

DWI Court Program Narrative

1: Statement of the Problem:

Purpose of Enhancement Grant: The ██████ County Driving While Intoxicated (DWI) Court was initially created in 2013 to focus on misdemeanor offenders but was expanded in 2015 to include felony offenders. This proposal will allow for capacity expansion by funding a full-time case manager assigned to the misdemeanor docket and a case manager assigned to the felony docket. As a consequence, the DWI Court will be better equipped to meet Standard #8 (Multidisciplinary Team) because one individual will be responsible for reviewing participant progress during pre-court staff meetings and status hearings; contributing observations and recommendations within a team context; and oversee the delivery of legal, treatment and supervision services.

Incidence of DWI's in ██████ County: ██████ County, ██████ (includes the city of ██████) has a problem with DWI's. According to the ██████ County District Attorney, there were a total of 5,471 DWI's prosecuted. A breakdown of arrests for Fiscal Year 2016 is as follows:

- 4,113 (75.2%) individuals were charged for DWI-1st.
- 745 (13.6%) individuals were charged for DWI-2nd.
- 470 (8.6%) individuals were charged for DWI-3rd.
- 143 (2.6%) individuals were charged for DWI-4th or more.

It should be noted that of the 5,471 DWI's that were prosecuted, 1,287 (23.5%) had a blood alcohol content (BAC) of 0.15 or more which is nearly twice the legal limit of 0.08BAC. Two hundred and seventy seven (277) individuals were arrested with an open container in the

car; 101 were found driving with a child; 34 were convicted with intoxication assault; and, 8 were convicted of intoxication manslaughter.

An October 31, 2016 snapshot of the active caseload of the Adult Probation Department provides additional evidence of the problem. On that day, the number of active cases is distributed as follows:

Charge	Number of Cases
Driving While Intoxicated	2,174
Driving While Intoxicated – 1 st	309
Driving While Intoxicated – 2 nd	812
Driving While Intoxicated – 3 rd or More	1,678
Driving While Intoxicated – 3 rd or More with Bodily Injury	1
Driving While Intoxicated – BAC Greater than 0.15	973
Driving While Intoxicated – with a Child Under 15 Years	186
Driving While Intoxicated – with an Open Container	33
Intoxication Assault with Bodily Injury	165
Intoxication Manslaughter	23
TOTAL:	6,354

Current Operation of the DWI Court: █████ County operates a DWI Court that is modeled after the Ten Key Components of DWI Courts as articulated by the Bureau of Justice Assistance (BJA) and the National Association of Drug Court Professionals (NADCP). Characteristics and vital statistics of the DWI Court are as follows:

Program Structure: The DWI Court is a post-adjudication program which serves as an alternative to jail and prison. It uses the leverage of the criminal justice system to effect treatment and rehabilitation versus punishment and incarceration (**Key Component #1**). It uses a non-adversarial approach in which the prosecution and defense counsel shed their customary relationship and instead work together as a team (**Key Component #2**).

Program Length: The DWI Court has four phases. Phase One is the most intense with the goal of stabilization, orientation and assessment of all needs. Phase Two is focused on intensive outpatient and/or residential treatment. Phase Three is focused on social reintegration,

employment, education and housing while Phase Four is dedicated to aftercare. The program's four phases require approximately 12 months for misdemeanor offenders and 18 months for felony offenders; however, the average length of stay in the program can vary given that some offenders experience relapse and/or need continued judicial supervision.

Target Population and Capacity: [REDACTED] law requires that individuals who are being charged with a DWI-2nd and above be screened for a treatment court. Because this means that more than 1,300 per year are eligible, only a very select group of individuals are permitted to enroll in the program due to limited capacity. These individuals must be motivated to comply with court-ordered treatment and have no violent history and/or gang-related affiliation. The misdemeanor and felony dockets are both operating at capacity with an active caseload of 40 individuals each.

Referral, Screening and Assessment (Key Component #3): Referrals to the DWI Court are made by the various County Court-at-Law and State District Court judges all of whom are familiar with the Court's eligibility criteria. Screening and eligibility determination is prompt with a chemical dependency assessment being completed upon referral in order to determine the appropriateness of the DWI Court to the individual. Because the Court focuses on individuals convicted of their second or more DWI, the possibility of alcohol dependency has already been brought out into the open making it difficult to deny the problem. Potential participants are offered an initial appearance with the Judge in which the two discuss compatibility with the Court philosophy (i.e. motivation to change) and participant responsibilities. Enrollment normally takes place within two weeks of a referral. Participation within the Court is voluntary and the participants are allowed to disenroll at any time.

Service Delivery Plan (Key Component #4): The DWI Court employs a “wraparound” model of service delivery for each participant with a continuum of alcohol treatment as the centerpiece of any and all services provided. Service providers are faith-based and secular. Alcohol treatment includes both residential and intensive outpatient treatment; specialized female treatment; treatment for dual dependencies; individual, group, and family counseling; addiction and recovery education; 12 step support groups; and relapse prevention. Evidence-based treatment modalities such as Seeking Safety and cognitive behavioral therapy (CBT) are offered based on clinical need. Medication-Assisted Therapy (MAT) such as Naltrexone, Vivitrol, Antabuse, and Campral are also offered based on clinical need.

Ancillary services such as mental health care; housing, educational, and vocational services are offered as complements to alcohol treatment. An active DWI Court Alumni Association is maintained and allows for peer support aftercare.

Judicial Supervision (Key Component #7): Judicial interaction with program participants is ongoing and intense. Participants appear for status hearings with the Judge weekly for Phase One, bi-monthly for Phase Two; and monthly for Phase Three and Four. The Judge may lengthen or shorten the schedule at any time due to extraordinary risk factors, relapses or failure to follow treatment protocols. Appearance requirements are relaxed for participants showing exemplary progress.

Drug Testing (Key Component #5): Abstinence is monitored by frequent drug testing. Treatment providers and probation officers both perform their own, on-site, random unannounced urine analysis (UA) drug screens. These drug screens are normally five-panel tests unless otherwise indicated.

Case Management: Clinical and social services case management is conducted by a case manager who focuses on the coordination of all services ancillary to the alcohol abuse. This individual inventories the various needs of the participant and creates an Individualized Treatment Plan that serves as a roadmap to service delivery. The Treatment Plan is modified on an as-needed basis.

Community Supervision: The Probation Officer plays the pivotal role in terms of legal case management and community supervision. As an officer of the Court, the Probation Officer is responsible for ensuring that the terms and conditions of the court are met. This includes meeting with the participant and ensuring that the participant is UA tested on a random basis.

Incentive and Sanctions (Key Component #6): A coordinated, graduated continuum of incentives and sanctions governs DWI Court responses to participant compliance. Incentives for successful progress include, but are not limited to: a reduced number of appointments with the Probation Officer, fewer UA tests, and decreased court appearances. Sanctions for non-compliant and/or disruptive behavior include, but are not limited to: essay writing requirements, weekends in jail, and more stringent requirements for supervision and oversight.

Restitution and Fees: Alcohol abuse treatment is the principal focus of the DWI Court. Cases involving restitution are rare and are assessed on an individual basis with restitution (i.e. fees, community service) imposed only after a treatment foundation has been established. By state law, the Court is required to assess a fee for all individuals involved in the criminal justice system; however, the DWI Court calibrates this fee based on ability to pay. No one is turned away from the DWI Court due to an inability to pay.

Graduation Requirements and Expulsion Criteria: Graduation from the DWI Court occurs when the individual has satisfied all of the terms and conditions of the Court. This

customarily includes compliance with the community supervision requirements; treatment compliance, and verifiable abstinence from alcohol and other illicit drugs.

Relapse does not mean automatic expulsion from the program. Rather, it may mean that changes should be made to the treatment plan and/or community supervision requirements. Continued relapse however will ultimately lead to expulsion from the DWI Court. When that happens, the individual will be transferred back to the referring court and will be subject to the traditional criminal justice system.

Graduation or expulsion decisions are ultimately made by the DWI Court judge but are based on recommendations by the entire DWI Court team. The participant him/herself is never surprised by decisions to graduate or expel from the program given that program requirements are consistently articulated.

Policies and Procedures Manual: A policies and procedures manual for the DWI Court is attached as a separate document. It outlines the mission and purpose of the Court as well as the various component parts.

Criminogenic Risk/Need: Because of limited capacity, the DWI Court focuses on those individuals who score high on the criminogenic risk/need assessment that is used statewide. The [REDACTED] Risk Assessment System [REDACTED] is based on the [REDACTED] Risk Assessment System [REDACTED] which is considered the gold standard in measuring risk and need.¹ Because the DWI Court focuses on those individuals who are being convicted of their second DWI and above, the target population has already proven itself capable of repeat offender behavior.

Program Success/Data/Descriptive Statistics: The evidence to date is promising. Since 2013, there have been a total of 90 participants who have participated or are currently

¹ [REDACTED]
[REDACTED]

participating in the Court. Thirty (30) individuals have graduated from the program with 20 individuals having been discharged from the program for not successfully meeting the terms and condition of the Court. Of those who have graduated, none have re-offended.

2: Project Design and Implementation (40 percent)

The purpose of this proposal is to enhance the capacity and service delivery of the existing DWI Court with special emphasis on providing intensive, evidence-based case management. This enhancement aligns with the Ten Key Components of evidence-based DWI Courts. Goals of the DWI Court capacity expansion are as follows:

Goal 1: Enroll 40 DWI-2nd (misdemeanor) and 40 DWI-3rd (felony) defendants into the DWI Court.

Goal 2: Provide 40 DWI-2nd (misdemeanor) and 40 DWI-3rd (felony) defendants with intensive case management modeled on the Assertive Community Treatment (ACT) case management model.

Goal 3: Implement the [REDACTED] Risk Assessment System [REDACTED] in order to enroll the highest risk/highest need defendant.

Goal 4: With alternative funding, provide an array of funded alcohol treatment including medication assisted therapy (MAT) as well as ancillary services within the context of a DWI Court.

Goal 5: Conduct an internal program evaluation of clinical and criminal justice outcomes of the DWI Court.

Structure of the DWI Court: As recommended by Mothers Against Drunk Drivers (MADD), the DWI Court is a post-adjudication court in which an individual is required to plea

guilty or no lo contendere in order to participate. This means that the individual will have a criminal conviction even if the individual successfully completes the program.

Referral, Screening and Assessment: Referrals to the DWI Court are made by the thirteen County Court-at-Law and ten State Criminal District Court judges who have jurisdiction over misdemeanor and felony offenders. All of these judges are already familiar with the DWI Court's eligibility criteria. Screening and eligibility determination takes place immediately upon referral to the DWI Court. The screening includes a chemical dependency assessment to determine the appropriateness of the DWI Court to the individual. The screening and assessment also includes the use of the [REDACTED] Risk Assessment System ([REDACTED]) in order to ensure that the highest risk/highest need individual is being targeted. Potential participants are offered an initial appearance with the Judge in which the two discuss compatibility with the DWI Court philosophy (i.e. motivation to change) and participant responsibilities. Enrollment takes place within two weeks of a referral. The DWI Court does not require an initial period of incarceration and participation is strictly voluntary. Participants are allowed to disenroll at any time.

Program Length: The DWI Court has four phases with the misdemeanor docket normally taking 12 months to complete and the felony docket taking 18 months to complete. Phase One for both dockets is normally 3 months long and focuses on stabilization, orientation and assessment of all needs. Residential substance abuse treatment takes place in Phase One depending on clinical need. Phase Two is normally focused on intensive outpatient treatment. Phase three focuses on social reintegration, employment, education and housing while Phase Four is dedicated to aftercare. It is possible that the program takes longer than 12 and 18 months depending on the need of the individual for continued court supervision and treatment.

Judicial Supervision: Judicial interaction with program participants is ongoing and intense. Participants appear for status hearings with the Judge weekly for the Phase One unless they are in a residential treatment facility. They appear bi-monthly for Phase Two and monthly for Phases Three and Four. The Judge may lengthen or shorten the schedule at any time due to extraordinary risk factors, relapses or failure to follow treatment protocols. Appearance requirements are relaxed for participants showing exemplary progress.

This supervising relationship increases the likelihood that a participant will remain in treatment and improves the chances for sobriety and law-abiding behavior. This judicial supervision also communicates to the participants – often for the first time – that someone in authority actually cares about them instead of wanting to punish them.

Prior to status hearings, the Judge will convene case staffings in which all of the court stakeholders (i.e. treatment providers, DWI Court manager, case manager) discuss the progress and setbacks of the individuals to be heard on that day’s docket. Not only will progress and setbacks be discussed, but so will modifications to the individualized treatment plan.

Evidence-Based Case Management: Funding is requested so that 40 misdemeanor and 40 felony DWI defendants may receive intensive case management based on the Assertive Community Treatment (ACT) model. This model has been recognized by SAMHSA, the Robert Wood Johnson (RWJ) Foundation, the National Alliance on Mental Illness (NAMI), and the Commission on Accreditation of Rehabilitation Facilities (CARF, among other recognized arbiters, as an evidence-based practice worthy of widespread dissemination.² The defining characteristics of this form of case management are:

² U.S. Department of Health and Human Services (1999). Mental health: A report of the Surgeon General – Chapter 4: Adults and mental health. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institutes of Mental Health.

- A focus on participants who require the most help from the service delivery system.
- An explicit mission to promote the participant's independence, rehabilitation, and recovery, and in so doing to prevent criminal justice recidivism, unnecessary institutionalization, and other negative outcomes.
- A "total team approach" in which all of the staff work with the participant.
- An interdisciplinary program of assessment, service planning and intervention from an array of psychosocial service providers.
- A conscious effort to help the participant avoid crisis situations in the first place, or if that proves impossible, to intervene at any time of the day or night to keep crises from turning into unnecessary incarcerations or hospitalizations.

Target Number of Participants: Because DWI Courts are by their nature very specialized and individualized programs and because case management based on the ACT model is likewise very intensive and customized, the DWI Court is limiting its target population to 40 misdemeanor offenders and 40 felony offenders.

Evidence-Based Treatment: The principal evidence-based treatment to be provided is Cognitive Behavioral Treatment (CBT). CBT is a type of psychotherapy that helps individuals understand the thoughts and feelings that influence behaviors. It is commonly used to treat a wide range of disorders including addictions, anxiety, and other mental illness. It is generally short-term and focused on helping individuals deal with a very specific problem which in this case is alcohol dependence. During the course of treatment, individuals learn how to identify and change destructive patterns that have a negative influence on behavior. Depending on

clinical need, CBT can be overlaid on other evidence-based treatment protocols such as Twelve Step Facilitation Therapy, Seeking Safety or Motivational Enhancement Therapy (MET).³

Twelve Step Facilitation Therapy (TSF) is a brief, structured approach to facilitating early recovery from alcohol abuse, alcoholism, and other drug abuse and addiction problems. It is implemented in individual and group settings. The intervention is based on the behavioral, spiritual, and cognitive principles of 12-step fellowship of Alcoholics Anonymous.⁴

Medication Assisted Therapy (MAT): In addition to service delivery that includes various modalities of evidence-based treatment (i.e. Cognitive Behavioral Therapy, Twelve Step Facilitation Therapy, etc.), the DWI Court will allow and even encourages the provision of medication assisted therapies (MAT). Certain therapies such as Antabuse and Campral are specific to alcohol while others such as Naltrexone and Vivitrol (extended release Naltrexone) are clinically indicated for both alcohol and opioid dependence. In all cases, MAT is prescribed and monitored under the direction of a physician.

Drug Testing: The DWI Court performs random, frequent drug testing. Treatment providers and probation officers both perform their own UA drug screens. Normally, they are five-panel tests; however, the capacity exists to conduct breathalyzer tests, saliva swabs, ten-panel tests, and hair follicle tests. In fact, it is possible to determine not just the presence of alcohol and illicit substances but their levels if requested by the Judge. Results of the drug tests are discussed at the case staffings prior to the docket being heard. When ordered by the Judge, ignition interlock and ankle bracelets that monitor the presence of alcohol in real time are also instituted.

³ See www.samhsa.gov/nrepp.

⁴ Walitzer, K.S., Dermen, K.H. & Barrick, C. (2009). Facilitating involvement in Alcoholics Anonymous during outpatient treatment: A randomized clinical trial. *Addiction*, 104(3), 391-401.

Perception of Procedural Fairness: Even though issues such as treatment progress, drug testing results, and ancillary service utilization are discussed at the case staffings prior to the docket being heard, the participant will be empowered to share his/her perspectives on DWI Court involvement with the Judge and DWI Court team. This is done informally on a one-to-one basis with the treatment providers, case manager, and probation officer as well as formally during the individual's status hearing with the Judge. It is through the constant communication between the DWI Court participant and DWI Court team that all stakeholders will perceive a treatment court that balances the need of accountability with rehabilitation.

Fees and Restitution: Cases involving restitution are rare because the DWI Court does not have an identifiable "victim" other than the county at large. By state law, the DWI Court is required to assess a fee for all individuals involved in the criminal justice system; however, the DWI Court calibrates this fee based on ability to pay. It is common for fees to be paid in installments versus all at once. No one is turned away due to inability to pay.

This is the case not just with court fees but with assigned defense counsel as well as treatment for those who prove indigence. In the case of treatment, the network of treatment providers receives state and other funding (i.e. United Way, foundation support) to serve indigent clients and also offers services on a sliding scale. In no instance will a court fee, attorney fee, or treatment fee interfere with a participant's rehabilitation or graduation from the program.

Racial Disparity in the Selection of Eligible Applicants: The DWI Court has never demonstrated a perceived and/or actual bias against racial and ethnic minorities. Unfortunately, the local criminal justice target population has an increased representation of racial and ethnic minorities and the docket of the DWI Court has broadly represented that same increase.

State Strategy of Substance Abuse Treatment: This proposal conforms to the [REDACTED] Recovery Initiative (TRI) whose purpose is to gather information and recommendations for designing protocols that implement a holistic, recovery-oriented model of care for use within the behavioral health community.⁵ An essential characteristic of a recovery-oriented model is that it is based on an individualized, multi-disciplinary recovery plan that is developed in partnership with the person receiving these services and all others identified as supportive of this process.

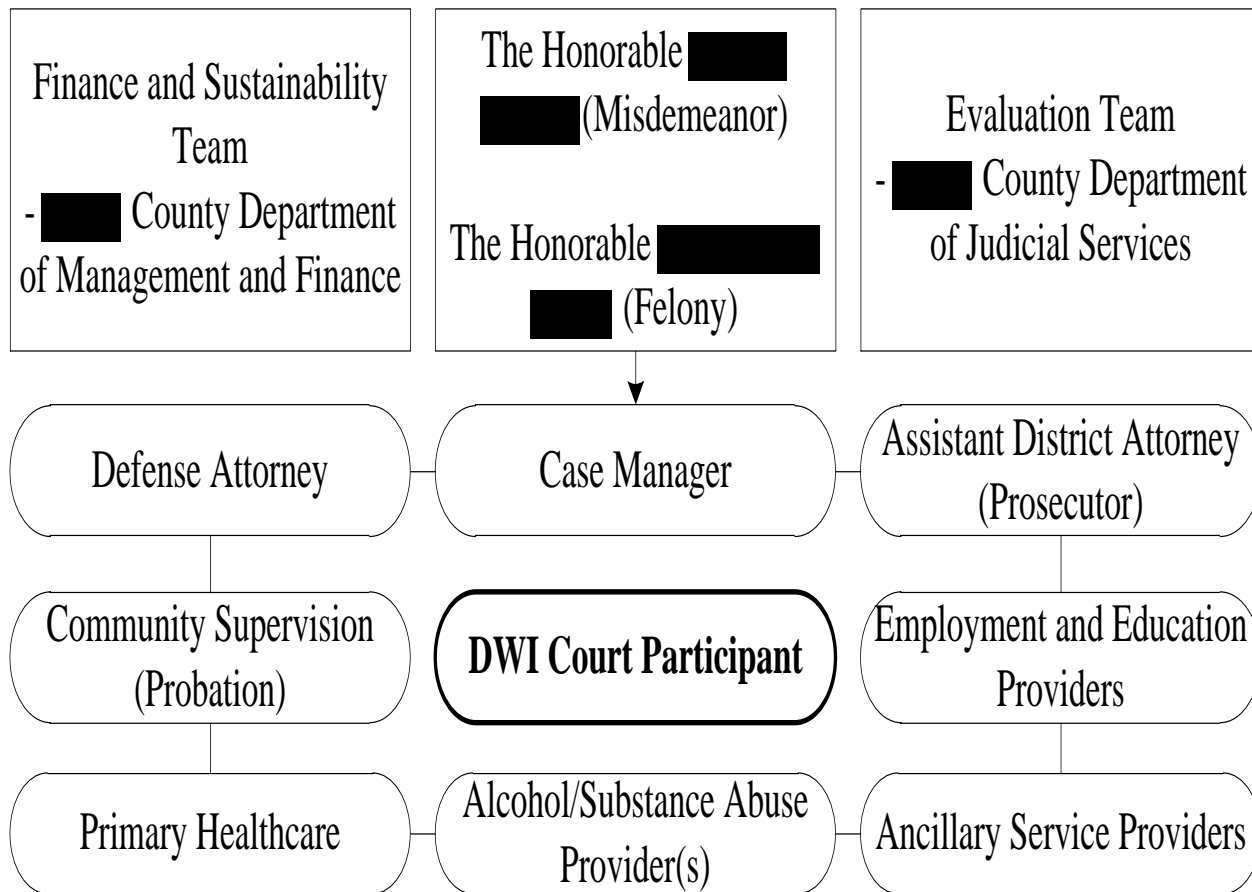
3: Capabilities and Competencies:

Management Structure and Staffing of the DWI Court: The capability and experience of the DWI Court staff have already been established. Taken as a whole, they have extensive training in the problem-solving court model and demonstrated experience within the field.

The management structure loosely fits the “wraparound model of service delivery. This model distinguishes itself by emphasizing that services are identified and designed based on the needs of the individual versus what the system has available or experience providing. The wraparound system of care strives to provide individualized and flexible services based on participant-centered, culturally-relevant, strengths-based, and community-based interventions. The wraparound model also focuses on convenience to the participant by ensuring that needed services are accessible and affordable. The wraparound model was first implemented in the children’s community; however, [REDACTED] County has co-opted the model for adult offenders making the management structure of the DWI Court somewhat innovative. Within the context of the DWI Court, stakeholders like the case manager, treatment providers, and legal counsel collaborate with each other and “surround” the DWI Court participant.

The model is as follows:

⁵ See: [http://www.dshs.state.us/sa/\[REDACTED\]default/shtm](http://www.dshs.state.us/sa/[REDACTED]default/shtm).



The Judges: The Honorable [redacted] was elected to the [redacted] County Court-at-Law #8 and presiding judge of the Misdemeanor DWI Court in 2014. Prior to her election, Judge [redacted] served as a defense attorney for 20 years. She received her J.D. from [redacted] University.

The Honorable [redacted] is currently the full-time presiding judge of the felony treatment court. As such, he has jurisdiction of the felony DWI Court. Having previously served as a defense attorney assigned to the drug court and a former prosecutor, he understands the treatment court model from both sides of the bench. Judge [redacted] is bilingual.

The DWI Court Manager: Mr. [redacted] has served as the DWI Court Manager since its inception. He has a Bachelor’s Degree in Psychology and is currently in law school.

Prior to his appointment as the DWI Court Manager, he served as the misdemeanor Adult Drug Court Manager, a Drug Court case manager, and a probation officer. Mr. [REDACTED] was recently awarded the highly coveted [REDACTED] Recovery Award by the [REDACTED] Association of Drug Court Professionals for his commitment to helping those in the recovery community. Mr. [REDACTED] is a bilingual and bicultural Latino.

Case Managers: The case managers to be hired with BJA funding will be responsible for the coordination of community-based services. These individuals will assist the DWI Court participants with accessing services that are needed. For example, the case managers will have working knowledge of the network of primary care physicians and psychiatrists available to the target population and will match the participant with the clinicians based on the participant's unique needs. The case managers to be hired will have bilingual capabilities and have a background in cultural competence and grass-roots credibility.

Treatment Providers: The DWI Court already has working relationships with an array of treatment providers that provide an array of services. These services include residential and outpatient services; faith-based and secular; individual and group services; evidence-based and "alternative" therapies; and gender-specific and coed. All have prioritized cultural competence and bilingual capabilities and have even made a point of co-locating services within the neighborhoods from which the target population lives and works.

Potential treatment providers include, but are not limited to: [REDACTED]

[REDACTED] Together, these treatment providers are well-versed in evidence-based practices that include but are not limited to: Motivational Interviewing, Motivational Enhancement Therapy, Twelve Step Facilitation Therapy, Seeking Safety, and cognitive behavioral therapy.

The [REDACTED] deserves particular mention. The Center is the community's public mental health and substance abuse authority and is particularly equipped to serve the participants of this court. The Center has won numerous awards for its achievements in the field of substance abusing offenders such as the Gold Award for Innovative Programming by the American Psychiatric Association, the Excellence in Service Delivery Award from the National Council for Behavioral Health Care Services; and a 2005 feature article in SAMHSA's newsletter. As stated in the newsletter, "What communities such as San Antonio are doing is getting people with mental illness and co-occurring substance abuse disorders out of the criminal justice system and into community treatment programs, giving them opportunities to stay out of jail."⁶

Defense Counsel: Defense attorneys are appointed in every DWI Court case based on need (i.e. proof of indigence). The pool of defense attorneys from which to draw is tremendously diverse with bilingual/bicultural capacity available on an "as needed" basis. Some defense attorneys have distinguished themselves by specifically asking to be assigned to the treatment courts. In fact, some have attended the National Association of Drug Court Professionals (NADCP) Annual Training Conference at their own expense.

Assistant District Attorneys (ADAs): The [REDACTED] County District Attorney's Office assigns two prosecutors to represent the interest of public safety in all treatment court cases. The prosecutor ensures accountability to the larger public and prompts participants to comply with the terms and conditions of their very specialized probation. Because the DWI Court is focused on offender sobriety and rehabilitation there is less emphasis on the ADAs' role in the life of the offender. Nonetheless, ADAs assigned to the DWI Court have multicultural capacity.

⁶ Brown, N. (2005). As quoted in: Treatment in Lieu of Jail: Diversion Succeeds. SAMHSA News. 13:3, p. 5-6.

Probation Officers: Community supervision is performed by probation officers who are assigned to the DWI Court. These two probation officers are bilingual and bicultural. Their caseloads are low which means that they are able to provide a much more respectful approach to legal case management than would otherwise be possible.

Program Evaluator: ██████ County has benefited from numerous program evaluations of the various treatment courts. These independent, third-party program evaluators have set up an evaluation infrastructure that has allowed ██████ County to evaluate the treatment courts by internal staff. With that said, ██████ County will utilize the services of the Criminal Justice Research Coordinator, Ms. ████████████████████, M.S. Ms. ██████████ received her B.A. in Sociology from ██████ University and her M.S. in Sociology from the University of ██████ at ██████████. She is particularly skilled in SAS and SPSS programming as well as quantitative and qualitative analysis. Prior to her appointment as the ██████ County Research Coordinator, she served as a Project Coordinator and Research Associate for the Department of Psychiatry at the University of ██████ Health Science Center's School of Medicine.

Memorandum of Understanding (MOU): An MOU is attached in which each of the major stakeholders articulate their roles and responsibilities.

4: Evaluation, Continued Care and Healthcare Integration, Sustainment, and Plan for Collecting the Data Required for this Solicitation's Performance Measures (10 percent)

The ██████ County DWI Court proposes a mixed-methods research design utilizing both qualitative and quantitative methods. This method of evaluation will enable 1) immediate feedback to the DWI Court administration for addressing opportunities for improvement; 2) empirical documentation of program outcome/effectiveness; and, 3) satisfaction of all performance data reporting requirements. The DWI Court is willing and able to report

aggregated client-level performance and outcome data through BJA's Performance Measurement Tool (PMT).

Qualitative/Process Evaluation: At issue with the qualitative/process evaluation is the fidelity of the DWI Court to the treatment court model as articulated by the Bureau of Justice Assistance (BJA) and the National Association of Drug Court Professionals (NADCP). These issues will be answered through semi-structured, in-depth interviews with all DWI Court stakeholders and by direct observation by Ms. [REDACTED]. It is vital to assess program fidelity because failure to do so makes it difficult to have confidence in outcome findings. Only by demonstrating program fidelity/integrity can results be meaningfully attributed to the program and not coincidence nor some other intervening influence.

Outcome/Quantitative Evaluation: The goal of the outcome evaluation is to determine whether or not the DWI Court is realizing its intended objectives. At issue are three major outcomes/performance measures: 1) offender recidivism; 2) sobriety; and, 3) other pro-social indicators (i.e. job placement, school enrollment, Medicaid enrollment, etc.). Pre- and post-comparisons will take place at enrollment, at 9 months, and at 18 months post enrollment.

Data Collection Instruments: There are three major data collection instruments: 1) the [REDACTED] Risk Assessment System ([REDACTED] that is currently used by the Adult Probation Department; 2) the Clinical Management for Behavioral Health Services System (CMBHS); and, 3) the Criminal Justice Information Systems (CJIS). The [REDACTED] is modeled after the [REDACTED] Risk Assessment System ([REDACTED] which has been widely studied for its validity and reliability.⁷ With regard to the CMBHS, this instrument is required of all substance abuse and mental health treatment providers who also receive funding from state government. CJIS, on the other hand, is

⁷ Latessa, E., Smith, P., Lemke, R., Makarios, M., & Lowenkamp, C. (2009). Creation and validation of the [REDACTED] Risk Assessment System: Final Report.

the repository for any and all criminal justice data related to the clients of the DWI Court. CJIS allows for criminal justice recidivism to be monitored indefinitely. In real time, criminal justice incidents such as re-arrests, motion to revoke probation, and re-incarcerations can also be ascertained.

Data Collection, Management, Analysis, Interpretation, and Reporting: Ms. [REDACTED] will conduct the vast majority of data collection, management, analysis, interpretation and reporting. She will be responsible for the quarterly review of the actual number of participants served by grant funds as well as reporting to the BJA Performance Measurement Tool website.

Sustainability: The state of [REDACTED] is one of a handful of states not participating in the Medicaid expansion under the Patient Protection and Affordable Care Act. Unfortunately, this means that [REDACTED] County DWI Court services a higher number of uninsured individuals than a comparable DWI Court in another state. Still, every effort will be made to enroll individuals in the existing Medicaid program or some other health insurance program.

Despite this increased burden on the local community, [REDACTED] County has a solid record of sustaining Federal initiatives once Federal funding has expired. This is particularly the case in the field of treatment courts. The Mental Health Court, for example, was initially funded with a \$266,667 Federal grant over two years. Today, [REDACTED] County has parlayed that \$266,667 initiative into a \$1.5 million program funded locally.

Mr. [REDACTED], the Director of Judicial Services, the Department that will administer this grant, answers to the major funding body of County government – Commissioners Court. The priority of Commissioners Court is to assess new and emerging practices within the field of criminal justice with an eye towards cost-effectiveness. Pending the internal evaluation of the

DWI Court, Mr. [REDACTED] will be armed with the information required to approach Commissioners Court and/or policy makers at the State Legislature such that the DWI Court is integrated into the local/state budget creating financial stability and obviating the need to go “from grant to grant.”