BJA PINELLAS ADULT DRUG COURT ENHANCEMENT PROGRAM NARRATIVE

A. Statement of the Problem

Immediate Issues the Enhancement Seeks to Address - In 2019 the Pinellas Adult Drug Court (PADC) graduated 300 clients (63 percent of all exits) and a four-year retention rate of 74 percent. Despite these promising numbers, only 25 percent of individuals who reported past sexual trauma successfully completed drug court, 58 percent resulting in termination and 17 percent voluntarily withdrawing from drug court. This may occur because participants have not fully addressed their underlying sexual abuse issues and have reverted into old patterns after successfully completing substance abuse treatment. According to the Human Trafficking Hotline, Florida is third in the nation for human trafficking in the U.S. (https://humantraffickinghotline.org/states, 2020). Tampa Bay, including Pinellas County, is one of the greatest problem areas in the state. In 2019, 96 PADC participants identified past sexual trauma at the time of drug court admission. This proposal seeks to help these clients successfully complete drug court through new programming designed to address sexual trauma and human trafficking issues. This enhancement proposal directly furthers the PADC's implementation of the NADCP Best Practice Standard 6 – Complementary Treatment and Social Services.

Pinellas County has partnered with the Sixth Judicial Circuit Court (SJC), Center for Rational Living (CRL), and Dr. Kathleen Moore at University of South Florida's (USF) College of Behavioral and Community Sciences to enhance the current PADC model in an effort to successfully complete more participants, raising the graduation rate 10-15 percent. The new model for the PADC includes the new AURORA Project (AP) for use by CRL to better address sexual trauma needs in high risk/high need drug court participants who are prone to failing drug court when only receiving substance abuse treatment.

Aurora means “new dawn” in Latin and in Roman mythology the goddess Aurora renews herself daily, announcing the arrival of the sun. The AP represents a new start for participants and will be achieved by implementing evidence-based practices in a trauma-informed, gender-specific, therapeutic model which will be individually structured based on each participant’s specific needs. The program will use the validated Life Stress Checklist - Revised (LSC-R) with the Level of Service Inventory - Revised (LSI-R) tool to identify high risk/high need clients and assign participants to targeted intervention utilizing Accelerated Resolution Therapy (ART), Rational Emotive Behavioral Therapy (REBT), Motivational Interviewing (MI) and Seeking Safety (SS). Treatment will be delivered in a step-down model of about six months of treatment.

Current Operation of the Adult Drug Court - Established in 2001, the PADC is a specially designed court docket, the purpose of which is to achieve a reduction in recidivism and substance abuse among nonviolent substance abusing offenders. Additionally, the PADC’s goal is to increase each offender’s likelihood of successful habilitation through (1) early, continuous, and intense judicially supervised treatment; (2) mandatory periodic drug testing; (3) community supervision; and (4) use of appropriate sanctions and other rehabilitation services. The PADC is an 18 to 24-month program (pre-trial intervention and post-plea cases) with treatment lasting 9-12 months based on need and individualized treatment plan. In 2019 the Drug Court admitted 466 participants and graduated 300 people (64 percent).

The Drug Court *referral process* begins when the State Attorney’s Office identifies qualifying defendants at their first mandatory court appearance. The Division Judge provides the defendant and their attorney with information about Drug Court. If the defendant chooses the Drug Court option, they receive a substance abuse assessment. The *screening and assessment process* details the degree of the defendant’s addiction and identifies the resources needed to overcome the

addiction. These services are provided by qualified professionals, who use a series of standardized instruments: Substance Abuse Subtle Screen Inventory for Adults, University of Rhode Island Change Assessment Scale, APA Diagnostic and Statistical Manual, and American Society for Addiction Medicine Patient Placement Criteria Rating. The tools are evidence-based and effective for identifying defendants' risk and need factors. At the next pretrial conference, the judge sets appropriate conditions of probation, confirms that the defendant agrees to enter the treatment program, and sets the first Judicial review. As a condition of drug court probation, defendants are sentenced to the least intensive treatment program necessary. Other frequent conditions of probation include obtaining a G.E.D., securing mental health treatment, obtaining employment or community service, undergoing frequent drug testing and following a set curfew.

The *eligibility criteria establishing the target population* of the PADC includes defendants charged with drug possession, property crimes, and other drug related third degree felonies. Disqualifying factors include drug trafficking, habitual or violent felony offenses, violation of controlled release or parole, charges that have resulted in serious personal injury to the victim(s), and violent offenders as defined by 42 U.S.C. 3797. All defendants are considered regardless of race, ethnicity, age, or gender. The PADC's current capacity is 800-900 clients annually.

The *treatment length* of the Drug Court program varies depending on how long the defendant needs to remain in the Intensive Treatment Phases. Outpatient treatment is for a minimum 3 months, 2 or 4 sessions per week. Non-secure Residential treatment is a 6-month program, including 2 months in full time residence followed by a 4-month employment/reentry period. Clients initially receive a minimum of 10 hours of treatment per week, at least 1 individual session and 3 group counseling sessions. In the employment/reentry phase, clients receive at least 6 hours of treatment weekly, including at least 1 individual session and 2 group sessions.

Once residents find a job they begin to pay a per diem toward the cost of their stay. Longer term residential programs (12 to 18 months) are also available if needed. 3.) The Aftercare Phase is a 6 to 15 month period covering the duration of drug court participation. Clients are either required (residential clients) or encouraged (all others) to attend aftercare programs, attend support groups, maintain employment or continue their education, and obtain a driver's license. All must fulfill the conditions of their probation.

The *Case Management process* for PADC helps clients through the stages of drug court, and ensures assessments are distributed, reports are collected, statistics compiled and initial treatment appointments scheduled. Individual providers also directly case manage their clients by establishing a case plan, monitoring client's status and making referrals for ancillary services.

The Department of Corrections (DOC) provides *community supervision* including monitoring, supervision, case management, conducting home visits, random drug testing, and making progress reports of drug court participants.

The *Recovery Support Services Delivery Plan* is integrated with treatment and flexibly staged to meet the needs of individual defendants. These services include residential and outpatient substance abuse treatment and mental health treatment or medical services. Participants receive individualized treatment plans that can be revised at any time. All treatment levels stress relapse prevention and encourage participants to build a support network. Treatment groups are offered, including night sessions to help clients continue working. Information among the drug court team members is regularly exchanged at judicial reviews. The Public Defender's Office provides ongoing support to those with co-occurring health concerns through the provision of a mental health treatment program including necessary medications for clients with mental health needs.

Drug court participants must return to court monthly for a judicial review to assess their level of participation, monitor success, and receive encouragement or admonishment. Defendants are active in this process by self-evaluating and discussing their progress with the Drug Court team.

Frequent *random drug testing* is conducted weekly by the treatment providers and at least monthly by the DOC following active treatment. Residential programs administer breathalyzer tests for participants on work release. All drug screening technicians are trained in National Association of Drug Court Professionals (NADCP) procedures and adhere to Chain of Custody Protocols found within the CLIA (Clinical Improvement Act) guidelines.

The PADC moves quickly to apply both graduated incentives and sanctions based on reports from treatment and probation. Incentives include encouragement and recognition, furloughs for travel, phase advancement, less frequent court appearances, early termination of probation and formal graduation. Sanctions include increased substance abuse testing and supervision, extended probation, changes in treatment, brief jailing, or termination from the drug court program. Progressive sanctions are administered for non-compliance, positive drug tests, unsatisfactory performance in treatment, absconding from treatment, and new arrests.

Graduation requirements for the PADC include: completing at least 9 months of supervision that include at least 180 days of sobriety; attaining or maintaining employment; making efforts to complete a GED program and obtaining a valid driver's license (if applicable); and completing aftercare and all conditions of probation including payment of fees, fines and restitution.

Participants in the PADC may be terminated from the program by the Drug Court Judge for continuous failure to participate in treatment, numerous positive drug screens, and/or failure to comply with other program requirements. Participants may be terminated if formally charged

with any felony offense deemed inappropriate for further participation in Drug Court. As cases are staffed by the entire drug court team, terminations are generally accomplished after input of the State Attorney, Public Defender and the Treatment Team.

Participants must pay all of the imposed court costs, restitution and costs of supervision over the term of probation. Treatment copayments are collected during the work phase of residential treatment, but these copayments are not a condition of drug court completion. For all court cost the Judge may waive remaining monetary amounts, impose the amount as a lien, or extend the probationary period to permit the defendant to pay in full or complete community service for a portion of the costs.

Mechanism that prioritizes court resources for high-risk offenders - In designing the AP enhancement, Pinellas County accessed two publications written by Douglas B. Marlowe, JD, PhD, Chief of Science, Law & Policy with the NADCP titled, *"Targeting the Right Participants for Adult Drug Courts*," and "*Matching Your Program to the Needs of Your Clients*." These publications describe evidence-based and best practices used by practitioners to develop a target population for an adult drug court. As reported by Marlowe, research shows that drug courts work best for offenders who are both high risk and high need (prognostic risk) and need a full array of services embodied in the "10 Key Components" of drug courts (Marlowe 2012). This information, coupled with an examination of the emerging needs in the local offender population, led Pinellas County to focus on individuals who experienced, through assessment, sexual trauma and qualify as high risk and high need. The PADC accepts only felony offenders.

Treatment Service Practices - The PADC utilizes substance abuse treatment providers who are licensed by the Florida Department of Children and Families. All phased and licensed treatment

services (OP, IOP, and Residential) are evidence-based, gender-responsive, trauma-informed and culturally-responsive. Both Pinellas County and the Administrative Office of the Courts monitor services under contract to ensure adherence to protocol, quality and effectiveness. The Court also leverages funding from the State of Florida to cover costs of Vivitrol® (naltrexone) for participants under the care and prescription of a physician and licensed treatment provider.

Enhancement Evidence-based and Effective for Target Population - The NADCP: Adult Drug Court Best Practice Standards Volume II – Standard VI emphasizes the need for complementary treatment and social services and specifically indicates the need for evidence-based trauma-informed interventions. The proposed enhancement will utilize the validated assessments tools; LSC-R and LSI-R incorporating the Risk-Need-Responsivity (RNR) Model, an evidenced-based practice expressly designed to meet the needs of adult drug offenders. Additionally, AP interventions all are indicated for multiethnic male/female adult offenders, in an outpatient setting. The AP will employ proven practices including, ART, REBT, MI and SS. The combination of therapeutic models is specifically designed to address trauma issues along with criminogenic need areas.

B. Project Design and Implementation

Prompt Entry into Drug Court: As explained in the referral and screening procedures, the PADC considers defendants for the program immediately upon identification by the State Attorney and works to expedite treatment placement. No initial period of incarceration is required unless the defendant is awaiting a residential bed and is in danger of drug overdose if released to the community. The PADC tracks all wait times for treatment to ensure that enough resources are available to ensure timeliness of treatment initiation.

Participant Fees: The applicant understands that the Drug Court Discretionary Grant Program authorizing statute does not allow imposing a fee on a client that would interfere with the client's rehabilitation. The AP will not impose any fees on the participants.

FDA approved Medications: The PADC recognizes that MAT may be an important part of a comprehensive treatment plan and will not deny any eligible candidate participation because of their use of FDA-approved medications for the treatment of substance use disorders, Methadone treatment is rendered in accordance with current federal and state dispensing regulations from an Opioid Treatment Program and ordered by physician who has evaluated the client and determined that methadone is appropriate for the individual's opioid use disorder. Individuals using medical marijuana will not be accepted into the AP.

Awareness of Potential Racial Disparities: The PADC, through its Evidence to Outcomes (ETO) drug court case management software, tracks the demographics of its participants to ensure that there is no disparity in participation to racial and ethnic groups. Data is available to track referrals, entries, reasons for rejection and terminations by racial group.

Proposed Enhancement: Pinellas County Government and the SJC intends to enhance the capacity of the existing PADC by providing complementary treatment services through the implementation and application of the AP specifically targeting high risk /high need PADC participants who have been victims of sexual abuse, human trafficking and/or working in the sex industry. The enhancement will fill a gap in the continuum of care with targeted trauma and criminogenic needs intervention. The AP will focus on a range of trauma and criminogenic risks/needs that can contribute to a cycle of relapse and drug use, incarceration, failure to acclimate to the community in a productive manner, and ongoing recidivism. The AP is designed to target individuals whose behavior is identified as primarily attributable to trauma.

Screening and Comprehensive Assessment: Individuals targeted by the PADC as candidates for the AP will be evaluated using both the validated LSC-R (McHugo et al., 2005) and the LSI-R (Bonta & Andrews, 1993) risks/needs assessment tools. The LSC-R is designed to assess specific trauma risk and needs, were the LSI-R is designed to assess specific criminogenic risks and needs. Using the LSC-R, it will match the individual's trauma needs with a targeted trauma intervention, and the LSI-R program will match the risk/needs identified with targeted interventions based on one or more of six domains. Specific domains considered include: criminal history, education/employment, family/marital, leisure recreation, pro-criminal attitude, and antisocial patterns. Utilizing the validated LSC-R and LSI-R assessment tools will allow the program to incorporate the evidenced-based Risk Needs Responsivity Model (RNR), matching the participant's level of care to the related trauma and criminogenic risks and needs.

Eligibility into the program will require participants to be characterized as high risk/high need based upon his/her LSC-R risk/need trauma profile. Participants will be provided a targeted intervention, utilizing the evidence-based ART (Rosnrzweig, 2008), which is designed as an effective therapy for trauma, PTSD, depression, stress, and personal resilience. ART is compatible with the LSC-R assessment, as it targets trauma experienced by the individual.

AP will also target the client's risk and needs using the LSI-R risk/needs assessment and provide specific interventions based upon assessed LSI-R domains. The results of the LSI-R risk/need assessment will guide the decision making process, with participants being given the appropriate and prescriptive intervention. Treatment will be individualized based upon the needs of the client using ART in conjunction with other evidenced based interventions including REBT, SS and MI that can be facilitated in one-one sessions or group settings. Participants will receive targeted interventions that correlate with high to very high scores on the LSC-R and LSI-R assessment

tools and will be engaged in individualized services for an average of six months utilizing group and one-on-one therapy in a gender specific, three-level step down treatment approach.

Treatment group and one-on-one sessions will reduce as participants' progress in treatment and build healthy coping skills to replace self-defeating behaviors. Priority will be given to trauma needs presenting as 'very high' on the LSC-R, and criminogenic needs presenting as 'very high' on the LSI-R. Family counseling will be available for those whose risk/need score indicate need in the family/marital domain. Lastly, the program participants will be required to submit to drug and alcohol screening randomly utilizing a color code system to ensure abstinence.

Goals and Objectives: The primary goal of the AP is to serve 110 participants to specifically address trauma and criminogenic risk and need. Enhancing treatment will lead to a reduction in recidivism among PADC participants by increasing their likelihood of successful completion of the PADC resulting in improved public safety and quality of life for Courage to Change Program (CTCP) participants.

Goals and Objectives: The primary goal of the AP is to serve 110 new, unduplicated participants to specifically address trauma and criminogenic risk and need. Enhancing treatment will lead to a reduction in recidivism among PADC participants by increasing their likelihood of successful completion of the PADC resulting in improved public safety and quality of life for AP participants.
Goal 1: The AP will reduce recidivism among individuals identified as high risk/ high need and referred by the PADC based on reported trauma or victimization of human trafficking.
Objective 1A: Over the life of the grant 60 percent of participants in the AP will have successfully completed at least one year of involvement in the PADC without reoffending.
Objective 1B: 65 percent of offenders will successfully complete their treatment plan.
Goal 2: Using the LSC-R and LSI-R assessment tool, CTCP clinical staff will match appropriate intervention with trauma and criminogenic needs.
Objective 2A: Based on individual subscale scores on LSC-R and LSI-R, participants will be enrolled in one or more of the therapeutic models; ART, REBT, SS, and MI.
Objective 2B: Based on the individual needs or circumstances of participants, treatment will be individualized, will be delivered in a group setting and/or one-on-one individual sessions.

Objective 2C: Participants whose scores demonstrate appropriate admission to the family/marital session will be invited to have family members participate if appropriate by AP clinical staff and in keeping with commitment to individualized intervention.
Goal 3: Reduce trauma related symptoms among ARORA Project participants which contribute recidivism and substance abuse disorders (SUDs), and increase the likelihood of successful habilitation within their community.
Objective 3A: 80percent of participants who complete AP will have reduced trauma related symptoms from intake to discharge.
Objective 3B: 75 percent of participants who complete AP will exhibit reduction in SUD from intake to discharge.
Objective 3C: 65 percent of participants will not be rearrested (for non-drug or drug related charges) from admission to discharge.
Objective 3D: 80 percent of participants will have obtained legal employment and/or enroll in an educational program at program discharge.
Objective 3E: 80 percent of participants at program discharge will report increase in pro-social activities as evidence by clinical notation.
Goal 4: AP participants will continue to demonstrate abstinence from all non-FDA approved/prescribed drugs/substances and or intoxicants while involved in the program.
Objective 4A: An industry standard color code system will be implemented necessitating that each participant in the AP call daily to verify whether or not random UA testing is scheduled for the participant on that day/date. Clients will have a nine hour window to provide urine for screening at the designated collection site.
Objective 4B: AP participants will be randomly drug tested, with a minimum of 40 tests per client being administered during the program. AP will use 12 panel (which has ETG testing for alcohol) urine toxicology screen to insure abstinence from drug and alcohol is maintained.
Objective 4C: Based on in office dip test with 99.7 percent accuracy, AP will use laboratory confirmation on urine screens testing positive for a substance not confirmed by participant.
Goal 5: Participants in the AP will exhibit increased compliance with PADC conditions.
Objective 5A: AP participants will participate in judicial status hearings before Judge Dee Anna Farnell, as directed by the PACD at four to five week intervals, to demonstrate and attest to compliance with program goals and objectives.
Objective 5B: An AP clinical team member will provide the PADC with participant status information including progress, attendance, toxicology screening results and details of any adjustments or revisions to individual participant program plans prior to each participant's judicial status hearing and will accompany participants to court scheduled judicial hearing.
Objective 5C: Participants in the AP will demonstrate a 10 percent to 15 percent increase in successful PACD completion over the current PADC completion rate.

The NADCP Best Practice Standard 6: Complementary Treatment and Social Services will be implemented with the CTCP enhancement.

Identification, Referral and Prioritization of High-Risk/High-Need Offenders: Participants in the AP will already be enrolled in PADC and will be identified as appropriate for screening based on trauma, past/current experiences and behaviors reported on initial assessment completed upon PADC entry. Such factors may include reported sexual abuse, nightmares, unwanted memories of trauma, avoidance of situations that bring back unwanted memories, heightened reactions, anxiety, prostitution, exotic dancing, working in pornography industry, rape, coerced sexual interactions or other factors that suggest experienced trauma or human trafficking.

The participant will then be assessed using the LSC-R and the LSI-R incorporating the evidenced based RNR model of care. The LSC-R assessment tool was selected because of its validation with the targeted population and assessment for the need of trauma informed therapeutic intervention. The LSI-R assessment tool was selected to incorporate the RNR model. Scoring of these instruments will be immediately conducted and an individualized plan will be developed with the participant and immediately conveyed to the court electronically via the Pinellas County ETO system in place for the confidential transfer of PADC participant information.

Target Service Goal: The proposed enhancement will serve 110 participants over the three year period of the grant (40 per year with 30 in first year due to implementation delay). Due to the high risk/high need characteristic of the targeted population and the need to address trauma with the high probability of multiple criminogenic need areas, treatment capacity should remain small in nature. Avoiding the "one size fits all" approach, the proposed enhancement seeks to utilize individual, family and group sessions, as well as individualized lengths of care and treatment intensity. Serving 40 participants annually at approximately 26 weeks of care will create an average active clinical caseload of around 30 participants at any given time in the program**.** Using historical drug court data, it is estimated about 25 percent of new drug court participants

reported sexual trauma, human trafficking or working in the sex industry annually. The project team estimates that about two-thirds of these participants' SUD are in direct correlation to self-medicating to cope with the underlying issues of trauma experienced.

Improvement to Quality and Intensity of Services Based on Needs Assessment: The AP will blend felony court dockets that allow for both Pre-Trial Intervention (PTI) and post plea diversion cases. Participants at risk of self-medicating as way to cope with trauma created by sexual abuse and/or human trafficking will be offered a gender-specific, evidence-based, step-down substance abuse program focusing on the client's past/current trauma and human trafficking. Based on an examination of the emerging needs in the local offender population, Pinellas County Government in conjunction with the PADC will incorporate evidence-based program principles and the "Ten Key Components of Drug Courts," to build a strong trauma informed treatment component into the services available for drug court.

As part of the program goals and objectives, AP participants will continue, through a randomized drug testing process, to demonstrate abstinence from all non-FDA approved/prescribed drugs/substances and/or intoxicants while involved in the AP. An industry standard color code system accessed via a specified telephone number will be implemented necessitating that each participant in the AP call on a daily basis to verify whether or not random UA testing is scheduled for the participant on that day/date. Clients will have a nine-hour window to provide urine for screening at a designated collection site. AP participants will be randomly drug tested a minimum 40 times while in the AP, using a 12-panel on-site urine toxicology screen to insure that abstinence from drugs and alcohol is maintained. Confirmation laboratory testing will be provided if positive results are challenged by the participant. To further enhance testing, the 12-panel drug screen administered on each AP participant will include ETG urine toxicology

screening (80-hour alcohol testing) to insure that abstinence from alcohol is maintained. All positive drug and/or alcohol results will be immediately forwarded to the Court and appropriate interventions will be formulated. If clinically or judicially warranted, the frequency of testing can be increased on an individualized basis.

AP clients attend judicial status hearings monthly, but more frequently if the case demands immediate intervention. For the AP, depending on assessed level of risk and/or need, participants will enter one of the three levels of the gender specific AP. Level I will meet with his/her primary clinician for a minimum three times weekly for group therapy and once a week for one-on-one sessions, Level II will meet with his/her primary clinician for a minimum twice weekly for group therapy and once a week for one-on-one sessions, Level III will meet with his/her primary clinician for a minimum of once weekly for group therapy and one-on-one sessions. Frequency of treatment contact can be increased if deemed appropriate. Length of care will be determined by progress and clinical prognosis and will be determined by the AP clinical staff.

Maintaining a perception of procedural fairness is important to the PADC team that works hard to not only ensure that each client's needs are individually determined, but that there is consistency of disposition and application of sanctions and incentives. Staffing attended by all team members helps ensure this consistency. To determine perception, PADC seeks input of their clients through exit surveys and process evaluations that involve client interviews and focus groups. PACD is continuously working to ensure fairness in process application.

Evidence-Base for Treatment Interventions: The development of the AURORA Project enhancement was guided by the National Drug Court Institute's (NDCI) Alternative Tracks in Adult Drug Courts: Matching Your Program to the Needs of Your Clients (Marlow, 2012). This publication highlights the Risk and Need Principles, which details the evidence-based practices

of tailoring prognostic risk levels and criminogenic needs to create targeted intervention for drug-involved offenders. The Risk-Need Responsivity (RNR; Andrews, Bonta, & Hoge, 1993) model has become one of the most influential models in the treatment, supervision, and service coordination for adult drug offenders. Through the implementation of a validated RNR assessment tool, the LSI-R and the LSC-R, the AP will match each participant's level of services to his/her level of risk as well as needs. Based upon the LSC-R and LSI-R risk/needs scoring, participants whose trauma and criminogenic needs subcomponents indicate high or very high risk level, will be provided a targeted intervention to specifically address the clinically significant need area.

The NADCP: *Adult Drug Court Best Practice Standards Volume II – Standard VI* emphasizes need for complementary treatment and social services and need for evidence-based interventions. AP will employ the following interventions without modifications:

- **Accelerated Resolution Therapy** (ART; Rosenzweig, 2008). ART incorporates a combination of techniques used in other psychotherapies addressing PTSD. ART works directly to reprogram the way in which distressing memories and images are stored in the brain so they no longer trigger physical and emotional reactions and does this with use of rapid eye movements. ART combines sound treatment practices with safe and effective methods validated by scientific research studies conducted by USF.
- **Rational Emotive Behavioral Therapy** (REBT; Ellis, 1955). REBT is compatible with the LSI-C and LSI-R assessment tools as it intended aim is to resolve emotional (trauma) and behavioral (criminogenic) problems and disturbances and to help participants to reduce SUD and trauma symptoms. This is accomplished through cognitive reconstruction, modifying behaviors and developing alternative coping skills. CRL uses REBT strategies to assist

individuals in changing irrational beliefs and values that lead to unhealthy emotions and self-defeating behaviors.

- **Motivational Interviewing** (MI; Miller, 1983). MI is another evidence based technique CRL will utilize in conjunction with ART and REBT to address problems of motivation, treatment readiness, ambivalence and resistance in assessment and treatment. Focusing on exploring and resolving ambivalence, MI works on facilitating change with in the individual's motivational process by focusing on one's own values and concerns.
- **Seeking Safety** (SS; Najavits, 2002). An evidence based, present focused, highly flexible and safe counseling model to help people attain safety from trauma and/or substance abuse. SS offers 25 topics that can be conducted in any order and as few or many as needed to meet the individual's needs. SS has been successfully implemented across vulnerable populations.

The SJC, PACD and CRL deem Medication-Assisted Treatment (MAT) as an important part of an individualized treatment plan for some participants. SJC currently leverages funding from the State of Florida to cover the cost of Vivitrol (naltrexone) for participants under the care and prescription of a physician and licensed treatment provider. No eligible participant will be denied access to the PADC for their use of FDA-approved medications for SUD treatment, for as long as the prescribing physician determines that the medication is clinically beneficial. The AP will have the ability to offer MAT services as needed without the use of grant funds.

All evidence-based practices noted above are appropriate for use with adults (18+) of all gender who have a SUD and have experienced trauma, as well as, may have co-occurring behavioral health disorder. Pinellas County's proposal conforms to the framework of the State Strategy of Substance Abuse Treatment.

The AP aligns with The Florida Substance Abuse and Mental Health's strategic plan that calls for the use of evidence-based practices, multidisciplinary collaboration and the integration of behavioral and medical health care. Highlighted in the plan is SAMH's collaboration with the DOC and the State Court Administrator's Office to promote Drug Court programs throughout the state. Included with this proposal is a letter of support from the Florida SSA Director.

C. Capabilities and Competencies

The PADC has been operational since January 2001; its strength and effectiveness come from the dedicated members and partners. The Drug Court Judge is actively engaged with each defendant from referral to program completion and retains ultimate responsibility for the Drug Court. The judge monitors defendants' progress, reviews completion of assigned treatment and enforces drug court sanctions and incentives. Judge Dee Anna Farnell has been the Pinellas County's Drug Court Judge for over 10 years and has been a Circuit judge since 1994. She currently serves on the Florida Supreme Court Task Force on Substance Abuse and Mental Health Issues in the Court. The State Attorney is the primary gatekeeper of the Drug Court. His office determines the initial eligibility of a defendant for admission based on established criteria and makes recommendations regarding continued enrollment in PADC. The SJC State Attorney Bernie McCabe has 19 years of experience working with the Circuit's Drug Courts. The Public Defender represents the interests of all Public Defender clients. An Assistant Public Defender attends all drug court team meetings and hearings and discusses all legal aspects of cases with the drug court clients. The SJC Public Defender Bob Dillinger has 19 years of experience working with Circuit Drug Courts. The DOC Probation Officers supervises and case manages all drug court participants, whether they are on probation or in the pre-trial intervention program. Probation officers ensure compliance, coordinate with treatment providers, refer participants to

community resources, and encourage successful completion of the program. The probation officers conduct home visits random drug tests to raise the level of participant accountability and report on the progress of participants. The Circuit's probation officers have worked with PADC since 2001. CRL, a subsidiary of CuraParr Co., will provide direct clinical oversight for and will directly deliver treatment and intervention services to all participants in the AP. Director/clinical supervision for the delivery of services will be provided by Bradley Callahan, LCSW. Mr. Callahan is a licensed clinical social worker with 20 years' experience in the mental health field, 14 years specifically with the SUD population. Mr. Callahan has been working with DOC clients since 2006, and drug court participants since 2008. CRL has been a county contracted provider of PADC treatment and assessment since 2010. Both Pinellas County and the Administrative Office of the Courts will monitor services under the CRL contract to ensure adherence to protocol, quality and effectiveness. The Drug Court Coordinator monitors all drug court administrative operations, ensures that all prospective participants are assessed for treatment, conducts provider and drug court team meetings, provides monthly data collection and statistical reports to team members, and acts as the liaison between treatment and the courts. The drug court coordinator, Katie Rodriguez attends drug court team meetings and is available in court at each hearing to answer questions of the court, participants or treatment providers. She will also be the grant project director. Ms. Rodriguez has served as the drug court coordinator since 2018 and has over 10 years of problem-solving court experience. The Evaluator, Dr. Moore at USF's College of Behavioral and Community Services, will contract to provide the independent evaluation component of the program. Dr. Moore has been involved in community based-projects for the past 20 years and has been collaborating with PCDC since 2008. She has served

as Principal Investigator (PI) or Co-Principal Investigator (Co-PI) on seven grants with a focus on criminal justice and co-occurring mental health and substance use disorders.

The PADC team members work in collaboration to practice a philosophy and process of continuous quality improvement that aligns with best practices, standards and evidence-based practices established and/or endorsed by the Bureau of Justice Assistance (BJA), the NADCP, NDCI, and the Center for Court Innovation (CCI). The PADC and its partners have successfully administered multiple BJA and SAMHSA grant projects in the past.

D. Evaluation, Aftercare and Healthcare Integration Strategy, Sustainment, and Plan for Collecting the Data Required for this Solicitation's Performance Measures

The project evaluation will examine the extent to which involvement in the AURORA Program reduces recidivism, as well as key outcome measures (i.e. substance use, mental health and trauma symptomatology, employment/education, and pro social activities). Outcome evaluation data will be supplied by the program from treatment records, drug court records, and survey information collected on the participants at baseline, and post-test follow-up. In addition to assessing outcomes from the LSC-R and LSI-R (baseline only), two additional surveys will be included to assess further mental health and trauma symptomatology. These include the Brief Symptom Inventory (BSI; Derogatis, 1993) and Posttraumatic Stress Disorder Checklist (PCL; Weathers, Litz, Keane, Palmieri, Marx, & Schnurr, 1993). The Evaluator will meet with treatment and drug court staff to discuss how outcome data may be used to address program operation issues. The evaluation will utilize a systematic approach to data collection, management, analysis, and reporting. The Evaluator will oversee the initial baseline and other measures, obtain consent, and collect extensive co-locator information from the participant.

The State Attorney's Office identifies defendants for PADC based on client reported history and/or charges of prostitution. All potential participants are eligible, regardless of race, gender, or ethnic makeup. The participants screened and referred to drug court mirror the jurisdiction's substance abuse arrestee percentages when controlling for violent crime. The Evaluator, Dr. Moore, will review actual program capacity compared to expected program capacity.

Dr. Moore will report aggregated client-level performance and outcome data through BJA's Performance Measurement Tool (PMT). This evaluation will be used only to generate internal improvements to the AURORA Program as well as to meet performance measure data reporting requirements so does not constitute "research." The Court will serve a total of 110 participants over the life of the grant, and the time task plan reflects when and how the Court plans to reach that capacity. If the program does not meet its target, Dr. Moore and the Project Director will initiate a performance improvement plan to try and meet the goal.

Aftercare Strategy: Components of aftercare and relapse prevention are integrated from day one and are heavily emphasized in the final phase of the PADC. Identifying an NA/AA Sponsor and home group, and facilitating connections with primary care, mental health care, and educational services will assist clients in maintaining sobriety and reducing recidivism. Early detection of relapse will result in a movement back to an intervention. As of yet, the State of Florida has not opted to expand Medicaid under the Patient Protection and Affordable Care Act.

Sustainability Plan: Pinellas County has had previous federal grants (i.e. BJA, OJJDP, SAMHSA, etc.), and will work with Drug Court to obtain future funding. The grant's successful outcomes will leverage support from key stakeholders. The Pinellas County Board of County Commissioners supports residential and outpatient treatment for drug court, and if the proposed enhancement achieves a higher graduation rate, services will be considered for future funding.