# Juvenile Court of Douglas County

## Basic Information

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jurisdiction Served</td>
<td>Douglas County, Georgia</td>
</tr>
<tr>
<td>Start Date of Program</td>
<td>July 1, 2018</td>
</tr>
<tr>
<td>Program Capacity</td>
<td>Family Treatment Court - 20 parents, Case Management - 50 children</td>
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</tbody>
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## Target Population

- Pregnant women using alcohol or drugs
- Children exposed to alcohol and drugs prior to birth or after birth

## Key Partners

- Juvenile Court
- Supreme Court of Georgia
- Child Welfare
- Public Health
- Wellstar Hospital
- Office of the Child Advocate
- Georgia Council on Substance Abuse

## Program and Services

- Intensive case management through FTC for parents with substance use diagnoses, including co-occurring disorders.
- Substance use and mental health treatment through other agencies serving the community.
- Peer Specialist support to facilitate entry into treatment and success and recovery.
- Parenting instruction through in home services or child parent psychotherapy (CPP).
- Case management for children in foster care under 3 years of age to monitor Part C and Part B services.
- Case management for children in foster care under 3 years of age to monitor health and well-being.
- Identifying quality care rated childcare when child care is utilized.

## Contact Information

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## Goals for QIC-CCCT

- Create an environment of safety for pregnant women to seek substance use treatment.
- Provide peer support during pregnancy and treatment to promote success.
- Promote front loading of assessment and services to allow infants to be placed with parent in treatment.
- Identify co-occurring disorders and assure that mental health services are provided along with substance use treatment.
- Complete Infant Plan of Safe Care (IPSC) prior to child’s discharge from hospital to assure consistency of the discharge plan with IPSC. Monitor IPSC for NAS infants and toddlers for health care, safety and Part C services. Transition toddlers from Part B to Part C services.
- Improve communications between DFCS and Public Health to assure continuity and better services.
- Encourage use of quality care rated child care.
- Build work force capacity and competency for CPP.
- Identify, engage and support fathers to assure they have active role in health and well being of child and family, including seeking services to allow fathers to have custody of children during treatment.