

<b>SOBER LIVING – SUBCOMMITTEE (ROBIN P; CONNIE J; MARIO C; CHUCK R)</b>	
ACTION STEP	STATUS
1. Create criteria for sober housing including action plan and responsibility of home.	Have 4 sober homes currently that serve women and children.
2. Search for partners in the community who have sober homes and will partner with FDTC.	Robin and Connie working together to submit a grant TA for funding to create a business plan to expand Recovery Housing in the community
3. Present the needs to the faith community to ask for support until dedicated sober housing is self-sufficient.	Not pursuing this option until we have fully explored action steps one and two
4. Establish incentives for partner or agency to create and sustain sober housing for families.	Increased monthly reimbursement rate for sober houses
5. Obtain information about the Texas Recovery Oriented Housing Network criteria for sober housing and their willingness to work with or assist our drug court.	Need a drug court member to attend meetings routinely
6. Create a tool to assess participants for sober housing and predict length of stay.	This occurs as part of the SA treatment process which makes service level recommendations at discharge. Not necessary to create a tool
7. Expand the idea of what constitutes a safe home or sober housing.	Needs to be explored – considering the home of relatives and/or friends

- Information was provided on the Levels of recovery living - see attached document from National Association of Recovery Residences (NARR)
- <http://www.soberhood.org/> founded by Jason Howell
- TROHN <http://www.trohn.org/> list of sober/recovery housing options by region - no women and children housing options listed
- Sober Homes are now called Recovery Homes

<b>EDUCATION &amp; FAMILY ENGAGEMENT – PIR/FDTC MANAGEMENT TEAM</b>	
<b>ACTION STEP</b>	<b>STATUS</b>
1. Create a flow chart and a video that explains PIR/FDTC to participants and illustrates how the stages work.	
2. Set up protocol for working with the family before client signs for PIR/FDTC (expectations, addiction 101, supports, etc.) Ask supportive participants to sign agreement.	
3. Develop multi-family group to educate family members on addiction and PIR/FDTC interactive.	
4. Create educational materials for families.	
5. Assign a point person for family to communicate with and get information from.	
6. Identify and remove barriers such as transportation; encourage families to engage in the recovery process by providing transportation to AA meetings.	
7. Identify specific roles or tasks for family members to support participant success in Drug Court.	
8. Provide extended family with guidelines and expectations of FDTC.	

No updates to these tasks – Will be reviewed and work plan developed for Fall 2016

<b>COMMUNITY PARTNER ENGAGEMENT &amp; COLLABORATION - ADVISORY</b>	
ACTION STEP	STATUS
1. Identify specific types of community partners needed.	Completed
2. Identify community partners, i.e. therapists, and bring to Operations Committee.	Completed
3. Meet with and investigate potential partners and determine if they are willing to collaborate.	Currently in Process
4. Utilize existing partners to their full capacity and expand relations with new partners.	Currently in Process
5. Offer incentive of public recognition and acknowledgement of services.	Not yet discussed
6. Create a document that clearly explains the FDTC and explains what we need from partners and how it can benefit them.	Not yet discussed
7. Develop and execute MOU's or procedural agreements with agencies.	Existing in Place no new ones
8. Produce written stories or videos of successful graduates to share with the community.	Not yet discussed
9. Identify community organizations willing to hear presentations on FDTC.	Not yet discussed

PIR/FDTC Mgmt will continue to address this task list in Spring and Summer of 2016 in conduction with other areas of focus in this document

PIR/FDTC - TASK LIST BASED ON COPIA PLAN

<b>OTHER TASKS</b>	
ACTION STEP	STATUS
1. Meet to decide how we assess participants' standing in court – when they are eligible for part or all of the financial support – specific tasks or completion; then who will decide the standing.	FDTC Mgmt. Operations (Chuck & Laura)
2. Place clients who have missed drug tests or had positive drug tests at the bottom of the docket.	
3. Seek funding for larger and better clothing resources.	
4. Fund secure internet communication between partners – FTP site, voltage (protected) email. (One Drive Microsoft or Dropbox.)	
5. Update our shared release form to allow for easy sharing of information.	
6. Form a subcommittee to expand the availability of treatment facilities that includes MSO.	
7. FDTC partners will visit local facilities, encouraging observation and participation in FDTC, resulting in increased options locally.	Visits have been initiated by PIR/FDTC Mgmt
8. Develop funding options for treatment facilities outside of County contract.	
9. Create a reference tool that includes availability and options of various treatment providers.	
10. Create and adhere to a policy that all treatment and therapeutic services must be evidence-based practices in order to engage with FDTC. (Be open to considering promising practices when full evaluation component that establishes best practice models is not available)	Initiated but requires further review

No updates to these tasks – Will be reviewed and work plan developed for Summer 2016

PIR/FDTC - TASK LIST BASED ON COPIA PLAN

<b>COMPLETED TASKS</b>	
ACTION STEP	STATUS
1. Meet to determine what services are considered automatic regardless of status and which are earned as incentive-based.	Completed – Financial Mgmt Plan
2. Review, edit and make suggestions on draft financial operations protocol document developed by FDTC management.	Completed
3. Develop policy/practice to ensure transparency and communication between partners providing financial support to avoid “double dipping”.	Completed
4. Ensure that financial coaching is a requirement in Phase II & extends at least 5 months.	Completed w/ variation
5. Develop a team of people to review requests.	Completed
6. Review recommendations from the trauma-informed practices audit and identify sanctions to recommend.	Completed w/ variation
7. Review recommended tiered sanctions from the trauma-informed subcommittee through a legal lens/focus.	Completed w/ variation
8. Take recommendations to Operations Committee to implement.	Completed
9. For clients denying substance use despite a positive test -- have a hearing after the docket, on the record with the participant under oath.	Completed at Court's discretion
10. Promote a renewed focus on courtroom decorum by providing training on courtroom decorum and dress during cross-talk.	Completed & Ongoing – Theresa W
11. Develop a system of sanctions and rewards that are consistently applied and that reflect treatment goals, i.e. “recovery” rather than “relapse”.	Completed & Ongoing
12. Provide notice to the bench if team members are aware of inappropriate behaviors from participants during hearings.	Completed & Ongoing
13. Eliminate out-of-town passes.	Completed – variation
14. Identify individual who can assess for individualized treatment plan for clients.	Completed & Ongoing HHS/VS Csmgrs
15. Develop a process to consolidate information gathered by partners to create the individual plan, ensuring the participant is involved in the process.	Completed & Ongoing Psycho-Social done by Mk/CR
16. Create a shared document that is based on information gathered by partners and distributed.	Completed Psycho-Social
17. Plan to manage participants' perceived disparity when plans are individualized; normalize	Completed & Ongoing

PIR/FDTC - TASK LIST BASED ON COPIA PLAN

differences.	
18. Create a culture that supports service utilizations based on assessed needs.	Completed & Ongoing
19. Develop protocol that ensures review of the plan at FGC, Discharge Planning Meeting and at case management, to assess and reassess based on the investment of the parent and the expectations of the legal parties.	Completed & Ongoing
20. Create measureable goals for each case. Create all plans/consequences/incentives toward meeting those measurable goals.	Completed & Ongoing
21. Expand the idea of what constitutes a safe home or sober housing.	Completed & Ongoing
22. Create a subcommittee including MSO and key community members to develop/recruit for sober housing.	Completed
23. Better utilize the family component at Austin Recovery – promote it to families.	Completed & Ongoing
24. Revitalize the Advisory Committee	Completed
25. Update the charter	Completed & Ongoing
26. Continue PIR community trainings on best practices (visitation, working with parents, substance-exposed kids, etc)	Completed & Ongoing
27. As part of trauma-informed subcommittee tasks – review all intake assessments and combine/simplify it for clients.	Completed with the psycho-social
28. Establish an interdisciplinary subcommittee to gather information about past practices of FDTC and research criteria used by other drug courts. The subcommittee will then present recommendations	Currently managed by operations and the PIR/FDTC Mgmt team – no sub-committee formed
29. Use screening tool(s) to establish who is motivated to successfully engage in treatment. (Stages of Change, SASSI)	CR completes the SASSI on all potential enrollees
30. Enforce our own criteria requiring local support and engagement of family members.	New Criteria Developed and Approved
31. Create a document with current admission criteria and any recommendations from this session as a starting place.	Done
32. Expand our definition of admission criteria to include parents' ability to participate/engage; local support (Travis & contiguous counties).	Done
33. Analyze available data from FDTC and others to evaluate who does well in the program.	Utilized to create document