

Vermont Judicial Commission on Family Treatment Dockets

Meeting Minutes

Date: June 14, 2018

Present:

Hon. Paul Reiber
Hon. Brian Grearson
Ms. Patricia Gabel
Commissioner Ken Schatz
Deputy Commissioner Karen Shea
Ms. Theresa Scott
Dr. Frederick C. Holmes
Senator Jane Kitchel
Mr. Marshall Pahl
Kristin Clouser (for TJ Donovan)
Senator John Campbell
Ms. Mary Alice McKenzie
Alice George
Tracy Shriver
Maxine Grad

Also present at the meeting was Mr. Jeremy Zeliger, Linda Richard, and Kim Owens with the Vermont Office of the Court Administrator, Nora Sydow with the National Center for State Courts, and Nancy Young with Children and Family Futures.

- I. **Call to Order.** The meeting was called to order at 1:15 and Chief Justice Paul L. Reiber welcomed the members and guests and provided an introduction to Dr. Nancy Young's presentation.
- II. **Approval of Minutes.** The minutes from the April 2nd meeting were approved.
- III. **Presentation by Dr. Nancy Young.** Dr. Nancy Young, Executive Director of Children and Family Futures, delivered a presentation to the Commission on the philosophy, best practices, lessons learned, national and Vermont data, and national trends for family treatment court dockets, including the four different models. Dr. Young's presentation PowerPoint can be accessed at <http://www.vermontjudiciary.org/sites/default/files/documents/100318%20Creating%20Trauma%20Informed%20Systems.pdf>.

During the Q&A session with Dr. Young, questions included:

- Are there ever negative outcomes? Dr. Young reported that sometimes courts can be overly punitive, such as "starting at square one" after a positive screen. Also, in some jurisdictions, oversurveillance of parents occurs and the bar to reunification gets very high.

- What jurisdictions use the infusion model? Dr. Young reported that to her knowledge, no jurisdiction has infused all seven essential elements of family drug courts, but several have several elements in place and continue to work. Some examples include Colorado, New York (e.g. Ithaca), and Ohio.
- What are the pros and cons of parallel and integrated models? In the parallel model, you can have more cases, but communication is a challenge. In the integrated model a benefit is that everyone knows what's going on, but it can be more resource-intensive, such as with additional staffing.
- How does a unified state court system best ensure that a local treatment docket is being implemented with fidelity to best practices? Dr. Young suggested that states should follow the national [Family Drug Court Guidelines](#) and Standards (updated version will be out this fall) and have a report card on outcomes for each jurisdiction. Sites should also have monthly calls with the statewide drug court coordinator, and some states (e.g., Iowa) have implemented regional coordinators.
- What are the challenges to implementing a family treatment docket approach? How have jurisdictions successfully overcome those challenges? Dr. Young suggested that parent attorneys have the most power, and getting them on board is essential. Other challenges for some jurisdictions include getting child welfare to make referrals, access to treatment services, and communication barriers.
- How have jurisdiction handled treatment in rural areas? Dr. Young discussed the use of telemedicine in some jurisdictions, as well as the “hub and spoke” model.
- How have jurisdictions achieved sustainable funding? Dr. Young suggested that the priority should be to improve their outcomes for children and families. Dr. Young discussed the [STARS program](#) in Sacramento and its successes and growth over the years.

IV. The meeting adjourned at 4:25.