DESCRIPTION OF THE ISSUE

Nature and Scope. The [redacted] Enhancement Grant project seeks to serve individuals from two jurisdictions engaged in [redacted] adult drug court in rural [redacted] County, [redacted] County Court of Common Pleas and [redacted] Municipal Courts. [redacted] County has been struggling to combat the opioid epidemic for several years and has made great strides with the creation of [redacted] in 2018. Over the last four years we have uncovered two major issues, if addressed, would improve the successful reintegration and decrease recidivism of drug court participants: Employment and Housing. However, the County is in need of additional resources to address these two challenges that clients face while participating in the program.

Employment. Employment plays a crucial part in the clients' success. For instance, Leukefeld et al., (2003) suggests that drug court clients who participate in employment activities experience important benefits such as by preparing a resume and identifying their employment strengths, some of the clients realized they could "overcome" issues associated with their criminal record and job history. In addition, the Bureau of Justice (2002) found that prisoners who participated in a job training program while incarcerated were less likely to be re-incarcerated 1 year after release (13%) compared to those who didn't participate (22%). In a longitudinal study of prison releases (Visher et al., 2008), a majority of employed participants responded in 2 months after release with high job satisfaction, stating that most enjoyed their work (90%), got along with their coworkers (91%), and felt that the job would lead to better opportunities (79%).

Stable Housing. Lack of stable housing may contribute to offenders recidivating. In a housing study by Visher & Courtney (2007), about a quarter of men were in a living situation that could jeopardize successful reintegration. Conversely, clients who were enrolled in housing pre-release from a non-profit were less likely to recidivate by 6.3% over other offenders (Fontaine,

2013). Similarly, Lutze et al., (2014) found that high risk offenders that received housing and wraparound services had lower rates of recidivism compared to a comparison group, were less likely to be convicted (14%), have their bond revoked (7%) and be readmitted to a prison (19%). The literature above states the need for stable housing for offenders, however there is currently a lack of local affordable and available housing in [redacted] County. As of March 2022, the median sold price of a 1 bedroom home in [redacted] County was $70k, as compared to $28k in March in 2021, resulting in a 155% increase (Rocket Homes). Additionally, a study of 18 apartment properties consisting of 10 or more units had a 99% occupancy level – restricting the local apartment market (Housing Opportunities Analysis). There is clearly a high demand for affordable housing, but the rental market is constrained. Equally alarming is the lack of recovery housing in [redacted] Currently, there are only two recovery houses in [redacted] In order to address these concerns, we are proposing to 1. Add two specialized positions of Community Support Specialist (CSS) who will help to address the access and barriers that clients face in obtaining housing and employment and 2. Fund the Cognitive Skills Specialist, whose expanded services will include teaching cognitive based employment curriculum to better prepare clients for job readiness.

The Fifteen Current Court Processes. ***1. Referral, screening, and assessment process.*** Post-adjudicated misdemeanor and felony offenders are referred to the drug court program in one of three ways: as a result of a new crime, a community control violation or as part of a judicial release from prison. Once referred, [redacted] House, Inc. ([redacted] staff complete an eligibility screening based on legal criteria, the validated [redacted] assessment, and an [redacted] Mental Health and Addiction Services approved biopsychosocial substance use assessment (BSUA) based on American Society of Addiction Medicine (ASAM). ***2. Eligibility requirements*** are: adult resident of Seneca County; no

pending felony in another jurisdiction; nonviolent and not convicted of drug distribution or manufacturing; and, be mentally competent to participate. ***3. Target population*** is high risk/need adult offenders who have a primary substance use disorder diagnosis (SUD) that requires a level of care of intensive outpatient programming or higher. ***4. Current capacity*** is 100 clients. ***5. Program length and phases.*** [redacted] has five program phases as suggested by the NDCI for a minimum of 420 days with 90 days of consecutive sobriety prior to graduation. All phases are a minimum of 90 days with the exception of the first one, which is 60 days. Although there are a minimum number of days for each phase, progression is based on performance and compliance. ***6. Case management process.*** Caseloads maintain a 30:1 ratio in adherence with **BPS9**. Caseworkers follow evidence based framework to provide proper dosage and behavioral interventions. Caseworkers and clients complete and monitor an Individual Program Plan (IPP) including coordination of referrals and services based on risk level and needs to meet **BPS6**. Access to employment and secure, sober housing is a big obstacle for clients in the remote region and is a special focus of this enhancement. ***7. Community supervision.*** [redacted] has two probation officers who provide supervision and conduct weekly home visits and curfew checks to monitor behavior. Law enforcement provides assistance with home visits and warrants as needed (BPS8). ***8. Recovery support services.*** All clients participate in at least one of three cognitive behavioral groups and individual sessions based on risk level (BPS6): 1) *Thinking for a Change (TFAC); 2) Booster TFAC; and 3) Thinking Errors*. Referrals are also made during based on identified need areas in the IPP to outside community agencies to ensure that all clients' needs are met (BPS6). Transitioning back into the community remains one of the largest barriers for [redacted] clients. ***9. Family support services.*** Clients begin family support services while engaged in treatment services during conjoint sessions, a component of the Matrix Model, or attendance at the family educational

support group, Family Matters, which utilizes the SAMHSA "Family Education Treatment Manual". ***10. Overdose Prevention.*** An initial SUD assessment occurs for eligibility into the program with ongoing reassessment to ensure proper level of care and to prevent likelihood of overdose. In accordance to BPS6, staff are educated on managing an overdose with naloxone. ***11. Judicial supervision.*** In accordance with BPS3 judges interact with clients throughout their program either weekly, bi-weekly or monthly depending on their program phase. [redacted] has made modifications to the BPS by employing the expertise and oversight of three judges who serve on a rotating basis for 4 months each year. This model was adopted out of necessity in order provide much needed services in this rural setting which would otherwise be impossible. While the concept of rotating judges is not common throughout the nation, it was approved by the [redacted] State Supreme Court Specialized Docket Division and with State of [redacted] House Bill [redacted]. The use of rotating judges doesn't hinder program compliance with BPS3. All three judges have ongoing client interaction and voluntarily joined [redacted] which prior research has found to be either trending significant, or significant reducers in recidivism in drug court clients (Carey, et al, 2012). Finigan, et al, (2007) found inconclusive evidence to suggest that using multiple judges in a drug court had any impact on the success rates of the program, especially when those judges had access to the expertise of other judges who had served in the same program. ***12. Randomized drug testing.*** In accordance to BPS7, clients submit a minimum of 2 weekly random and observed alcohol and urine drug screens using a randomization software. The two CSS will conduct all urine drug screens. In the event of a positive result, failing to submit or dilution, the courts are notified and clients are subjected to graduated sanctions. Medical marijuana is not permissible in the [redacted] program. ***13. Incentives and sanctions.*** Staff maintain a four-to-one rewards to sanctions ratio to support evidence based practices related to behavior change **(BPS4**). Sanctions are immediate,

graduated and individualized to encourage client's compliance. ***4. Graduation and Expulsion Criteria.*** Graduation requirements include: a minimum of 90 days in Phase 5 with at least 90 days sober, stable employment, pro-social activities, and a good faith effort to pay restitution and court fees. In addition, due to the current enhancement prior to graduation, 75% of clients will be employed and 80% of clients will have safe and sober housing. During the weekly meeting with the full drug court team, the presiding Judge receives recommendations regarding termination and has the final decision for termination in accordance with the following program criteria: ongoing non-compliance, a program rule violation, a community control/probation violation, or a new criminal conviction. ***15. Restitution.*** A small portion of clients pay restitution under $2,500. Drug court clients are required to pay a $5.00 weekly program fee to [redacted] which may be waived based on need, as well as court costs.

Mechanism for Prioritizing Court Resources. Two assessments prioritize resources and services for clients based on criminogenic risk and treatment need: ORAS-CST and the BSUA. The validated ORAS-CST identifies criminogenic risk and level of need which allows the court to objectively assess and use resources to serve those with the greatest need. The BSUA determines a client's level of care according to The ASAM which prioritizes treatment needs and resources. Offenders' eligibility is determined objectively without consideration of previous drug court placements.

Equity & Inclusion. [redacted] is also required by the State of [redacted] to track and monitor all referrals. With the assistance of the [redacted] research department, referrals are analyzed to assess for disparities in referrals and intakes based on demographic information collected.

Training. The [redacted] Team recognized the need for additional training prior to starting their court due to the uniqueness of their situation which led them to applying, being awarded and

participating in the NDCI Adult Drug Court Planning Initiative Training Program. The NDCI 2018 training led the [redacted] program to further model itself around the NADCP Best Practice Standards. The team strives to meet best practices by engaging in trainings offered by NDCI. They are currently implementing Motivational Interviewing with treatment staff and probation officers.

Treatment services. Treatment services are primarily provided by [redacted] as a three phase treatment program. The number of sessions attended and a client's progress through treatment is determined by their need based on ASAM criteria, readiness to change and stage of change (BPS5).

During Phase I, clients receive between 9 and 19 hours of treatment each week. Evidence based programming includes the University of [redacted] ([redacted] Pre-Treatment curriculum, individual sessions and additional Enhanced Groups. Clients also receive individual counseling to work on goals related to their Individualized Treatment Plan. [redacted] offers evidence based Enhanced groups including: Anger Management, Seeking Safety or Partners in Parenting.

Phase II, also 9 to 19 hours, uses gender specific groups based on the curriculum *Beyond Trauma: A Healing Journey for Women* or *Helping Men Recover: A Program for Treating Addiction*. Clients also attend individual sessions and Enhanced groups. During this phase, clients begin family involvement which may include conjoint sessions, a component of the Matrix Model, or attendance at the family educational support group, Family Matters, which utilizes the SAMHSA "Family Education Treatment Manual".

Phase III, Aftercare, is a 1.0 Outpatient Level of Care, as defined by ASAM. Clients attend a structured aftercare group, and Enhanced groups based on individual needs. This level of care can include up to 8.5 hours of treatment weekly, with most clients receiving 1.5 to 3 hours weekly. Clients will remain in this phase of treatment as long as it is considered medically necessary.

Medication Assisted Treatment (MAT) is available at any point in the program and is

supported by all team members. [redacted] works with a medical provider to complete the examination, testing and administration of oral naltrexone or Vivitrol; referrals for other MAT therapies are made as needed. Clients are seen on a regular basis to discuss symptoms, dosage, substance abuse treatment status, self-help meetings, and recovery support to help monitor for quality and effectiveness. MAT has been shown to be effective at increasing patient retention in treatment, improve social functioning and also reduce the risks of infectious-disease transmission and engagement in criminal activities (Volkow, 2014). MAT is also available to potential participants prior to intake in the program if incarcerated in the county jail through a separate program.

PROJECT DESIGN AND IMPLEMENTATION

[redacted] Adult Drug Court has been a certified drug court since 2018 whose team members continue to participate in advanced trainings offered thru the NADCP and NDCI on best practice standards. Since inception, the program has made several changes that have brought them into greater alignment with the standards. One area that continues to be of concern is finding the best way to increase engagement with community services that address the areas of employment and housing. We are proposing to add two specialized positions of Community Support Specialist (CSS) who will help to address the access and barriers that clients face as they return to being highly engaged citizens in their community with a focus on housing and employment. Additionally, [redacted] is proposing to fund the Cognitive Skills Specialist who will be expanded their services to include teaching cognitive based employment curriculum to better prepare clients in job readiness. This award with help further [redacted] efforts to bring them into greater compliance with Best Practice Standard (BPS) 6, Complimentary Services and Social Services.

Equivalent Access. Between 2019 and 2022, 182 of 235 individuals were screened for eligibility, (77%) were found to be eligible. In an effort to examine the equity of the [redacted] referral

process, admission rates and graduation rates, the grant evaluator will begin using the NDCI's Equity and Inclusion Assessment Tool (EIAT). Although this data has been collected for several years, [redacted] recently received access to a new arrest report that will be utilized for the EIAT to evaluate the presence of disparities. We will continue to monitor referrals to ensure a fair process in accordance with BPS2 and 10 by creating quarterly reports and making data driven decisions.

Prompt entry. Offenders are screened within two weeks of being referred and promptly enter the program once legal and clinical eligibility is determined. The average time between assessment and intake is 26 days. Although there are no treatment services available at the jail, once admitted into the program, treatment services begin within five to seven days.

Restitution. Although court costs and restitution must be paid, there are no fees that are incurred by clients that would impact their ability to receive services. Treatment services are paid for by Medicaid, private insurance and/or a sliding fee scale. These fees don't interfere with receiving services or preventing graduation from the program.

Medication Assisted Treatment (MAT). Clients are not denied access to the program if they are prescribed any type of FDA approved medications for the treatment of SUD. The drug court team does not require clients to discontinue use of MAT in order to graduate.

Commitment to Provide Evidence Based Practices (EBP). The treatment provider, [redacted] House Inc. ([redacted]HI), provides EBP treatment services that are based on cognitive behavioral therapy. The [redacted] Biopsychosocial Assessment determines a client's level of care according to the ASAM as a part of determining eligibility into the program with ongoing reassessment to ensure proper level of care and to prevent likelihood of overdose.

Priority consideration. [redacted] County and [redacted] are seeking consideration for Priority 1(A). As previously mentioned, [redacted] currently collects data for all referrals and will begin

utilizing the EIAT. [redacted] will evaluate this data on a quarterly basis so that disparities in referral, eligibility, and program outcomes can be identified early and on an on-going basis. Based on the results of the evaluations, action steps will be developed and implemented to remove barriers that may decrease access and opportunities for people of color.

Proposed Enhancement. [redacted] adult drug court is proposing to implement a new service that addresses NADCP BPS6, Complementary Treatment and Social Services. [redacted] aims to address the barriers related to community reintegration with a focus on employment and housing. In order to achieve this, [redacted] is seeking funding to pay for two full time equivalent (FTE) Community Support Specialists (CSS) and one FTE Cognitive Skills Specialist. In conjunction to the proposed funding, [redacted] plans to also use current funding from [redacted] Mental Health and Addiction Services ATP grant to help pay for initial costs for housing in an effort to reduce barriers and increase the likelihood of securing safe, sober housing for clients.

As the caseworker (CW) and client identify employment and housing needs using the ORAS risk/needs assessment, the CW will make referrals to community agencies and to the Cognitive Skills Specialist's evidence-based employment class. The CSS will be the liaison between the CW, the client and the community agencies for housing and employment. In order to support the client's needs and reduce barriers for sober, transitional or independent housing, [redacted] would also use state funding to assist clients with expenses during the first few months. Due to [redacted] court being located in the county seat with two private colleges, housing is difficult to obtain and once found, the rental expenses are not proportional to the median income.

If the client is found in need of employment services, the CW will refer the client to work with the Cognitive Skills Specialist first by attending the University of [redacted] Cognitive-Behavioral Interventions for Employment (CBI-EMP) class. This evidence based employment

curriculum is designed for criminal justice involved people. Once the client completes the class, the CSS will assist with the steps necessary to obtain employment as well as working collaboratively with the Department of Job and Family Services in [redacted] County.

In order to meet the priority consideration, [redacted] will work with [redacted]HI evaluator to analyze referral and outcome data using the EIAT. Additional data collected for the proposed enhancements include: number of clients, employment group attendance, and the number who obtain housing and employment.

Program Goals and Objectives. [redacted] goal is to aid clients with their reintegration by giving them the tools they need to successful obtain employment and stable sober housing.

Goal 1 – Maintain Capacity	1.1 Serve 40 clients each year for a total of 160 clients during the four year grant
Goal 2 – Use EIAT to analyze referral and outcome data to identify any disparities.	2.1 Evaluate racial disparities on a quarterly basis and share report quarterly with the [redacted] drug court team. 2.2 Develop action plans each quarter if racial disparity is identified
Goal 3 – Increase # of clients who obtain employment	3.1 Provide [redacted] Cog employment curriculum to all clients found in need based on ORAS assessment 3.2 75% of clients who were unemployed at intake will obtain employment
Goal 4 – Increase # of clients with sober Housing	4.1 CSS will work with all clients found in need of housing to assist with securing sober, stable housing 4.2 75% of clients will have safe, sober housing prior to graduation

Evidence Based Practices and Best Practice Standards (BPS). The [redacted] team includes staff and services provided by [redacted]HI who utilizes evidence based practices for their curriculums and case management framework. These EBPs include the proposed enhanced service of cognitive behavior employment curriculum from U of [redacted], CBI-EMP. The BPS below will also be addressed with the proposed enhancement.

BPS1 – Target Population. Although [redacted] currently uses validated assessment tools to reduce bias in evaluating for admission, [redacted] will evaluate the referral process to ensure that all eligible clients are referred for screening to increase access and begin using the EIAT.

BPS2 & 10 – Historically Disadvantaged & Monitoring and Evaluation. [redacted] is

seeking this award to help address any disparities that may exist in the referral, eligibility and outcomes based on a client's race. After attending the 2021 NADCP conference, the evaluator learned about the EIAT and plans to analyze the data on a quarterly basis and report out to the team who will then discuss steps to address identified disparities.

BPS6. – Complementary & Social Services. A significant barrier for clients in the rural county is access to employment and stable, sober housing. [redacted] is proposing the addition of two CSS who will function as the liaison between the caseworker referrals, the client and the community agencies for housing and will also assist with locating and securing employment while collaborating with the local Department of Jobs and Family Services. Also, the existing Cognitive Skills Specialist will begin teaching the University of [redacted] cognitive skills based employment curriculum to address employment with the clients.

BPS7 – Drug and Alcohol Testing. Although all clients are currently randomly drug tested a minimum of twice a week during their entire placement, there is only one male staff member available to conduct observed testing, requiring additional staff to take on the responsibility of observing female clients. With the addition of two CSS, [redacted] will increase the observation rate of drug screens to 100%, keeping in line with best practices.

Referral Process and Screening Tool. Offenders are recommended to the program by probation officers, law enforcement, prosecutors or defense attorneys but only the judges will refer the clients directly for screenings since we are a post-adjudication court. Our screening process includes three tools: legal criteria form; validated risk/needs assessment [redacted] Risk Assessment System (ORAS), as required by the [redacted]); and the [redacted] Mental Health and Addiction Services ([redacted]MHAS) approved biopsychosocial assessment. Priority is given to high risk/high need offenders as identified on the assessments. All

referrals will be tracked using the EIAT allowing the [redacted]HI Research Department and evaluator the ability to monitor and report findings on a quarterly basis to the [redacted] team.

Number Served. We propose to serve 160 unique individuals during the grant period**.** Even though there is a potential to serve more clients based on the number of drug arrests, this program will serve post-adjudicated offenders with the greatest need/risk and meet the programs eligibility requirements. The number of clients was derived by calculating the average number of unique individuals that were served each of the last four years, resulting in 40 new clients per year.

Enhancement Options. [redacted] is seeking funds to expand and enhance court services as well as improve the quality and intensity of the services based on the ORAS assessment. The expansion for new services is the addition of two full time Community Support Specialists who are a liaison between the caseworker and community agencies with a focus on helping clients secure employment and safe, sober housing. Our existing cognitive skills classes will be enhanced by adding a cognitive based employment curriculum to assist clients with job readiness skills.

Randomized Drug Screening. Throughout programming and in accordance to BPS7, clients are required to submit a minimum of 2 weekly random and observed alcohol and urine drug screens as well as attend regular court appearances before the Judge. Randomization will be obtained by contracting with Reconnect that provides a web based program that will automatically randomize drug screens. The CSS manage all drug and alcohol screenings for drug court clients.

Judicial Supervision**.** In accordance with BPS3 the judge will maintain judicial interaction with all drug court clients throughout their time in the [redacted] program. Clients in Phase 1 and Phase 2 will attend weekly hearings, phase 3 clients will attend biweekly status hearing and phase 4 and phase 5 clients will attend at least 1 time per month. Clients stay for the entirety of the court session and the Judge conducts status hearings in a manner that is consistent for all clients.

Procedural Fairness. Incentives and Sanctions are determined using a graduated approach as recommended by BPS4. [redacted] adopted the graduated sanction model recommended by the NDCI based on phase, level of severity and number of repeat sanctions. [redacted] uses this method to ensure fairness in the delivery of both incentives and sanctions. In addition, clients are asked to complete the Procedural Justice Questionnaire at 6 months and discharge so that the results can be analyzed by [redacted] researchers and shared with the drug court team.

Assessment and Early Detection of Overdose Risk. The plan to provide treatment assessments to address opioid, stimulant, and substance use reduction will start by court personnel identifying potentially eligible offenders early, and referring them for screening as soon as possible to determine their eligibility for the program so that offenders can quickly become participants in the program. Treatment assessment occurs as a part of determining eligibility into the program with ongoing reassessment to ensure proper level of care and to prevent likelihood of overdose.

Evidence-Based Treatment Services. [redacted] the main treatment provider, uses evidence based treatment services that are based on cognitive behavioral therapy (CBT) and the *Matrix Model Framework* developed by SAMHSA. Pre-treatment is the University of [redacted] ([redacted] Pre-Treatment curriculum and consists of a primary group built on the [redacted] Cognitive-Behavioral Intervention for Substance Abuse. This group helps clients learn they have a disease, and starts them on the journey to recovery. IOP is gender specific and based on the curriculum *Beyond Trauma: A Healing Journey for Women* or *Helping Men Recover: A Program for Treating Addiction*. Additional EBPs that are delivered in conjunction with IOP include conjoint sessions; *Family Matters*, which utilizes the SAMHSA "Family Education Treatment Manual"; *Seeking Safety*; *Anger Management*; and *Partners in Parenting*; aftercare; substance use monitoring; contingency management; self-help programs; and access to MAT.

In addition, MAT is available to clients at any point during the program and is supported by all team members. [redacted] contracts with a medical provider to complete the required examination, testing and administration. By providing this full complement of treatment services, [redacted] is able to achieve the goals as outlined in NADCP's BPS5.

In addition to substance use treatment, [redacted] provides cognitive interventions and refers to community agencies for mental health services. Cognitive interventions have been linked to positive reductions in recidivism (Lipsey, Landenberger, & Wilson, 2007). All drug court clients are required to participate in at least one cognitive behavioral groups based on risk level: 1) *Thinking for a Change (TFAC),*developed by the NIC and teaches cognitive restructuring, social skills, and problem solving; 2) *Booster Groups* that reinforce TFAC lessons; and 3) *Thinking Errors*, based on the Texas Christian University's Criminal Thinking Scales, teaches clients to address deficits in one of the six domains using lecture, cognitive restructuring, and role playing.

Family Engagement. [redacted] encourages family to attend court, sober events and monthly groups. Families/sober supports are also a critical part of treatment services and are requested to attend *Family Matters* sessions. Clients are also required to have at least one family/sober support conjoint session with their licensed clinician but are encouraged to have as many as appropriate.

Trauma-informed care. [redacted] and [redacted] adhere to a trauma-informed approach by using the six principles outlined by SAMHSA as a framework for court process, case management and treatment services. First, the drug court team creates a safe and nurturing environment. In doing so, the drug court environment provides a safe haven to discuss each client's individual issues of trauma or exposure to violence. Second, programing is transparent. All case planning and treatment options, are discussed and agreed upon with the client. Third, pro-social peer support is encouraged throughout the program by including pro-social family and friends to attend court

proceedings, conjoint treatment sessions and requiring engagement in sober self-help groups. Fourth, the clients collaborate with their caseworker and treatment counselors to decide on treatment options which lead to the 5th principle of empowerment, voice and choice. The 6th Principle is addressed by providing treatment options that may include services that are gender specific, culturally or religiously relevant and non-exclusionary based on demographic variables.

Recovery support services delivery plan. In addition to substance abuse treatment and case management sessions, this grant is proposing two new positions of Community Support Specialist and the addition of the cognitive based employment curriculum. [redacted] caseworkers will make referrals for housing and employment needs as identified on the ORAS assessment. The CSS will work with the CW, client, and community agencies to ensure that the client's needs are met and that barriers to access are addressed. This will enhance access to housing by providing staff to assist the client with barriers and funding to address financial needs of the clients once housing is obtained by using state funding to supplement initial costs for the clients.

State Drug Court Strategy. [redacted] supports drug courts and promotes ending the cycle of addiction and receiving services while remaining in the community. The overall goal of [redacted] is to create a process for clients to reengage with their community and develop sober supports to assist with their SUD needs. Our proposal addresses the state strategy by focusing on client employment and housing needs that will provide a safe, sober and stable environment to improve the likelihood of successful reintegration into the community.

Treatment funding. Treatment services are primarily billed to private insurance or the [redacted] Medicaid expansion program since a majority of the clients are eligible for Medicaid insurance. For clients without access to insurance and for remaining balances for those that are insured, the balance will be the responsibility of the client with the expectation that clients pay the

remainder of the fee based on a sliding scale, or fees may be waived if they meet income eligibility.

CAPABILITIES AND COMPETENCIES

Key Team Member Roles and Responsibilities. The [redacted] team is led by the three Judges and includes the prosecutor, defense counsel, probation, coordinator (PC), treatment provider and evaluator (See attached MOU). Additional Key members include the proposed Cognitive Skills Specialist and two Community Support Specialists (CSS). All key members attend the pre-court meeting, court hearings and quarterly team meetings. The Judge's duties include determining client intakes, discharges, sanctions, rewards and phase progression while considering input from all team members. The prosecutor is responsible for monitoring client compliance, filing legal motions for non-compliant clients and identifying potential clients. The defense counsel advocates on behalf of the client and makes referrals when appropriate. The probation officers provides supervision, curfew checks and home visits.

Six key team members are employed by [redacted] The PC, is responsible for coordinating meetings and communications; conducting quality assurance; and supervising the caseworkers and two proposed CSS. The PC also assists with eligibility screenings. The two CSS will be the liaison between the caseworkers and the community and work directly with all clients to assist with their community transition and prioritize housing and employment. They will also conduct all random, observed, urine drug screens for the program. The fourth key member is the Cognitive Skills Specialist who will deliver the new employment curriculum. The fifth key member, the Treatment Manger, oversees treatment staff and services and provides information to the team about client progress. The final [redacted] member, the evaluator, will coordinate data collection, data training, BJA reporting, and will attend court and the team meeting quarterly due to geographic barriers.

Additional Personnel. Additional staff include three caseworkers (CW) and a researcher.

The CWs perform case management duties including referrals to outside agencies and will coordinate those efforts with the new CSS staff. Since the CWs are the first team member to work with new clients and develop the case management plan based on identified needs from the ORAS assessment, they will work with the client to ensure a smooth transition to the CSS who will assist the client with the actual transition to the community. Additionally, the onsite researcher will support the evaluator with data collection and provide expertise for the team.

Treatment & Research Partner. The [redacted] County courts have been working with [redacted], the treatment and research partner, since 1999 and has used their services for [redacted] since inception. [redacted] is a non-profit community corrections agency specializing in SUD treatment. The courts sanction options include [redacted] Electronic Monitoring service and a Community Based Correctional Facility. During the NDCI training, all EBPs and quality assurances that are utilized at [redacted] were discussed at length with all team members. The evaluator and coordinator provide quarterly reports and updates to the team on quality and effectiveness of programming.

The court also utilizes the [redacted] research department to ensure accurate data collection, analysis and reporting. The research department, led by Dr. [redacted], has been providing expertise prior to the certification of [redacted] drug court. Researchers were involved with guiding the development of the court and promoting the Best Practice Standards. The onsite researcher and evaluator continue to provide data collection, required grant reporting and quarterly grant goal accomplishments and equity and inclusion analysis to the courts on a quarterly basis. They have evaluated the program by utilizing multiple focus groups, conducting research on client perception of the split gender docket and most recently, a small recidivism study of the initial graduates.

EVALUATION, CONTINUED CARE AND SUSTAINABILITY

Client-Level Data. Data collection begins with all referrals, screenings and intakes which

is managed on a State of [redacted] required excel sheet. Data collection continues once admitted to the program with the [redacted] proprietary client database that collects intake and discharge dates, demographics, urine drug screen results, rewards, sanctions, referrals and class attendance. Finally client satisfaction is collected with a paper survey. The [redacted] research department and evaluator has access to all data to create quarterly and annual reports. [redacted] currently employs six researchers with various degrees with over 30 years of combined research experience. The drug court team evaluator, who has six years of experience with BJA grants will be responsible for all grant reporting. The court and evaluator has access to the local mental health and recovery services board community resources maps. [redacted] will use the NDCI Equity and Inclusion Toolkit to assist with analyzing disparities for referrals, intakes and discharges.

Developing a Performance Management and Evaluation Plan. The evaluator has eight years of experience collecting, analyzing and reporting performance measures, including six years of BJA PMT reporting and has access to all necessary data. The evaluator will utilize all data collection tools to create a quarterly and annual reports for the courts that will track the court's grant goals which include number served, disparities, housing and employment goals and graduation and retention rates. Information will be aggregated and shared with the full drug court team at a quarterly grant meeting and at the advisory board meetings to discuss outcomes and possible improvements. If it is determined that an outside evaluator is needed, the County and the [redacted] have collaborations with several local universities.

Referral Process and Screening Tool. Offenders are referred by the judges for screenings since we are a post-adjudication court. Our screening process includes three tools: legal criteria form; validated risk/needs assessment (ORAS); [redacted] approved biopsychosocial assessment. Data is collected for all offenders who are referred and will be analyzed on a quarterly basis using

the EIAT and comparing it to the arrestee population for the county. With our previous grant award, we were able to work with the [redacted] Clerk of Courts to build a report for all arrests in the county. The comparison group includes all M1 and felony arrests for theft and drug offenses.

Reporting. The evaluator will be responsible for all [redacted] reporting including a quarterly report of grant goals, BJA/PMT quarterly reports and quarterly reports for the grant and advisory board meetings. The number of clients served will be compared to the projected number on all reports. If the [redacted] program is not meeting the projected number served, the team will determine how to incorporate changes to increase the number served.

Client Community Reintegration. Prior to discharge, the caseworker and clinician work with the client to develop a Community Plan that addresses continued treatment and wrap around services. Clients continue to have access to the team at [redacted] after discharge, including MAT services. They have an active alumni group that clients are encouraged to join. There are also several agencies that clients are referred to ensure successful transition that provide education, food, day care, assistance with utilities, and housing; they include Aspire, United Way, First Call for Help and FISH food pantry. [redacted] also enrolls clients in Medicaid during their placement.

Sustainability. Although [redacted] County has a large geographical footprint, the community within its boundaries is very collaborative; therefore sustainability is a goal for all stakeholders. Data collected during the grant will be used to leverage additional funding at the federal, state and local levels which includes SAMHSA treatment grants, BJA JAG grants, State Justice Reinvestment Grants, as well as substance use and payroll subsidies available from [redacted] Local funding may include grants or contracts from the Mental Health and Recovery Services Board of [redacted] Counties.

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