<table>
<thead>
<tr>
<th>Name of Lead Agency</th>
<th>Judicial Branch of Iowa, Children’s Justice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Des Moines, Iowa</td>
</tr>
<tr>
<td>Title of Project</td>
<td>Parents and Children Together (PACT) Extension Grant</td>
</tr>
<tr>
<td>Program Option</td>
<td>Five Year plus 2-Year Extension</td>
</tr>
<tr>
<td>Geographic Area and Congressional District Served</td>
<td>3rd Congressional District; Rural</td>
</tr>
<tr>
<td>Brief Program Description</td>
<td>This extension of the Parents and Children Together (PACT): A Family Treatment Court Initiative, builds on the successes and addresses some of the remaining needs identified by the six PACT pilot sites across the state of Iowa over the initial five years. These successes include: the establishment of judge-led collaborative teams in the family treatment court sites; the creation of Iowa Family Treatment Court Standards to assist in maintaining the quality and fidelity of services; significant increases in the availability, participation and retention in substance abuse treatment for FTC participants; success in maintaining children in their homes; and an increase in reunification rates and shortening lengths of out-of-home stays.</td>
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<tr>
<td>Target Population</td>
<td>The original target population of PACT was parents with children ages 0-5 years. Based on the experiences of the initial five years and the fact that 85% of children served by the FTCs are 10 or under, this extension expands the target population to parents with children ages 0-10. PACT’s goal: Serve an additional 180 families during the two year extension.</td>
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| Participants Served | Children: 954  
 Adults: 587  
 Families: 425 |
| Major Goals         | 1. Enhancement of collaboration, communication, and practices in the family treatment court process.  
 2. Enhancement of family support and the joint case planning process to reduce unsuccessful discharges.  
 3. Increasing the safety, permanency and well-being of children by addressing the gap in available children’s services. |
<p>| Major Program       | Case Management and In-Home Services |</p>
<table>
<thead>
<tr>
<th>Services</th>
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<tbody>
<tr>
<td>• “Traditional” Case Management</td>
<td></td>
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<tr>
<td>• Intensive/Coordinated Case Management</td>
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<tr>
<td>• Family Group Decision Making/Family Case Conferencing</td>
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<tr>
<td>• “Regular” or “Traditional” In-Home Services</td>
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</tbody>
</table>

**Parenting/Family Strengthening**

- Standard Parenting Skills Training/Education or Parenting Classes
- Evidence-Based Parenting or Family Strengthening Program - Strengthening Families Program, Celebrating Families!

**Visitation Services**

- Supervised Visitation

**Mental Health and Trauma Services for Adults**

- Mental Health Services
- Cross-system training on trauma informed services and gender responsiveness
- Beyond Trauma (one site)

**Substance Abuse Treatment for Adults**

- Long-Term Residential/Inpatient (more than 30 days)
- Residential/Inpatient Treatment – Specialized for Parents with Children
- Intensive Outpatient
- Non-Intensive Outpatient or Other Step-Down
- Aftercare/Continuing Care/Recovery Community Support Services

**Specialized Outreach, Engagement and Retention**

- Cognitive Behavioral Strategies – Motivational Interviewing/Motivational Enhancement Therapy, Moral Reconation Therapy
- Co-location of Staff
- Recovery Coach/Specialist
- Peer/Parent Mentor
- Family Navigator

**Substance Abuse Prevention Services**

- Alternative Activities
- Community-Based Process

**Screening and Assessment – Child Welfare and Other Children’s Issues**

- Screening and Assessment for Child Welfare Issues

**Screening and Assessment – Substance Use and Other Adult Issues**
<table>
<thead>
<tr>
<th>Screening and Assessment for Substance Use Disorders</th>
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<tbody>
<tr>
<td><strong>Housing Services</strong></td>
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<tr>
<td>- Housing Support Services</td>
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<tr>
<td><strong>Cross-Systems Collaboration</strong></td>
</tr>
<tr>
<td>- Clinical and Program Training</td>
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<tr>
<td>- Cross-systems Policies and Procedures</td>
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<tr>
<td>- Regular Joint Case Staffing Meetings</td>
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<tr>
<td>- Co-location of Staff</td>
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<tr>
<td>- Cross-systems Information Sharing and Data Analysis</td>
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<tr>
<td>- Partner Meetings – Regional Partnership and Program Management</td>
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<tr>
<td><strong>Family Treatment Drug Courts/Dependency Drug Courts</strong></td>
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<tr>
<td><strong>Other</strong></td>
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<tr>
<td>- Phase Restructuring using Stages of Change</td>
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<tr>
<th>Partner Agencies and Organizations</th>
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<tbody>
<tr>
<td><strong>Child Welfare</strong></td>
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<tr>
<td>- Iowa Department of Human Services (DHS)</td>
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<tr>
<td><strong>Substance Abuse</strong></td>
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<tr>
<td>- Iowa Department of Public Health</td>
</tr>
<tr>
<td><strong>Courts</strong></td>
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<tr>
<td>- Iowa Children’s Justice (Division of State Court)</td>
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<tr>
<td>- PACT Family Treatment Courts (FTCs)</td>
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<tr>
<td>- Office of Criminal and Juvenile Justice</td>
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<tr>
<td><strong>Criminal Justice, Law Enforcement, Legal and Related Organizations</strong></td>
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<tr>
<td>- Office of Drug Control Policy</td>
</tr>
<tr>
<td>- Attorney General</td>
</tr>
<tr>
<td>- Drug Endangered Children</td>
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<tr>
<td><strong>Mental Health</strong></td>
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<tr>
<td>- Southern Iowa Mental Health Services</td>
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<tr>
<td>- Iowa Behavioral Health Association and Training Resources</td>
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<tr>
<td><strong>Health Services</strong></td>
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<tr>
<td>- Child Health Specialty Clinics</td>
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<th>Evaluation Design and</th>
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<tbody>
<tr>
<td>Quasi-experimental</td>
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<tr>
<td>Historic, Matched Case-Level; Usual Child Welfare/Substance Abuse</td>
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<tr>
<td>Comparison Group Type</td>
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<tr>
<th>Performance Indicators</th>
<th>Safety</th>
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<td>Within six months following RPG Entry, 94.2% of the children did not have a substantiated/indicated maltreatment (899/954). Through the end of September, 2013, 78.6% of the children did not have a substantiated/indicated maltreatment following RPG entry (750/954). Regarding timing of the reports, 55 were within six months (5.8%), 46 were from seven months to a year (4.8%), 39 were 13 to 18 months (4.1%), 23 were 19 to 24 months (2.4%), and 41 were more than two years (4.3%). Almost all, 93.6%, of the substantiated/indicated maltreatment was neglect or deprivation of necessities (191/204). Additional maltreatment types are not reported because of small numbers. In the previous report, through March, 2013, within six months following RPG Entry, 94.6% did not have a substantiated/indicated maltreatment (847/895). Through the end of March, 2013, 80.4% of the children did not have a substantiated/indicated maltreatment following RPG entry (720/895).</td>
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<td>Of the 571 adult participants admitted to treatment, 506 were discharged from their first substance abuse treatment episode (88.6%). Almost two-thirds (65.2%) of the discharges completed treatment (302/506) or transferred-known to report (28/506). The median number of days in treatment for the first episode was 232 days. Half (52.0%) of those discharged from episode one had a second substance abuse treatment episode (263/506). In the previous report, through March, 2013, 85.3% of adult participants admitted to treatment were discharged from their first substance abuse treatment episode (457/536). Almost two-thirds (65.4%) of the discharges completed treatment (273/457) or transferred-known to report (26/457). The median number of days in treatment for the first episode was 226 days. Half (50.5%) of those discharged from episode one had a second substance abuse treatment episode (231/457).</td>
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<tr>
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<th>Permanency</th>
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<td>Percentage of children identified at risk of removal from the home who are able to remain in custody of a parent or caregiver through RPG case closure. 6 FDC Pilot Site Participants: 76.3% remain in custody of a parent or caregiver (242/317) Referred Comparison: 43.2% remain in custody of a parent or caregiver (35/81)Wapello Family Treatment Court: 78.3% remain in custody of a parent or caregiver (123/157)</td>
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