

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THE STATE OF IDAHO
SUPREME COURT

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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

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

Amber Moe is a Licensed Professional Counselor with the State of Idaho. She obtained her Master's Degree in Counseling at Boise State University and her Bachelor's Degree in Psychology and Sociology at University of Oregon. Amber has worked with Ada County Family Court Services for over seven years. She is presently the Fourth Judicial District Clinical Supervisor and the Assessment Specialist for Ada County Family Court Services. Amber was the Family Violence Court Case Coordinator, where she assisted in the development and implementation of a federal funded grant linked with the Ada County Family Violence Court pilot project. Amber has a background of working with at-risk youth, children, and families for over 13 years. Amber has work experience in private counseling, case management, Family Court, foster care, training, and assessment. She has a passion for linking families with resources, and providing support and guidance for families to overcome barriers and challenges in their lives. Amber also has a five year old daughter who keeps her very busy at home.

DISCLAIMER

This document was made possible by grant # 90-CA-1699 from the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services. The contents are solely the responsibility of the authors and do not represent the official views or policies of the funding agency. Publication does not in any way constitute endorsement by the U.S. Department of Health and Human Services.

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INTRODUCTION

In December 2002 the Ada County Family Violence Court (FVC) was awarded a three-and-a-half year research grant to strengthen families that struggle with domestic violence, substance abuse, and child maltreatment through a collaborative effort between the Court and the local Child Protection Services (CPS) agency, the Department of Health and Welfare Family and Children Services (DHW). The collaboration and the case management were organized and orchestrated by the Case Coordinator (henceforth referred to as the Coordinator). This handbook describes the professional and educational experiences of the Coordinator, a key member of the project team, as well as a job description for the Coordinator. It also details the Coordinator's role in the program's start-up and implementation activities. This handbook is designed to be a tool for implementing a similar program, although many of the activities described could be adapted to use in a slightly different context. It is hoped that the handbook will be shared and used or modified as needed. More information and details about the FVC Grant Project are referred to in the *Project Replication Manual.*

Overview of Project

Families entered the FVC Grant Project through a referral from the DHW or Ada County Family Court Services (FCS) when they presented with issues involving family violence, substance abuse, and child protection. The project employed a streamlined judicial approach using the court's authority to achieve highly collaborative service between the court and the DHW. This partnership resulted in a collective, multidisciplinary team approach to help families navigate their systems and to provide intensive case management and payment for evaluation and treatment for adult family members in the program.

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.

The first three years of the grant project were focused on program implementation; the last six months were used to consolidate data and allow the evaluators to conduct participant interviews for evaluation purposes. Extensive demographic, assessment, and feedback data were collected on and from participants and on their progress throughout the project. These data were entered into a

database especially designed for the grant.

The project also assembled data on comparison family groups. The comparison families met the eligibility criteria, but did not participate in the program, typically because their program referrals were received just after the court process concluded, making them ineligible for enrollment. Program partners within the court provided data pertaining to continued court involvement and probation progress for comparison families. The DHW provided data to the project for both participant and comparison families.

Fifty-three families participated in the program with a total of 135 children. Program participants included 48 fathers and 45 mothers – totaling 93 adults. The average length for program involvement by participants was one year.

Overview of Participants Served

Families that struggle with substance abuse, domestic violence, and child maltreatment often have very complicated lives. They may struggle with mental health issues; child and adult safety concerns; housing, employment, and financial problems; and parenting concerns. Following is the demographic profile of participants served through this grant project by a single Coordinator during a two-and-half-year timeframe. The first six months of program funding were spent on startup activities for this new innovation, including the recruitment and hiring process for the Coordinator position.

- Fifty-three families participated in the program with a total of 135 children. Program participants included 48 fathers and 45 mothers, for a total of 93 adults. The average length of program involvement by participants was one year.
- Of the 93 participants, 90.3% were Caucasian and 7.5% Hispanic. The remaining 2% were of other ethnicities.
- Thirty percent of participants graduated from high school, 11.8% earned a GED, and 15% did not complete high school; 32.3% had some college and 4.3% had earned a bachelor's degree. The remainder either attended trade school or graduate school.
- Approximately 80% had a criminal record, and 90% reported domestic violence in their past. Approximately 63% had past involvement with CPS (not including reason for referral). Thirty-five percent of participants reported mental health problems and 33% reported a history of childhood abuse.
- Thirteen families (25%) were referred to the program due to a substantiated report of child maltreatment. The other 40 families were referred to the program based on concerns that children were at risk of child maltreatment due to children witnessing domestic violence, parental substance abuse, or other issues, which independently or collectively did not meet the statutory threshold to substantiate child maltreatment.
- At intake, four families had children placed in out-of-home care, which affected a total of six children. Of these families, three families (a total of four children) were involved in "formal" foster care with the children placed in a "stranger" setting. One

family had children placed in "informal" care with relatives while the parents focused on recovery and completion of their treatment plan.

- For a family to be enrolled in the program at least one adult family member had to have had a substance abuse issue. Thus, not all adults in the program presented substance abuse as an issue. In fact, 78.5% of adult participants were identified as having a present issue. An assessment of past history of use revealed 64.5% reported abusing alcohol in the past and 68.8% reporting abusing drugs in the past. Forty-six percent reported substance abuse problems in their family history. Primary substances used by participants were alcohol only 30% (n=22), methamphetamines only 22% (n=16), marijuana only 1% (n=1), and multiple substances 47% (n=34).

- At time of intake 62% of participants were employed. 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. Participants reported their annual household income. Most family members served through the project were not living together, therefore, reported their incomes separately.

Summary of Research Findings

Several measures were used, including pre- and post-tests and a review of data from the court and child welfare systems, to determine program effectiveness and to gather information regarding families that struggle with substance abuse, child maltreatment, and domestic violence to reduce the knowledge gaps in the field. An evaluation report on the evaluation/research design, instruments used, and details regarding findings is available. The following is a summary of some of the research findings.

- Child safety was measured for all children and across families both in terms of the number of substantiated referrals or substantiated re-referrals to the DHW following project involvement, and in terms of self-reported continuing conflict between parents.
- No children (0%) in the program were involved in a substantiated re-report during the program or at six month follow-up after program completion.
- Five children (within one of three families) had an initial substantiated report of maltreatment during the program.
- Three families (5.6%) had either an initial substantiated report or a substantiated re-report after they enrolled in the project (an initial substantiated report for one family and a substantiated re-report on other children in the household for two families.)
- For the two families with substantiated re-reports, one of the re-reports occurred more than six months after the prior report and the other report was less than six months.
- In addition, 13 other families had one or more substantiated reports prior to program enrollment and none of

these families had a new substantiated re-report during the program or by six-month follow-up.

- The other type of measure to gauge child safety was a self-report by parents about ongoing conflict between parents since domestic violence is regarded as a risk factor for child safety and high conflict negatively impacts children. Approximately 71% of participants reported a marked reduction in conflict from intake to exit of the project, especially in the areas of problems with visitation, communication, scheduling, and trust.

Effective case management, support, and consistency in sobriety provided the foundation for three out of four families being reunified with their children.

- Issues involving permanency also were explored. Permanency for children was indicated if the children remained in the home or were returned to the home after removal by CPS. According to site data, nearly all program children (96%) were in home at intake and, of those children, none were removed during the project. At intake, four families had children placed in out-of-home care, which affected six children. The children from three of these four families were reunited by program completion. At the time of this report, the remaining family with children in out-of-home care appeared to be moving toward reunification since the mother had maintained sobriety for more than one year and continued to follow her case plan with CPS. In addition, another family voluntarily placed their child in relative care during the FVC Grant Project due to the death of the mother and ongoing criminal issues with the father.

- Noticeable improvements in family well-being outcomes were realized in the areas of parental functioning, including fewer misunderstandings, more flexibility between parents, improved child well-being (e.g., school performance, cooperation), and family conflict resolution (between parents). Standardized assessments administered at intake and exit from the program measured these indicators. Additionally, 58% of participants completed some type of parent education program during the FVC Grant Project.

- Forty-eight families of 53 (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 the parents; however, they were involved in the FVC due to allegations of child abuse. Since program enrollment and one-year follow-up, only two families reported another instance of domestic violence. In addition, of the participants (the perpetrator of domestic violence) referred to state-approved domestic violence treatment, 53% attended treatment and of those 53% 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 (besides state-approved domestic violence treatment, such as anger management) and 71% of participants referred completed their treatment. Of participants referred to domestic violence counseling (victims, of domestic violence), 83% attended. The

Families that participated in the FVC Grant Project received direct, comprehensive case management by the Coordinator.

standardized pre- and post-assessment indicated that risk factors for spousal abuse dropped significantly among families at program exit.

- Reduction in parental substance abuse was a key goal of this project. Of special interest was the extent of decrease in substance abuse, considering its link with potential child maltreatment. Substance abuse has a significant co-occurrence with domestic violence. As noted, 78.5% (n=73) of participants indicated they had substance abuse issues when they entered the program.
  - Of the 73 individuals who were identified as having a present substance abuse issue, 48 individuals were referred to substance abuse treatment, 28 were referred to relapse prevention, and 21 were referred to both substance abuse treatment and relapse prevention. Approximately 11 of the 73 individuals either did not complete a substance abuse assessment to determine treatment needs or were not found to need treatment by a substance abuse evaluator, and therefore were never referred to any type of substance abuse treatment. These individuals may have been referred to other types of treatment and counseling as an alternative; however, they are not considered in the following analysis.
  - Of those who were referred to substance abuse treatment, 67% attended treatment. Of those who attended treatment, 78% completed treatment and 22% completed a portion of their treatment. Of those who were referred to a relapse prevention program, 61% attended relapse prevention. Of those who attended, 76% completed and 24% were still attending at the end of the project. Of participants who were referred to substance abuse treatment as well as relapse prevention, 86% began treatment. Of those who attended, 50% completed both types of treatment, 16% completed substance abuse treatment and were still involved in relapse prevention at the end of the project, 16% completed substance abuse treatment and a portion of their relapse prevention program, and 16% completed a portion of their substance abuse treatment and did not begin relapse prevention. In addition to treatment services, of all participants referred to Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) during the FVC Grant Project, approximately 70% attended meetings.
- Information regarding abstinence was known for 51 participants of the 73 individuals with substance abuse issues (data missing on 12 individuals is due to their dropping out of the program). Ninety-four percent (n=49 of 51) of these persons had periods of abstinence based on collateral conformation from sources such as DHW, probation, substance treatment providers, or biological testing.
- Length of abstinence varied. Among the 49 participants with a substance abuse issue, for whom the length of abstinence information was available, 86% had periods of abstinence lasting 60 days or longer based on collateral confirmation.

- Of the 20 participants without substance abuse issues at intake, none developed substance abuse problems throughout the project.
- In-depth interviews with social service administrators, front-line social service providers, and parent participants revealed that the project was consistently rated very high for service coordination and collaboration. The Coordinator was given particular praise for effectively helping parents overcome challenges and change destructive attitudes and behavior.

Overview of the Case Coordinator Role and Function as a Member of the Program Team

Families that participated in the FVC Grant Project received direct, comprehensive case management by the Coordinator. Participation for families was voluntary, although many services they were referred to or received were court-ordered. If families did not enroll in the program they did not receive case management services. The Coordinator conducted a screening assessment to determine program enrollment eligibility and the presence of issues that might require evaluations by community professionals and the potential need for resources. This project did not directly conduct evaluations or provide treatment. These services were conducted by providers within the community. After eligibility was determined, the Coordinator conducted the intake and consent process with interested participants. Next, the Coordinator, with the support and direction of a multidisciplinary team (MDT), assisted adult participants in identifying individual and family needs, developing a collaborative treatment plan, and coordinating services and referrals to treatment services. The Coordinator worked directly with each family member as the primary contact person, providing access and referrals to resources and support and guidance as they moved through the court process. The Coordinator also served as a liaison between community service providers. The Coordinator assisted participants by being available as often as needed until the family exited the program. The average project length was one year.

Professional and Educational Background

Qualifications

Because the numerous and difficult issues these families presented (e.g., substance abuse, child protection, domestic violence) often were compounded by other issues such as mental health issues, housing, employment, financial problems, and court/probation system issues, it was important for the Coordinator to be a highly trained and experienced professional.

Formal Education

To work competently with this population, the suggested minimum education requirement for the Coordinator is a Master's level in mental health or health-related profession. In addition to a Master's degree, it is important for a Coordinator to have specialized

training and attend community trainings pertaining to related topics. Ideally, the Coordinator will have formal education in the following areas:

- Substance abuse and family dynamics
- Families in transition and dynamics of family restructuring
- Dynamics and treatment of domestic violence, including characteristics of batterers, victims, and the effect of domestic violence on children
- Child development
- Program implementation, research, and evaluation
- Ethics
- Family counseling, mediation, and conflict resolution or crisis management

It also is important for the Coordinator to keep current on topics such as substance abuse, domestic violence, child maltreatment, and mental health, and to network with and learn from other professionals.

Professional Experience

In addition to formal education, it is important that the Coordinator has experience in working with families in crisis. A mental health professional with experience working within the court system is ideal to understand the scope and limitations of the legal system as well as the systemic culture. Ideally, the Coordinator also has a background in case management as a caseworker in CPS or in a private agency. Professionals who have experience working within the court system or other human service agencies likely understand the mandates of these systems as well as court procedures and cross-system collaboration. The Coordinator also should be familiar with local public and community resources to support comprehensive service delivery to families.

Equally important to the training and expertise is the dedication to follow through with communication and commitments with staff in other agencies. A significant part of alliance building among agencies is hinged on trust. The Coordinator must be viewed as a reliable resource for project partners as well as program participants.

The following knowledge and skills are important to providing case management and coordination.

Knowledge of:

- Child development research, specifically related to age-appropriate parenting plans and the effects of parental conflict on children
- Laws, rules, and theories of child development and custody
- Research on dynamics of divorce and its impact on families and children
- Family mediation
- Court terminology and procedures relevant to the management of domestic relations and domestic violence cases
- Local and state community resources and social service agencies

Skills in:

- Communicating with diverse groups and developing trust, confidence, and cooperation
- Coping with crisis situations and interacting with difficult and high-conflict individuals

During the project families were contacted weekly. More than 60% of the Coordinator's time was spent working one-on-one with program participants.

- Basic computer

In-service Training

Initially, the Coordinator observed both criminal and civil court cases and staffed cases with the presiding judge numerous times before working with participants. If the Coordinator is not trained in the appropriate scope and style of assessments for the court, an in-service training also is important. The screening assessment used in this project and in custody cases for the court is written differently from other assessments or evaluations. Thus, for each court system, the Coordinator should be trained in the type of assessments used by that court.

JOB DESCRIPTION FOR THE COORDINATOR

Primary Activities

- Complete intake, screening, and assessment of parents to determine program eligibility
- Complete risk assessment to determine potential safety and risk levels to children and other family members
- Explain program services and participation expectations
- Facilitate and coordinate MDTs
- Coordinate development of treatment plans, referrals, and case management plans using services responsive to the unique needs of each case
- Supervise and monitor family members for compliance with treatment programs and other resource referrals
- Monitor effectiveness of treatment plan and make recommendations to MDTs and the Court or referring agencies for modifications if needed
- Assist in the development of program's objectives, policies, and procedures
- Assist in the development of data and evaluation forms for parents, children, and program
- Monitor and evaluate program effectiveness
- Explore outcome differences between program participants and comparison group members (if part of the implementation)
- 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 project and its programs

Workload and Caseload

More than 60% of the Coordinator's time was spent working one-on-one with program participants (see Case Management section for details). Other duties included paperwork (15%); court involvement/support (15%); billing/invoicing (5%); and consulting, networking, and clinical supervision (5%).

Based on how this specific effort was funded, the Coordinator worked with participants for two-and-a-half years of the program with the startup phase lasting six months and the closure segments lasting six months. (New families were not enrolled during the last six months of the funding since families typically needed a minimum of six months to stabilize). During an active program period of two-and-a-half years, 53 families were referred to

Coordinators can network with other professionals about project services for substance abuse, child endangerment, and domestic violence to gain community support and build public awareness.

the FVC Grant Project. Intensive individual support by the Coordinator was important for this population. Because of this, it is recommended that a Coordinator's active case load contain fewer than 30 families, or potentially 60 participants, at one time, as each parent has his or her own treatment plan and assessment and each person requires individual contact with the Coordinator. The nature of domestic violence cases enhances this necessity.

In an average year of the project, families were contacted weekly. During the first three months after the referral most families needed more contact both in person and by telephone. Some families would have daily contact (primarily by telephone) for the first month and then monthly contact after one year. Contact always depended on the needs of each family. It is safe to assume, however, that families need an average of one weekly contact (in person or by telephone) by the Coordinator, and more contact at the beginning of the program.

It is important that the Coordinator have contact with participants even if they are doing well and their treatment provider reports they are doing well. This provides an opportunity for the Coordinator to congratulate participants on their progress and assure them that support is available if they need it. It is very important to provide ongoing encouragement because recovery and healing are difficult processes and successes need honoring.

Of 53 families involved in the project, the Coordinator had 2,786 participant contacts during the project. Families averaged approximately 53 contacts with the Coordinator during their enrollment in the project (active or inactive), ranging from 3 to 143 contacts per person. All together, there were 415 one-on-one, face-to-face contacts and 2,371 other contacts by telephone, e-mail, or mail. As noted, telephone communications were the most frequent type of contact with participants. The length of contacts ranged from 10 minutes to two hours. An initial assessment entailed at least one to two hours of direct contact with each parent. Most one-on-one meetings (e.g., treatment planning meeting, court appearance, debriefing) were one hour and occurred only a few times during enrollment.

START-UP ACTIVITIES

Generating and Maintaining Awareness of Program

The FVC staff presented at local and national conferences and professional meetings to inform the public and other professionals of the project, raise awareness, and gain support. For example, the Coordinator presented at the National Conference on Child Abuse and Neglect in April 2005 in Boston. Additionally, the Coordinator presented at other local and statewide conferences, including an annual statewide domestic violence conference, "Three Days in June," in June 2003 and the Fifth Annual Governor's Roundtable for Families and Children with the other RMQIC Idaho grantee site in March 2004. The Coordinator created a brochure that explained the FVC Grant Project for

professionals. Since such a program depends on community awareness, the Coordinator should be prepared to attend meetings and present on the program and results.

In December 2004, the FVC staff published "Ada County Family Violence Court: Shaping the Means to Better the Result" about the FVC and the FVC Grant Project. Appearing in the Spring 2005 American Bar Association publication, the *Family Law Quarterly* (Vol. 39, No. 1), this article was a comprehensive review of the effort, challenges, and future goals of the court.

Networking with other professionals about the project is important for the Coordinator in terms of public awareness, program support by the community, and expanding the Coordinator's professional education regarding services in the community and in the field of substance abuse, child maltreatment, and domestic violence. It is important for the Coordinator to keep abreast of the latest research and community resources and to ensure that informal professional relationships are cemented and maintained. Cross-training opportunities can present themselves, especially if the Coordinator can attend trainings by the DHW or attended by DHW caseworkers. For example, in the FVC Grant Project, the Coordinator frequently attended the Regional Substance Abuse Authority (the state substance abuse committee) meetings as both a participant and a promoter of the project. An added benefit to this type of collaboration is a cross-pollination process that can deepen the understanding of each system's mandates and cultures.

Families averaged more than 50 contacts with the Coordinator during their enrollment in the project.

Other ways of maintaining community awareness and networking is to attend community meetings. The Coordinator also attended Brown Bag lunches with the judges and the Bar Association, as well as mental health community meetings. Understanding the needs of the community, learning about new resources, and meeting with other professionals build a stronger program to benefit participants.

Generating and Maintaining Service Provider Resources

If the Coordinator is hired at the inception of the program, key start-up activities should involve: building community awareness and trust, researching and assembling a team of community partners, helping establish the evaluation design, and helping establish the funding and administrative structure of the project. Shortly after the FVC was awarded the Grant Project the Coordinator sent letters (see Appendix for sample letter) to community service providers (e.g., evaluators, providers, educators, other professionals) in the substance abuse, domestic violence, and parent education fields inviting them to a meeting to inform them about the project. The meeting was held to explain needed services, establish a system of collaboration, and discuss the procedures for billing and reporting for organizations interested in being a resource to families enrolled in the program. Organizations were requested to bring brochures or flyers for program participants to detail the services they offered, their cost,

Depending on the degree of addiction, mental health issues and family functioning, participants required different levels of case management and support.

philosophies, accreditation, and additional information about their agencies. The meeting also launched the collaboration with providers and helped reinforce program requirements.

Prior to program operation, MDTs were established to help guide the project. The Coordinator, along with the project manager and the presiding judge, identified potential team members. Coordinators assembled and organized the team structure. The MDT "staffed" (systematically reviewed) families' cases on a monthly basis, either during meetings or through telephone or written communication through the Coordinator. In addition to staffing individual cases, this team worked together to address the quality of services from providers and program eligibility criteria, and became an important professional consultation/debriefing resource. (See the Collaboration Section for more information about the MDT approach and structure.) The MDTs routinely consisted of the Coordinator (facilitator), Family Court Services staff (the project manager and clinical supervisor), a representative from the DHW, representatives of local victim advocacy agencies, and the director of misdemeanor probation. While treatment providers did not actively participate in the team meetings, their reports were submitted to the Coordinator prior to meetings and the reports were reviewed by the team. Likewise, if information pertaining to a participant's treatment came to light at a meeting, the Coordinator shared the details with the treatment provider.

Generating and Maintaining Referrals

It has proven challenging for new programs to generate referrals; however, there are a number of trust-building activities a Coordinator may engage in to accomplish this. It is most important to secure "buy-in" (i.e., awareness, trust, and readiness to refer) at all levels from referral sources. If the referral source is a public CPS agency, the Coordinator must make his or herself known at the director, supervisor, and line worker levels. In this project, in addition to the early meeting with the DHW director, the Coordinator met with DHW caseworkers and supervisors about the project and services, referral process, forms, and project collaboration. This process was ongoing. (see the Collaboration section for more information about continued contact with the referral source). In short, the referral process went as follows:

- Develop a user-friendly, short referral form (see Appendix) for DHW staff that could be faxed or e-mailed to the Coordinator directly.
- Supply DHW workers with project brochures, business cards, and referral forms as a reminder of the project eligibility and services.
- Attend staffing with caseworkers at their offices to inform them of the program and services available.
- Visit the DHW weekly to maintain contact and reinforce referrals and to provide updated information on families jointly served. Having office space at the CPS agency is another option.

The Treatment Planning Team reviewed the service providers' evaluations, and based on these findings and recommendations, developed a treatment plan with each family.

Although all these activities were done and are strongly recommended, low referrals remained a concern throughout the project. To address this concern, the Coordinator reviewed all Civil Protection Order cases weekly and compared families' names with a caseworker at the DHW to inquire if the families were involved in the DHW. This facilitated timely referrals, since once the case was closed at the court, families would not have been eligible for program enrollment even if the case remained open by the DHW. It helped decrease the number of families that "fell between the cracks" and increase the number of eligible referrals.

Implementation Activities

Case Management

Project participants required different levels of support, assistance, funding for services, and case management depending on their degree of addiction, mental health issues, and family functioning. For example, participants who suffered from methamphetamine addiction required more frequent staff contact and increased funding for additional treatment and support. These individuals also required additional monitoring, frequent drug testing, and weekly service provider updates regarding attendance and participation.

Relapse and motivation for treatment were the biggest challenges for participants who struggled with a long history of substance abuse and/or methamphetamine use. For these participants often the motivation to enter the program was external. For example, these participants were regularly involved with probation and/or had court-ordered treatment. When these external factors were present, they appeared to follow through with evaluations and treatment, and biological testing initially revealed improvements. However, in the long run, these participants needed assistance to discover their own motivation for a substance-free life. If these issues were not addressed, participants often relapsed and discontinued treatment. Likewise, participants with mental health concerns also required more frequent contact by staff to assist in motivation, follow through, and continued treatment involvement, especially if methamphetamine was their drug of choice.

Setting Up and Maintaining Case Files

The Coordinator also maintained and safe-guarded case files. These files carefully documented all service activities and contacts with participants, and – should the program have an evaluation component – contained data for the requirements of the evaluation design. It is important to establish from the beginning how much time or what proportion of the Coordinator's time can be expected to process data for the evaluator. If the evaluation component proves overly burdensome or violates the Institutional Review Board (IRB) protections of participants for confidentiality and safety, it should be brought to the attention of the project director.

For the RMQIC Project, an FVC Grant Project file was created once a family was accepted. These files were labeled using the families' names and stored in a locked filing cabinet separate from

The purpose of the intake meeting and assessment process was to identify concerns within the family and provide recommendations to the court for further evaluation and treatment.

the court case file for confidentiality reasons. The Coordinator maintained all program files. The Coordinator documented all contacts regarding the case (e.g., person-to-person conversations, phone conversations, meetings, letters). MDT meetings were documented. The Coordinator received and filed in each family's file information regarding the family's progress and completion of treatment and services from provider agencies. Status reports pertaining to treatment and other court-ordered services were submitted by the Coordinator to the Judge for review and insertion in the court file. A written comprehensive assessment and subsequent recommendations were filed as a sealed, confidential report with the Court. Copies of these documents were also inserted into the family's file.

In addition, written evaluations from service providers and other related documents were included in the file. The treatment planning team reviewed the service providers' evaluations, and based on these findings and recommendations developed a treatment plan for the family. In addition, treatment and other services received by families, as well as the family's progress or completion of services, were documented in a case status report by providers on a monthly basis and given to the Coordinator prior to the monthly MDT meeting. For example, parent education providers reported on attendance and participation in their programs. All program participants signed a release of information consent form allowing each provider to release required reporting documents. A copy of this consent form also was placed in the file.

In summary, project files contained:

- Cover Sheet (including name, address, telephone numbers, children's names, court case numbers, and any information that the Coordinator may readily need)
- Intake (demographics and participant history information)
- Court Assessment:
  - Alternative Dispute Resolution (ADR) Screening Report (An ADR Screening was used in the custody case to determine whether mediation or other resolutions were appropriate and to assess whether the families were eligible for the FVC Grant Project. The report must be released by the judge or a summary of recommendations may be in the file).
  - FVC Supplemental Assessment Report with signed Informed Consent
  - FVC Assessment Report with signed Informed Consent
- Signed Informed Consent to participate in the FVC Grant Project
- Pre-tests (Risk Assessment, Conflict Scale, Family Functioning tools)
- Release of Information forms
- Evaluations (substance abuse, domestic violence, mental health, child at risk)
- Comprehensive Treatment Plan
- Reports and other documentation from other providers and agencies (e.g., monthly progress reports, drug testing results, completion documentation)
- Probation or parole contract/plan and progress reports

- MDT meeting notes
- Funding and payment information
- Progress and contact notes (documentation of Coordinator contact with family, providers, and court appearances)
- Exit packet
- Post-tests

Intake and Assessments

The Coordinator identifies and assesses the concerns surrounding participating families and provides recommendations to the court. Recommendations were proposed to enhance family functioning, provide alternatives for resolving issues, and improve parent and child safety.

Referral sources for this project worked closely with the State agency responsible for child protection or the court system directly – family court. In this project, after a referral from these entities, both parents were recommended or court-ordered to the initial intake and screening assessment. Before the assessment each parent signed a one-page consent form (not a program consent form) that explained the assessment process, the limits of confidentiality, and that their case could be eligible for the FVC Grant Project. It is essential for the reliability, credibility, and health of the project that participants understand and sign some form of consent document. A copy of the form used by the FVC Grant Project is included in the Appendix.

The purpose of the intake meeting and assessment process was to collect data on demographics and pre-tests and provide recommendations to the Court. Parents involved in a pending criminal case did not complete the intake and screening process until their criminal case resolved. However, each parent had an initial one-on-one meeting with the Coordinator regarding the project and to sign the informed consent form. It is suggested that the Coordinator interview each parent at separate times to obtain information related to the family and decrease potential conflict. The screening assessment was not designed to decide the results of the case nor to "take sides" with any participant, and participants expressed great appreciation for the nonjudgmental advocacy of the Coordinator. The screening assessment involved self disclosure through extensive questionnaires completed during the intake process; verbal disclosure during an interview; a report from the DHW that substance abuse was an issue; and an extensive criminal history review. The screening assessment was not designed to detail specific treatment recommendations. Rather, the screening was used to highlight issues that may have 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 by an approved provider and follow any recommendations made by the evaluator." While this screening may have allowed some potentially eligible participants to elude identification, it proved to be a fairly reliable tool to detect voluntary participants.

During the intake and assessment process the Coordinator explained to families that they were eligible for the FVC Grant Project. They were told that this project was funded by a grant and that enrolling would require further evaluation and survey participation. Participants who agreed to enter the

FVC Grant Project were required to sign an Informed Consent document explaining their involvement and requirements and the evaluation process, research, assessment, comprehensive treatment plan, case coordination, and monitoring of treatment and completion of services. The voluntary nature and the ability to withdraw at any time from the project were explained to participants. Funding for evaluations, treatment, and services also was explained to participants.

The Coordinator, after interviewing both parents separately, completed a report summarizing each parent's history, issues, and presenting concerns, while identifying the assessor's development and safety concerns about the children and offering recommendations for the Court and participants to consider. Recommendations were proposed to enhance family functioning, provide alternatives for resolving issues, and improve parent and child safety (e.g., effective co-parenting education, evaluations for domestic violence and substance abuse). If families had a current divorce or custody case, they would be ordered to an ADR Screening to determine whether mediation or other resolutions were appropriate and to assess whether they were eligible for the FVC Grant Project. If families were referred to the FVC Grant Project by the ADR Screener – instead of by the DHW or Court – a copy of the ADR was provided to the Coordinator, per the Judge's approval, and formed part of the basis for the treatment plan. For cases that came in the ADR door, the Coordinator would be present at the families' next status conference to set up a one-on-one interview regarding the FVC Grant Project and coordinate services if the family elected to participate.

As a result of the recommendations from the intake and assessment or the ADR, the Judge may have ordered evaluations (e.g., substance abuse, domestic violence, mental health, child at risk) for participants. If family members agreed to participate in the project funding was available, as needed, for these evaluations. Additionally, the intake, assessment, evaluations, and all the recommendations from the Court or service providers were used to guide the family's treatment plan. If families decided to participate in the grant project, the Coordinator provided community referrals for participants regarding the recommended or court ordered evaluations.

Treatment Plans and Services

As stated, once the assessment was complete, participants signed the Informed Consent form to enter the project, and they completed the recommended or court-ordered evaluations. The next step in any similar program includes the Coordinator's work with the Treatment Planning Team to develop each family's comprehensive treatment plan. The Treatment Planning Team may consist of the Coordinator, FCS staff, CPS staff, county probation, the family (together or separate, depending on safety concerns or condition and terms of court orders), and any advocates (e.g., court advocates, individual counselors) involved in the family's case. If the treatment plan is basic,

The treatment plan should be set forth in a timeline, so that parents are not overwhelmed by a requirement to engage in numerous activities at one time.

especially in cases where the parent is neither the parent of concern having substance abuse or child protection issues nor a perpetrator of domestic violence, a treatment plan may involve only a meeting between the individual parent and the Coordinator instead of the whole team.

Treatment plans were based on evaluations (e.g., substance abuse, domestic violence, mental health) completed by participants, incorporating the recommendations from the assessment, the Child Protective Investigation Report or CPS (DHW) case plan, and the Treatment Planning Team's input. During the FVC Grant Project, participants may have been required or ordered by the Court to participate in recommended domestic violence and/or substance abuse treatment and other community services (e.g., parent education programs). Participants were required to follow treatment guidelines with the treatment provider and to submit to random drug testing requested by the Coordinator, the treatment provider, probation officers, or the courts. See Appendix for a sample treatment plan.

As part of the treatment plan, the Coordinator may hold a Family Safety Planning Meeting involving the victim or protective parent, which in the project was provided free of cost. A meeting of this kind addresses safety concerns about domestic violence and child safety and is helpful to develop an Individualized Family Safety Plan. In this project, participants registered for the meeting at a local victims' advocacy center, the Women's and Children Alliance (WCA). Participants were provided with a flyer and information to register and attend the meeting. If participants could not attend the WCA meeting or had attended the WCA meeting before entering the FVC Grant Project, or if the Coordinator determined participants needed additional support and information, participants may have been asked to attend an individual session for safety planning with the Coordinator. After completion of the Family Safety Planning Meeting a copy of the Safety Plan and documentation of attendance was submitted to the Coordinator. See Appendix for a Safety Plan template.

Additionally, parents who did not live in the same household but who had a co-parenting relationship may have been court-ordered or requested to participate in co-parenting education. In Ada County, FCS provides a program called Effective Co-Parenting Education to parents who have been court ordered in a custody case. The free program addresses the unique struggles families face when parents are living in separate households. This program provides parents with skills in avoiding conflict and addresses age-appropriate parenting issues. Effective Co-Parenting Education includes psychosocial education, handouts individualized to specific ages of children and parental conflict, and discussion between parents and the educator related to individual cases. Each parent is responsible for contacting the Coordinator to schedule an appointment for the Effective Co-Parenting Education program. Each parent who was ordered or recommended to complete the program

attended at least one session with the Coordinator and may have attended at least one session with the other parent and the Coordinator if the Coordinator determined it appropriate (depending on safety concerns as well as conditions and term of court orders). Attendance in such a program was documented, and documentation was kept in the family's file. See Appendix for the consent, a basic outline, and curriculum used in the Effective Co-Parenting Education program.

The treatment plan should be set forth in a timeline, so that parents are not overwhelmed by a requirement to engage in numerous activities at one time. Generally, the first step was to construct a safety plan for domestic violence victims, if needed. In most cases, the next step was to begin substance abuse treatment. Depending on the severity of the substance use or abuse, other treatment might not start until the parent was not impaired by substance abuse. It was the role of the Treatment Planning Team to determine whether it would be beneficial to delay other treatments. If appropriate, after a period of sobriety, the parent may have proceeded to domestic violence treatment or counseling. Parenting classes and Effective Co-parenting Education usually took place toward the end of the treatment cycle.

The importance of the treatment plan was to have every stakeholder including the parents on board. After a treatment planning meeting, participants knew what was expected of them and when. It also provided other agencies involved with the participant (e.g., probation, the DHW) with a comprehensive list of expectations and a timeline. Therefore, when participants were court ordered to attend substance abuse treatment, domestic violence treatment, parenting classes, Cognitive Self-Change, or a mental health evaluation, all knew when participants were expected to complete these tasks and did not apply additional pressure. The treatment plan attempted to include all facets: probation requirement, the CPS case plan, court-ordered treatment, recommended treatment by the Coordinator, and the individual goals of participants (e.g., obtain a GED, move out of parent's home). A treatment plan was not developed specially for children, but the parents' plans would at times address goals that impacted the children (e.g., involve children in individual counseling).

Coordinating Services

The Coordinator works directly with families to provide resources and support and facilitate services outlined in the treatment plan. It is suggested that the Coordinator have contact with participants as often as needed or until they have been discharged from the program. Frequently this contact can be weekly by telephone, during participants' court appearances, or in individual one-on-one meetings. It is specifically valuable for the Coordinator to support families through the court process and serve as families' contact person and as a liaison between providers, community services, and CPS.

Participants were allowed to choose their own treatment evaluators and providers, provided the quality of

services was adequate and a billing procedure with the project could be established.

In addition, the Coordinator should have frequent contact with providers to monitor participants' progress in substance abuse treatment, domestic violence treatment, counseling, and parent education. As mentioned, each family should be staffed with an MDT to review each case at least once a month. This process worked well in making sure families were on track, everyone was still on the same page, and no families were "falling through the cracks."

Case Closure and Follow-up Arrangements

To monitor the effectiveness of the program and to give participants a sense of closure, it is recommended that the Coordinator interview participants after program completion regardless of their reasons for ending services (e.g., completed treatment plan, voluntarily withdrew, no contact for over six months). The exit interview was designed to identify any remaining family concerns and provide the Coordinator an opportunity to share any service recommendations. The Coordinator and family members collaborate to construct a plan that addresses these concerns. This interview also provides an opportunity to collect information for program evaluation purposes.

The Coordinator met and consulted with various caseworkers for at least one or two hours per week to answer questions, discuss families, and increase project visibility.

Issues and Successful Strategies of Case Management

Effective case management is building a foundation for a family's success. The establishment of a sound treatment plan, ongoing assessment to ensure the plan is still appropriate, and ongoing monitoring compliance were important elements. However, intangibles like open communication, established trust, and mutual respect were the real keys to a successful relationship between the Coordinator and participants. In programs such at this, families need someone non-judgmental, supportive, and accessible, who can hold participants accountable. This is not, nor will it ever be, an easy task considering all the issues many of these families face.

In addition to treatment-related referrals, families need to count on the Coordinator for resources that take into account other needs within the family such as housing, employment, and public assistance. Because these families often lead chaotic lives, the Coordinator must be available for calls or office drop-ins anytime during business hours. Reliability also is important: the Coordinator should return phone calls within one day and follow through with commitments with both participants and community partners and professionals. Sometimes, this may involve simply keeping participants informed and reminding them about the process or keeping a professional informed about participants' progress. Since in this program participants were expected to follow their case plan timeline, the Coordinator set the example mirroring this positive behavior. This not only fosters trust, but also encourages open communication and accountability.

This leads to an aspect of the Coordinator position that needs to be handled with finesse. While a trusting,

open relationship with the Coordinator is important for participants' success, for this program, the Coordinator needed to make it clear to participants that the Coordinator is an agent of the court. While all communications may not be directly relayed to the judge, there are no confidentiality privileges between participants and the Coordinator. (See Appendix for copies of the informed consent form and release of information form signed by participants.)

Collaboration and Coordination

Referral Source

One of the most helpful collaboration strategies with CPS agencies was the weekly, onsite consults with the caseworkers at their office. The Coordinator met and consulted with various caseworkers for at least one or two hours per week to answer questions, discuss families, and increase project visibility. It was helpful for the Coordinator to just "roam" the halls of the caseworkers' offices, pop in and say "Hi," or ask questions about the potential eligibility of other participants on their caseload. This visibility reminded caseworkers that they could refer families to the project. Often the Coordinator would walk by a caseworker's door to say "Hi" and the caseworker would say, "Oh, yeah, I have a family I have been meaning to send your way." The Coordinator could record the referral right there. Caseworkers are extremely busy, often responding to one crisis after another, and providing an easy, time-saving referral process and frequent reminders is critical with a new project. The Coordinator should try to visit caseworkers at least once a week, and definitely no less than once every two weeks. If space is available at the CPS agency, the Coordinator should consider having a designated office there.

Occasionally, the Coordinator sent e-mail reminders about the project and services available for DHW families. The Coordinator also followed up with all DHW referrals immediately. DHW was informed as soon as possible if families were eligible and enrolled in the project. The DHW was given updates on families that had been referred to the project, was frequently informed of changes within the case, and was invited to MDT and treatment planning meetings. All these activities provided caseworkers with information regarding their cases and also showed follow through on the part of the Coordinator. Caseworkers began to "trust" the project and knew the type of services and support families they referred would receive. They knew that if concerns or problems aroused they would be kept informed. Soon caseworkers began telling other caseworkers to refer families and about the benefit of the project. The key to working with child welfare professionals is to provide an easy referral process, timely follow up, ongoing updates, and opportunities for involvement.

Service Providers

During the project the Coordinator was in close contact with service providers who were involved with or provided services to project participants. Frequently the Coordinator contacted the providers for updates on

participants' weekly progress or providers contacted the Coordinator if participants' attendance or progress were of concern. The Coordinator had at least monthly contact with each provider regarding billing and participant progress documentation.

Notice of Referral, Billing, and Payment Procedures

Having a team approach to case planning is a key program element. The Coordinator used the team frequently to offer insights regarding families' progress, barriers, and concerns.

The Coordinator and/or Program Manager will institute referral, billing, and payment procedures. The Coordinator is responsible for providing participants with information about community providers and supporting the referral of participants. Once participants had agreed or chosen a provider for a service (whether for evaluation or treatment), the Coordinator sent, usually by fax, a Notice of Referral form to providers informing them of participants' service requirements and timeframes, as well as funding and payment information.

The Coordinator also verifies that the providers' invoices are for provided and appropriate services, and forwards the reviewed invoices to the Program Manager. For this program, invoices were submitted by mail (originals only) to the Idaho Supreme Court, the final agent, the first week of the following month and payments then were made through the Idaho Supreme Court. Due to the grant agreement the project was able to pay for many of the services, thus reducing the financial burden to families. See Appendix for sample forms regarding provider referral and billing.

MDT Process

MDT meetings were scheduled to address the complexity of families' presenting issues and barriers to treatment. MDT meetings always took a strengths-based approach to support families and work with their strengths and surrounding support systems. The Coordinator developed the agenda for the MDT meetings, listing cases that were scheduled to be reviewed. The Coordinator invited attendees via telephone, mail, or e-mail.

Meetings should be scheduled for a 90-minute to two-hour period. During a meeting several cases are usually reviewed. If families are invited to a meeting to discuss their case, each family or individual should be present only during the time that their case is reviewed. At times the Coordinator may invite to the meeting other community members who are involved in families' treatment (e.g., substance abuse treatment providers, domestic violence treatment providers, juvenile probation officers, community service providers, active agency representative identified as a resource for the family) to discuss families' needs or concerns. MDT members are encouraged to participate and provide information, suggestions, and concerns regarding all cases, drawing upon their expertise. All members of the MDT are required to sign a confidentiality statement before each meeting. See Appendix for a sample confidentiality statement.

Having a team approach to case planning is a key program element. The Coordinator used the team frequently to offer insights regarding families' progress, barriers, and concerns. The team worked together to provide solutions and assist families through treatment. For example, having

The program evaluator may use one or many standardized instruments to measure participants' conditions and status and compare these pre- and post-program and to comparison groups.

probation as a team member was useful when participants were not following through with their treatment plan or when a requirement of probation on the treatment plan needed to be amended. Working as a team brought many different ideas and knowledge to the table to help families. Following are tasks the Coordinator can do to keep the MDT an effective and productive tool:

- Arrange and hold a "mock" MDT meeting during the beginning phase of the project to establish a format and create a team approach.
- Develop an MDT meeting agenda format and confidentiality statement for all MDT members to sign.
- Provide some type of snack for team members at the meetings
- Invite several different caseworkers to attend the MDT meetings every quarter so a single caseworker will not feel overwhelmed by the need to attend bi-monthly meetings. Caseworkers are always welcome to attend meetings that discuss their cases.
- Have the meeting the same day every month so people always have it on their schedule (e.g., second and fourth Thursday of the month).
- E-mail reminders of the meeting a few days before the meeting.
- If team members are unable to attend, e-mail them requesting any updates that may be needed for the meeting and then again after the meeting regarding any information they may need to know.

Program Evaluation Efforts

Depending on how projects are funded, they may be mandated to undergo evaluation. The research design implemented by the Ada County Family Violence Court Grant Project examined outcomes for each family. Child safety, permanency, family well-being, and parent safety were measured. Substance abuse was monitored and measured. The evaluation should include a literature review, as well as an outcome and a system change analysis to determine

the overall impact of the project based on both quantifiable outcome variables and qualitative variables. Ideally, data should be collected through a series of assessments, pre- and post-tests, input from providers and referral sources, exit interviews, and participant follow-up interviews and surveys. The project should also utilize some type of comparison group for evaluation purposes. Should the program hire or arrange for an evaluator, the Coordinator should work with the evaluator to collect and provide data. In addition, it may be the Coordinator who monitors the compliance with the confidentiality requirements.

Ideally, the evaluation is guided by a Logic Model that explicitly describes

the overall problem to be addressed and the underlying assumptions. In this program, the Logic Model was developed through a participatory process with the RMQIC, FCS staff, and the Coordinator. The Logic Model included a section that outlined implementation objectives, activities, and interventions. Short-term, intermediate, and long-term goals were clearly identified in the Logic Model process (see the *Project Replication Manual* for detailed Logic Model and evaluation methods). The Evaluation Model (included as part of the Logic Model) builds upon the project Logic Model by developing the indicators and measures of participant characteristics; contextual factors; program interventions; and short-term, intermediate, and long-term outcomes identified in the Logic Model.

The evaluation model should call for the gathering of information on participant characteristics. In this program, the Coordinator gathered data at intake and through the assessment process regarding participant factors such as criminal history, children's involvement in the juvenile system, divorce and custody issues, children's special needs, and mental health concerns that might create barriers to effective treatment. The data included a basic demographic outline, complete history of substance abuse, type of child maltreatment concerns, prior reports of maltreatment, domestic violence history, and prior reports.

The program evaluator may use one or many standardized instruments to measure participants' conditions and status and compare these pre- and post-program or to comparison groups. The following is a description of instruments used by this program, as well as a summary of tools developed by the Coordinator and evaluator. All instruments assessed forms of family functioning and child well-being. All instruments were administered or completed at intake and exit to support a pre- and post-assessment design.

- The ICPS-Family Functioning Scale (adapted by P. Noller) is a self-report tool to score on a six-point scale in three subscales relating to intimacy, conflict, and parenting styles. This scale was given to participants at intake and at exit by the Coordinator to complete and return to the Coordinator before they left the office.

- The North Carolina Family Assessment Scale (NCFAS) measures family functioning and child well-being. This practice-based, family assessment tool is designed to measure aspects of family functioning. 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. There are 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 provides an immediate visual picture of any changes that

occurred during the project between intake and exit. In this project, this assessment was completed by the Coordinator shortly after participants' intake and exit interviews. Kirk, R., & Reed-Ashcraft, K. [1998]. NCFAS: North Carolina Family Assessment Scale, Version 2.0; User's guide. Retrievable from http://www.cdhs.state.co.us/childwelfare/PDFs/form_NCFASfinal.PDF.

- The Spousal Assault Risk Assessment (SARA) is a clinical checklist of risk factors for spousal assault. Its purpose is to determine risk for future violence. Subjects are rated on a three-point scale regarding criminal history, psychological adjustment, spousal assault history, alleged (current) offences, 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. In this project, this assessment was completed after intake and again during the exit interview by the Coordinator. Kropp, P.R., Hart, S.D., Webster, C.D., & Eaves, D. [1995]. *Manual for the Spousal Assault Risk Assessment Guide (2nd Edition).* Vancouver, B.C.: The British Columbia Institute Against Family Violence.

- The parental conflict scale used in this project is from *Caught in the Middle: Protecting the Children of High-Conflict Divorce* (Garrity and Baris [1994]). The scale focuses on parental conflict from minimal, mild, moderate, moderately severe, to severe. The scale and how to assess the conflict is detailed. The parental conflict scale is currently used in Family Court Services Alternative Dispute Resolution Screening reports that are court-ordered in high-conflict divorce or custody cases in Ada County. This scale was applied to families after the completion of the assessment or intake and again after the exit interview by the Coordinator.

In addition to the family functioning and child well-being instruments, during this project information was gathered and recorded regarding substance abuse treatment, domestic violence counseling or treatment, and parent education progress and completion. In addition, the Coordinator recorded information regarding participants' drug tests, probation and DHW compliance, criminal involvement, and court involvement. Administrative data from the DHW and court regarding any involvement up to six months follow-up also was conducted.

The Coordinator conducted exit interviews with participants. Data were collected at this point for evaluation purposes. Prior to the post-tests, the evaluation process and procedures were explained again to participants, and participants were asked to complete an anonymous satisfaction survey about the project. See Appendix for the exit packet completed by the participants before the exit interview.

The 12-question survey asked participants to rate their satisfaction with the project and services on a scale of "strongly agree," "agree," "disagree," "strongly disagree," and

Coordinators provide the necessary support to create a consistent environment for participants to see the potential for success, as individuals and parents.

"don't know." Participants sent their completed surveys directly to the evaluators, allowing participants to be honest and not worry about their feedback impacting their case.

In addition to gathering and recording data for the project evaluation the Coordinator worked closely with the project evaluators throughout the project. The Coordinator made frequent suggestions to the evaluators on strategies to increase interview participation and data gathering from participants and professionals engaged in the program. For example, the Coordinator invited the evaluators to MDT and Treatment Planning Meetings and to observe open court. After the database had been designed and populated, the Coordinator provided detailed descriptions explaining the variables and the collection methods since the database was designed for the project. The Coordinator supplied the evaluators with contact information for participant interviews as well as administrator and frontline staff for surveys.

Design of the evaluation model is not the responsibility of the Coordinator, although the Coordinator may be called upon to provide input on the model. It is important, however, that the Coordinator be familiar with how evaluations work and why gathering and maintaining the project data are so important.

Concluding Remarks

A team approach is imperative. Working together in an MDT can provide resources to families in an entire new dimension. Professionals divide responsibility, contribute complimentary resources, and are able to accomplish more. Communication opens between providers and agencies and a bigger picture is developed that leads to more effective programming that supports families. When families are given the opportunity to have input and are valued as team members, they take ownership of their progress, and long-term success is more likely. In addition, the players – professionals, families, and resources – are not frustrated and overwhelmed because everyone is on the same page.

The Coordinator is the key to a team approach. It is the responsibility of the Coordinator to establish trust within the team and the participants. The Coordinator needs to create an environment in which participants see the potential for success, both personally and as parents. It can be difficult for some participants to accept needed help and support. Participants often need frequent coaching to see the value in completing their treatment, following through with their court orders, making the required contact with probation, and communicating constructively with the other parent. The Coordinator needs to continually direct participants' focus on how not complying with requirements or recommendations may have a negative impact on their children and themselves. It is important that this feedback be delivered in a nonjudgmental, respectful, and supportive manner.

All communities and agencies can benefit from the experience of this project; however, they should closely

examine and discuss each program element to determine what will work and what might require adjustment based on their unique context and culture.

Please contact Amber Moe, L.P.C. at (208) 287-7607; 200 W Front Street, Ste. #4106, Boise, Idaho 83702; or amoe@adaweb.net for more information regarding the case coordination and implementation of this project.

Appendices

FVC CASE COORDINATOR JOB DESCRIPTION

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

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- 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

PROVIDER LETTER

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 FVC 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 FVC 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 FVC 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 4th 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.

Sincerely,

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

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)**

- ☐ Domestic Violence/Civil Protection Order
- ☐ Criminal Case/No Contact Order
- ☐ Divorce or Custody Case
- ☐ Child Protection Investigative Report

Concerns (allegations and/or suspicion):

- ☐ Child Protection Issues
- ☐ 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
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INFORMED CONSENT
FAMILY VIOLENCE COURT ASSESSMENT

The FVC Assessment

- I understand that Judge Lowell D. Castleton has ordered me to participate in a FVC Assessment.
- I understand that the purpose of the 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.
- I understand that the assessment report provides the Court with information concerning the issues and concerns of each parent, and the needs and risks of the child(ren) based on reports by the parties, self-report tests, and the observations of the assessor.
- I understand that the recommendations provided to the Court and the parents are designed to protect the child(ren) from the potentially negative impact of the parents' conflict.

The Role of the Assessor

- I understand that the assessor will be interviewing both parents at separate times in order to obtain information regarding the needs and risks of the child(ren), substance abuse, domestic violence issues, and parenting concerns and issues.
- I understand that the assessor is an objective third party in the Court process and will not side with either parent.
- I understand that the assessor, after interviewing both parents, will submit a report summarizing each parent's history and concerns, identifying the assessor's concerns about the child(ren) and the resolution of the case, and offering recommendations for the Court's consideration.

Limits of Confidentiality

- I understand that the assessment process (described above) is not confidential in the usual sense, but will be read by both parents (as decided by the Judge), both attorneys (if applicable), and by the Court, further,
- I understand that if disclosure of harm, threat of harm to self or others, or child abuse or neglect are reported or disclosed during the interview, it is mandatory that the information be reported immediately to the proper authorities.

By my signature below, I indicate that I understand the assessment process and agree to the abridgement of my confidentiality as described above. Additionally, I understand that my case could be chosen to be part of a Family Violence Court Project, which is funded by a grant, and which requires further evaluation, survey and treatment.

_____ _____

Signature of Participant Date

_____ _____

Signature of Assessor Date

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	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 Toward 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 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 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?	1	2	3	4	5	6	0
-Were you injured? Yes No							
Describe the injuries._____							
-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?	1	2	3	4	5	6	0
Describe the manner in which you were threatened. _____							
-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 scraps 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 Toward 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 did 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? 1 2 3 4 5 6 0
Were they injured? Yes No Describe the injuries._____

-How often did YOU choke, strangle or smother the other partner? 1 2 3 4 5 6 0
Did they lose consciousness? Yes No

-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? 1 2 3 4 5 6 0
Describe the manner in which they were threatened._____

_____

-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)

	False	Somewhat False	No Strong Feelings	Somewhat True	True
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	1	2	3	4	5

	False	Somewhat False	Neutral	Somewhat True	True
I do not approve of the other parent's lifestyle Describe 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 Describe the reasons	1	2	3	4	5
There are problems with the visitation schedule and/or Transitions or exchange times. Describe 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
IF YOUR CHILD IS UNDER 12 YEARS OLD, PLEASE ANSWER THE FOLLOWING:			
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
IF YOUR CHILD IS 12 YEARS OR OLDER, PLEASE ANSWER THE FOLLOWING:			
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

Is there anything else you would like to state in this assessment concerning the current court action, the children, the other parent or visitation/custody that you have not included on this form? _____

FAMILY COURT SERVICES'

FAMILY VIOLENCE COURT (FVC)
ASSESSMENT REPORT

Referring Judge: Date of Report:
Case No: 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 PROJECT
Demographic Information

Full Legal Name: _____ Today's Date: ____/____/_____

Address: _____ Work Phone: _____

City & Zip: _____ Home Phone: _____

Date of Birth: _____ Social Security #: _____-_____-_____

Number of biological children between you and the other parent: _____
Besides your children with the other parent, how many other children do you provide support for? _____

Your age: _____ Language: _____

Race/ethnicity: ☐ White ☐ Black ☐ Hispanic ☐ Asian
☐ Native American ☐ Pacific Islander ☐ Other

Highest level of schooling: ☐ Some high school ☐ High school graduate ☐ Associate degree
☐ Some college ☐ College degree ☐ Post graduate education

How many in your household besides you? _____

Gross (before taxes) annual household income:

☐ Less than $10,060	☐ $10,061 -- $13,060
☐ $13,061 -- $17,060	☐ $17,061 -- $20,560
☐ $20,561 -- $24,060	☐ $24,061 -- $27,560
☐ $27,561 -- $31,060	☐ $31,061 -- $34,560
☐ $34,561 -- $38,060	☐ $38,061 -- $41,560
☐ $41,561 -- $45,060	☐ Over $45,061

Are you employed: Yes No

Occupation: _____

Employer: _____

Employer Address: _____ Phone number: _____

FVC Staff Use Only

Comments: _____

Providers: _____ _____
_____ _____
_____ _____

FAMILY VIOLENCE COURT GRANT PROJECT
COMPREHENSIVE TREATMENT PLAN

(SAMPLE)

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

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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 regard 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 regard to funding.

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 1st appointment with Case Coordinator after completion of substance abuse treatment.
Next Step: Set-up appointment with FVC Case Coordinator (each in 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.

INFORMED CONSENT
EFFECTIVE CO-PARENTING EDUCATION

- I understand that Judge _____ has ordered me to participate in Effective Co-Parenting Education.
- I understand that the primary purpose of this education is to receive information about ways to minimize the potential negative impacts of divorce and conflict during divorce on the child(ren).
- I understand that 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.
- I understand that the Judge makes the final determination in my case, and that the information offered in the Effective Co-Parenting Education serves as a general guideline based on the above-mentioned research.
- I understand that a pre- and post-test will be used as a tool to measure the outcomes of the Effective Co-Parenting Education. Please do not write your name on the tests, as your specific responses will remain anonymous and will be reported in collective form. Your total score will be held in a database, attached to your name, to be used only by Family Court Services personnel. The tests are voluntary, please inform your educator if you do not wish to participate.

The Role of the Effective Co-Parenting Educator

- I understand that the Educator is not an attorney or judge, and therefore is not in a position to give advice regarding my case.
- I understand that the Educator is an objective third party in the Court process and will not side with either parent.
- I understand that the Educator will submit a status report documenting my participation to the Judge.

Limits of Confidentiality

- I understand that the Effective Co-Parenting process (described above) is not confidential in the usual sense, but that information about the session will be disclosed to the Judge if it is requested, further,
- I understand that if disclosure of harm, threat of harm to self or others, or child abuse or neglect are reported or disclosed, it is mandatory that the information be reported immediately to the proper authorities.

By my signature below, I indicate that I understand the Effective Co-Parenting Education process and agree to the abridgement of my confidentiality as described above.

_____ _____
Signature of Participant Date

_____ _____
Signature of Educator Date

EFFECTIVE CO-PARENTING PROGRAM DEVELOPMENT & CURRICULUM

As part of case coordination participants attend an education program named Effective Co-Parenting, which is facilitated by the Coordinator. The primary purpose of this education is to offer information about ways to minimize potentially negative impacts of separation, domestic violence, divorce, and conflict on the 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.

We developed a curriculum that was adapted from the existing Family Court Services (FCS) program. We determined the primary issues to be addressed in Effective Co-Parenting Education may include: attachment and bonding, transitions between homes, grief as a divorce process, business-like parenting, and developmental considerations with sample age appropriate schedules. The participants or the Coordinator may agree to discuss any other related topics such as: the impact of domestic violence and substance abuse on parenting and children, children's needs, and helping children cope with grief.

The preparation for the Effective Co-Parenting program was simple because as previously mentioned; the program was already in place with FCS. However, revising the materials and focusing the information to relate to the population served through the grant project required considerable time and effort. We spent a great deal of time with American Humane Association reviewing the documents and researching other education and information regarding parental substance abuse and domestic violence. We also established a protocol for determining if families were appropriate for the educational program and if they could attend a session together or if all sessions needed to be separate due to safety issues.

Handouts were presented to the parents during two one-on-one hour sessions. During the sessions the handouts and topics are discussed. If the second session included both parents together, then the Coordinator worked with both parents to discuss goals for co-parenting and business-like co-parenting ideas. Both parents completed a survey based on Melinda Blau's *Families Apart: Ten Keys to Successful Co-Parenting*, 1993. The Coordinator reviewed the information and discussed the responses with the parents. The Coordinator used the information to facilitate the last session to address goals and concerns regarding co-parenting. Both parents also received the book *The Co-Parenting Survival Guide: Letting Go of Conflict after a Difficult Divorce* by Elizabeth S. Thayer and Jeffery Zimmerman and all the handouts to take home for future resource.

Resources for Handouts:
Caught in the Middle. Garrity, C. & Baris, M. Lexington Books, 1994.
Children of Divorce. Baris, M. & Garrity, C. Blue Ridge Printing, 1988.
Mom's House, Dad's House. Ricci, I. Collier Books, 1980.
In the Name of the Child by Janet Johnston, (1997) New York: The Free Press.
Parenting Apart: A Guide for Separated and Divorced Families by Harriet Shaklee (1999) University of Idaho Cooperative Extension System.

FAMILY VIOLENCE COURT
STATUS REPORT: MONTHLY PROBATION PROGRESS

Client Name: _____ Report Date: _____

PO: _____ Case #: _____

Check all that apply:

( ) Client on track with supervised probation plan.
( ) Client unwilling or unable to participate in probation plan.
( ) Client is in custody as of _____.
( ) Client had positive alcohol/drug testing on _____.
( ) Client has completed probation requirements.

( ) Client is presently enrolled in listed programs:

_____
_____
_____
_____
_____

( ) Any changes:
Employment: _____
Address: _____
Phone: _____

Comments: _____
_____
_____
_____

Reported By: _____ Date: _____

Return to: Family Court Services
Attn: Amber Moe
200 West Front Street
Boise, Idaho 83702-7300
(208) 287-7607

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: _____

FAMILY VIOLENCE COURT ASSESSMENT EXIT FORM

Name: _____ Today's Date: ____/____/_____

Address: _____ Work Phone: _____

City & Zip: _____ Home Phone: _____

Current living situation: _____

Other Parent's Name: _____ Your Attorney's Name: _____

Names of children	Birth dates & ages	Where children reside

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: _____

_____

Are you currently involved in counseling or mental health therapy? YES NO

Do you have any mental health concerns or diagnosis? _____

Are you currently taking prescription medication? YES NO

If yes, what medication and why? _____

Do you have any health problems? YES NO

If yes, please describe: _____

Are your child/ren currently involved in counseling or mental health therapy? YES NO

Do they have any mental health concerns or diagnosis? _____

Are your child/ren currently taking prescription medication? YES NO

If yes, what medication and why? _____

Are your child/ren involved in Juvenile Court? YES NO

If yes, what were/are the concerns or charges? _____

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 ____

Age when first drank alcohol? _____

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. _____

_____

_____

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 ____

Age when first drank alcohol? _____

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. _____

_____

_____

Comments: _____

_____

_____

BACKGROUND INFORMATION:

Criminal History

Have you been charged for any criminal offenses since your participation in the grant project? Yes or No
If yes, were they: Circle all appropriate letters
A. Drug or alcohol related B. Crimes against people C. Crimes against property
Have you had any traffic accidents while under the influence of alcohol or drugs? Yes or No

Employment/Education

Are you currently employed? A. Full-time B. Part-time C. No
Occupation: _____

Gross (before taxes) annual household income: ☐ Less than $10,060 ☐ $10,061 -- $13,060
☐ $13,061 -- $17,060 ☐ $17,061 -- $20,560 ☐ $20,561 -- $24,060
☐ $24,061 -- $27,560 ☐ $27,561 -- $31,060 ☐ $31,061 -- $34,560
☐ $34,561 -- $38,060 ☐ $38,061 -- $41,560 ☐ $41,561 -- $45,060 ☐ Over $45,061

Suicide attempt/Attempts to harm self

In the past 90 days have you:

1. Thought about committing suicide?	Very Often	Often	Sometimes	Seldom	Never
2. Made a plan to commit suicide?	Very Often	Often	Sometimes	Seldom	Never
3. Attempted to commit suicide?	Very Often	Often	Sometimes	Seldom	Never

Positive Support System

Do you spend time with non-using friends? Yes or No

Are you participating in a recovery support group? Yes or No If Yes, how many times do you go per week?_____

Do you feel you have a support system? Yes or No Who? _____

Department of Health and Welfare

Are you currently involved with Health and Welfare Child Protection Services? Yes or No
If yes, explain your involvement (briefly): _____

INFORMATION ABOUT YOUR RELATIONSHIP
WITH THE OTHER PARENT

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): _____

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 Toward 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 last six months or since you entered the Family Violence Court Grant Project.

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 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 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?	1	2	3	4	5	6	0
Were you injured? Yes No Describe the injuries._____							
-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?	1	2	3	4	5	6	0

-Describe the manner in which you were threatened. _____

-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

Questions Concerning Domestic Violence YOU COMMITTED TOWARD 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 last six months or since you entered the Family Violence Court Grant Project.

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 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? 1 2 3 4 5 6 0

Were they injured? Yes No Describe the injuries._____

_____

-How often did YOU choke, strangle or smother the other partner? 1 2 3 4 5 6 0

-Did they lose consciousness? Yes No

-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? 1 2 3 4 5 6 0

-Describe the manner in which they were threatened._____

_____

-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)

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

Visitation Questionnaire

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

- No problems or difficulties with visitation.
- Supervised visitation has been ordered.
- Current visitation order does not work for me.
- Fighting between us during exchange of the child(ren).
- The other parent is always changing visitation times.
- It is hard to find mutually acceptable times for visitation.
- 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.
- 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.
- 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.
- Concerned the other parent is saying negative things about me to the child(ren).
- Child(ren) do not get along with someone at the other house, (stepparent, step-sibling, etc.).

Comments: _____

_____

How long have you had visitation problems? _____*months OR* _____ *years*

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	4	3	2	1
Using drugs	4	3	2	1
Potentially physically abusing the child(ren)	4	3	2	1
Failing to feed/clothe/protect the child(ren)	4	3	2	1
Ignoring the child	4	3	2	1
Not driving safely with the child(ren) in the car	4	3	2	1

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
IF YOUR CHILD IS UNDER 12 YEARS OLD, PLEASE ANSWER THE FOLLOWING:			
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
IF YOUR CHILD IS 12 YEARS OR OLDER, PLEASE ANSWER THE FOLLOWING:			
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

Is there anything else you would like to state in this exit assessment concerning the children, the other parent or visitation/custody, treatment, or the grant project that you have not included on this form? _____

Thank you for completing this exit process. Please complete the satisfaction survey at the end of the interview and put it in a sealed envelope to be mailed directly to the evaluators for the grant project. Thanks again for your time!!!

NOTICE OF REFERRAL

Provider: Date:

Participant's Name:

Type of evaluation or treatment and funding approval:

- Domestic Violence Evaluation $____
- Substance Abuse Evaluation and /or Testing $ _____
- Domestic Violence Treatment/Counseling $_____
- Substance Abuse Treatment and/or Testing $_____
- Parenting Education $_____

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.

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 **(all invoices must be signed)** setting forth the service provided and the clients upon which the services were performed. Invoices need to be **submitted by mail (originals only)** the first week of the following month to Family Violence Court (address below). Monthly payments to the provider shall be paid through grant funding from the Idaho Supreme Court.

Written evaluations are to be submitted directly to the FVC Case Coordinator **within two weeks** of the court order or two days before the next court date. Evaluations shall include at least a one-on-one interview with the client and Domestic Violence Evaluations must include a victim interview and criminal history check. Treatment and other services will be **documented monthly** through case status reports to the FVC Case Coordinator regarding progress or completion**.** These can be faxed monthly or mailed with the billing. Documentation that the provider is currently using for progress and/or completion reporting (for probation or others) may be acceptable if approved by the FVC Case Coordinator. Parenting education providers shall report to the FVC Case Coordinator attendance, participation, and a certification of completion 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. Please make sure you are asking your clients to sign these consent forms during their initial meeting.

If you have any question please call me directly at (208) 287-7607 or email 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 5th of the next month and payment will be sent by the 15th 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
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

CONSENT FOR RELEASE & EXCHANGE OF INFORMATION

To: Name _____

Address _____

City, State, Zip _____

Consent

I hereby request that the above-named person or institution may release and exchange information with Ada County Family Court Services and the Family Violence Court Case Coordinator including all information and records requested. This information is for the purpose of a court ordered assessment, intake process, treatment monitoring, staffing and/or coordination of services. Information and records shall be exchanged via telephone, email, in-person, fax, and/or mail.

Name: _____

Birth date: _____

Today's date: _____

Signature: _____

Please return one copy of this form with all records to:

Family Court Services
Ada County Courthouse
200 West Front Street
Boise, Idaho 83702-7300

Phone: (208) 287-7607
Fax: (208) 287-7609

Attention to: **Amber Moe, LPC, Family Violence Court Case Coordinator.**

Information To Be Disclosed

[X] All information requested by the Family Violence Court Case Coordinator as written below:

_____

_____

_____

State and federal law protects information disclosed by this consent. These laws prohibit making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by state law.

This consent is subject to revocation at any time except to the extent that the program that is to make the disclosure has already taken action in reliance on it. This consent expires on _____ or in one year unless otherwise specified.

MULTI-DISCIPLINARY TEAM CONFIDENTIALITY STATEMENT

The purpose of the Family Violence Court Grant Project Multi-Disciplinary Team is to conduct a review of each case participating in the FVC Grant Project. In order to assure a coordinated response that addresses the concerns surrounding child abuse issues and substance abuse issues, the team must have access to all existing records related to the case. This includes social services reports, court documents, law enforcement records, medical records, mental health records (substance abuse and domestic violence), and any other information that may have a bearing on the involved child and family.

With this purpose in mind, I the undersigned, as a representative of the undersigned agency, agree that all information secured and discussed in this review will remain confidential and will not be utilized outside the Multi-Disciplinary Team except for the legal and lawful purpose(s) of prosecution and/or child protection court proceedings.

Date: _____

Full Name	Agency	Phone Number	Email

NOTICE OF MULTI-DISCIPLINARY TEAM MEETING
TREATMENT PLANNING

Date: **November 4, 2004, Thursday @ 11am** (please arrive 10 minutes early)
Family Court Services (Ada County Courthouse-4th Floor)
Purpose: Develop a comprehensive treatment plan addressing the needs of the family.
Participants: Mother's name or Father's name

The treatment plan will be developed based on completed evaluations by the parents and recommendations from the FVC Assessment and any court orders. Participants may be required or ordered to participate in recommended domestic violence and/or substance abuse treatment, and other community services (i.e. parenting programs). Participants will be required to follow treatment guidelines with the treatment provider and submit to random urine/drug screenings requested by the treatment provider or the Courts.

The treatment planning team may consist of the FVC Case Coordinator, Family Court Services, Department of Health and Welfare, Ada County Probation, the family, and any advocates involved in the family's case.

If you have any question please call me directly at (208) 287-7607 or email amoe@adaweb.net.

Sincerely,

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

CC: Ada County Probation
DHW