Introduction

This proposed project is submitted by the [redacted] Municipal Court ([redacted] to expand access to evidence-based supervision and treatment services for defendants of the court's four problem-solving dockets, these include: The Greater [redacted] Drug Court, Mental Health (Co-Occurring) Docket, Veterans Treatment Docket and the Human Trafficking Specialized Docket. The goal of this project is to reduce recidivism and substance abuse among high-risk participants with substance use disorders thereby increasing their likelihood of successful long term recovery.

Statement of the Problem

Issues that the Enhancement Seeks to Address - [redacted] County and the City of [redacted] are in the midst of an opiate epidemic. The Medical Examiner [redacted] reports that 198 heroin related overdose deaths occurred in [redacted] County in 2014, a slight increase from 2013, and Fentanyl-related overdose increased nearly 8-fold from 5 deaths in 2013 to 39 in 2014. The impact of this epidemic continues to devastate the county. During the first quarter of 2016, the Alcohol, Drug and Mental Health Board of [redacted] County reports that with the onset of fentanyl, the county can expect nearly 600 people to die from a heroin or fentanyl overdose by the and of 2016. This increase is due to demand among younger users, pill progression from prescription opiates and pressure from dealers to switch from crack and prescription drugs to more-profitable heroin.

This surge in opiate dependent clients has created significant service gaps and delays in access to treatment. In fact, most providers reported wait times for assessment of one to two weeks or longer, intensive outpatient of one week or longer and three to four weeks for non-medical community residential services. Over 60 percent of providers reported a wait time to see a community-based physician, for medication-assisted treatment of a week or greater. These service gaps exacerbate already existing health disparities. One study found that African Americans

experience more, and more severe, medical and social consequences from drug abuse and addiction compared to whites. And, while whites and African Americans have similar prevalence rates for the use of alcohol and other drugs (AOD), African Americans are more likely to be poor, uninsured and experience disparities in healthcare.

Current Operation of the Adult Drug Court - The structure of the [redacted] problem-solving dockets is post-plea (with sentencing deferred). Each of the dockets conform to the Bureau of Justice's and the National Association of Drug Court Professionals' publication *Defining Drug Courts: The Ten Key Components* and the Adult Drug Court Best Practice Standards. [redacted] four problem-solving dockets are certified as specialized dockets by the Supreme Court of [redacted]

□ **Referral, Screening and Assessment** – Potential participants are recruited and identified from the cohort of offenders assigned to active probation at the [redacted] Municipal Court. Prior to referral, potential participants are screened for eligibility, risk level and treatment need ([redacted] Risk Assessment System – [redacted] co-occurring (Mental Health Screening Form III), and trauma (PCL-C). In addition, the Veterans Treatment Docket screens for military status and the Human Trafficking Docket uses the Trafficking Victim Identification Tool (TVIT) developed Vera Institute of Justice. Information gleaned from the risk and clinical assessments is used to inform the treatment and recovery support services planning for all participants.

□ **Eligibility Requirements** - To be eligible for one of the problem-solving dockets the defendant must be a resident of [redacted] County, plead guilty or be found guilty of a non-violent misdemeanor offense, agree to be placed on community supervision through the problem-solving docket, demonstrate both high criminogenic risk and high substance abuse treatment need and be diagnosed as having a substance use disorder.

□ **Target Population** - The problem-solving dockets target adult defendants who are addicted to alcohol and other drugs, including illicit drugs, and are at substantial risk for reoffending or failing to complete a less intensive disposition, such as standard probation. All offenders have been charged with a Felony 4 or Felony 5 non-violent offense where drugs are the underlying factor or a misdemeanor 1st through 4th degree.

□ **Current Capacity** – The case load for each of the four dockets is 125 participants. This smaller caseload allows the judges to get to know the participants, ensures that all participants receive the amount and duration of treatment services they need and facilitates fidelity to the evidence-based practices.

□ **Length and Phases of the Program** – Participants of the problem-solving dockets typically remain in the program for twelve months, though many participants remain in the program longer. Participants move through the following phases: Pre-Admission (identification, referral, screening, assessment), Phase I (treatment, case management, drug monitoring, judicial supervision), Phase II – (treatment, case management, drug monitoring, judicial supervision, recovery support – education, employment, housing), Phase III – (case management, less frequent status review compliance hearings, continuing care planning and recovery support). Phase promotion is predicated on the achievement of realistic and defined behavioral objectives, such as completing treatment goals and remaining abstinent from alcohol and other drugs.

□ **Case Management Process** – Specially trained case managers ensure that participants are linked to relevant and effective services and community resources, that the participants are using and benefitting from the services provided and that they received the services they need and deserve. Individual Case Management Plans are developed in partnership with the participants and encompass criminogenic risk factors identified in the risk and clinical assessments, life skill

areas and recovery support services. All the case managers assigned to the problem-solving dockets are certified as Chemical Dependency Counselor Assistants by the State of [redacted]

□ **Community Supervision** – The primary goal of the [redacted] community supervision is to protect public safety. Probation officers are responsible for the supervision of defendants including performing drug testing, conducting home visits, enforcing curfews and geographic restrictions and reporting compliance information during team meetings and status hearings. The court's probation officers are trained in Motivational Interviewing and Cognitive Behavioral interventions. Those serving probation are usually required to visit a supervising officer at least once a month.

□ **Recovery Support Services** – Participants of the problem-solving dockets have access to SAMHSA-funded Access to Recovery funds which support a variety of recovery services including, recovery housing, transportation, childcare, identity fund, spiritual support, peer services and employment and educational assistance. These services will not be supported with BJA grant funding.

□ **Judicial Supervision** - Each of the problem-solving docket judges has many years' experience with the key principles of the problem-solving docket model as well as a strong understanding of addiction and the recovery process. The judges stay abreast of current law and research on best practices, participate regularly in team meetings, interact frequently and respectfully with participants and give due consideration to the input of other team members. Project participants are required to attend status review hearings every two weeks, during the initial phases of the program, tapering down to once a month depending on their compliance with the treatment regimen.

□ **Mandatory and Random Drug Testing** - Abstinence is monitored by frequent, random and observed alcohol and other drug testing. The [redacted] has implemented a testing protocol as an effective and efficient way to establish a framework for accountability and to gauge each participant's progress. Per the testing guidelines outlined in the Participant Handbook, for each of the problem-solving dockets, participants are tested three times a week. The frequency of alcohol and other drug testing is not decreased until other supervisory and treatment requirements have been reduced and relapse has not occurred.

□ **Incentives and Sanctions** – Each problem-solving docket rewards cooperation as well as responds to noncompliance. Small rewards for incremental successes, such as clean drug tests and regular attendance, are meted out by the judge in the form of praise and recognition. Behaviors for which sanctions are required include failures to appear in court, positive drug tests and noncompliance with treatment recommendations. These behaviors result in admonishment from the judge, increase drug testing and community service. Sanctions for participants' behavior are defined and predictable, fair and consistent and administered in accordance with evidence-based principles of effective behavior modification. A written description of the full range of rewards and sanctions is provided in the Participant Handbook.

□ **Graduation Requirements and Expulsion Criteria** – To be eligible to graduate from one of the problem-solving dockets participants must have successfully completed all three phases of the program, have negative drug tests, no failures to submit for the past 90 days, be in compliance with their recovery program and have no pending felony or misdemeanor cases. Participants may be terminated from the docket if they can no longer be managed safely in the community or they repeatedly fail to comply with supervision or treatment expectations. In rare instances, when a

participant cannot complete the requirements of the docket for medical reasons or because he or she has received military orders, an administrative discharge may be granted by the judge.

□ **Restitution Costs and Fees** - Neither treatment or restitution costs interfere with a participant's rehabilitation. The costs associated for treatment and recovery support services, including transportation (e.g., bus tickets) are supported by local, state and federal grants and court probation fees.

Policies and Procedures Manual – A copy of the Greater [redacted] Drug Court Policies and Procedures Manual is attached.

Mechanism for Prioritizing Court Resources - The [redacted] is a validated risk-assessment that has been demonstrated empirically to predict criminal recidivism and is equally predictive for women and racial or ethnic minority groups that are represented in the arrestee population. The [redacted] AT, developed by the University of [redacted] – Center for Criminal Justice Research, identifies the dynamic risk factors that are used to prioritize court resources and programmatic needs as well as identify supervision and reporting levels and any potential barriers to treatment.

Treatment Services – Participants of the problem-solving dockets have access to a continuum of care for substance abuse treatment including residential, intensive outpatient and outpatient, case management and recovery support services. Level of care determination is based on the *American Society of Addiction Medicine Placement Criteria for the Treatment of Substance-Related Disorders* (ASAM-PPC). Participants receive sufficient dosage and duration of substance abuse treatment to achieve long-term sobriety and recovery from addiction. [redacted] Administrative Code (OAC) governs the number of hours services that must be provided based on the level of care.

Services Monitored for Quality and Effectiveness - Services are monitored for quality and effectiveness by evaluating fidelity to the evidence-based practices, on a semi-annual basis, and using data collected by the project evaluator to inform continuous quality improvement.

Services are Effective with the Population - Cognitive behavioral approaches to treating substance use disorders have received considerable empirical support over the past 20 years with numerous studies documenting the clinical effectiveness of CBT and MI in reducing substance use and preventing relapse (Carroll, 1996; Irvin, Bowers, Dunn & Wang, 1999). Both practices have been linked to improvements in employment, psychosocial functioning, criminal activity and utilization of health care services (Meyers, Villanueva & Smith, 2005). Use of these procedures has been demonstrated to significantly increase treatment retention and engagement among addicted individuals and society benefits from reduced costs associated with incarcerations, health care and dependence on public assistance (Ettner et al., 2006; McCollister et al., 2003).

Evaluation Findings Documenting Recidivism and Outcomes - Highlights of an evaluation study of the [redacted] Municipal Court's drug court conducted by the University of Akron's - Institute for Health and Social Policy found that 1) almost 60 percent of participants successfully completed the program; 2) graduates re-entered the criminal justice system for felony and/or misdemeanor arrests less often than non-graduates; and 3) graduates were less likely to be re-involved in the justice system than non-graduates, in two year follow-up studies. [1]

Project Design and Implementation

Participants Enter Drug Court Following Eligibility - Eligible participants are enrolled in the [redacted] problem-solving dockets directly following a determination of eligibility. There is no mandated requirement for an initial period of incarceration. ***Program Costs Do Not Interfere with***

[1] Baughman, M., et al. (2008). The greater [redacted] drug court study: an analysis of longer-term outcomes from adult drug court participation. The Institute for Health and Social Policy, The University of Akron.

Participation - No fees imposed on participants of the GCDC that interfere with their rehabilitation or graduation. ***Use of Medication-Assisted Treatment*** - The [redacted] will not deny any eligible participant access to the program because of their use of FDA-approved medication for the treatment of substance use disorders. In all cases, MAT will be permitted to continue for as long as the prescriber determines that the medication is clinically beneficial. This project assures that no participant will be compelled to no longer use MAT as a condition of participation if such a mandate is inconsistent with a physician's recommendation.

Awareness of Racial Disparity – This proposed project will address the racial disparities among the City of [redacted] defendant population by expanding access to evidence-based residential and intensive outpatient treatment and recovery support services to African-American males. All screening and assessment instruments and evidence-based practices selected for use in this project are valid and predictive for a minority population.

Proposed Enhancement – This proposed project fully incorporates NADCP's newly adopted Adult Drug Court Best Practice Standards which represent the most current evidence-based principles and practices. This project will expand access to supervision and evidence-based and trauma informed treatment services to eligible defendants of the [redacted] Municipal Court. The [redacted] Municipal Court's problem solving dockets include the Greater [redacted] Drug Court, Mental Health (Co-Occurring) Docket, Veterans Treatment Docket and the Human Trafficking Docket.

Project Goals and Objectives - The goal of this project is to establish a coordinated, multi-system approach designed to combine the sanctioning power of the [redacted] Municipal Court's four problem solving treatment dockets using evidence-based treatment practices to intervene with

defendants with substance use disorders. Grant funds will be used only to serve defendants diagnosed with a substance used disorder as their primary condition.

Objective 1: Convene a multi-disciplinary project management team to oversee implementation, evaluation of court performance, continuous quality improvement and sustainability of the project.

Objective 2: Address the gaps in the continuum of care for defendants in the [redacted] problem solving dockets who have substance use and co-occurring disorders, using evidence-based and trauma informed treatment and recovery supports and which incorporate NADCP's best practice standards.

Objective 3: Address behavioral health disparities among racial and ethnic minorities by facilitating access to evidence-based treatment services.

Objective 4: Maximize the capacity of the court to ensure that all participants are identified and assessed for risk and treatment need.

Objective 5: Improve the performance of the problem-solving dockets through data collection and analysis to inform system improvements and implementation fidelity.

Evidence-based Practices and Principles – The following NADCP Adult Drug Court Best Practice Standards will be implemented with grant funding.

□ **Standard 1: Target Population** – Eligibility and exclusionary criteria are defined objectively and communicated to all team members and referral sources. This project will target non-violent adult offenders who have a substance use disorder and are at high risk for re-offending. Candidates will be assessed for eligibility using the [redacted] Risk Assessment System, a validated risk assessment system, and a state-required clinical assessment tool. Potential participants are not

disqualified from participation because of co-occurring mental health or medical conditions or because they use psychotropic medications or Medication Assisted Treatment.

□ **Standard 2: Historically Disadvantaged Group -** Eligibility criteria developed for the problem-solving dockets are non-discriminatory in intent and impact. Both risk and clinical assessment tools are valid for use with members of historically disadvantaged groups represented in the local arrestee population. These individuals receive the same levels of care and quality as others with comparable clinical needs and receive the same incentives and sanctions as other participants for similar achievements and infractions. This group also receives the same legal disposition for completing and failing to complete the project.

□ **Standard 5: Substance Abuse Treatment –** [redacted] problem-solving dockets offer a continuum of care for substance abuse treatment including residential, intensive outpatient and outpatient treatment and recovery support services. The project will provide a sufficient dosage and duration of substance abuse treatment to achieve long-term recovery. Treatment services will be provided in a manner consistent with standards developed by the [redacted] Department of Mental Health and Addiction Services. The following treatment services will be supported with grant funding:

□ **Non-Medical Community Residential** – This is a bundled service including individual and group counseling, relapse prevention and crisis intervention. Participants will also have access to evidence-based specialty groups, such as Thinking For a Change, Trauma Empowerment Recovery Model and gender-specific treatment groups. This modality is offered 30 hours per week, five days a week for 45 days.

□ **Intensive Outpatient Treatment** – The intensive outpatient program (IOP) is six weeks in length and meet three hours a day, three days a week. Morning, afternoon and

evening sessions are available for participants that are employed. The IOP involves individual and group counseling, 12-Step meetings and educational sessions. This program includes an eight-week continuing care component which meets once a week for 90 minutes for clients who have successfully completed the six-week program.

□ **Case Management** – Case management services assist participants with areas of their lives that may affect their recovery. Services include weekly face-to-face sessions, assessments, planning, and coordination, monitoring, attending court sessions with participants, and assisting with scheduling appointments. An Individualized Service Plan (ISP) will be developed by the case manager, in partnership with the participant, reflecting both the treatment and recovery support service needs of each participant.

□ **Continuing Care/Relapse Prevention** – The aftercare program utilizes Motivational Interviewing techniques designed to help participants remain free from all mood and mind altering substances. The goal of the group is to assist participants improve their skills at recognizing and effectively managing high-risk situations through the use of pro- social techniques. Aftercare groups are three hours in length and take place every Friday, for five weeks.

□ **Medication-Assisted Treatment** The medication assistant treatment (MAT) program includes the use of Vivitrol in combination with counseling and behavioral therapies, to provide a holistic approach to the treatment of substance use disorders. Specialized urinalysis drug tests are administered to participants to test for the presence of Oxycodone, Suboxone, Methadone, Propoxyphene, and other opiates in order to ensure that participants are not using or abusing a substance that may interfere with the Vivitrol.

□ **Standard 10: Monitoring and Evaluation** - Dr. [redacted] University is integral to the problem-solving team and attends all team meetings and status hearings. As the project evaluator, she is responsible for monitoring the project's adherence to best practice standards, evaluates the effectiveness of the project, tracks participant outcomes, drug testing results, graduation rates, lengths of stay, new arrests, probation violations and racial disparities. Dr. [redacted] also collects and reports data on BJA-required performance measures and the Substance Abuse and Mental Health Administration's National Outcome Measures (NOMs) which include housing status, employment, education, abstinence, high risk behavior, treatment completion and social connectedness. Quarterly reports are prepared and presented at Project Management Team meetings to inform the continuous quality improvement process

Prioritize Participation for High-Risk and High Need Participants – As described the [redacted] Risk Assessment System ([redacted] will be used to prioritize participation and resources for the project. The use of this instrument is required by the [redacted] Department of Correction.

Target Number of Participants Served - Twenty-five participants will be served in each year of the project for a total of 75 participants served over the three year grant period. The budget was prepared in a way to direct the majority of grant funding to participant services.

Structure of the Problem Solving Courts – The structure of [redacted]s problem-solving dockets is post – plea where the defendants enter a formal guilty plea which is held in abeyance, upon successful completion of the program. At graduation, participants have the ability to withdraw the guilty plea and have charges dismissed. In the event of an unsuccessful termination the participant faces regular sentencing.

Project Enhancement Option #4– This proposed enhancement will improve the quality and intensity of treatment services offered to participants of the CMC's four problem-solving dockets.

□ **Randomized Drug Testing Process** – [redacted] problem-solving dockets have established an alcohol and other drug testing protocol that ensures testing is random, frequent and observed. Testing is administered three times a week and results are received within 48 hours for dissemination to all team members, regardless of whether tests are administered by treatment or community supervision. In the event a participant provides a diluted, altered or positive sample the problem-solving docket coordinator is charge with immediate communication with the appropriate treatment staff and others as appropriate.

□ **Coordination and Coverage of Drug Testing Among Providers** – Alcohol and other drug testing is conducted by the problem-solving docket coordinators, probation officers and Moore Counseling and Mediation Services and Community Assessment and Treatment Services. The coordination and coverage of testing is achieved through written protocol and team meetings and status hearings.

□ **Judicial Status Hearings** – Status hearings are scheduled twice a month. These hearings provide a vehicle for the participants to interact with team members in the same proceeding. The judge speaks personally with each participant and rewards achievements and holds participants accountable, as needed. Treatment adjustments are made in accordance with participant progress or lack thereof. The judge requires consistent attendance among all team members. Each docket has developed a Policies and Procedures Manual, consistent with the expectations of the Supreme Court of [redacted] to ensure that the program operates in a consistent manner.

□ **Perception of Procedural Fairness** – The [redacted] problem-solving docket judges routinely provide a high level of interpersonal treatment of the participants that accord them dignity, respect and voice, accountability and transparency for decisions reached through an open process of communication. Prior to admission to the dockets participants receive a Participant Handbook

outlining program rules, policies and procedures including information about the specific behaviors that may trigger sanctions and rewards, types of sanctions and rewards that may be imposed and criteria for graduation and termination.

□ **Evidence-based Treatment Interventions** - Treatment services incorporate the evidence-based principles of Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI) which are embedded all aspects of participant engagement, assessment, treatment and aftercare. Both practices are supported by the National Institute on Drug Abuse (NIDA and the Substance Abuse and Mental Health Services Administration (SAMHSA). Non-medical community residential treatment services incorporate the Trauma Recovery Empowerment Model (TREM) which addresses both short-term and long-term consequences of violent victimization, specifically, posttraumatic stress, mental health and substance use disorders. TREM is listed on SAMHSA's National Registry of Evidence-Based Practices.

State's Drug Court Strategy - The 2016 – 2017 *State Plan* for the [redacted] Department of Mental Health and Addiction Services identifies services for individuals involved in the criminal justice system as a priority populations for access into the publicly-funded alcohol and other drug prevention and treatment system in [redacted] A support letter is attached.

Capabilities and Competencies

Project Team Members - All project staff selected for participation in this project is trained to work with people from diverse backgrounds, explore and accept other value systems and understand how culture and values influence participant behavior. Key staff reflects the racial, ethnic and cultural demographics of the project participants. No new staff will be hired for this project.

Judge [redacted], Veterans Treatment Docket – presides over the Veterans Treatment Docket team. Judge [redacted], whose father was a World War II, has many years' experience working with diversion program and has attended veteran-specific training through the National Association of Drug Court Professionals Justice for Vets project.

Judge [redacted], Human Trafficking Docket – serves as the leader of the HTSD team. She is specially trained in the issues of prostitution, sex trafficking, domestic violence and sexual assault and has completed the Enhancing and Continuing Judicial Skills in Domestic Violence Cases series of training available through the National Council on Juvenile and Family Court Judges Domestic Violence Training Institute.

Judge [redacted], Greater [redacted] Drug Court – recently assumes the position of leader of the Greater [redacted] Drug Court. Since 2005, she has overseen the annual Mock Trial Program, which has exposed hundreds of [redacted] Metropolitan School students to the legal profession. The judge is also involved with the court's Get on Track program which helps educate high school dropouts who encounter contact with the justice system.

Judge [redacted], Mental Health (Co-Occurring) Docket – was elected to the [redacted] Municipal Court on November 6, 2001. In 2006, the judge created the Get on Track program to require offenders to go back to high school or obtain a GED. This program has graduated over 600 defendants. Judge [redacted] approaches her role as leader of the Co-occurring docket with the same passion and commitment.

Coordinator, Greater [redacted] ***Drug Court*** - [redacted], Ph.D. (15% LOE) will contribute 15 percent in-kind support to coordinate and manage all project referrals into the Greater [redacted] Drug Court. Mr. [redacted] was hired by the [redacted] Municipal Court as a culturally-competent

case manager on a SAMHSA-funded project and was most recently appointed coordinator of the Greater [redacted] Drug Court.

Coordinator, Veterans Treatment Docket – [redacted], BS (15%) is retired from the United States Air Force and had been an employee of the [redacted] Municipal Court for the past 13 years. Mr. [redacted] will be responsible for coordinating and managing all referrals into the Veterans Treatment Docket.

Coordinator, Human Trafficking Specialized Docket – [redacted], BA (15%) has been a probation officer with the [redacted] Municipal Court for over 20 years, and since 2000, has specialized in the supervision of women convicted of solicitation-related crimes. Ms. [redacted] has a Bachelor's of Arts degree in Sociology from [redacted] State University and will lend her expertise in working with underserved and marginalized populations. Ms. [redacted] will be responsible for coordinating and managing all referrals into the Human Trafficking Specialized Docket.

Coordinator, Mental Health (Co-Occurring) Docket – [redacted] (15%) has many years' experience working with defendants with mental health and substance use disorders and was recently promoted to coordinator of the docket. She will be responsible for coordinating and managing referrals into the Mental Health (Co-occurring) Docket.

Prosecuting Attorney, [redacted] – Mr. [redacted] used a non-adversarial approach in his role in pursuing justice and protecting public safety, reviewing cases for eligibility and approving reductions in charges

Defense Attorney, [redacted] – Mr. [redacted] role is to ensure the constitutional rights of the participants in terms of their rights, sanctions, termination and providing legal advice.

Project Evaluator, Dr. [redacted] University – Dr. [redacted] role is to evaluate court operations, collect and report performance data, participant outcomes and racial disparities and use data to inform the continuous quality improvement process.

Other Key Personnel - Project Director – [redacted], MPA (10% LOE), will contribute 10 percent in-kind support to provide project oversight, coordinate monthly project management meetings, prepare treatment provider sub contracts and submit all BJA-required performance reports. Ms. [redacted] has over 18 years' experience working at the [redacted] Municipal Court as a project manager, and most recently, as the grant administrator. She is currently enrolled in the National Center of State Courts – Certified Court Management Program through the Supreme Court of [redacted]

Organizational Capabilities - The [redacted] Municipal Court has 15 years of experience successfully operating specialized dockets including the Greater [redacted] Drug Court, Mental Health Docket, Veterans Treatment Docket and the Human Trafficking Docket. In 2009, the Greater [redacted] Drug Court celebrated its 1,000 graduate. Feedback comments, taken from confidential client satisfaction surveys, demonstrate the impact of the drug court on the lives of the participants. Comments include statements like: "My life changes 100%.....Drug court makes you stay on the straight and narrow....Drug court helped me realize how important it is to take my life seriously, now it feels so good to be sober, I have respect from my family and my kid's grades came up a whole lot."

Since 2004, the court has successfully administered over $3 million in federal and state grants including the Office of Criminal Justice Services (2006, 2011), Criminal Corrections Act (2007), Department of Justice – Bureau of Justice Assistance (2008, 2010, 2014, 2016), the Substance

Abuse and Mental Health Services Administration (2008, 2011, 2014, 2015) and the Office of Violence Against Women (2011).

Proposed Treatment Providers - Moore Counseling and Mediation Services, Inc. - is a behavioral health organization with over 15 years of experience in the fields of substance abuse, mental health, mediation, employee assistance programs (EAP) and professional development. MCMS is licensed as an Outpatient Treatment Center by the [redacted] Department of Mental Health and Addictions Services [redacted]. Moore Counseling works with several municipalities throughout Northeast, [redacted] MCMS works closely with probation departments and magistrates to offer the most comprehensive care to clients in need. Moore Counseling has been providing treatment services to the Greater [redacted] Drug Court for the past two years, and has worked with them to create a strong continuity of services. Moore Counseling has six locations in [redacted] and has a diverse group of counselors, social workers, addictionologist, psychiatrist, nurses, case managers, and recovery coaches.

Community Assessment and Treatment Services is an ideal partner for addressing the treatment needs of a justice-involved population because it is only one of two in the state to be certified by both the [redacted] Department of Rehabilitation & Correction (ODRC) and the [redacted] Department of Mental Health and Addiction Services ([redacted] to provide substance abuse treatment in a residential setting. In the last year, CATS has received training on Stages of Change and Motivational Interviewing from the Center for Evidence Based Practices at [redacted] University and technical assistance on Cognitive Behavioral Therapy (CBT) and Core Correctional Practices from the Center for Criminal Justice Research Division of Criminal Justice at the University of [redacted] The residential program offers a diverse range of programming designed

to assess and lower the risk of recidivism as well as identify and address the criminogenic domains using the [redacted] Risk Assessment System [redacted].

Memoranda of Understanding – Attached is an MOU signed by each team member of the Greater [redacted] Drug Court.

Evaluation, Continued Care, Healthcare Integration, Sustainability and Data Collection

Willingness and Ability to Collect Data - The project evaluation will be conducted by Case [redacted] University Begun Center for Violence Prevention and Research under the direction of Dr. [redacted]. [redacted] has the capacity and willing and ability to collect and analyze client-level demographic, performance and outcome data and to conduct regular assessments of program service delivery. This project agrees to report aggregate client-level performance and outcome data through BJA's Performance Management Tool. The project evaluator and director will coordinate the collection and reporting of this data.

Plan for Evaluating Court Performance - The evaluation will examine all required BJA performance measures and performance assessment data (units of service delivered, services added, etc). The analysis of court operations will focus on how the court projects operate, the services it provides among other court functions.

Description of Projects Screening Tool and Referral Process - Potential participants are recruited and identified from the cohort of offenders assigned to active probation at the [redacted] Municipal Court. Prior to referral, potential participants are screened for eligibility, risk level and treatment need ([redacted] Risk Assessment System – [redacted], co-occurring (Mental Health Screening Form III), and trauma (PCL-C). In addition, the Veterans Treatment Docket screens for military status and the Human Trafficking Docket uses the Trafficking Victim Identification Tool (TVIT) developed Vera Institute of Justice. Information gleaned from the risk and clinical assessments is used to inform the treatment and recovery support services planning for all participants.

The project evaluator, director and coordinators will be responsible for ensuring the numbers of offenders screened and referred for participation mirror the jurisdictions substance abuse arrestee percentages.

Process of Quarterly Review - Dr. [redacted] will conduct semi-structured interviews with key project staff and stakeholders at six and 12-month interviews to examine the perceived effectiveness of the project components and to solicit recommendations for process improvement. Focus groups will also be conducted with a sample of project participants to assess levels of satisfaction with services, access to services and perceptions of the project. The evaluator will perform a quarterly review of actual versus projected number of participants enrolled.

Project Sustainability – This project will be sustained through Medicaid reimbursement (for allowable services), leveraging other federal funding sources such as SAMHSA's Access to Recovery which supports recovery supports services, working with the [redacted] Department of Mental Health and Addiction Services to realign state resources to support treatment for the criminal justice-involved population, partnering with community-based organizations to share services and through rigorous grant writing activities.

Community Reintegration and Continued Stay Strategy – During the final phase of the docket participants will focus on developing a relapse prevention and continuing care plan to ensure that they continue to engage in pro-social activities and remain connected with peer support groups after their discharge from the program. Recovery support services, including housing and employment services will be made available through the SAMHSA-funded Access to Recovery (ATR) program. Aftercare groups are three hours in length and take place every Friday. Urine samples are collected at each session and the referral source is notified of any absences. The aftercare component averages five sessions in duration.