

## Statement of the Problem

██████████ County is a picturesque, primarily rural county located in south central ██████████ bordering ██████████, encompassing 722 square miles. The area is made up of 6 boroughs and 15 townships, served by one ██████████ State Police Barracks and 5 police departments. ██████████, the county seat, has a population of 20,691 people, or 52,273 combined with surrounding townships. ██████████ County consistently ranks among ██████████ fastest growing counties, growing 2.7% in 5 years according to the 2015 Census, with population estimated at 153,638.

As the population of ██████████ County has increased dramatically, so have our caseloads, and our facilities are feeling the strain. With a 42% rise in the overall jail population from 2012 to 2016, the ██████████ County Jail (FCJ) has exceeded its capacity and has been sending inmates to other counties as we try to identify alternatives to incarceration. **This is one factor in our need for additional funds to implement a Treatment Court: we are currently paying \$141/day per person to house inmates at other ██████████ jails. We recently increased the FCJ budget by \$153,000 to cover these additional expenses for the year.**

██████████ County Criminal Justice Advisory Board (CJAB) works diligently to respond to the increasing growth and needs of the system. Formed in 2000, CJAB is the county criminal justice forum for developing organized, systems-wide approaches to addressing criminal justice issues through its 8 active committees and its 3 year Strategic Plans. Receiving funding to fully implement a Treatment Court will be a significant step toward ensuring that ██████████ County can provide individuals with substance use disorders the supportive services they need to be successful in recovery and change their criminogenic behaviors. We know that Drug Courts are 6 times more likely to keep offenders in treatment long enough for them to get better (National Association of Drug Court Professionals). Compared to non-treated offenders, criminal justice

clients who completed a drug court imposed sentence failed fewer drug tests (29% vs. 46%) and were less likely to get rearrested (52% vs. 62%) (NADCP). The National Institute on Drug Abuse has spoken positively on the effects of court-ordered treatment, saying that such forms of legal pressure increase the time that offenders spend in treatment and provide motivation for them to remain in treatment programs longer. According to studies, says NIDA, the outcomes for people who are coerced to enter treatment are comparable to, if not even better, than for people who enter treatment on a voluntary basis.

**Nature and scope of substance use disorder problem/ crime patterns:** In ██████ County, alcohol and opioids are the two most prevalent substances of those accessing substance use treatment. County-wide treatment service data indicates treatment for opioid dependency has drastically increased. For Fiscal Year 2015 (FY15), the ██████ County Single County Authority (SCA) reports that out of 134 people receiving inpatient treatment for substance use, 81% (109) were assessed as having prescription opioids/heroin as their primary substance.

In 2014, ██████ County had 257 drug cases come through the Court system. Of those, 40 (16%) were sentenced to the SCI; 54 (21%) were sentenced to local incarceration; 36 (16%) received County IP; and 123 cases (48%) received Probation only. We had 445 DUI cases come through the Court system in 2014: 20 (4%) went to the SCI; 244 (55%) were sentenced to local Incarceration; 136 (30%) were sentenced to County IP; and 43 cases (10%) received Probation only. Given these statistics, we will have the numbers to support a Treatment Court in ██████ County, and will need to carefully decide which offenders will be eligible for the program.

In 2013, approximately 46% of ██████ County Jail's average daily population of 422 inmates was incarcerated for drug or alcohol related offenses, with approximately half of all offenders screened for drugs and alcohol needing treatment. The increase in drug and alcohol

offenses increased in 2014 to 58% and has risen dramatically since. **Currently, 70% of all offenders in [REDACTED] County Jail indicated a drug and alcohol addiction** when screened using the Texas Christian University screen. **This dramatic increase is directly correlated to the rise of the jail population, from a monthly average of 270 in 2013 to 501 in February 2017.** Some of these individuals would have been eligible for Treatment Court, which has been shown to be highly cost effective (Belenko, Patapis, & French, 2005). These savings come from a reduction in re-arrests, interaction with law enforcement, and use of jail beds. When other costs, such as health care utilization, are considered, then studies indicate an even greater economic benefit: it is estimated that for every \$1.00 invested into drug court operations there is at least a \$2.00 savings (Carey, Finigan, Crumpton, & Waller, 2006; Loman, 2004; Finigan, Carey, & Cos, 2007; Barnoski & Aos, 2003). Based on a 2013 FCJ study, heavy opioid users or addicts fared much worse than moderate users with respect to their success in the community: 92 of 143 opioid-dependent individuals returned to jail post-release; compare this 64% recidivism rate to the total recidivism rate of 55% for the general population during the same time. [REDACTED] **County cannot sustain the financial or human impact of the heroin epidemic on our community, and so we are requesting federal assistance in effecting change.**

Opioid use is a critical concern in [REDACTED] County; our Coroner reported that accidental deaths from drugs doubled from 2006 to 2014 and the number of drug related deaths continues to rise. According to a July 2016 Drug Enforcement Administration Report, [REDACTED] County had 21 overdose deaths with 8 involving heroin in 2015, a 50% increase over 2014.

**Problems with the current court response:** Challenges identified by the Court include limited linkages to drug and alcohol, mental health or housing services for pre-trial defendants; increasing numbers of defendants with co-occurring disorders; a drastic increase in criminal

caseloads over the past ten years; and, limited supportive systems in place to assist recovering addicts with accessing basic needs, including housing, clothing, food, medical treatment, employment, transportation, family and other social needs.

**Target Population/ Target Goal:** Given 3 years of BJA funding, and the anticipated average of 14 months for program completion, we will aim to serve at least 75 participants whom we identify as having the greatest need and the greatest likelihood of success with the Treatment Court model. It is imperative that offenders be screened for placement in a drug court in order for program to treat the correct population. According to the Risk Principle, programs such as drug courts have the greatest effect on high-risk offenders who have the most severe antisocial issues which result in a prognosis for success using standard supervision and treatment approaches (Andrews & Bonta, 2006; Taxman & Marlowe, 2006). To that end, ██████ County ██████ Treatment Court targets high-risk, high-need, non-violent offenders whose crimes are directly or indirectly motivated by alcohol and or drug use.

### **Project Design and Implementation**

In April of 2016, ██████ County Courts determined that the need was evident, and the timing was right, to begin planning for an Adult Treatment Court. President Judge ██████ ██████ convened a group of stakeholders: the district attorney, public defender, chief of probation, court administrator, county administrator, Drug & Alcohol director, Criminal Justice Advisory Board director, and Day Reporting Center (DRC) director. All have been involved in and supportive of the project. In order to ensure that we had the time and resources needed before implementing a Treatment Court, we spent the first year in planning, with technical assistance and training provided by the National Drug Court Institute (NDCI). In April 2017, we will pilot the model we've developed through the planning process, to work out any kinks in the system.

After this 6 month pilot, we will be ready to fully implement our Treatment Court in October 2017, using BJA funds to support our first 3 years of implementation.

*Planning and Training Phase:* Training is a key in success and in building momentum for the project. We sent a team of 4 (Assistant District Attorney, Chief of Probation, Treatment Court Planning Coordinator, and Day Reporting Center Director) to the [REDACTED] Drug Court Professionals Conference in November 2016. We then brought in NDCI to provide technical assistance in planning for the treatment court in December 2016. During this planning period, we developed a Treatment Court model, policies and procedures, forms, and participant handbook.

A Treatment Court Coordinator (part-time, 20 hours/ week, temporary) will be hired by the first week of March 2017 and will be trained at the NDCI Coordinator training that month, as well as through the Administrative Office of [REDACTED] Courts. This was created as a temporary position due to the nature of this initial phase as a pilot program, wanting to ensure a good fit for the needs of the program as they emerge in the first 6 months.

*Pilot Phase; approximately 6 months (April 1-September 30, 2017):* The first session of [REDACTED] Treatment Court has been scheduled for April 6; the DA will have identified 2-3 cases for admission into Treatment Court during the month of March. We will continue to track outcomes and meet bi-weekly as a Planning Team (apart from Staffing Meetings) through September 30 to review and evaluate the progress of the Court, making changes as needed as we proceed. On September 30, the pilot phase ends and we will review all data collected up to that point to evaluate the Court prior to full implementation in October 2017.

**Increased awareness of any potential racial disparity:** As [REDACTED] County has grown in population, it has become a more culturally diverse community. The District Attorney's Office welcomed [REDACTED] in December 2016 for a presentation on the subject of unconscious

bias. [REDACTED] is the founder and Chief Learning Officer of a diversity consulting company, and author of *Everyday Bias: Identifying and Navigating Unconscious Judgments in Our Daily Lives*. During the presentation, Mr. [REDACTED] focused on three areas dealing with bias: (1) what is bias; (2) how bias informs decision making; and (3) how to mitigate bias.

**Screening and referral process:** [REDACTED] County will be use the Risk and Needs Triage (RANT) to perform 15 minute client risk/needs assessments, sorting offenders into one of four risk/needs quadrants with direct implications for suitable correctional dispositions and behavioral health treatment. The [REDACTED] Client Placement Criteria, Third Edition ([REDACTED]) is [REDACTED] standardized assessment tool for substance use treatment. The [REDACTED] is utilized to determine the appropriate level of care and is required for participants to enter into the determined level of care. Both assessment tools are administered prior to program admission and completed by one of the specially trained staff assigned to assist in this process.

**Eligibility requirements:** Defendants are only made eligible for entry into [REDACTED] Treatment Court of [REDACTED] County ([REDACTED] by motion of the District Attorney (DA). Those eligible for consideration for [REDACTED] must be documented, adult residents of [REDACTED] County. [REDACTED] is available to Defendants who are not currently under probation/parole supervision. The DA will not move for the admission of those charged with a crime of violence which would jeopardize public safety. Defendants will not be recommended for entry into [REDACTED] by the DA unless first identified as a substance user following a Drug/Alcohol assessment by the Court's clinical provider. The DA will only refer a case to [REDACTED] after receiving input from the Affiant. If the crime involves a victim, the DA will only refer a case to [REDACTED] if the victim(s) consents.

**Structure and phases:** As a post-sentence treatment court, admission to [REDACTED] takes place after arraignment, upon recommendation of the DA. Phase One begins at the Admission

hearing and lasts a minimum of 60 days, with the goal of engaging the participant in the treatment process. After meeting all advancement requirements, they can move to Phase 2 for a minimum of 60 days, where they should begin to demonstrate consistency in following the treatment plan. In the 3rd Phase, participant will spend a minimum of 90 days reaching targeted treatment goals made in Phase 1 and sustain those achievements, while continuing to focus on Phase 2 goals, plus adding prosocial supports to daily living. In Phase 4, lasting a minimum of 90 days, they will address criminogenic risks while reinforcing and maintaining a clean, sober, and pro-social lifestyle. During the 5th Phase, the participant will maintain a clean, sober and legal lifestyle with a clear relapse prevention and sober living plan in place. **Graduation**

**Requirements** include Aftercare/ Relapse Prevention Plan, minimum of 90 days since starting Phase 5, minimum of 90 days clean and sober, consistency in keeping appointments, stable housing, stable employment, stable financial situation, engagement in community support groups, and continued recovery support/sponsor engagement. All requirements must be completed at least 7 days prior to graduation. (See Policies and Procedures Manual, attached).

**Case management:** Individual case files will be created and updated by the [REDACTED] Coordinator. Each treatment provider, along with Adult Probation, is expected to maintain case management files in accordance with state and federal rules. The treatment provider, Probation Officer (PO), and other team members share case management responsibilities based on the specific type of need. In general, the treatment provider works with the participant on treatment matters: counseling, support groups, medication compliance, relapse and recovery issues. The PO monitors the compliance with [REDACTED] requirements such as attendance at court hearings, support groups, treatment, drug testing, and employment and GED classes, and maintains documentation of the participant's progress.

**Community supervision** is provided by the Adult Probation Department. Area police departments will be utilized as auxiliary supports. POs assigned to [REDACTED] will monitor the defendant's behaviors and program compliance outside of the courtroom by making home visits and scheduling regular office visits. Initially, the PO will meet with the participants on a weekly basis; the frequency lessens as the participant progresses through the [REDACTED]. The PO will attend staffing meetings and court hearings; maintain documentation of the participant's movement through the program; complete violation reports as required for those participants who fail to comply with the program rules; attend trainings and graduation ceremonies; and maintain a balanced view of the [REDACTED] participant to minimize manipulation and splitting of program staff.

**Availability of evidence-based treatment:** When drug courts use standardized, evidence-based treatment approaches, such as Moral Reconciliation Therapy (MRT), the outcomes are significantly better (Heck, 2008; Kirchner & Goodman, 2007). The Day Reporting Center (DRC), which will provide some of the treatment services, uses MRT and Cognitive Behavioral Interventions for Substance Abuse (CBI-SA). Other providers will be provided with CBI-SA training through the grant, to ensure all providers are using manualized treatment with [REDACTED] participants. In 2007, the Adult Probation Department began administering a Medication Assisted Treatment (MAT) program through the Day Reporting Center. The MAT program utilizes ACT 198 funds to assist drug and alcohol dependent clients with payment for doctor visits and medications such as Suboxone and Vivitrol. Since implementation in 2007, 247 clients have participated in the program which has a successful completion rate of 66%. There are currently 12 clients in the program. Additionally, in 2012, the HealthChoices (Medicaid) program started a licensed substance use outpatient program that provides Suboxone services via the SAMHSA model of drug assisted treatment. MAT is also being used in the [REDACTED] County

Jail, in an innovative program that administers Vivitrol in the Jail to inmates, and then follows those individuals into the community to fund their treatment and medication compliance.

**Recovery supportive services** will promote the independence, responsibility, and choices of individuals. Individualized treatment plans are initiated for each participant upon admission to treatment. The treatment counselor assists the participants in identifying and prioritizing their strengths, needs, and treatment goals while incorporating those goals mandated by the court. Participants' plans are modified as needed throughout treatment to reflect their changing needs as they progress in recovery.

Treatment providers also work with the participants to develop sober living, relapse prevention, and aftercare plans. Participants are expected to play active roles in establishing these plans. The treatment providers offer formal aftercare services as part of their programs, in addition to case management, counseling, and group support/education classes. Individuals are encouraged to achieve positive social, family, and occupational/educational functioning in the community to the fullest extent possible. Every effort will be made to accommodate an individual's schedule, daily activities, and responsibilities when arranging services.

**Judicial supervision:** In the [REDACTED] model, the criminal justice system maintains substantial supervisory control over offenders. Research shows that ongoing judicial interaction between one judge and each participant is a key factor in the success of drug courts. President Judge [REDACTED] has committed her time as the presiding Treatment Court Judge. A trained alternative judge will be used when the designated judge is not available to maintain the court schedule. Each participant meets individually with the judge for at least 5 minutes per session, to ensure fidelity to the drug court model.

Participants undergo frequent, **random drug testing** throughout Treatment Court.

Methods of testing include alcohol breath tests, oral swab tests, and urinalysis (UA). Urine testing will be conducted by utilizing the “direct observation” method. Probation will be responsible for oversight of all specimen collection and laboratory testing. Probation is responsible for assigning the random UA schedule and dissemination of information to treatment providers and the [REDACTED] team. They use a random assignment (generated through algorithm) that allows for every day of the month to be a potential testing day. [REDACTED] participants that test positive on the onsite drug test will be afforded the opportunity to sign a Drug Use admission form. Participants that test positive, and who fail to acknowledge using the substance, will be billed for the costs of any subsequent positive confirmation testing.

**Incentives and sanctions:** [REDACTED] operates using both positive and negative reinforcements to incentivize behaviors. Research indicates that a ratio of 6:1 incentives to sanctions yields the highest progressive results. One evidence-based reward system utilized by the [REDACTED] is fish bowl drawings for items such as gift cards for local businesses. Sanctions for behavior, such as drug use or a rule infraction, will be given as close to the censured behavior as possible. Severity is aligned to the severity of the offense, while understanding that relapse is part of the recovery process. At each court hearing, both compliant and noncompliant behaviors will be addressed, with rewards and sanctions ordered to reinforce the consequences of a participant’s choices and behaviors. **Expulsion** will be considered only when participants can no longer be safely managed in the community, or if they repeatedly fail to comply with treatment or supervision requirements. They will not be terminated for relapse or continued use, so long as they are otherwise complying with treatment and supervision. Should they fail to successfully complete the program, and thereafter appear before a judge for sentencing in their case, [REDACTED] law provides that the sentencing judge may consider the reason(s) they were terminated from [REDACTED]

While no fees will be charged for participation in the program, the participants will face the typical **court fees and restitution**. However, non-payment of fees will not be a hindrance to progression to the next Phase or to graduation. In fact, one of the rewards to be used by the Court is the forgiveness of fines and fees, if appropriate.

One goal of [REDACTED] is to implement all 10 **NADCP Adult Drug Court Best Practice Standards** over the course of the BJA grant and become accredited by the State. *Standard 1:* Potential participants will be evaluated for admission to the [REDACTED] using evidence-based assessment tools and procedures (RANT and [REDACTED]). *Standard 2:* As described above, the DA's office has undergone implicit bias training, and we hope to train additional team members through local and statewide professional development. *Standard 3:* The Judge will participate regularly in team meetings, interact frequently and respectfully with participants, and give due consideration to the input of other team members. She will attend NDCI Judicial training in March 2018 to ensure expertise on relevant case law and best practices. *Standard 4:* As we move into implementing our treatment court, we will work with our evaluator to monitor our own adherence to the incentives, sanctions, and therapeutic adjustments that we have set up as consequences for participants' behavior. *Standard 5:* The SCA and treatment providers will closely monitor treatment recommendations to ensure that they are based on the standardized assessment of their treatment needs. *Standard 6:* We have an extensive array of complementary services to ensure all essential needs are met so the participant can focus on recovery (detailed later in this section). *Standard 7:* Reference earlier description of testing. *Standard 8:* As our very involved planning team transitions into the treatment court team, we anticipate the same levels of involvement in the staffing meetings from these key stakeholders. *Standard 9:* We have established a realistic case load of 30 individuals, which will ensure the appropriate amount of

attention is paid to each individual. *Standard 10:* Our independent evaluator will ensure that the [REDACTED] adheres to best practice standards and employs scientifically valid and reliable procedures to evaluate its effectiveness.

**Treatment provider selection:** Currently, the DRC is the only outpatient provider in the county using manualized programs (MRT and CBI-SA). In April, we plan to offer MRT training to all interested providers in the county. We may, as a result, choose one additional provider in order to ensure choice for participants for whom the DRC is not the best fit. Our inpatient provider, [REDACTED], has been working with the courts for over a year to ensure prioritization of criminal justice-involved persons. They will perform the substance use and criminogenic risk assessments for individuals recommended to [REDACTED] and will participate in staffing meetings.

**Frequency of provider monitoring:** The local SCA and State SSA monitor all treatment providers yearly and will report any quality/licensing concerns to the [REDACTED] team. Outcomes for participants will be tracked and compared with other programs for justice-involved individuals to ensure that treatment is equally effective. The SCA convenes provider meetings each quarter.

**Evidence base for treatment interventions:** The longer a person remains in treatment the better the outcome (Simpson, Joe, & Brown, 1997). Drug courts have been shown to retain an offender in treatment longer than other types of programs (Belenko, 1998; Lindquist, Krebs, Warner, & Lattimore, 2009; Marlowe, DeMatteo, & Festinger, 2003). While this makes drug courts a promising approach to dealing with substance using offenders, it has also been shown that the quality of the treatment provided is a key factor. Both MRT and CBI-SA are evidence-based programs, and as such: 1) are highly structured, 2) use a manual/workbook, 3) apply cognitive-behavioral interventions, and 4) consider cultural issues relevant to the participant.

**Treatment:** [REDACTED] County Single County Authority (SCA) and local providers must

complete the [REDACTED] in order for someone to enter into the following levels of care: Short and Long-term Inpatient, Partial, Halfway, Intensive Outpatient and traditional Outpatient.

Individuals actively going through withdrawal qualify for Detox and only need to complete a screening with the SCA, a local provider or 24-hour on call treatment providers. In [REDACTED] County, there are 5 outpatient substance use treatment provider facilities, of which 3 provide co-occurring and mental health treatment. One inpatient provider provides non-hospital based detox as well as short term rehab for both substance use only as well as co-occurring clients.

A Mental Health Case Manager will manage the cases of individuals diagnosed with a Co-Occurring Disorder, working with the [REDACTED] Coordinator to help the individual access MH outpatient, psychiatric, medication management, and other related services. They will also provide support in locating education, employment, and housing resources for the individual. The program will pay for MH Case Management services for participants without insurance coverage. MH treatment, including trauma-focused therapy, would be offered to those for whom it was assessed as a need. The existing continuum of mental health services available in the community are: Behavioral Health Rehabilitation Services, Family Based Mental Health Services, Inpatient, Crisis Intervention, Outpatient, Partial Hospital, Peer Support, Intensive Case Management/ Resource Case Management, Housing, Employment Services, Transportation, Day Programs, Long-Term Psychiatric Treatment, and Respite Support Services.

**Identifying, assessing, and prioritizing high-risk/high-need persons:** Early in the criminal justice process, the DA will identify individuals who may, based on their charges and their TCU scores, be eligible for [REDACTED] [REDACTED] County will be using a **validated assessment tool**, Risk and Needs Triage (RANT), to perform 15 minute client risk/needs assessment, sorting offenders into one of four risk/needs quadrants with direct implications for suitable correctional

dispositions and behavioral health treatment. The RANT was chosen after comparing instruments; the quick, easy to use interface further recommended it to us. We will be training up to 25 individuals in March, prior to the first session of court in April. The [REDACTED] Client Placement [REDACTED] is [REDACTED] standardized assessment tool for substance use treatment. The [REDACTED] is utilized to determine the appropriate level of care and is required for participants to enter into the determined level of care. Both assessment tools are administered prior to program admission and completed by any of the specially trained staff assigned to assist in this process.

Participants may be referred to **community services** as determined by needs assessments:

- Participants without insurance will meet with MA Navigators to apply for MA.
- We will contract with local providers, vetted by our SCA, to provide certified recovery housing. The grant would cover room and board as well as case management time from shelter staff. In this supportive and monitored environment, participants can work toward goals of employment, addiction recovery, family reunification, and permanent housing.
- Some participants will need employment placement assistance or other basic support to maintain the employment they have. CareerLink and other employment agencies are able to help with job placement, along with a few job skills training administered by non-profits such as United Way. With the number of large employers in diverse industries including manufacturing, logistics, warehousing and distribution located in [REDACTED] County, there are rich opportunities for outreach and cultivation of employers to help open the door for persons with criminal records to find full-time permanent positions.
- The County contracts with rabbittransit for shared ride transportation. Funding will be used to cover the cost of co-pays for those eligible for services, or the full cost for those who lack coverage. In addition, [REDACTED] will contract with local providers that provide transportation on an

as-needed basis to allow for transportation needs outside of those available from rabbittransit, or outside their business hours, to be covered.

- One of the barriers to locating employment or permanent housing is a lack of identification or appropriate certification. This may include birth certificates, drivers licenses/IDs, and social security cards. We may also provide GED testing, as needed.
- A December 2015 ██████████ County Jail survey shows that 31 inmates had children under the age 18 that live in ██████████ County, totalling 53 children. If a participant has the potential for custody, they will be recommended for reunification sessions and parenting classes. Sessions consist of guided, coached visits, giving the participant the opportunity to ‘parent’ their child. Visits will happen at a home-like location so that evening sessions can include traditional family time like dining together and getting young children ready for bed. Visits can happen multiple times per week for 2 hours or longer.
- Created by Dr. Ed ██████████, the EPICS for Influencers training assists participants by training their friends and family members on how best to support their loved ones and ask key questions as they support them in their recovery.
- The PREP renter course teaches the basics of renting independently, including understanding the lease, managing interactions with the landlord, budgeting for their needs, and understanding their rights and responsibilities as renters. Agencies including DRC were recently trained, and can provide PREP classes to the program participants.
- Those who have experienced domestic violence in the past will be connected with Women In Need to access services and programs specific to their needs.

**State Drug Court Strategy framework:** ██████████ uses the 10 Key Components to set the performance benchmarks for accreditation of drug courts; we plan to apply for

accreditation as soon as we can (at least 1 year after implementation).

**Treatment will be funded** through medical assistance, private insurance, or grant funding if needed. As we implement the program and smooth out payment processes, we have written in grant funding for individuals who may not be eligible for other payer sources at first.

### Capabilities and Competencies

**The BJA Drug Court Planning Initiative** training was conducted on December 4-6 by Meghan [REDACTED], and included the following **core members**: Hon. [REDACTED] (Designated Drug Court Judge), Hon. [REDACTED] (Alternative Drug Court Judge), [REDACTED] Grants Director/Drug Court Planning Coordinator, [REDACTED] (County Administrator/ Evaluator), [REDACTED] (District Attorney), [REDACTED] (Asst DA), [REDACTED] (Public Defender), [REDACTED] (Chief of Probation), [REDACTED] (Day Reporting Center Director/ Treatment Provider), [REDACTED] (Drug & Alcohol Administrator/ Treatment Provider Representative), [REDACTED] (Court Administrator), Sgt. [REDACTED] ([REDACTED] Police Dept/ Law Enforcement). See attached Policies and Procedures Manual.

**Communication and Coordination:** The [REDACTED] Judge, [REDACTED] Coordinator, District Attorney, Public Defender, Adult Probation, Treatment Provider Representatives, Court Administration, and local Law Enforcement will participate bi-weekly in staffing meetings for cases being heard in court later that day. The [REDACTED] Coordinator is responsible for sending out all participant updates prior to the team meeting, preparing the court schedule, creating packets for review, and determining the order of appearance for each participant. The Coordinator is also responsible for scheduling and communicating the court dates to each participant.

**Treatment Partners:** [REDACTED] County Single County Authority (SCA) is equipped to provide Treatment Court participants with the treatment they need. The SCA and local providers

utilize standardized assessment tools to determine the level of care needed for each individual. Currently in ██████ County, there are 5 outpatient substance use treatment provider facilities, of which 3 provide co-occurring and mental health treatment services. In ██████ County, there is 1 inpatient substance use provider that provides non-hospital based detox as well as short term rehab for both substance use only clients as well as co-occurring clients.

**Plan for Collecting the Data Required for this Solicitation’s Performance Measures**

**Ability to collect and analyze data and assess program service:** The Grants Director has extensive experience using BJA’s PMT system, due to subawards through the State. The Grants Department handles over \$3 million in state, federal, and foundation funds each year, and the Grants Director has 15 years of experience in managing federal grant funds. We are experienced project managers with systems in place to ensure data is collected and analyzed appropriately and the program is implemented to fidelity. An experienced evaluator will join the team to provide another level of independent oversight. **Evaluation results will be used solely for internal program improvement, not to contribute to generalizable knowledge.**

**Evaluation plan:** The primary goal of the ██████ Treatment Court is to protect public safety by responding to the root causes of criminality for substance addicted participants. We will use the following plan to reach BJA’s objective, to “implement a treatment court program designed to reduce substance use and recidivism of treatment court participants.”

<b>Perform. Measure</b>	<b>Data Grantee Provides</b>	<b>Data Collection Tool/ Responsibility</b>
Percentage of participants admitted to the program	1. # of participants referred to program 2. Number of treatment court participants accepted into the program after risk and substance evaluations completed	1. Coordinator tracks number of referral forms received in database 2. Coordinator tracks program admissions in database
Percentage of participants who successfully	1. # of participants enrolled in program 2. Number of participants who successfully completed program requirements	1. Coordinator tracks enrollment in database 2. Coordinator tracks individual achievement of program requirements in database and case files; ██████ team verifies completion

completed the program	3. Total number of successful and unsuccessful completions	3. Coordinator tracks completions and success/ termination criteria in database
Percentage of participants who tested positive for disallowed substances as defined in treatment court handbook	1. # of participants in the program for at least 90 days who tested positive any disallowed substance during this reporting period 2. Number of participants in the program for at least 90 days who were tested for the presence of disallowed substances during this reporting period	1. Probation reports and Coordinator records in database 2. Probation reports and Coordinator records in database
Percentage of participants charged with any type of drug offense	1. Total number of participants during reporting period 2. Number of participants charged for a drug offense during reporting period	1. Coordinator tracks enrollment in database 2. Probation/ DA reports and Coordinator records in database
Percentage of participants charged with any type of offense	1. Total number of participants during reporting period 2. # of participants charged with any type of offense during reporting period	1. Coordinator tracks enrollment in database 2. Probation/ DA reports and Coordinator records in database
% of participants charged with any type of crime within 1 year after program completion	1. Total number of participants with up to 1 year post graduation 2. Number of participants with up to 1 year post graduation charged with any type of crime	1. Coordinator tracks graduates in database 2. Probation/ DA reports and Coordinator records in database

**An Evaluator** from a local university, holding at least a master’s degree or higher, will also track people throughout their participation in [REDACTED] as they begin treatment in the community, making contact with probation officers, treatment providers, and program participants to monitor outcomes. The evaluator will meet at least quarterly with the entire Treatment Team and the Grants Director to review data and ensure fidelity to the drug court model. Data will be collected by the evaluator, the Coordinator and Treatment Court team. The Coordinator also enters data into the [REDACTED] Criminal Justice Information System. Shared databases for tracking grant outcomes such as relapse and recidivism will be created by the evaluator. The Coordinator will follow up with all [REDACTED] clients for one year post-graduation and will cross check graduates’ names with Probation/ DA to see if they have recidivated.

**Screening tool and referral process:** As described above, the Risk and Needs Triage and the [REDACTED] Client Placement Criteria will be completed prior to program admission by the specially trained staff assigned to assist in this process. During the quarterly review meetings, the Evaluator will share current statistics on participants in order to ensure that participants screened and referred to [REDACTED] mirror [REDACTED] County's percentages of individuals arrested who have substance use disorders. Ongoing professional development on implicit bias will help to ensure awareness of equal representation in our court.

**Quarterly review:** Ongoing quarterly progress toward outcomes will be monitored by the CJAB/ Grants Office, as well as: Planning Team meets at least monthly to review progress of Treatment Court planning and implementation; CJAB's Case Flow committee provides oversight at bi-monthly meetings; Grants Department conducts quarterly check-ins with all program stakeholders; Coordinator, Treatment Providers and Adult Probation document grant indicators; Grants Department collects, analyzes, and reports on data. The Grants Department will make reference to the **Time /Task Plan** (see Attachments) to ensure the project is on track and will create project improvement plans with the Planning Team should the project get off track.

**Reintegration strategy:** Individuals are encouraged to achieve positive social, family, and occupational/ educational functioning in the community to the fullest extent possible. In addition to the Recovery Supportive Services plan detailed above, assistance in accessing transportation, childcare, and appropriate housing will be provided as necessary for the individual to participate in treatment and rehabilitation services or otherwise meet recovery goals. Assistance in accessing employment, vocational, and educational resources in the community will be offered, in accordance with the individual's goals. Providers will mobilize peer support and social networks for individuals and encourage participation in self-help groups.

Family ties and supports will be encouraged, whenever appropriate, in order to enrich and support recovery goals. The University of Cincinnati's Influencers classes will be offered by [REDACTED] to family and friends identified as pro-social supports to help create a social support network for each individual. Mentor programs and faith communities will also be engaged through our Reentry Coalition, for those without pro-social family and friends.

**Sustainability plan:** Effective, evidence-based programs are integral to our CJAB strategic plan. Grant funding helps us to pilot programs, to help to 'sell' the program to the public and elected officials so they will see the value in assuming the funding after the grant ends. Since it is estimated that for every \$1.00 invested into drug courts there is at least a \$2.00 savings, we anticipate that these savings will impact the sustainability of the Treatment Court.

[REDACTED] and especially [REDACTED] County, has seen an enormous impact from the **expansion of Medicaid** thus far. Through programs such as the MA Navigators, we have seen a great increase in utilization of MA in the past 2 years. Since 2015, 124,000 [REDACTED] have received substance use disorder treatment as part of more than 700,000 [REDACTED] who received coverage through Medicaid expansion. This feature of the ACA is an integral part of the sustainability of our behavioral health programs and the fight against opioid use.

By budgeting for professional development of staff, we ensure sustainability of the curricula or specialty areas they have been trained in. BJA funds can act as the "glue" to bring organizations and resources together initially; future grant funds can then be sought to sustain the ancillary services developed under BJA tenure. **Most importantly, the individuals rehabilitated, the families reunited, the public safety increased, and the lives saved through [REDACTED] will lessen the burden of the drug and alcohol epidemic on the entire community.**