A. Statement of the Problem (Category 3: Statewide)

Category, Total Funding. This application is in response to the Bureau of Justice Assistance (BJA) *Adult Drug Court Discretionary Grant Program FY 2017 Competitive Grant Announcement.* This application focuses on Category 3: Statewide, Subcategory A. Statewide [redacted] Specialty Courts ([redacted] drug courts are already in existence and programmatic emphasis is given to the *Best Practice Standards (BPS),* including: serving the target population, emphasizing historically disadvantaged groups, educating judges on roles and responsibilities, utilizing incentives, sanctions and therapeutic adjustments, providing substance abuse treatment, utilizing complementary treatment and social services, providing drug and alcohol testing, utilizing a multidisciplinary team, adhering to census and caseload standards, and monitoring and evaluating programs (National Association of Drug Court Professionals [NADCP], 2013, 2015). All of the above areas of emphasis are listed as evidence-based program design features which are a priority to the BJA.

This application asks for $[redacted] over 3 years to accomplish the goals set forth in this application. While [redacted] drug courts have a history of research and operating via data-driven strategies, this evaluation is critical to examine the current status of *BPS* implementation, and would not be possible without federal funding. This project will assess the current status of *BPS* implementation in [redacted] drug courts by administering the NADCP Standards Adherence Tool (SAT) to all [redacted] drug courts; provide training from the National Drug Court Institute (NDCI) to select staff, judges and multidisciplinary drug court teams to increase awareness and understanding of *BPS* and identify barriers to implementation; develop an interactive training module for new [redacted] drug court judges and teams to encourage ongoing adherence to *BPS*, and evaluate the effectiveness of the project in increasing compliance with *BPS*. These goals correlate with all of the *BPS*, since each drug court program will be holistically examined for

adherence to all 10 *BPS*. More specifically, areas of focus will be *BPS* #3, 8, and 10 (*BPS #3 The Drug Court judge stays abreast of current law and research on best practices in Drug Courts, participates regularly in team meetings, interacts frequently and respectfully with clients, and gives due consideration to the input of other team members. BPS #8 A dedicated multidisciplinary team of professionals manages the day-to-day operations of the Drug Court, including reviewing participant progress during pre-court staff meetings and status hearings, contributing observations and recommendations within team members' respective areas of expertise, and delivering or overseeing the delivery of legal, treatment and supervision services. BPS #10: The Drug Court routinely monitors its adherence to best practice standards and employs scientifically valid and reliable procedures to evaluate its effectiveness.* These standards are research-based and data-driven services. **Given present levels of funding, there is no ability to partner with an external evaluator to assess the current status of *BPS* and provide training and address barriers to improve adherence.**

[redacted] ***Drug Court Information/Overview.*** The first Administrative Office of the Courts (AOC) adult drug court program was implemented in [redacted] in 1996. The majority of the first 30 programs were implemented via BJA funding. In 2004, funding was secured through The Unlawful Narcotics Investigation, Treatment and Education (UNITE), Inc. to establish 12 more programs in eastern [redacted] bringing the total adult drug courts in [redacted] to 42. In 2006, the [redacted] General Assembly allocated funding to implement adult drug courts statewide. Of [redacted] 120 counties encompassing 57 jurisdictions, all but 7 counties have an established drug court. [redacted] also oversees other AOC problem-solving courts, including one DUI Court, five Veterans Treatment Courts, and one Mental Health Court.

Eligible Population and Capacity. [redacted] ensure high risk/high needs individuals are being served by adhering to protocols outlined in <u>*BPS #1 Target Population:*</u> *Eligibility and exclusion criteria for the Drug Court are predicated on empirical evidence, indicating which types of clients can be treated safely and effectively in Drug Courts. Candidates are evaluated for admission to the Drug Court using evidence-based assessment tools and procedures.* The program targets non-violent offenders charged with felony drug-related crimes who are eligible for diversion and/or probation under existing statutes, who are identified as being high risk and high needs on validated criminogenic and substance use disorder screening tools, and who agree to participate. Clients may also be placed in the program in lieu of probation revocation. This process may be completed within 4-6 weeks of arrest. The potential client is presented to the drug court team and judge, and if accepted, begins the program immediately. This process is described in more detail in Section D. [redacted] **does not require any defendant to serve additional time before entering drug court.** [redacted] **makes no prohibition of Medication Assisted Treatment (MAT) prior to admission, nor as a condition of participation up to and including graduation.**

The capacity for each drug court is based on <u>*BPS #9*</u>*: The Drug Court serves as many eligible individuals as practicable while maintaining continuous fidelity to best practice standards.* In [redacted] drug courts, capacity is based on the geographical size and nature of the jurisdiction (which can affect staff time because of travel), average number of drug related offenses committed in the jurisdiction, and a formula of a maximum caseload of 15 clients for the program supervisor and 30 clients per case manager. Since inception in 1996 through December 31, 2016, a total of 24,013 clients were served by [redacted] Of those, 8,257 have graduated, 11,193 were terminated or voluntarily withdrew, and 1,056 were administratively

discharged. 2,273 were working towards program completion at the end of 2016. Most [redacted] are currently operating at capacity or above capacity as described above, based on staffing levels.

Evidence-based Treatment Practices/Services. [redacted] provide evidence-based treatment practices and services statewide. All [redacted] strive to adhere to the *Ten Key Components*. In January 2006, the AOC Drug Court Department with the assistance of AOC's Legal Department implemented the Supreme Court of [redacted] Administrative Procedures of the Court of Justice (AP) setting forth guidelines by which all AOC [redacted] would operate. The AP, the Procedures Manual, Team Training Manual, New Employee Orientation Manual, and Participant Handbook ensure that the *Ten Key Components* are followed in the daily operations of all programs.

In 2013, the NADCP Best Practice Standards Vol. 1 was released, and in 2015, Vol. 2 was released. A statewide conference in 2014 provided [redacted] drug court staff, judges and teams with NADCP training in the first five standards. Videos of the statewide conference were distributed to all drug court judges and teams for follow-up. The team training manual was re-designed to incorporate the new *BPS*. All new employees are trained in *BPS* as part of their orientation. Judges and teams meet with a Drug Court Manager every few years for team trainings. Regional Supervisors review *BPS* with staff at least on an annual basis or more frequently as needed.

In spite of aforementioned efforts to provide frequent and ongoing training regarding *BPS*, it is unclear how many [redacted] drug courts are implementing *BPS*, or what barriers may keep them from being fully implemented. **To date, no formal examination has been conducted to determine whether the *BPS* are being followed. Without funding, [redacted] will not be able to evaluate adherence to and provide sufficient training on the *BPS*. It is the goal of this**

project to evaluate *BPS* in [redacted] drug courts and to determine adherence to these principles, which have been shown to reduce recidivism and increase positive outcomes.

Need, Documented Outcomes. [redacted] is an area of interest given the attention on the misuse and nonmedical use of prescription opiates in rural, Appalachian areas (Havens, 2007; Hays, 2004). In addition, use of heroin and fentanyl have been increasing in alarming frequency. [redacted] had a 21.1% increase in overdose deaths from 2014 to 2015, and has the 4th highest ratio of overdose deaths in the nation, (Centers for Disease Control, 2016). The National Survey on Drug Use and Health identifies many of the rural, Appalachian areas of [redacted] in the highest prevalence regions when examining illicit drug use other than marijuana for persons aged 12 and older. (SAMHSA, Behavioral Health Barometer, 2014). Over half (52.7%) of [redacted] entering treatment report using opioids including heroin in the previous year. An additional 21.5% misused other prescription medication, and 24.0% misused stimulant drugs including cocaine and methamphetamines (KTOS, 2014). A little under one fourth (29 of [redacted] 120 counties) are included in the Drug Enforcement Agency's High Intensity Drug Trafficking Area (HIDTA) because drug trafficking in these counties are having a significant harmful impact on the area (DEA, 2016). In addition, based on a statewide needs assessment, [redacted] has also been in the spotlight related to methamphetamine use (Webster, Garrity, Leukefeld, & Clark, 2007).

While there has never been an examination of *BPS* adherence, past [redacted] drug court evaluations have shown positive outcomes. These efforts will be briefly summarized. Dr. [redacted] and colleagues examined three urban sites and found that only 8.5% of graduates had committed new felony offenses compared to 22.8% of the comparison group after 1 year (Logan et al., 2001). A 2004 [redacted] evaluation indicated that 2 years post-drug court, 20% of graduates had

committed new felony offenses, compared to 57.3% of the comparison group (Hiller, Havens et al, 2004). [redacted] and colleagues conducted a comprehensive statewide outcome evaluation in 2011, focusing on a sample of all [redacted] drug courts. The data showed that only 9% of graduates had a felony offense in the 2 years post program compared with 15% of the program terminators and 17% of the comparison group, respectively ([redacted] et al., in press).

Federal funding is critical to meeting project goals. While previous evaluations have shown positive outcomes associated with [redacted] drug courts, none have focused specifically on examining use of *BPS*. Quantitative and qualitative data will examine adherence to *BPS*, but will also look at organizational and community factors which might be barriers to *BPS* implementation. Evaluating adherence to *BPS* through this project is expected to expand and strengthen the quality of [redacted] drug courts by reducing recidivism and increasing positive outcomes. [redacted] has a well-documented priority for incorporating evidence based practices and monitoring outcomes.

Targeted Number. This project proposes accomplishing a statewide study of adherence to *BPS* and addresses improvement in adherence to *BPS*. Thus, funds from this grant will not be used to provide direct services to clients. Progress/achievement of the target will be assessed by meeting the goals/objectives detailed in Section B.

B. Project Design and Implementation (Category 3: Statewide)

The AOC monitors timeliness of processing by reviewing the average days between referral to assessment, assessment to entrance, and referral to entrance. There is no mandatory period of incarceration required prior to participation in [redacted] drug courts. Medication Assisted Treatment (MAT) is recognized by [redacted] as a valid and important EBP with this population, thus all partners understand that individuals receiving MAT are not prohibited by [redacted] from eligibility, receiving ongoing services, or graduating from [redacted] drug court. There are no fees

associated with participation in [redacted] Clients are required to pay all, or a substantial amount if all is not feasible, of fines, court costs, restitution and child support. However, inability to pay will not impede participation in the program or access to treatment. In cases where it is impossible for fines, fees, and court costs to be paid – these may be waived at judicial discretion.

Given the target area, a relatively homogeneous population is served (8.3% African American; US Census, 2016). Despite the lack of racial diversity, subpopulation disparities may be possible based on other factors such as age, income, gender, and/or disability. To reduce disparities among subpopulations, EBPs must be: 1) found to be effective for the subpopulations, including gender and ethnicity; 2) delivered by trained staff to ensure that fidelity is maintained; 3) delivered in a culturally-competent setting; and 4) delivered in a trauma-informed manner. The AOC routinely runs performance measure reports to assess access and fairness and ensure demographic composition of referrals, entrances, and exits are consistent with expectations and trends of local offender and arrestee populations.

Design, Goals/Objectives. Each goal/objective listed below is linked to the *Best Practice Standards 3, 8 and 10.* A timeline for proposed completion is included. A Time Task Plan is also attached.

Goal 1: Identify how [redacted] drug courts are implementing the *BPS.* Goal Completion: by Month 9

Objective 1a. Partner with external evaluator ([redacted] State University; Dr. [redacted] to conduct an unbiased evaluation as well as data analyses/reporting for all data collection. This will include signing the MOU. Timeline Completion: Month 3

Objective 1b. Conduct a statewide survey using the NADCP Standards Adherence Tool (SAT) to assess each courts' implementation of and adherence to the *BPS.* Timeline Completion: Month 5

Objective 1c. Use quantitative and qualitative data analyses to identify areas for improvement in terms of implementation of/adherence to the *BPS*. Timeline Completion: Month 8

Objective 1d. Partner with the National Drug Court Institute (NDCI) to identify appropriate training topics regarding the *BPS*. Timeline Completion: Month 8

Objective 1e. Based on data collected from the NADCP SAT, identify 12 [redacted] Drug Court judges and teams to invite to NDCI training. In order to get a broad perspective on implementation/adherence to the *BPS* both high performing (n = 6) and lower performing (n =6) will be invited to the training. Timeline Completion: Month 9

Goal 2: Provide extensive and on-going training to selected [redacted] Drug Court judges and teams to achieve better implementation of and adherence to *BPS*. Goal Completion: by Month 30

Objective 2a. Conduct initial training by NDCI/selected trainers to selected [redacted] Drug Courts. Conduct pre/post-test data collection at the training to assess knowledge of the *BPS.* As opposed to the previous data collection which was focused on program-level data (Goal 1, Objective 1b), this data will focus on the NADCP practitioner survey to assess knowledge of the *BPS.* Timeline Completion: Month 12

Objective 2b. Regional supervisors will follow-up with drug court judges and teams to continually assess training needs related to the *BPS* and to help resolve barriers to implementation/adherence. Timeline Completion: Month 12 and onward

Objective 2c. Six months after initial training, utilize NADCP SAT to assess each courts' implementation of and adherence to the *BPS*. Timeline Completion – Month 18

Objective 2d. Use qualitative data collected by regional supervisors as well as quantitative data collected via the survey to identify areas in need of additional focused training. Timeline Completion: Month 18 through 30

Objective 2e. One year after initial training, provide follow-up training by NDCI to selected programs. Conduct pre/post-test data collection at the training to assess practitioner knowledge of the *BPS.* Timeline Completion: Month 24

Objective 2f. Six months after follow-up training, utilize NADCP SAT to assess each courts' implementation of and adherence to the *BPS.* This data will be utilized to meet Goal #3. Timeline Completion: Month 30

Goal 3: Develop training materials to assist new drug court judges and teams to ensure ongoing adherence to *BPS*. Goal Completion: By Month 36

Objective 3a. Based on data collection regarding implementation and adherence to *BPS (Goal2, Objective 2f),* develop training module for new judges and drug court teams. Timeline Completion Month 32

Objective 3b. Implement training module when new drug court judges are identified, and for drug court teams annual training, to be conducted by [redacted] Managers and Regional Supervisors. Month 32 and onward

Objective 3c. At the end of the post training module, again utilize the NADCP SAT to assess each courts' implementation of and adherence to the *BPS.* These data can be compared via longitudinal data analyses to see how adherence to and implementation has changed over the course of the grant. Month 32 and onward

Objective 3d. Prepare final report summarizing data at all data collection points and highlighting successes/challenges with implementing/adhering to the *BPS.* Month 36

Evidence-based Principles/Practices& Project Strategy. As discussed, [redacted] drug courts strive to incorporate the *Ten Key Components* and the *BPS.* The entirety of this grant is focused on offering training and better understanding of the implementation of/adherence to and barriers to implementation/adherence via data-driven, evidence based strategies.

Statewide, Data-driven Strategy. [redacted] have a history of being data driven. During the development of [redacted] drug courts, process evaluations were regularly conducted to ensure appropriate implementation. Statewide evaluations, performance measures and a robust MIS system provide data that guide [redacted] in creating and modifying effective strategies. *While this project does not propose an evaluation of* [redacted] *drug court outcomes, other outcome evaluations have shown the effectiveness of* [redacted] *drug courts (as described above). If the current study shows success in examining the adherence to and implementation of the BPS, future studies may examine outcomes associated with adherence.*

In the 2011 [redacted] Legislative Session, a bill was passed to initiate the most comprehensive overhaul of [redacted] correctional system in the Commonwealth's history. This legislation focused on removing offenders with substance use disorders out of the prison system and into community supervision and/or residential treatment. One of the goals was to ensure that all addicted offenders were receiving the appropriate levels of community supervision and evidence based substance abuse treatment. [redacted] drug courts are a primary resource in this process and since this bill was enacted, a greater number of offenders have been referred into the program, thus increasing capacity. Other programs, offered through the Department of Corrections, the Cabinet for Health and Family Services, Pretrial Services, Probation and Parole,

and the Department of Public Advocacy also divert clients from incarceration as a result of the legislative action of 2011. [redacted] drug courts focus on high-risk/high needs clients and provide the most intensive services available of the state-wide programs. Eligibility, referral and admissions procedures *(noted in Section D)* help ensure that clients entering drug court meet the criteria for high risk and need. Because of a significant increase and high prevalence of opioid misuse in many parts of the state outlined in Section A, many [redacted] drug courts are currently at capacity. Plans are underway to ask the State Legislature to address expanding capacity in the next biennial budget in 2018.

With the proposed funding, neither drug court expansion nor capacity are addressed. *Rather, the application goal is to improve the quality of* [redacted] *drug courts by examining adherence to BPS, and assessing the result of training and resulting adherence to BPS on select drug courts, and develop an interactive training module to increase adherence to BPS by new judges and drug court teams. This project is designed to ensure that* [redacted] *drug courts comply with the BPS that have been shown to reduce costs and recidivism and increase positive outcomes, and will provide the Legislature with additional information regarding* [redacted] *effectiveness and cost savings in order to increase capacity in the future as needed.*

Drug Testing. The detailed and randomized drug testing is outlined in accordance with *BPS #7: Drug and alcohol testing provides an accurate, timely, and comprehensive assessment of unauthorized substance use throughout clients' enrollment in the Drug Court*. Drug testing is used to determine drug abuse patterns, for treatment purposes, and to monitor progress. Throughout program duration, clients are required to call a drug testing center daily to find out if they are required to test on that day. Testing schedules are randomized using a random number generator. Phase I and II clients test a minimum of 2 times a week; and Phase III, a minimum of

1 time a week. Aftercare clients are tested randomly or for cause. All tests are observed by a trained, same-sex collector in order to assure that no adulteration, contamination or other tampering occurs. [redacted] contract with a statewide vendor and use a 15 drug rapid device screening as the primary method of testing. Laboratory tests, including EtG for alcohol testing is also available and conducted in conjunction with the rapid devices. Drugs of abuse tested for can vary with each test administered, but if the initial test shows positive, the sample may be sent to a certified laboratory for GC/MS confirmation. DAR testing (over 250 prescription and over the counter medications), oral swabs and sweat patches are also available for use. Standard DOT approved chain of custody documentation and handling is followed.

Judicial Status Hearings/Consistency. The frequency of judicial status hearings is described in accordance with *BPS#3: The Drug Court judge stays abreast of current law and research on best practices in Drug Courts, participates regularly in team meetings, interacts frequently and respectfully with participants, and gives due consideration to the input of other team members.* Phase I clients attend court sessions weekly; Phase II clients, bi-weekly; and Phase III clients once every three weeks. Prior to each drug court session the team meets with the judge to discuss the progress of clients, review ongoing assessments and service needs of clients, and address issues of non-compliance. All the [redacted] are part of a unified court system with oversight from AOC ensuring procedural consistency.

Procedural Fairness via Court Operations. Procedural fairness is ensured with *BPS#4: Consequences for participants' behavior are defined and predictable, fair, consistent and administered in accordance with evidence-based principles of effective behavior modification.* Incentives are handed out during drug court sessions as clients reach milestones in the program and per their individual recovery. Incentives may include, but are not limited to: small tangible

gifts; phase promotions; increased privileges; acknowledgement from the judge; and eventual program completion and dismissal of charges. Staff and team members also consistently reinforce "naturally occurring incentives" during interactions with clients (e.g., stable housing and employment, improvement of educational level, reunification with children and other family members, and health insurance).

Clients must abide by all conditions of the drug court and the failure to do so may result in sanctions. Sanctions are designed to change future behavior rather than to punish past behavior. They are swift, predictable fair and graduated, based on behavior choices made by the clients, and handed down by the judge during drug court. Sanctions may include, but are not limited to: admonishments from the judge, increased supervision, increased court appearances or drug testing, additional journaling or homework, community service hours, short term incarceration, or discharge from the program. A clear distinction is made between sanctions to modify behavior as a result of a disregard of rules, failure to meet requirements, or other compliance issues, and therapeutic responses designed to address continued use, relapse, or other issues which may result in an increased level of treatment. All clients receive written and oral information about drug court procedures and access to a grievance process.

Sustainability. This grant seeks funding for a statewide evaluation of adherence to *BPS* in an effort to improve adherence, not to implement or supplement any new or existing programs. Therefore, all [redacted] will be sustained after this grant ends. [redacted] have shown the program can be sustained in a time of lean funding from the State General Fund as well as during a transitional period (i.e., change in Governor). Findings from this study will be used to encourage and advocate for more funding for [redacted] In addition, research on [redacted] will not stop at

the end of this grant. Data will be gathered via the MIS and other partnerships will be fostered to continue to evaluate the implementation and effectiveness of [redacted]

Veterans Treatment Courts. This project does not address other [redacted] programs, including Veterans Treatment Courts.

C. Capabilities and Competencies (Category 3: Statewide)

Organization, Key Personnel, Roles, Responsibilities, and Qualifications

Organizational Capabilities. The AOC will oversee this project, ensure cooperation among the [redacted] sites and provide required reports. AOC provides fiscal, administrative, and technical support to all [redacted] The fact that AOC oversees all [redacted] via a unified court system will have a critical impact on the success of this project. All [redacted] staff are AOC personnel and report directly to the key personnel in this application. The AOC is supportive of this project. In fact, this application stems from several recommendations of the Legislative Research Commission, Program Review and Investigations Committee, 2007 Drug Court report (LRC, report 346, 2007) including conducting more evaluation and cost-benefit analysis for [redacted] including a focus on recidivism and data analysis of MIS data. The AOC has a long history of completing grant-funded projects via the BJA and SAMHSA. AOC has the organizational competencies and capabilities to facilitate success for the proposed project.

Key Personnel, Roles, Responsibilities and Qualifications. [redacted] has been the director of AOC since 2009; she reports directly to the Chief Justice of the [redacted] Supreme Court, [redacted]. [redacted] is the Executive Officer, Department of Specialty Courts; she is an attorney and former prosecutor with 14 years of experience in [redacted] Several AOC administrators will be integral to the project planning and implementation. [redacted] and [redacted] are statewide Managers of [redacted] and will oversee all Regional Supervisor activities related to this project. Ms. [redacted] has an M.S. in criminal justice. She has worked for [redacted] for 10 years, first as a Program Supervisor and currently as statewide Manager. Ms. [redacted]

has an M.A. in Women's and Gender Studies and has served in a number of capacities in her 13 years with [redacted] including Program Supervisor, Regional Supervisor, Regional Specialist, and currently, statewide Manager. [redacted], Administrative Support Supervisor, is one of the original design/planning team members for the comprehensive [redacted] Management Information System (MIS) and also oversees the data collection for the [redacted] performance measures. Over the past 10 years, Ms. [redacted] has facilitated MIS orientation workshops and statewide training to over 160 drug court staff. She continues to improve and upgrade the MIS and performance measures data collection to further develop the production of statewide research data. [redacted] and [redacted] are Regional Supervisors. They will be integral to this project in communicating with drug court judges and teams and continually assessing training needs related to the *BPS*. Their role will also be to help resolve barriers to implementation and adherence. Ms. [redacted] has a B.S. in Criminal Justice, and 17 years with [redacted] 15 of them in supervisory roles. Ms. [redacted] has a B.A. in Psychology, is a certified drug and alcohol counselor, and has 26 years supervisory experience, 17 of them as Program Supervisor and Regional Supervisor with [redacted] Ms. [redacted] received a B.A. in Criminal Justice and has worked for 13 years as a Regional Supervisor with [redacted] Ms. Yates has 26 years of experience with substance use disorders, and is a certified drug and alcohol counselor. She worked with [redacted] as a Recovery Coordinator for 3 years before becoming a Regional Supervisor in 2007. Ms. [redacted] has an M.A. and has been a licensed addictions counselor. She has 33 years working in the field of substance misuse, the past 13 of which have been with [redacted] first as Program Supervisor and for the past 10 years as Regional Supervisor. Mr. [redacted] has a B.A. in Criminal Justice and 22 years working in various criminal justice settings, including being a Recovery Coordinator for

[redacted] for 4 years. He has been a Regional Supervisor since 2011. Ms. [redacted] has been with [redacted] for 15 years, and worked first as a Case Manager before becoming Urban Program Supervisor. She is in her first year as Regional Supervisor for large urban programs, and has an M.S. in Sociology and Criminal Justice. [redacted] Managers, Administrative Support Specialist, and Regional Supervisors will be responsible for implementing Goal #3.

All evaluation data collection will be overseen by [redacted] State University (MSU). **Dr.** [redacted] will be the lead Evaluator on this goal through a MOA between AOC and MSU. She received her PhD from the University of [redacted] in 2007, and has 17 years of research experience. She is an associate professor at MSU, and also currently collaborating with the AOC on multiple SAMHSA and BJA evaluation projects. Dr. [redacted] will be responsible for developing the evaluation plan, and overseeing a research assistant to help with data collection, data analyses and reporting. She will also prepare all materials for review by the Institutional Review Board. [redacted]**, MSW**, will be the research assistant for the project. She will oversee the data management and analyses. Ms. [redacted] has 7.5 years of research experience and has been involved in various facets of evaluation projects including: data collection, data analyses, and report writing.

The National Drug Court Institute (NDCI) will be a collaborative partner to provide training regarding the *BPS*. NDCI was formed in 1997 in response to a need for standardized, evidence-based training and technical assistance as a result of the rapid expansion of problem-solving courts across the US. As a division of NADCP, they have emerged as the definitive authority on the latest research, best practices, and cutting-edge innovations to treat offenders facing substance use and mental health disorders. NDCI will provide the NADCP Standards Adherence Tool (SAT) and *BPS* training, and are uniquely positioned to assist in this project.

The MSU and NDCI will work collaboratively with [redacted], Regional Supervisors, as well as drug court judges, staff and team members. All individuals have existing professional relationships based on past evaluation work.

D. Evaluation, Continued care and Healthcare Integration, Sustainment, and Plan for Collecting the Data Required (Category 3: Statewide)

The proposed project team at MSU has the ability to collect data and report the data effectively. One of the primary goals of this application is to conduct a systematic data-driven examination of [redacted] drug courts to review implementation of/adherence to the *BPS* and to gather information regarding the barriers to achieving the *BPS* (after training and other strategies are utilized). MSU, in conjunction with the AOC, have a long history of successful collaborative research projects funded by the BJA. Both collaborating partners are willing and able to report data through BJA's PMT. The AOC will take the lead on reporting to the BJA. While this application proposes an evaluation of [redacted] implementation of/adherence to the *BPS*, which includes the involvement of human clients (particularly to collect the pre/post data on *BPS* implementation), the primary purpose of data collection is for program evaluation. All procedures to be used in data collection will be presented to and approved by the MSU Institutional Review Board prior to implementation. All evaluation staff will complete the Collaborative Institutional Training Initiative (CITI) protecting human clients training and receive extensive training prior to any interaction with human clients. All data will be confidential and de-identified to anyone outside the project management team (PMT). For reporting purposes, all data will be presented in aggregate.

Management and Evaluation. Tentative timelines for completing activities associated with the goals/objectives are included above in Section B. *A more detailed Time Task Plan is also attached.* All evaluation activities will be collaborative between AOC and MSU. MSU will be expected to provide quarterly progress updates to the AOC for inclusion in the PMT and other

required quarterly reports. Evaluation of project progress will also be discussed via Continuous Quality Improvement (CQI) meetings conducted as needed to discuss project planning and progress.

Screening/Referral. [redacted] aim to restore individuals with substance use and criminal justice involvement to productive citizenship by providing community-based rehabilitation, while still protecting and promoting public safety. The program targets non-violent offenders charged with misdemeanor or felony drug and drug-related crimes who are screened for eligibility prior to being accepted. A [redacted] CourtNet Criminal History Report and NCIC are obtained to ensure there is no history of violent offenses and an eligibility assessment is scheduled with a [redacted] program supervisor.

The drug court program supervisor completes the [redacted] Drug Court Eligibility Risk and Needs Assessment ([redacted] which is comprised of several validated and evidence based instruments designed to identify appropriate high risk/high needs candidates. The assessment goal is to target defendants who can benefit from the program based solely on risk and need, except for violent criminal exclusions. [redacted] is comprised of the Ohio Risk Assessment System Pretrial Assessment Tool (ORAS-PAT), the Ohio Risk Assessment System Community Supervision Screen (ORAS-CSST), which screen for criminogenic risk; the Texas Christian University Drug Screen-V (TCUDS-V), which screens for symptoms of substance use disorder; Mental Health Screening Form-III (MHSF-III), which identifies symptoms of co-occurring disorders. The Addiction Severity Index (ASI) is also administered to gather other psychosocial information to assist with treatment planning. This process is undertaken with each defendant to ensure high risk/high needs offenders are referred, screened and served.

If the participant is eligible and accepts all conditions of [redacted] drug court, he/she is assigned to a drug court judge and enters a guilty plea. Defendants eligible for probation or facing revocation may ask for a drug court referral at the time of the guilty plea or stipulation to the probation violation is entered. If the judge agrees to a referral, an order is entered and eligibility protocols are initiated. Defendants are notified at the sentencing hearing as to whether they are accepted into the program. If accepted, they appear at the next regularly scheduled drug court session. *The proposed activities in this application will help examine fidelity to the outlined screening and referral processes (BPS 1 & 2).*

Quarterly Reviews. MSU and AOC will be in continual contact to ensure the project is on track to meet stated goals/objectives. If, at any time, a discrepancy is perceived between the expected/actual capacities, the information will be discussed by the PMT. CQI meetings will be regularly scheduled to ensure all vested parties are properly informed of the project's progress. Since this application is not a service enhancement and/or expansion to achieve targeted capacity in a specific drug court, the proposed Time Task Plan focuses on progress towards proposed training and evaluation goals.

Sustainability/Leveraging Resources. Findings from this and other studies will be used to encourage, advocate, and leverage more funding for drug court. In 2007, [redacted] programs participated in a review conducted by the [redacted] Legislative Research Commission (LRC). The LRC reviewed both process and outcome evaluations of KDC. They concluded that a) the level of funding allocated to treatment is relatively low; b) funding for drug court is distributed among providers based on the level of funding allocated in previous years; and c) the MOA between AOC and the CMHCs provide different fees for similar services and do not reflect the cost of providing the services (LRC, Program Review/Investigations Committee Drug Courts Research Report No.

346, p. 61). Since 2012, [redacted] have expanded to include Veterans and Mental Health Courts and sustain these with state funding after the initial grant period. Thus, even with budget shortfalls, opportunities for sustainability and funding are available given the evidence of effectiveness which emphasizes the importance of program evaluation data and adherence to the *BPS*.

Reintegration/Aftercare/Medicaid Expansion. The [redacted] drug court goal is to help the client establish a drug-free life by decreasing the reliance on drug court staff and service providers and increasing contact with community support networks. In a 6 month monitored aftercare phase, clients engage in relapse prevention and recovery support activities, including: mentoring current clients, organizing community service projects, continuing involvement in self-help programs, organizing sober recreational activities and teaching supervised psychoeducational groups for active clients. *This project is not asking for funding for* [redacted] *operations, but for training and evaluation regarding implementation of/adherence to the BPS – the* [redacted] *programs will continue to operate after BJA funding. Hopefully funding from this project will help with more capability for* [redacted] *to achieve the BPS.*

[redacted] was an early adopter of Medicaid expansion through the Affordable Care Act. From 2013-2015, there was a 63% reduction in the number of uninsured individuals in the state (Healthinsurance.org, 2017). While the state's Medicaid expansion is currently being rolled back, substance abuse and mental health services have been specifically excluded from cuts. However, since this grant only focuses on training and evaluation, the Medicaid expansion would not play a role in covering the activities proposed within this project.